

2023



NetworkCares
PPO D-SNP Plan



Locally owned by



GLOSSARY

Coinsurance – A set percentage you pay for specific services, according to your plan. For example, an insurance company may cover 80 percent of a service. The remaining 20 percent is the coinsurance, or the amount you pay.

Copayment – A fixed fee you pay for some covered services, usually collected at the time of service or at the pharmacy for a prescription.

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.

Drug Tier – A drug tier is the cost category of a drug. It determines what you pay for the drug. Usually the higher the tier, the more you pay. Medications on Tiers 1-4 cost less when using a preferred pharmacy. Look up your medications at networkhealth.com/look-up-medications.

Extra Help – Beneficiaries with limited resources and income may be eligible for Extra Help to pay for the costs—monthly premiums, annual deductibles and prescription copayments—related to a Medicare prescription drug plan. You can check your eligibility by calling Social Security at **1-800-772-1213** (TTY 1-800-325-0778).

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.

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

Preferred Pharmacy – An in-network pharmacy covering drugs at a lower cost.

Standard Pharmacy – An in-network pharmacy covering drugs at a higher cost.

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 for a hard copy.

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

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We do what's

RIGHT

because it's

WHO WE ARE.

Health insurance is

WHAT WE DO.

NetworkCares is a PPO D-SNP plan with a Medicare contract and a contract with the Wisconsin Medicaid program. Enrollment in Network Health Medicare Advantage Plans depends on contract renewal. Out-of-network/noncontracted 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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NETWORK HEALTH EXTRAS

To join the NetworkCares Dual-Eligible Special Needs Plan, you must have both Medicare and Medicaid. This plan offers benefits above and beyond what Original Medicare and Medicaid cover. To learn more, or to find a provider, visit networkhealth.com/medicare/extra-benefits-snp.



Dental

Protect your teeth and gums with routine preventive dental care. Network Health partners with Delta Dental® Medicare Advantage to offer you preventive and comprehensive dental care. The chart below details the cost of common services.

NetworkCares Member Cost		
	Delta Dental Medicare Advantage Dentist	Out-of-Network Dentist
DENTAL SERVICES \$3,000 ANNUAL MAXIMUM		
DIAGNOSTIC AND PREVENTIVE SERVICES		
<ul style="list-style-type: none">Diagnostic and preventive services (exams, cleanings and fluoride)X-rays (bitewing and full mouth)	\$0	\$0
BASIC SERVICES		
<ul style="list-style-type: none">Emergency palliative treatment (to temporarily relieve pain)Minor restorative services, simple extractions-nonsurgical extractions (fillings and crown repair)	\$0	\$0
MAJOR SERVICES		
<ul style="list-style-type: none">Major restorative services (crowns and onlays)Relines and repairs (bridges, implants and dentures)Prosthodontic services (bridges, implants and dentures)Endodontic services (root canals)Periodontic services (to treat gum disease)Oral surgery services (extractions and dental surgery)Other major services	50%*	50%*

*If your provider does not accept both Medicare and Medicaid, you will pay 50% of the total cost.

To find a Delta Dental Medicare Advantage network provider visit medicareadvantage.deltadentalwi.com or call **866-548-0292** (TTY 711).

NETWORK HEALTH EXTRAS



Vision

Annual eye exams are an important part of your health care, so we partner with EyeMed® to offer you an annual routine eye exam for a \$0 copayment. NetworkCares members also receive up to \$400 for eyewear, including contact lenses and/or glasses.

To find an in-network EyeMed vision provider, visit eyedoclocator.eyemedvisioncare.com/network/en or call EyeMed customer service at **833-279-4361** (TTY 711).



Hearing

Hearing impacts your health, wellness and safety. We know how important that is, which is why we offer you an annual routine hearing exam for a \$0 copayment when you see an in-network provider.

You also have access to select hearing aids for \$495-\$1,695 per device. A hearing aid fitting and follow up visit is included with your purchase.

We recommend checking your Medicaid hearing benefit prior to using this benefit. Medicaid may cover a hearing exam and hearing aids.



Fitness

Our partnership with SilverSneakers® gives you access to virtual fitness programs and over 16,000 fitness locations—including YMCAs—nationwide. To find a SilverSneakers location near you, visit tools.silversneakers.com/locationsearch.



Over-the-Counter Benefit

To keep you healthy and well, our NetworkCares members receive a **\$60 over-the-counter allowance each quarter**. This can be used on hundreds of useful items from **our catalog**, which is sent after your plan becomes effective.

Ordering is quick and easy, through the secure member portal, by mail or by calling **855-435-5164** (TTY 711), Monday-Friday from 7 a.m. to 10 p.m. The items you select can be mailed directly to your home at no cost to you.



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 for \$0. 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. You'll be able to access MDLIVE using the secure Network Health member portal.



Meals

Recovering after an inpatient hospital, hospital observation or skilled nursing facility stay can be difficult. That's why Network Health partners with Mom's Meals to provide NetworkCares members 28 delicious meals delivered right to your door when you return home after a qualifying stay. Meal options are designed for specific nutritional needs—you can choose from heart-friendly, diabetes friendly, renal-friendly, gluten free, vegetarian, low sodium and more.



Transportation

Need a ride to the dentist or to the doctor? We can help. Our partnership with Aryv helps you get to where you need to be, safely. The transportation benefit includes 24 private one-way trips within the Network Health service area. Wheelchair accessible vehicles and door-to-door services are available upon request.

To schedule a ride, you can contact the care management team or call Aryv directly at **855-923-1113** (TTY 711).

Members with end-stage renal disease receive an additional 24 one-way trips to get to and from dialysis for treatment.



Acupuncture

Up to 12 visits per year are covered for members who are undergoing chemotherapy and experiencing nausea.



Palliative Care At Home

One home-based palliative care consultation and two follow-up visits for members who have been diagnosed with cancer, congestive heart failure, COPD, chronic kidney disease, ESRD, rheumatoid arthritis, Alzheimer’s, Parkinson’s, multiple sclerosis, liver cirrhosis.



Health Risk Assessment Reward

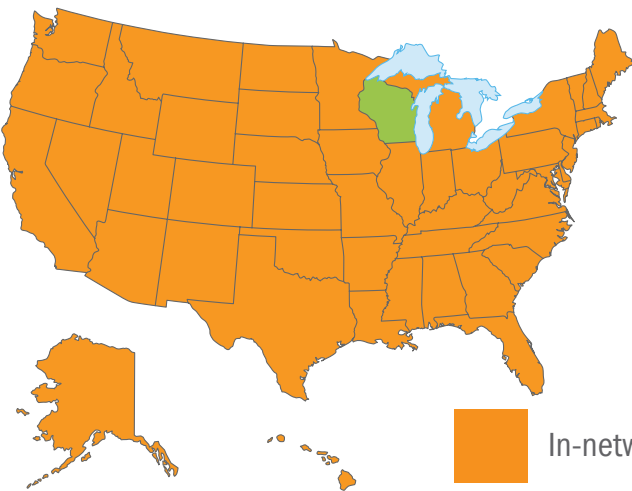
Earn a \$50 health reward for completion of a health risk assessment (HRA).



Travel

Our NetworkCares plan offers Medicare coverage when you venture outside Wisconsin and within the United States and its territories. This means you can use your Medicare benefits at any provider who accepts Medicare beneficiaries, for the same cost as an in-network provider.

Make sure you review the list of Medicaid’s contracted providers before you receive care outside Wisconsin, because Medicaid typically doesn’t cover services outside the state of Wisconsin. This will ensure you receive your full Medicare and Medicaid benefits.



In-network coverage

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. Their goal is to ensure you have an exceptional health insurance experience.

Our member experience representatives make health insurance easy by answering your questions about benefits, claims, authorizations, pharmacy and more, in a way that’s easy to 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.



Care Management

The NetworkCares plan focuses on offering one-on-one service. You’ll have access to a team of specially trained registered nurses and social workers.

This team of health care professionals will work with you, your caregiver and your doctor(s) to make sure everyone is on the same page. This includes helping with the below, and more.

- Manage health conditions
- Complete your annual health risk assessment
- Communicate your needs with health care providers
- Review your medications and treatments
- Find community resources
- Develop an individualized care plan



WHY NETWORK HEALTH?



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. That's just one of our efforts to keep premiums low and service expectations high.



Provider Network

Network Health offers access to high-quality health care providers, giving you convenient access to excellent care close to home. Visit networkhealth.com/find-a-doctor to search our entire network. Medical benefits on the NetworkCares plan cost the same in- and out-of-network.

Our network includes the following providers and health systems, and many more.



Ascension

- Affinity Health System
- Bellin Health
- Columbia St. Mary's
- Community Memorial Menomonee Falls
- Door County Medical Center
- Family Care of the Fox Cities
- Froedtert South (Kenosha Medical Center)
- Holy Family Memorial
- HSHS St. Nicholas Hospital
- Ministry Health Care

- Prevea Health
- Primary Care Associates of Appleton, LTD
- SSM Health
- St. Catherine's Medical Center – Pleasant Prairie
- St. Joseph's Hospital – West Bend
- ThedaCare
- Wheaton Franciscan Healthcare

To confirm your doctor is an in-network provider, go to networkhealth.com/find-a-doctor and select **Medicare PPO** under the Plan Type dropdown.

WHY NETWORK HEALTH?

Network Health Pharmacists

As a member of Network Health, you have direct access to our in-house pharmacists who can not only help with a variety of medication-related questions, but may even save you money.



Medication costs

If you have concerns about affording your medications, our pharmacists may be able to help. They can partner with your doctor to ensure you're on the most cost-effective medication for your condition.

New medications

Recently prescribed a new medication? Our pharmacists can answer questions you may have about the medication.

Medication review and questions

Network Health pharmacists can do a medication review and answer any questions you may have.

Medication side effects

Concerns about side effects of a medication? Our pharmacists can talk through your concerns and potential medication interactions.

Comprehensive Medication Review

Network Health offers a Medication Therapy Management (MTM) Program through our partnership with Express Scripts Inc. and MedWiseRx. This program is designed to help you manage your medications and do the following.

- Improve your medication use
- Reduce the risk of dangerous drug reactions
- Make sure you're taking medications correctly and as prescribed
- Ensure you are on the most appropriate and cost-effective medications

Eligible individuals are automatically enrolled in MTM and will receive an introductory letter to get started. If you're not eligible, but still interested in a medication review, you can contact our in-house pharmacists via email at pharmacist@networkhealth.com or call **888-665-1246** (TTY 800-947-3529), Monday-Friday, 8 a.m. to 5 p.m.

Find a Pharmacy

Visit networkhealth.com/find-a-pharmacy to find in-network pharmacies.

Remember, you must use an in-network pharmacy for covered prescriptions. In addition, using a preferred pharmacy lowers your copayment.

You can find out if your pharmacy is a preferred pharmacy by searching for the pharmacy at networkhealth.com/find-a-pharmacy, and clicking **Details**.

Many local and national pharmacies are in our preferred network.

Look Up Medications

Visit networkhealth.com/look-up-medications to find the most up-to-date list of covered drugs, also called the formulary.

Mail Order for \$0

Medications delivered to your door—now that's convenient. You can get a 31-90-day supply of Tier 1 medications filled through Express Scripts Home Delivery at no extra cost. A 31-90-day supply of Tier 2 medications available at no extra cost once your deductible is met.

To sign up, visit ExpressScripts.com or call **800-316-3107** (TTY 800-899-2114), 24 hours a day, seven days a week.

Our pharmacists put in the extra effort because they want to, not because they have to.

2023 NETWORKCARES (PPO D-SNP)

SERVICE AREA AND ELIGIBILITY

To be eligible to join Network Health’s PPO D-SNP plan described in this booklet, you must be entitled to Medicare Part A, enrolled in Medicare Part B, enrolled in Wisconsin Medicaid and live in the service area. This Summary of Benefits applies to the NetworkCares plan 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 NetworkCares (PPO D-SNP) plan. It doesn’t list every service we cover or 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 member experience for a printed copy.

WHAT IS A DUAL-ELIGIBLE SPECIAL NEEDS PLAN (PPO D-SNP)?

This Medicare Advantage plan is specifically designed for people who are eligible for both Medicare and Medicaid (called dual-eligible). How much Medicaid covers depends on your income, resources and other factors. Some people get full Medicaid benefits and some only get help to pay for certain Medicare costs, including premiums, deductibles, coinsurance or copayments.

CONTACT NETWORK HEALTH

By Phone	Sales Department – 800-983-7587 Member Experience Team – 855-653-4363 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.

¹Service may require prior authorization.
²Visit networkhealth.com/medicare/extra-benefits-snp for more information, this is not a medical benefit. Because covered services and copayments could change, you should ask your provider what your copayment amount will be. If you get more than one service during the same appointment, you may be asked for more than one copayment.

SUMMARY OF BENEFITS

Your Costs	NetworkCares (Includes pharmacy) (PPO D-SNP)	Medicaid
	YOUR COSTS, IN- AND OUT-OF-NETWORK (UNLESS SPECIFIED) If you are eligible for Medicare cost sharing assistance under Medicaid, you may pay \$0 for benefits that state 0%-20% of the cost.	
Monthly Premium	\$0	Premiums, deductibles and payment limitations depend on the type of coverage you have. For benefit questions, contact Forward Health Member Services at 800-362-3002 or consult your Forward Health Enrollment and Benefits Handbook.
Annual Medical Deductible	In 2022 the amounts were: \$0-\$233 depending on your level of Medicaid eligibility. These amounts may change for 2023.	
Annual Maximum Out-of-Pocket– (Does not include Part D prescription drugs)	\$8,300 for services you receive from in-network providers \$12,450 for services you receive from any provider, your limit for services received from in- and out-of-network providers will count toward this limit	
Hospital Services		
Inpatient Hospital Services ¹ – Per admission	In 2022 the amounts for each admission were Days 1-60 \$0-\$1,556 deductible Days 61-90 \$0-\$389 per day Days 91 and beyond \$0-\$778 per day (This plan covers 60 lifetime reserve days) These amounts may change for 2023.	Covered
Outpatient Hospital Services	0%-20% of the cost	Covered
Ambulatory Surgical Center	0%-20% of the cost	Covered
General Services		
Primary Care Provider Visit	0%-20% of the cost	Covered
Specialist Visit	0%-20% of the cost	Covered
Preventive Care		
Preventive Care Visits*	\$0 in-network 0%-20% of the cost out-of-network	Covered
Annual Medicare Wellness Visit	\$0 in-network 0%-20% of the cost out-of-network	Covered
Physician Telehealth Services	Virtual primary care and urgent care services cost the same as an in-person visit	Covered
Medicare-Covered Vaccines– Flu, pneumonia, COVID	\$0 in-network 0% of the cost out-of-network	Covered
Medicare-Covered Vaccines– Hepatitis B, all other Part B	\$0 in-network 0%-20% of the cost out-of-network	Covered

*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.

2023 NETWORKCARES (PPO D-SNP)

Your Costs	NetworkCares (Includes pharmacy) (PPO D-SNP)	Medicaid
	YOUR COSTS, IN- AND OUT-OF-NETWORK (UNLESS SPECIFIED) If you are eligible for Medicare cost sharing assistance under Medicaid, you may pay \$0 for benefits that state 0%-20% of the cost.	
Emergency Care		
Emergency Room Visit– Copayment is waived if admitted to a U.S. hospital within 24 hours	0%-20% of the cost, up to \$95	Coverage may not be available outside the state of Wisconsin
Urgent Care		
Urgent Care Visit– Free-standing facility	0%-20% of the cost, up to \$60	Covered
Diagnostic Services		
Diagnostic Tests– Such as ultrasound, EKG, stress test	0%-20% of the cost	Covered
Labs– What you pay may be based on the service received and/or where you are treated	0%-20% of the cost	Covered
Diagnostic Radiology Services– Advanced Imaging (PET, CAT, MRI, MRA, NUC Scans)	0%-20% of the cost	Covered
X-rays	0%-20% of the cost	Covered
Hearing Services		
Routine Hearing Exam²	\$0 in-network, or \$40 out-of-network	Covered
Diagnostic Hearing Exam– Exam to diagnose and treat hearing issues	0%-20% of the cost	Covered
Hearing Aids²– Maximum of two hearing aids per year Hearing aid evaluation and fitting included	\$495-\$1,695 per device, hearing aids must be purchased through the plan’s approved partner	Covered
Dental Services		
Preventive and Comprehensive Dental Coverage²	\$0 Cleaning (twice a year) \$0 Dental X-ray(s) (bitewing 1 per year, full mouth 1 every 5 years) \$0 Oral Exam (twice a year) \$0 Basic Restorative Services 50% of the cost for major services (endodontics/periodontics/extractions, prosthodontics, other oral/maxillofacial surgery, other services) \$3,000 Annual Maximum	Covered
Medicare-Covered Dental Services– Does not include services in connection with care, treatment, filling, removal or replacement of teeth	0%-20% of the cost	Covered

SUMMARY OF BENEFITS

Your Costs	NetworkCares (Includes pharmacy) (PPO D-SNP)	Medicaid
	YOUR COSTS, IN- AND OUT-OF-NETWORK (UNLESS SPECIFIED) If you are eligible for Medicare cost sharing assistance under Medicaid, you may pay \$0 for benefits that state 0%-20% of the cost.	
Vision Services		
Annual Routine Vision Exam ²	\$0 in-network, or \$40 reimbursement out-of-network	Covered
Diagnostic Eye Exam– To diagnose and treat diseases and conditions of the eye	0%-20% of the cost	Covered
Post-Cataract Eyewear ² – One pair of eyeglasses or contact lenses after each cataract surgery	0%-20% of the cost	Covered
Additional Eyewear ² – At EyeMed providers	\$400 allowance in-network, or \$400 reimbursement out-of-network	Covered
Mental Health/Substance Abuse		
Outpatient Mental Health– Individual or group therapy	0%-20% of the cost	Covered
Inpatient Mental Health ¹ – Per admission	In 2022 the amounts for each admission were Days 1-60 \$0-\$1,556 deductible Days 61-90 \$0-\$389 per day Days 91 and beyond \$0-\$778 per day (This plan covers 60 lifetime reserve days) These amounts may change for 2023.	Covered
Opioid Treatment Services	0%-20% of the cost	Covered
Substance Abuse Services– Outpatient individual or group therapy	0%-20% of the cost	Covered
Continued Care Services		
Skilled Nursing Facility ¹ – Per admission	In 2022 the amounts were: \$0 per day, Days 1-20 \$0-\$194.50 per day, Days 21-100 A prior three-day inpatient hospital stay is required. These amounts may change for 2023.	Covered
Outpatient Physical ¹ , Occupational ¹ , Speech Therapy	0%-20% of the cost	Covered
Home-Based Palliative Care ¹ – One palliative care evaluation and two follow up visits	\$0	Not Covered
Transportation Services		
Air and Ground Ambulance Services	0%-20% of the cost	Covered

¹Service may require prior authorization.
²Visit networkhealth.com/medicare/extra-benefits-snp for more information, this is not a medical benefit. Because covered services and copayments could change, you should ask your provider what your copayment amount will be. If you get more than one service during the same appointment, you may be asked for more than one copayment.

2023 NETWORKCARES (PPO D-SNP)

Your Costs	NetworkCares (Includes pharmacy) (PPO D-SNP)	Medicaid
	YOUR COSTS, IN- AND OUT-OF-NETWORK (UNLESS SPECIFIED) If you are eligible for Medicare cost sharing assistance under Medicaid, you may pay \$0 for benefits that state 0%-20% of the cost.	
Non-Emergency Transportation	24 one-way trips, anywhere within the Network Health Medicare Advantage Plan service area. Additionally includes 24 one-way trips for members with ESRD to get to and from dialysis	Covered
Drug Coverage		
Medicare Part B Drugs ¹	0%-20% of the cost	Covered
Medicare Part D Drugs– See pages 16-18 for specific drug tier costs	Covered	Covered
Additional Benefits		
Over-the-Counter Coverage ²	\$60 per quarter. No rollover on quarterly allowance.	Limited coverage
Fitness with SilverSneakers®	Included	Not covered
MDLIVE®Virtual Visit– Virtual visit for medical	\$0	Not covered
Meal Delivery– Following a qualified hospital observation stay, inpatient hospital stay or skilled nursing facility stay	28 meals	Not covered
Wellness Reward	Earn a \$50 health reward by completing your annual health risk assessment	
Travel Coverage		
Travel within the United States	Receive in-network coverage when you venture outside Wisconsin and within the United States and its territories. You can see any provider who accepts Medicare beneficiaries.	Coverage may not be available outside the state of Wisconsin
International Emergency Coverage– View the Evidence of Coverage for details at networkhealth.com/medicare/plan-materials	\$110 per incident \$100,000 maximum benefit	Not covered
Recovery and Rehabilitation Services		
Durable Medical Equipment– Such as insulin pumps ¹ , CPAP machines ¹ , prosthetic devices ¹	0%-20% of the cost	Covered
Chiropractic Services– Manipulation of the spine to correct misalignment of one or more of the bones of your spine	0%-20% of the cost	Covered
Medicare-Covered Acupuncture– For chronic low back pain only, up to 12 visits in 90 days and no more than 20 visits per year	0%-20% of the cost	Covered

SUMMARY OF BENEFITS

Your Costs	NetworkCares (Includes pharmacy) (PPO D-SNP)	Medicaid
	YOUR COSTS, IN- AND OUT-OF-NETWORK (UNLESS SPECIFIED) If you are eligible for Medicare cost sharing assistance under Medicaid, you may pay \$0 for benefits that state 0%-20% of the cost.	
Medicare-Covered Home Health Care Visits ¹	\$0	Covered
Cancer Services		
Chemotherapy ¹	0%-20% of the cost	Covered
Radiation Therapy ¹ – Per service	0%-20% of the cost	Covered
Acupuncture– Up to 12 visits per year are covered for members who are undergoing chemotherapy and have severe nausea and/or vomiting	\$0	Not covered
Diabetic Services		
Diabetes Monitoring Supplies and Test Strips– OneTouch™ and Accu-Chek™ test strips Continuous Glucose Monitoring supplies limited to FreeStyle Libre® and Dexcom® obtained through your pharmacy All other brands are not covered	0%-20% of the cost	Covered – One Touch Not covered – Accu-Chek
Diabetic Shoe Inserts– Copayment per pair	0%-20% of the cost	Covered
Diabetes Management Tool	0%-20% of the cost	Not covered
End-Stage Renal Disease		
Dialysis– Per treatment	0%-20% of the cost	Covered

PRESCRIPTION DRUG BENEFITS

Your Drug Costs	NetworkCares (Includes pharmacy) (PPO D-SNP)	Medicaid
How much do I pay?	For Part B drugs such as chemotherapy drugs ¹ : <ul style="list-style-type: none">In- and out-of-network: 0%-20% of the cost Other Part B drugs ¹ : <ul style="list-style-type: none">In- and out-of-network: 0%-20% of the cost Part D Prescription Drug Deductible on Tier 1 \$0, Tiers 2-5: \$505	Comprehensive drug benefit with coverage of generic and brand name prescription drugs and some over-the-counter (OTC) drugs

¹Service may require prior authorization.
²Visit networkhealth.com/medicare/extra-benefits-snp for more information, this is not a medical benefit. Because covered services and copayments could change, you should ask your provider what your copayment amount will be. If you get more than one service during the same appointment, you may be asked for more than one copayment.

2023 NETWORKCARES (PPO D-SNP)

Your Drug Costs		
INITIAL COVERAGE PREFERRED RETAIL COST-SHARING		
After you reach your yearly deductible of \$0-\$505 for your Tier 2 - 5 drugs, you pay the following copayments or coinsurance for your drugs. You will need to fill your prescriptions at in-network retail pharmacies or the plan's mail order pharmacy.		
Tier	One-month supply For generic drugs (including brand drugs treated as generic), either:	Three-month supply For generic drugs (including brand drugs treated as generic), either:
Tier 1 (Preferred Generics)	<ul style="list-style-type: none">• \$0 copayment; or• \$1.45 copayment; or• \$4.15 copayment; or lesser of \$7 or 15% of the cost	<ul style="list-style-type: none">• \$0 copayment; or• \$1.45 copayment; or• \$4.15 copayment; or lesser of \$17 or 15% of the cost
Tier 2 (Generics and Non-Preferred Generics)	<ul style="list-style-type: none">• \$0 copayment; or• \$1.45 copayment; or• \$4.15 copayment; or lesser of \$12 or 15% of the cost	<ul style="list-style-type: none">• \$0 copayment; or• \$1.45 copayment; or• \$4.15 copayment; or lesser of \$30 or 15% of the cost
Tier 3 (Non-Preferred Generics and Preferred Brands)	<ul style="list-style-type: none">• \$0 copayment; or• \$1.45 copayment; or• \$4.15 copayment For all other drugs, either: <ul style="list-style-type: none">• \$0 copayment; or• \$4.30 copayment; or• \$10.35 copayment; or lesser of \$42 or 15% of the cost	<ul style="list-style-type: none">• \$0 copayment; or• \$1.45 copayment; or• \$4.15 copayment For all other drugs, either: <ul style="list-style-type: none">• \$0 copayment; or• \$4.30 copayment; or• \$10.35 copayment; or lesser of \$105 or 15% of the cost
Tier 4 (Non-Preferred Generics and Non-Preferred Brands)	<ul style="list-style-type: none">• \$0 copayment; or• \$1.45 copayment; or• \$4.15 copayment For all other drugs, either: <ul style="list-style-type: none">• \$0 copayment; or• \$4.30 copayment; or• \$10.35 copayment; or lesser of \$95 or 15% of the cost	<ul style="list-style-type: none">• \$0 copayment; or• \$1.45 copayment; or• \$4.15 copayment For all other drugs, either: <ul style="list-style-type: none">• \$0 copayment; or• \$4.30 copayment; or• \$10.35 copayment; or lesser of \$237 or 15% of the cost
Tier 5 (Specialty)	<ul style="list-style-type: none">• \$0 copayment; or• \$1.45 copayment; or• \$4.15 copayment For all other drugs, either: <ul style="list-style-type: none">• \$0 copayment; or• \$4.30 copayment; or• \$10.35 copayment; or 15% of the cost	Not offered

SUMMARY OF BENEFITS

Your Drug Costs		
INITIAL COVERAGE STANDARD RETAIL COST-SHARING		
After you reach your yearly deductible of \$0-\$505 for your Tier 2 - 5 drugs, you pay the following copayments or coinsurance for your drugs. You will need to fill your prescriptions at in-network retail pharmacies or the plan's mail order pharmacy.		
Tier	One-month supply For generic drugs (including brand drugs treated as generic), either:	Three-month supply For generic drugs (including brand drugs treated as generic), either:
Tier 1 (Preferred Generics)	<ul style="list-style-type: none">• \$0 copayment; or• \$1.45 copayment; or• \$4.15 copayment; or lesser of \$10 or 15% of the cost	<ul style="list-style-type: none">• \$0 copayment; or• \$1.45 copayment; or• \$4.15 copayment; or lesser of \$25 or 15% of the cost
Tier 2 (Generics and Non-Preferred Generics)	<ul style="list-style-type: none">• \$0 copayment; or• \$1.45 copayment; or• \$4.15 copayment; or lesser of \$19 or 15% of the cost	<ul style="list-style-type: none">• \$0 copayment; or• \$1.45 copayment; or• \$4.15 copayment; or lesser of \$47 or 15% of the cost
Tier 3 (Non-Preferred Generics and Preferred Brands)	<ul style="list-style-type: none">• \$0 copayment; or• \$1.45 copayment; or• \$4.15 copayment For all other drugs, either: <ul style="list-style-type: none">• \$0 copayment; or• \$4.30 copayment; or• \$10.35 copayment; or lesser of \$47 or 15% of the cost	<ul style="list-style-type: none">• \$0 copayment; or• \$1.45 copayment; or• \$4.15 copayment For all other drugs, either: <ul style="list-style-type: none">• \$0 copayment; or• \$4.30 copayment; or• \$10.35 copayment; or lesser of \$117 or 15% of the cost
Tier 4 (Non-Preferred Generics and Non-Preferred Brands)	<ul style="list-style-type: none">• \$0 copayment; or• \$1.45 copayment; or• \$4.15 copayment For all other drugs, either: <ul style="list-style-type: none">• \$0 copayment; or• \$4.30 copayment; or• \$10.35 copayment; or lesser of \$100 or 15% of the cost	<ul style="list-style-type: none">• \$0 copayment; or• \$1.45 copayment; or• \$4.15 copayment For all other drugs, either: <ul style="list-style-type: none">• \$0 copayment; or• \$4.30 copayment; or• \$10.35 copayment; or lesser of \$250 or 15% of the cost
Tier 5 (Specialty)	<ul style="list-style-type: none">• \$0 copayment; or• \$1.45 copayment; or• \$4.15 copayment For all other drugs, either: <ul style="list-style-type: none">• \$0 copayment; or• \$4.30 copayment; or• \$10.35 copayment; or 15% of the cost	Not offered

2023 NETWORKCARES (PPO D-SNP)

Your Drug Costs		
INITIAL COVERAGE MAIL ORDER RETAIL COST-SHARING		
After you reach your yearly deductible of \$0-\$505 for your Tier 2 - 5 drugs, you pay the following copayments or coinsurance for your drugs. You will need to fill your prescriptions at in-network retail pharmacies or the plan's mail order pharmacy.		
Tier	One-month supply For generic drugs (including brand drugs treated as generic), either:	Three-month supply For generic drugs (including brand drugs treated as generic), either:
Tier 1 (Preferred Generics)	<ul style="list-style-type: none">\$0 copayment; or\$1.45 copayment; or\$4.15 copayment; orlesser of \$7 or 15% of the cost	<ul style="list-style-type: none">\$0 copayment for 31-90 day mail order
Tier 2 (Generics and Non-Preferred Generics)	<ul style="list-style-type: none">\$0 copayment; or\$1.45 copayment; or\$4.15 copayment; orlesser of \$12 or 15% of the cost	<ul style="list-style-type: none">\$0 copayment for 31-90 day mail order
Tier 3 (Non-Preferred Generics and Preferred Brands)	<ul style="list-style-type: none">\$0 copayment; or\$1.45 copayment; or\$4.15 copayment For all other drugs, either: <ul style="list-style-type: none">\$0 copayment; or\$4.30 copayment; or\$10.35 copayment; orlesser of \$42 or 15% of the cost	<ul style="list-style-type: none">\$0 copayment; or\$1.45 copayment; or\$4.15 copayment For all other drugs, either: <ul style="list-style-type: none">\$0 copayment; or\$4.30 copayment; or\$10.35 copayment; orlesser of \$105 or 15% of the cost
Tier 4 (Non-Preferred Generics and Non-Preferred Brands)	<ul style="list-style-type: none">\$0 copayment; or\$1.45 copayment; or\$4.15 copayment For all other drugs, either: <ul style="list-style-type: none">\$0 copayment; or\$4.30 copayment; or\$10.35 copayment; orlesser of \$95 or 15% of the cost	<ul style="list-style-type: none">\$0 copayment; or\$1.45 copayment; or\$4.15 copayment For all other drugs, either: <ul style="list-style-type: none">\$0 copayment; or\$4.30 copayment; or\$10.35 copayment; orlesser of \$237 or 15% of the cost
Tier 5 (Specialty)	<ul style="list-style-type: none">\$0 copayment; or\$1.45 copayment; or\$4.15 copayment For all other drugs, either: <ul style="list-style-type: none">\$0 copayment; or\$4.30 copayment; or\$10.35 copayment; or15% of the cost	Not offered

Generally, we cover drugs filled at an out-of-network pharmacy only when you are not able to use a network pharmacy. If it is necessary to use an out-of-network pharmacy, please check first with customer service because you may pay more than you pay at an in-network pharmacy.

COVERAGE GAP

You enter the coverage gap when your total drug costs reach \$4,660. 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%. If you are receiving “Extra Help” the coverage gap may not apply.

CATASTROPHIC COVERAGE

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,400, you pay \$0-\$4.15 for drugs treated as generic and \$0-\$10.35 for drugs treated as brand.

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 experience representative at **855-653-4363** (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

- ☐ The *Evidence of Coverage* (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs and benefits before you enroll. Visit networkhealth.com/medicare/plan-materials or call **855-653-4363** (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.
- ☐ Review the formulary to make sure your drugs are covered.

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, 2024.
- ☐ 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 situation, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

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NOTES

ENROLL NOW

HOW TO ENROLL IN NETWORKCARES PPO D-SNP

ONE-ON-ONE

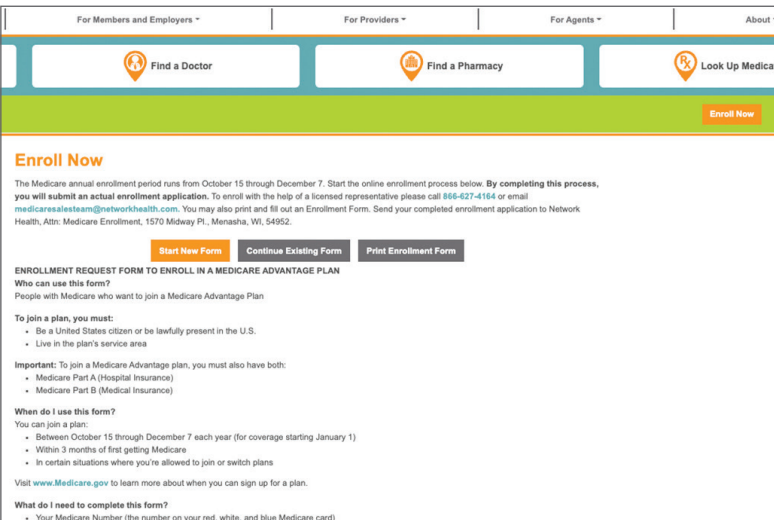
You can meet one-on-one with a knowledgeable and helpful local agent or one of our in-house sales advisors. Appointments can be held in-person, on the phone or through an online virtual tool.



**To make an appointment, contact your local agent or call
800-983-7587 to speak with a Network Health Sales Advisor.**

ONLINE

Visit **networkhealth.com/enroll-now**



CALL

Call a local sales advisor at
800-983-7587
(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.



WHAT HAPPENS NEXT?

1. Network Health confirms the date your coverage will start.
2. Network Health mails your member ID card.
3. After your plan is effective, you'll receive your member guide, which gives you tips to get the most out of your coverage.

Multi-Language Insert – REQUIRED INFORMATION

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 800-378-5234 (TTY 800-947-3529). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 800-378-5234 (TTY 800-947-3529). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 800-378-5234 (TTY 800-947-3529)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 800-378-5234 (TTY 800-947-3529)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 800-378-5234 (TTY 800-947-3529). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 800-378-5234 (TTY 800-947-3529). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 800-378-5234 (TTY 800-947-3529) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpplan. Unsere Dolmetscher erreichen Sie unter 800-378-5234 (TTY 800-947-3529). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 800-378-5234 (TTY 800-947-3529) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 5234-378-800 (TTY 3529-947-800). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول . سيقوم شخص ما (TTY 800-947-3529) 800-378-5234 على مترجم فوري، ليس عليك سوى الاتصال بنا على . بمساعدتك. هذه خدمة مجانية يتحدث العربية

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 800-378-5234 (TTY 800-947-3529) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 800-378-5234 (TTY 800-947-3529). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 800-378-5234 (TTY 800-947-3529). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 800-378-5234 (TTY 800-947-3529). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 800-378-5234 (TTY 800-947-3529). Ta usługa jest bezpłatna.

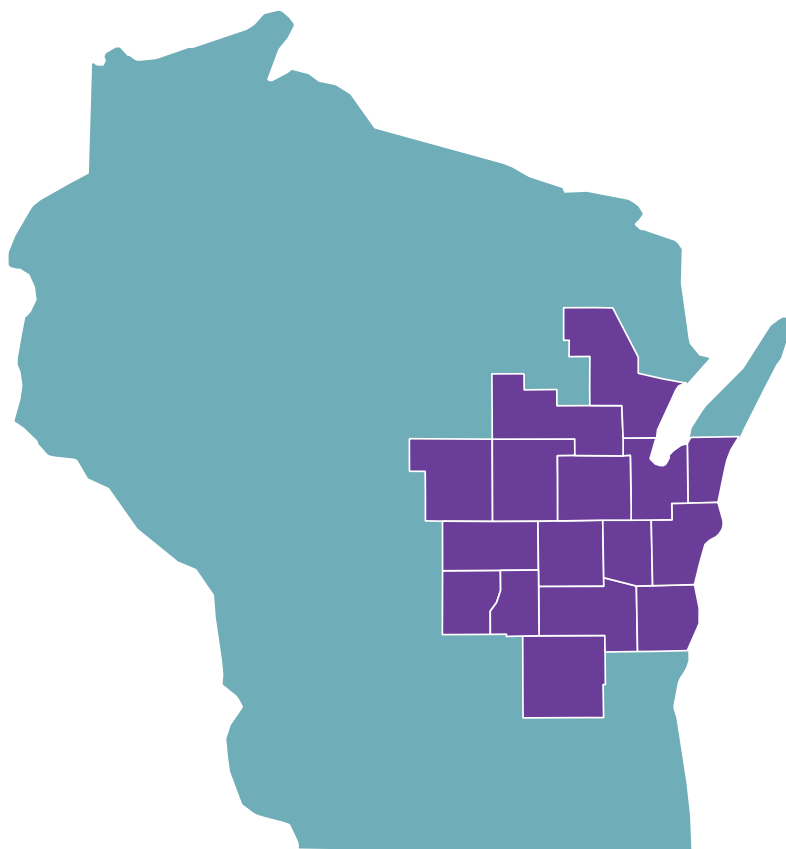
Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、800-378-5234 (TTY 800-947-3529) にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

Hmong: Peb muaj cov kev pab cuam kws txhais lus pab dawb los teb tej lus nug uas koj muaj hais txog peb li kev noj qab hauv huv los sis lub phiaj xwm tshuaj kho mob. Kom tau txais kws txhais lus pab dawb, tsuas yog hu rau peb ntawm tus xov tooj 800-378-5234 (TTY 800-947-3529). Qee tus neeg uas hais Askiv/Yam Lus koj paub tuaj yeem pab tau rau koj. Qhov no yog kev pab dawb.



1570 Midway Pl. Menasha, WI 54952

Important Network Health Medicare Advantage Plan Information



■ NetworkCares (PPO D-SNP)
Brown, Calumet, Dodge, Fond du Lac,
Green Lake, Kewaunee, Manitowoc,
Marquette, Oconto, Outagamie,
Portage, Shawano, Sheboygan, Waupaca,
Waushara, Winnebago

Call a Network Health advisor



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

**We're available Monday–Friday,
8 a.m. to 8 p.m.
From October 1–March 31,
we're available to assist you seven days
a week, 8 a.m. to 8 p.m.**