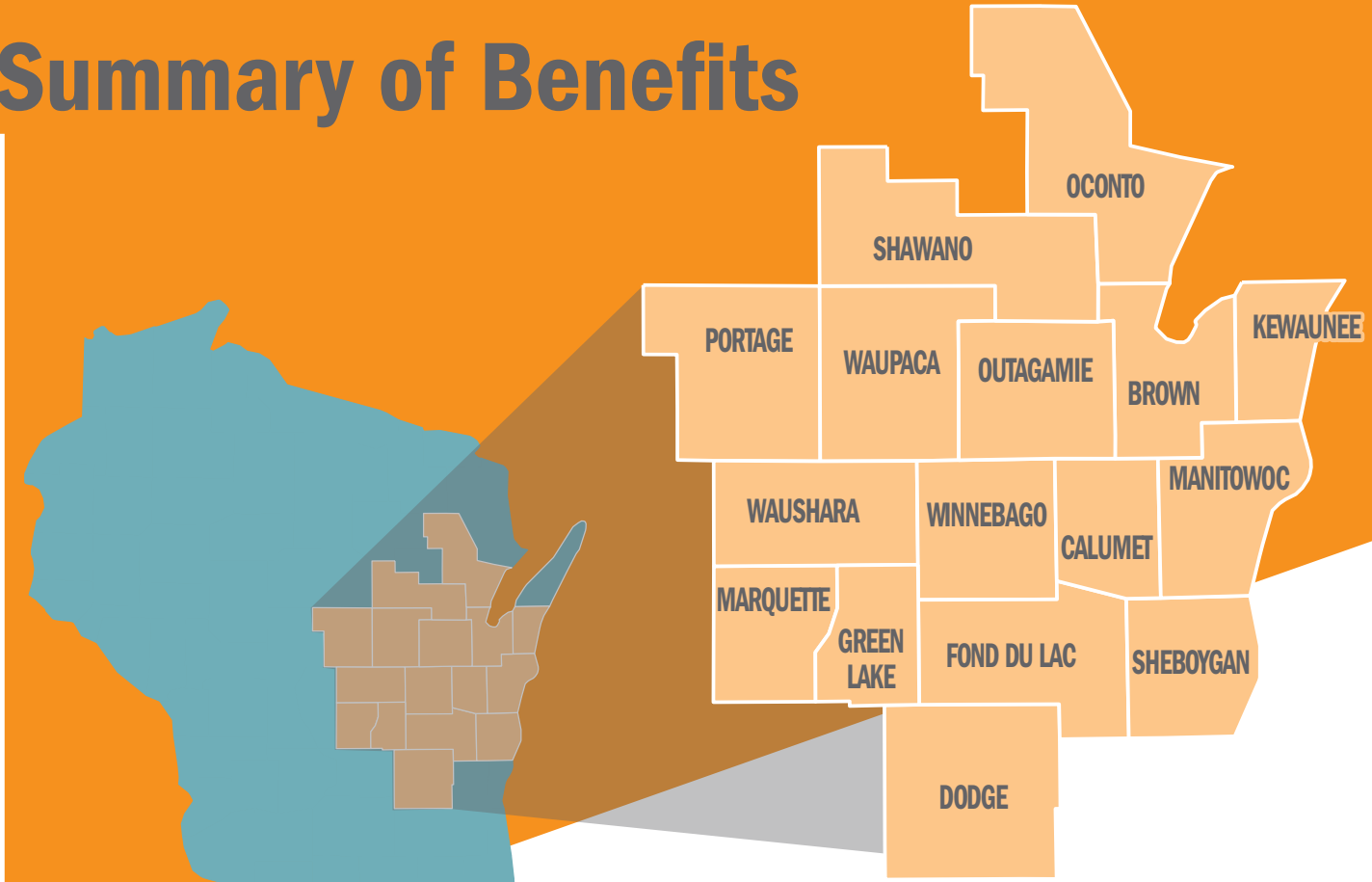


2022

Network PlatinumSelect

Summary of Benefits

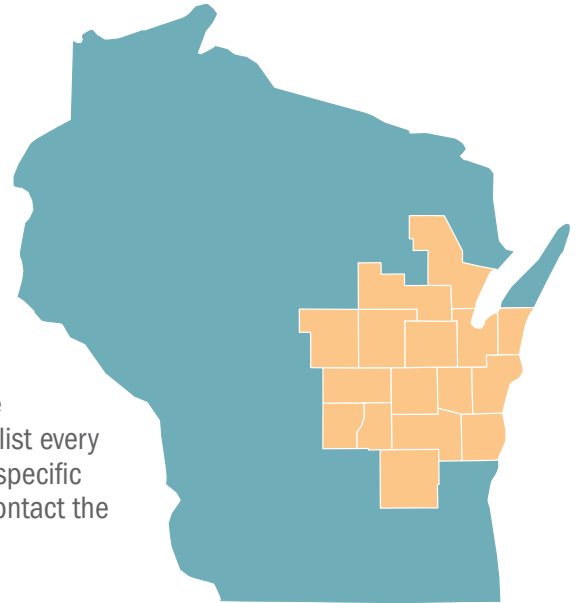


 Network PlatinumSelect Service Area Counties

2022 NETWORK PLATINUM *SELECT* PPO SUMMARY OF BENEFITS

SERVICE AREA AND ELIGIBILITY

To be eligible to join the Network PlatinumSelect Medicare Advantage Plan described in this booklet, you must be enrolled in Medicare Part A and Part B and live in the service area. This Summary of Benefits applies to plans offered in the following counties in Wisconsin—Brown, Calumet, Dodge, Fond du Lac, Green Lake, Kewaunee, Manitowoc, Marquette, Oconto, Outagamie, Portage, Shawano, Sheboygan, Waupaca, Waushara and Winnebago.



WHAT IS A SUMMARY OF BENEFITS?

This booklet gives you a summary of what we cover and what you pay on the Network PlatinumSelect (PPO) plan. It doesn't list every service we cover or list every limitation or exclusion. A complete list of services can be found in the plan-specific *Evidence of Coverage* at networkhealth.com/medicare/plan-materials. Contact the member experience team for a printed copy.

WHAT IS A PREFERRED PROVIDER (PPO) PLAN?

A PPO plan allows you to **choose any doctor who accepts Medicare beneficiaries**. Doctors and other providers are divided into in-network or out-of-network, based on if they have a contract with Network Health. With a PPO plan, you can use both in- and out-of-network doctors. **With the Network PlatinumSelect plan, you pay the same for in- and out-of-network providers.**

CONTACT NETWORK HEALTH

By Phone	Sales Department – 800-983-7587 Member Experience Team – 800-378-5234 TTY/TDD Users – 800-947-3529
Online	networkhealth.com
By Mail or In Person	Network Health 1570 Midway Pl. Menasha, WI 54952
Hours of Operation	<ul style="list-style-type: none"> • Normal office hours are Monday–Friday, 8 a.m. to 5 p.m. • Network Health is closed on New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the day after Thanksgiving, Christmas Eve Day and Christmas Day. • From October 1–March 31, you can call the sales department and the member experience team seven days a week from 8 a.m. to 8 p.m., Central Time. From April 1–September 30, we are available Monday–Friday, from 8 a.m. to 8 p.m., Central Time.
Additional Resources	Medicare – Available 24 hours a day, seven days a week For coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227) (TTY 1-877-486-2048), 24 hours a day, seven days a week.

2022 NETWORK PLATINUM *SELECT* PPO

SUMMARY OF BENEFITS

Your Costs	Network Platinum <i>Select</i> (Includes pharmacy) (PPO)
YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS	
Monthly Premium	\$0
Annual Medical Deductible	\$0
Annual Maximum Out-of-Pocket– (Does not include Part D prescription drugs)	\$4,900 Combined in- and out-of-network
Common Services	
Primary Care Provider Visit	\$0
Specialist Visit	\$50
Preventive Care*	\$0
Annual Medicare Wellness Visit	\$0
Medicare-Covered Vaccines– Flu, pneumonia, COVID-19	\$0
Part B Vaccines– Hepatitis B, all other Part B vaccines	\$0
Inpatient Hospital Services ¹ – Per admission	\$335 per day, Days 1 - 6 \$0 Days 7 and beyond
Outpatient Hospital Services	\$320
	\$245 at an ambulatory surgical center
Labs	\$0-\$20

Your Costs	Network Platinum <i>Select</i> (Includes pharmacy) (PPO)
YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS	
Diagnostic Tests– Such as ultrasound, EKG, stress test	\$40
X-rays	\$30
Diagnostic Radiology Services– Advanced Imaging	\$200
Urgent Care Visit	\$50
Emergency Room Visit– Copayment is waived if admitted to a U.S. hospital within 24 hours	\$90
Air and Ground Ambulance Services	\$300
Durable Medical Equipment– Such as insulin pumps ¹ , CPAP machines, prosthetic devices ¹	20% of the cost
Physician Telehealth Services	Virtual primary care and urgent care services cost the same as an in-person visit
Virtual Visit with MDLIVE® ² – For medical (including dermatology) and mental health	\$0
Medicare Part B Drugs ¹	20% of the cost

*Includes abdominal aortic aneurysm screening, alcohol misuse screening and counseling, annual wellness visit, bone mass measurement, breast cancer screening, cardiovascular disease screening, cardiovascular disease risk reduction visit, cervical and vaginal cancer screening, colorectal cancer screening (screening colonoscopy, fecal occult blood test, flexible sigmoidoscopy), depression screening, diabetes screening, glaucoma screening, HIV screening, lung cancer screening, medical nutrition therapy services, Medicare Diabetes Prevention Program, obesity screening and therapy, prostate cancer screening, screening for sexually transmitted infections and counseling, smoking and tobacco use cessation counseling, one time Welcome to Medicare preventive visit

¹Service may require prior authorization.

²Visit [networkhealth.com/medicare/additional-benefits](https://www.networkhealth.com/medicare/additional-benefits) for more information.

2022 NETWORK PLATINUM *SELECT* PPO

SUMMARY OF BENEFITS

Your Costs		Network Platinum <i>Select</i> (Includes pharmacy) (PPO)
YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS		
Travel Coverage		
Travel within the United States	Receive in-network coverage when you see a provider outside Wisconsin, anywhere in the United States	
International Emergency Coverage— View the Evidence of Coverage at networkhealth.com/medicare/plan-materials for details	\$90 per incident \$100,000 Maximum benefit	
Additional Benefits		
Pick Your Perks²— Reimbursement for the following extra benefits: dental services, vision hardware (\$200 maximum), healthy home-delivered meals, non-emergency transportation, over-the-counter items, acupuncture, massage therapy, personal training (four visits or \$225 maximum, whichever happens first), nutritional/dietary counseling	\$550	
Preventive and Comprehensive Dental Services²	Up to \$550 reimbursed through Pick Your Perks	
Medicare-Covered Dental Services— Does not include services in connection with care, treatment, filling, removal or replacement of teeth	\$50	

Your Costs		Network Platinum <i>Select</i> (Includes pharmacy) (PPO)
YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS		
Optional Comprehensive Dental Coverage²	\$39 monthly premium Annual maximum: \$1,000	
Annual Routine Vision Exam²	\$10 \$40 reimbursement out-of-network	
Diagnostic Eye Exam— To diagnose and treat diseases and conditions of the eye	\$50	
Post-Cataract Eyewear— One pair of eyeglasses or contact lenses after each cataract surgery	\$0	
Over-the-Counter Coverage²	Up to \$550 reimbursed through Pick Your Perks	
Fitness with SilverSneakers^{®2}	Included	
Routine Hearing Exam²	\$0 \$40 out-of-network	
Diagnostic Hearing Exam— Exam to diagnose and treat hearing issues	\$50	
Hearing Aids²— Maximum of two hearing aids per year Hearing aid evaluation and fitting included	\$679-\$2,299 per device	
Mental Health/Substance Abuse		
Outpatient Mental Health— Individual or group therapy	\$40	

¹Service may require prior authorization.

²Visit networkhealth.com/medicare/additional-benefits for more information.

2022 NETWORK PLATINUM *SELECT* PPO SUMMARY OF BENEFITS

Your Costs	Network Platinum <i>Select</i> (Includes pharmacy) (PPO)
YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS	
Inpatient Mental Health¹ – Per admission	\$395 per day, Days 1 - 4 \$0 Days 5 and beyond
Opioid Treatment Services	\$40
Substance Abuse Services – Outpatient individual or group therapy	\$40
Recovery and Rehabilitation Services	
Skilled Nursing Facility¹ – Per admission Once you reach your maximum out-of-pocket, you will pay \$0 per day	\$0 per day, Days 1 - 20 \$188 per day, Days 21 - 50 \$0 Days 51 - 100
Outpatient Physical¹, Occupational¹, Speech Therapy	\$40
Chiropractic Services – Manipulation of the spine to correct misalignment of one or more of the bones of your spine	\$20
Medicare-Covered Acupuncture – For chronic low back pain only, up to 12 visits in 90 days and no more than 20 visits per year	\$50
Medicare-Covered Home Health Care Visits¹	\$0
Services for Specific Conditions	
Cancer	
Chemotherapy¹	20% of the cost
Radiation Therapy¹	20% of the cost

Your Costs	Network Platinum <i>Select</i> (Includes pharmacy) (PPO)
YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS	
Acupuncture – Up to 12 visits per year are covered for members who are undergoing chemotherapy and experiencing nausea	\$0
Home-Based Palliative Care¹ – One palliative care evaluation and two follow up visits	\$0
Diabetes	
Diabetes Monitoring Supplies and Test Strips – OneTouch™ and Accu-Chek™ test strips, continuous glucose monitoring supplies limited to FreeStyle Libre® and Dexcom®. All other brands are not covered	\$0 for up to a 90-day supply
Diabetic Shoes and Inserts – Copayment per pair	\$10
End-Stage Renal Disease	
Non-Emergency Transportation – 24 one-way trips to get to and from dialysis	In addition to 24 trips, up to \$550 reimbursed through Pick Your Perks for rides to medical appointments and pharmacies
Dialysis	20% of the cost

¹Service may require prior authorization.

²Visit networkhealth.com/medicare/additional-benefits for more information.

2022 NETWORK PLATINUM *SELECT* PPO

SUMMARY OF BENEFITS

Your Drug Costs		Network Platinum <i>Select</i> (Includes pharmacy) (PPO)
Annual Drug Deductible		\$395 Applies to Tiers 4-5
INITIAL COVERAGE – Amount shown is the maximum you will pay, you may pay less.		
PREFERRED	30-Day Supply Preferred Pharmacy or Preferred Mail Order Pharmacy	\$2 for Tier 1 \$8 for Tier 2 \$42 for Tier 3 \$95 for Tier 4 25% of the cost for Tier 5
	90-Day Supply Preferred Pharmacy	\$5 for Tier 1 \$20 for Tier 2 \$105 for Tier 3 \$237 for Tier 4 Tier 5 is not available
	31 to 90-Day Supply Preferred Mail Order Pharmacy	\$0 for Tier 1 \$0 for Tier 2
	90-Day Supply Preferred Mail Order Pharmacy	\$0 for Tier 1 \$0 for Tier 2 \$105 for Tier 3 \$237 for Tier 4 Tier 5 is not available
STANDARD	30-Day Supply Standard Pharmacy or Standard Mail Order Pharmacy	\$5 for Tier 1 \$15 for Tier 2 \$47 for Tier 3 \$100 for Tier 4 25% of the cost for Tier 5
	90-Day Supply Standard Pharmacy or Standard Mail Order	\$12 for Tier 1 \$37 for Tier 2 \$117 for Tier 3 \$250 for Tier 4 Tier 5 is not available
COVERAGE GAP		
You enter the coverage gap when your total drug costs reach \$4,430. You pay 25% and Network Health pays 75% for generic drugs.		
For brand name drugs, you pay 25%, Network Health pays 5% and the drug company pays 70%.		
CATASTROPHIC COVERAGE		
You enter catastrophic coverage when your true out-of-pocket costs reach \$7,050. You pay the greater of \$3.95 or 5% of the cost for generic drugs and the greater of \$9.85 or 5% of the cost for brand name drugs.		

PRE-ENROLLMENT CHECKLIST

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a member of the member experience team at **800-378-5234** (TTY 800-947-3529), Monday–Friday from 8 a.m. to 8 p.m. From October 1–March 31, we're available every day from 8 a.m. to 8 p.m.

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you see a doctor. Visit networkhealth.com/medicare/plan-materials or call **800-378-5234** (TTY 800-947-3529) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2023.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care.



800-983-7587 (TTY 800-947-3529)
networkhealth.com

Network Health Medicare Advantage Plans include MSA, HMO and PPO plans with a Medicare contract. Enrollment in Network Health Medicare Advantage Plans depends on contract renewal. Out-of-network/non-contracted providers are under no obligation to treat Network Health members, except in emergency situations. Please call our member experience number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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