

NetworkPrime

Medical Savings Account (MSA) Medicare Advantage Plan



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At Network Health, we do what's right because it's who we are. Health insurance is what we do.



Locally owned by ————





Network *Prime* is an MSA plan with a Medicare contract. Enrollment in Network Health Medicare Advantage Plans depends on contract renewal. H1181_**3524**-01-0721_M

WHY NETWORK HEALTH?

At Network Health, we do what's right, even when it isn't easy. We're honest and hardworking, just like you, Wisconsin. That's why we take extra steps to make health insurance affordable **and** understandable, so you can make the most of your coverage.

Network Health's mission is to create healthy and strong Wisconsin communities, which means we work hard to make sure you get what you need, with no surprises or confusing insurance jargon.

Member Experience Team

We call our customer service team the member experience team, because they create great experiences for our members, every day. They're here for you, in Wisconsin, and when you call, you talk to a person instead of an automated message.

Our member experience representatives make health insurance easy by answering your questions about benefits, claims, authorizations, pharmacy and more, in a way you can understand. They give you personalized service and great follow through, so you can spend less time trying to get answers and more time enjoying life.

Member Wellness

The health coaches at Network Health motivate and encourage you to meet your personal wellness goals. You can speak one-on-one to identify challenges, overcome obstacles and improve your life. For more information visit

networkhealth.com/wellness/member-wellness.

Condition Management

Our skilled team of registered nurses is available to guide you through ongoing care of a chronic condition. They also provide tools for self-management and can connect you to community programs. For more information visit networkhealth.com/wellness/condition-management.

Care Management If you're facing a difficult

If you're facing a difficult diagnosis or complex condition, our care management team is here.

This compassionate group of nurses and social workers can support you and your caregiver by guiding you through processes and details. They'll partner with your provider(s) to ensure your needs are being met. For more information visit **networkhealth.com/wellness/care-management.**

Getting Care Quickly

When you have health care questions day or night, visit **networkhealth.com/getting-care**-

quickly for the most up-to-date list of nurse lines and other 24-hour resources available to you.

Secure Online Member Portal

The member portal provides easy access to your plan-specific health care coverage information.

You can control the amount of mail you receive by selecting your own communication preferences. Imagine receiving your Explanation of Benefits (EOBs) online. That's just one of our efforts to keep your premiums low and service expectations high.



Member Experience Representative with Network Health for nine years

NETWORK HEALTH EXTRAS

The Network*Prime* MSA Medicare Advantage Plan offers benefits above and beyond what Original Medicare covers. To learn more, visit **networkhealth.com/medicare/additional-benefits**.

Ignite Wellness Program
You can earn up to \$180 in health rewards for completing three activities during the plan year that are essential to your health and wellness. Simply complete and return the forms found in the secure member portal.

- 1. Receive \$100 in rewards for your annual wellness visit.
- 2. Receive \$50 in rewards for your routine labs. (You will have to send a copy of your lab paperwork to Network Health.)
- 3. Receive \$30 in rewards for your flu shot.

MDLIVE® Virtual Doctor Visits

Feeling ill and wish you could stay home and rest without heading to the doctor? MDLIVE makes it easy to receive the care you need. Connect with a board-certified doctor from the comfort of your home using your phone, smartphone, computer or tablet. Common symptoms that can be treated through an MDLIVE virtual visit are sinus problems, skin rash, nausea or vomiting and ear problems. Members can access MDLIVE using the secure Network Health member portal.

With Network*Prime*, there is no such thing as in-or out-of-network. No matter where you are in the United States, you have access to quality doctors, hospitals and facilities. Any doctor or hospital that accepts Medicare beneficiaries should accept your Network*Prime* plan.



Diane J.,Network Health Medicare member
Taking a break from cooking

HOW DOES NETWORK PRIME WORK?

High-Deductible Health Plan

Medical Savings Account

This is a Medicare Advantage plan which covers your hospital and medical care (known as Medicare Parts A and B). Once you've paid a certain amount for health care (called the deductible), the plan begins paying for the Medicare-covered services you receive.

Network*Prime* has a \$5,400 deductible, prorated based on your effective date, and a \$0 monthly premium.

This is a special savings account used for health care costs. Once a year, Medicare deposits money into your account, and you can use this money to pay for health care before you meet the deductible.

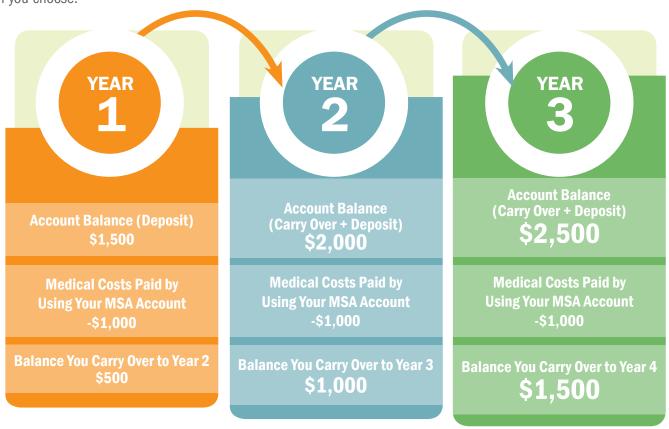
Medicare deposits \$1,500 into this account once a year, prorated based on when you enroll.

BENEFIT	Network Prime
Premium	\$0
Deductible	\$5,400 See the next page. Based on your plan effective date, your deductible will be prorated.
Annual deposit from Medicare	Medicare will deposit \$1,500 into your account prorated based on when you enroll. See the chart on the next page for the dollar amount based on your plan effective date. If you disenroll for any reason during 2022, you'll be asked to pay back a prorated amount based on the date you disenroll.
Services like hospital stays, doctor visits and emergency room visits	All Medicare covered services are billed at the Medicare-approved amount until you reach the deductible. You pay nothing after you reach your deductible.

HOW DOES NETWORK PRIME WORK?

Saving money in your MSA

Network*Prime* is a plan that allows you to save money and build your savings year after year. Medicare deposits the CMS-defined amount each year. This year the deposit will be \$1,500. If you don't use the entire \$1,500 deposit, you keep all the money that's left and it carries over into the next year, whether you stay on an MSA plan or switch to another type of Medicare Advantage plan. This means you can continue to use the funds to pay for health care expenses, no matter which plan you choose.



Account deposits prorated based on when you join

The deposits are prorated by Medicare based on the month you join the plan. See the chart below to learn what will be deposited each month.

Plan Effective Date	Deposit Dollar Amount	Plan Deductible
January 1, 2022	\$1,500	\$5,400
February 1, 2022	\$1,375	\$4,950
March 1, 2022	\$1,250	\$4,500
April 1, 2022	\$1,125	\$4,050
May 1, 2022	\$1,000	\$3,600
June 1, 2022	\$875	\$3,150

Plan Effective Date	Deposit Dollar Amount	Plan Deductible
July 1, 2022	\$750	\$2,700
August 1, 2022	\$625	\$2,250
September 1, 2022	\$500	\$1,800
October 1, 2022	\$375	\$1,350
November 1, 2022	\$250	\$900
December 1, 2022	\$125	\$450

WHAT CAN I USE THE MONEY IN MY MSA FOR?

The money in your MSA can be used on a variety of health care services that are considered qualified medical expenses. Depending on the type of service, some services will count toward your deductible, but other services will not.

	Can I use the money in my account for this?	Will it count toward my deductible?	Is this expense taxed? (50% tax)
Medicare-Covered Hospital and Medical Care (Part A and B services) • Ambulance services • Cardiac rehabilitation • Clinical lab services • Diabetic supplies • Doctor services • Durable medical equipment • Emergency services • Flu shots • Hearing exams (that are medically necessary) • Hospital services • Mental health care • Physical exams • Physical therapy • Pneumonia shot • Prosthetic/orthotic items • Tests like MRIs, EKGs and CT scans • Urgently needed care	Yes	Yes	No
Other Qualified Medical Expenses Dentures • Teeth cleanings • Fillings • Crowns/bridges Dental X-rays • Laser eye surgeries • Routine eye exams Eye glasses • Contact lenses • Prescription sunglasses Part D Plan (premiums and drug copayments) Hearing aids • Acupuncture • Home care	Yes	No	No
Non-Medical Items TV • Groceries • Teeth whitening • Cosmetic surgery	Yes	No	Yes

Note-Eyeglasses and contact lenses may count toward your deductible if you're getting them after cataract surgery.

This is not a comprehensive list of services. For a complete list of qualified medical expenses, you can call the IRS at 1-800-829-3676 and ask for IRS publication #502 for the year you are filing. You can find the form at irs.gov.

MSA AND PRESCRIPTION DRUGS

DO MSA PLANS COVER PRESCRIPTION DRUGS? NO.

MSAs do not provide Part D prescription drug coverage. If you join an MSA plan, and you want drug coverage, you'll need to enroll in a standalone prescription drug plan (also called a PDP).

You have several options when it comes to prescription drug coverage. To help make things easier, contact your local agent for information about a complementing drug plan.

CAN I USE THE MONEY IN MY MSA TO PAY FOR MY PRESCRIPTION DRUGS? YES.

You can use your account to pay your prescription drug copayments and premium, but it's important to keep in mind these expenses **do not count** toward your deductible.

TERMS AND CONDITIONS



Medicare Medical Savings Account Fee and Rate Schedule

Interest Rate, Set-Up and Monthly Fee

Interest Rate	0.01%
Annual Percentage Yield (APY)	0.01%
Account Set-up Fee	\$15.00
Monthly Service Charge for average monthly balance of \$1,000 or less	\$ 3.50
Setup and monthly maintenance fees may be paid for you by your health plan during active coverage. If you leave your sponsored plan, but retain your MSA your monthly service fee is \$3.50.	

Requests for Debit Card, Checkbook or Copies of Documents

Replacement/Additional Debit Card	\$ 5.00
Checkbook Reorder Fee	\$ 5.00
Copy of Check, Statement or Other Document (per item)	\$ 5.00

Other Banking Fees when Applicable

ATM Usage Fee (per usage)	\$ 2.00
Stop Payment (per request)	\$ 25.00
Returned Item (per instance)	\$ 25.00
Custodian Check Issuance Fee (deducted from account balance)	\$ 25.00
Excess Contribution Reimbursement (deducted from account balance)	\$ 25.00
Attachments/levies/legal requests/subpoenas (per request)	\$100.00
Statement Reconciliation/Account Research	in charge

See your Medical Savings Account Deposit Agreement and Disclosures for the complete terms and conditions related to your account. Note the fees disclosed will remain in effect until further notice. Interest is credited to participant accounts on the last business day of the month. Monthly service charge is debited from participant accounts on last business day of the month.

For additional information regarding these fees, contact your health plan or our service center. Other fees will be deducted from the balance of your Medical Savings Account when incurred. If the account balance is less than \$25 at the time of a check issuance request, a fee equal to the account balance will be deducted from the Medical Savings Account balance.

SERVICE AREA AND ELIGIBILITY

To join Network*Prime* (MSA), you must be enrolled in Medicare Part A and Part B and live in our service area, which is the entire state of Wisconsin for our MSA plan. You must also meet these eligibility requirements.

- Not receiving hospice (end-of-life) care
- Not eligible for Medicaid
- Not part of a group health plan
- Not receiving benefits from the Department of Defense (TRICARE), the Department of Veteran Affairs (VA) or the Federal Employee Health Benefits Program



This booklet gives you a summary of what we cover and what you pay on the Network*Prime* plan. It doesn't list every service that 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 MEDICAL SAVINGS ACCOUNT (MSA) PLAN?

A medical savings account (MSA) plan combines a high-deductible health insurance plan with a medical savings account. Each year, the Centers for Medicare & Medicaid Services deposits a set amount into the medical savings account that you can use to pay for health care services. Once you've paid a certain amount for health care (called the deductible), the plan begins paying for the Medicare-covered services you receive.

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 Network Health 16960 W. Greenfield Ave., Suite 5 Brookfield, WI 53005	
Hours of Operation	 Normal business 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.	

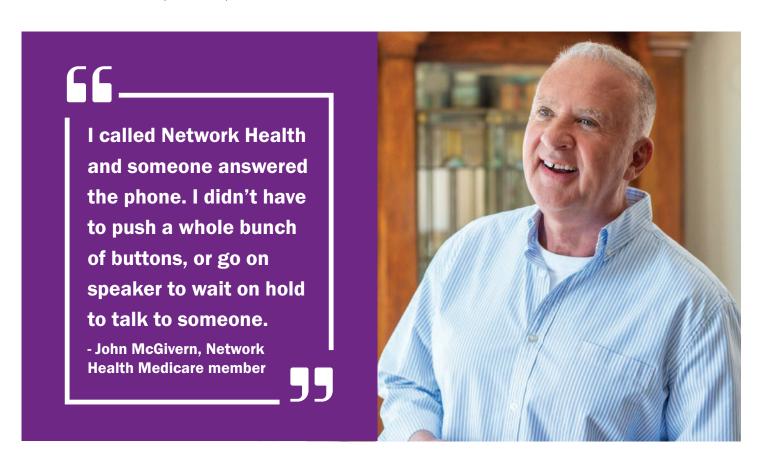
Your Costs	Network <i>Prime</i> (MSA)
Monthly Premium	\$0
Annual Medical Deductible	\$5,400
Medicare Deposit into Your MSA Bank Account	\$1,500
Primary Care Provider Visit	
Specialist Visit	
Preventive Care	
Annual Medicare Wellness Visit	
Medicare-Covered Vaccines	
Inpatient Hospital Services	
Outpatient Hospital Services– Including ambulatory surgical center services	
Labs	
Diagnostic Tests- Such as ultrasound, EKG, stress test	Until you meet your annual deductible of \$5,400, you pay up to 100% of the Medicare-approved amount.
X-rays	
Diagnostic Radiology Services – Advanced Imaging	After you meet your annual deductible you pay \$0 for Medicare-covered services.
Urgent Care	
Emergency Room Visit	No prior authorization required.
Air and Ground Ambulance Services	For a complete listing of Medicare-covered services,
Durable Medical Equipment	visit Medicare.gov.
Physician Telehealth Services	
MDLIVE® Virtual Visit¹	
Medicare Part B Drugs and Chemotherapy	
Medicare-Covered Dental Services	
Medicare-Covered Vision Services	
Medicare-Covered Hearing Services	
Outpatient Mental Health- Individual or group therapy	
Inpatient Mental Health	

Continued on next page.

¹Visit networkhealth.com/medicare/additional-benefits for more information.

Your Costs	Network <i>Prime</i> (MSA)
Opioid Treatment Services	
Substance Abuse Services	Until you meet your annual deductible of \$5,400, you
Skilled Nursing Facility	pay up to 100% of the Medicare-approved amount.
Outpatient Physical, Occupational, Speech Therapy	After you meet your annual deductible you pay \$0 for
Chiropractic Services	Medicare-covered services.
Medicare-Covered Acupuncture	No prior authorization required.
Medicare-Covered Home Health Care Visits	For a complete listing of Medicare-covered services,
Radiation Therapy	visit Medicare.gov.
Diabetes Supplies and Services	
Wellness Rewards ¹	Earn up to \$180 in gift cards by completing your annual wellness visit, routine labs and flu vaccine.
Optional Comprehensive Dental Coverage ¹	\$39 monthly premium Annual maximum: \$1,000

¹Visit networkhealth.com/medicare/additional-benefits for more information.



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 experience team representative 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, 8 a.m. to 8 p.m.

`	to 8 p.m.
Unde	rstanding the Benefits
	Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely 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.
Unde	rstanding Important Rules
	Benefits, premiums and/or copayments/coinsurance may change on January 1, 2023.
	MSA plans combine a high deductible Medicare Advantage plan and a trust or custodial savings account (as defined and/or approved by the IRS). The plan deposits money from Medicare into the account. You can use this money to pay for your health care costs, but only Medicare-covered expenses count toward your deductible. The amount deposited is usually less than your deductible amount so you generally have to pay money out-of-pocket before your coverage begins.
	Medicare MSA plans do not cover prescription drugs. If you join a Medicare MSA plan, you can also join any separate Medicare prescription drug plan.
	There are additional restrictions to join an MSA plan, and enrollment is for a full calendar year unless you

There are additional restrictions to join an MSA plan, and enrollment is for a full calendar year unless you meet certain exceptions. Those who disenroll during the calendar year will owe a portion of the account deposit back to the plan. Contact the plan at **800-378-5234** (TTY 800-947-3529) for additional information.

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ENROLL NOW

HOW TO ENROLL IN A NETWORK PRIME MEDICARE ADVANTAGE MSA PLAN

ONE-ON-ONE

You can meet one-on-one with a knowledgeable and helpful local agent or one of our in-house specialists.

To sign up for an appointment, contact your local agent or call **800-983-7587** to speak with a Network Health sales advisor.



BY MAIL

Complete the MSA Enrollment Form and Master Signature Card form provided with this guide and return them using the postagepaid envelope provided.



WHAT HAPPENS NEXT?

- 1. Network Health confirms the date your coverage will start. If you sign up during the Medicare Annual Enrollment Period, your coverage will typically start January 1.
- 2. Network Health mails your member ID card.
- After your plan is effective, you'll receive your member welcome guide, which gives you tips to get the most out of your coverage.
- You'll receive your debit card and/or checkbook from BenefitWallet.



GLOSSARY

Deductible – The amount of money you must pay (not including premiums) before the insurance company begins paying for services. It's different than a copayment.

High Deductible Health Plan – Once you've paid a certain amount for health care (called the deductible), the plan begins paying for the Medicare-covered services you receive.

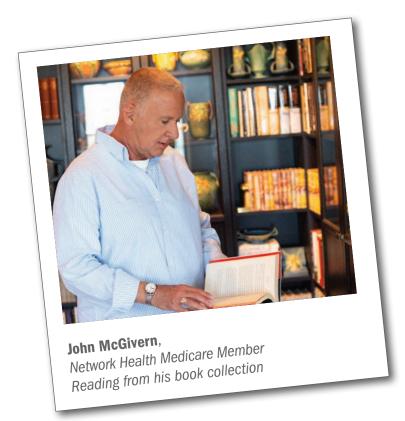
Maximum Out-of-Pocket – The total, maximum amount, not including monthly premiums, that your health insurance plan requires you to pay during the year toward the cost of your health care services.

Medical Savings Account (MSA) – A special savings account used for health care costs.

Medicare-Approved Amount – The amount a doctor may charge for services as determined by Medicare.



Jaclyn P., Network Health Medicare Member Enjoying the flowers in her garden



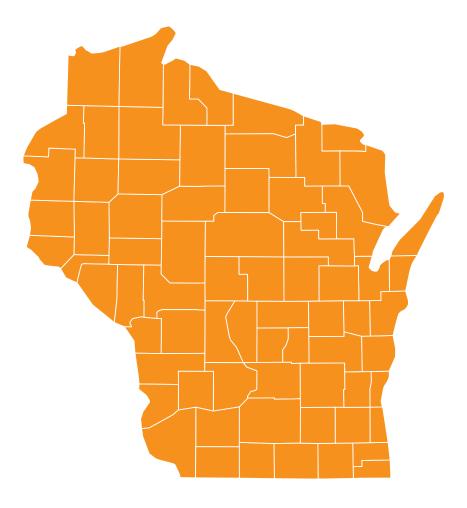
Network Health keeps our policies up to date, so you can stay informed about your rights as a Network Health Medicare member. To view our Notice of Privacy Practices, go to networkhealth. com/medicare/medicare-legal/notice-of-privacy-practices-medicare or call us to request a hard copy.

To view our Appeals and Grievance Process for Medicare Part C Summary Information, go to networkhealth.com/medicare/medicare-legal/how-to-make-a-complaint or call us to request a hard copy.

Notes	



Important Network Health Medicare Advantage Plan Information



NetworkPrime is available in all Wisconsin counties



Call us Monday-Friday, 8 a.m. to 8 p.m. From October 1-March 31, we're available seven days a week, 8 a.m. to 8 p.m.