



Your **2025** Network Health Cares (PPO D-SNP) Extra Benefits



SAY CHEESE DENTAL NETWORK COVERAGE

Network Health Cares Member Cost

DENTAL SERVICES \$3,000 ANNUAL MAXIMUM	In-Network Dentist	Out-of- Network Dentist
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 	\$0	50%*

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

What You Should Know

Visit a Say Cheese Dental Network provider. Say Cheese Dental Network offers different dental plans and you need to use an in-network provider to ensure you receive your full coverage.

To find an in-network dentist, visit saycheesedentalnetwork.com.

If you see an out-of-network dentist and the dentist cannot submit your claims directly to Say Cheese Dental Network, you must pay at the time of service and submit proof of services and payment to Say Cheese Dental Network to receive your reimbursement. Visit networkhealth.com/medicare/extra-benefits-snp to learn more.

You will not receive a separate Say Cheese Dental Network ID card. Simply show your Network Health member ID card when you receive dental services.

Say Cheese Dental Network Customer Service
888-454-4127 (TTY 711)
Monday–Friday from 7 a.m. to 10 p.m.
Saturday from 8 a.m. to 5:30 p.m.



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 a TruHearing provider. You also have access to select hearing aids, fitting and a follow up visit for \$495-\$1,695 per device when purchased through TruHearing.



We recommend checking your Medicaid hearing benefit first, as they may cover a hearing exam and hearing aids for you.

VISION BENEFITS NEVER LOOKED SO GOOD

Network Health Cares members have access to the following.

- Routine vision exam for a \$0 copayment, when performed by an EyeMed provider, one of the nation's largest networks of independent eye doctors and national retail providers
- Access to care when it's convenient for you—with extended weeknight and weekend hours and online appointment scheduling
- The tools and resources that make it easy to use your benefits
- Enhanced provider search to find the right provider
- Customer care, day or night

Plus, you'll get up to \$400 annually for contact lenses and/or glasses with a valid prescription.

VISION CARE SERVICES	MEMBER COST
Routine vision exam with dilation as necessary	\$0 copayment in-network or \$40 reimbursement out-of-network
Contact lenses and/or glasses with a valid prescription, including enhancements	\$400 allowance offered in-network or \$400 reimbursement offered out-of-network
Frequency Examination Frame and Lenses Contact Lenses	Once every calendar year Unlimited Unlimited

What You Should Know

You will not receive a separate EyeMed ID card. To use your vision benefit, show your Network Health member ID card to your EyeMed provider. They will take care of the rest.

You can receive up to \$400 a year toward your purchase of glasses or contacts when you visit an EyeMed provider. Any remaining balance can be used on a future purchase during the calendar year. If you visit an out-of-network provider, you must pay for your eyewear and submit your receipt to EyeMed to receive your reimbursement, up to \$400. You may also purchase eyewear online by visiting an EyeMed in-network online retailer such as [glasses.com](https://www.glasses.com) and [contactsdirect.com](https://www.contactsdirect.com).

For more information about your vision benefit, call EyeMed at **833-279-4361** (TTY 711). You can also visit networkhealth.com/medicare/extra-benefits-snp.

For assistance coordinating your benefits, contact your care manager directly or Network Health Care Management at **866-709-0019** (TTY 800-947-3529), Monday–Friday from 8 a.m. to 5 p.m.

POWERED BY

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EyeMed Customer Service Toll Free
833-279-4361 (TTY 711)
Monday–Saturday from 7 a.m. to 10 p.m.
and Sunday from 10 a.m. to 7 p.m.

NON-EMERGENCY TRANSPORTATION BENEFIT

In partnership with Aryv, Network Health provides 36 one-way trips to and from approved locations. Individuals diagnosed with end-stage renal disease (ESRD) receive an additional 24 one-way trips to get to and from dialysis appointments.*

DESTINATION AND CONTACT DETAILS		
Approved locations	Who to contact to schedule this ride	Distance from home
Medical appointment	Aryv	Within Network Health service area
Dental appointment	Aryv	Within Network Health service area
Pharmacies	Aryv	Within Network Health service area
Dialysis appointment	Aryv	Within Network Health service area
Fitness centers	Network Health Care Management	Nearby fitness center
Grocery stores	Network Health Care Management	Nearby
Senior centers and local ADRC offices	Network Health Care Management	Nearby
Health and wellness classes	Network Health Care Management	Nearby



aryv.com/network-health
855-923-1113 (TTY 711)
Monday–Sunday from 4 a.m. to 10 p.m.

**This is a Special Supplemental Benefit for the Chronically Ill (SSBCI) benefit. In addition to an eligible chronic condition, members must also meet additional eligibility requirements to receive the SSBCI benefit.*

What You Should Know

For help setting up a ride, reference the chart on page 6 to see who best to contact.

- For medical, dental, pharmacy and dialysis rides, call Aryv directly at **855-923-1113** (TTY 711).
- To schedule all other rides, call your care manager directly, or call **866-709-0019** (TTY 800-947-3529), Monday-Friday from 8 a.m. to 5 p.m.

Plan to book your trip ahead of time. Rides should be booked at least two days in advance to ensure availability. Your care manager can request rides with shorter notice, subject to availability.

A one-way trip is when you are either taken to or from your destination. If you are taken both to and from your destination, it would be considered two trips.

Here is what you can expect from your ride with Aryv.

- Your trip with Aryv will be private, and will take you directly to your destination.
- You may choose to have additional riders join you, if needed.
- Every trip is individually confirmed. Aryv will contact you directly to confirm the pick up time, car make and model and other important details.

MEAL AND FOOD BOX DELIVERY BENEFIT

In partnership with Mom's Meals, Network Health provides 28 meals delivered directly to your home, following a qualifying inpatient hospital, hospital observation or skilled nursing facility stay.

Additionally, Network Health Cares members that have been diagnosed with diabetes, congestive heart failure or obesity may be eligible to receive up to six fresh produce or pantry boxes for delivery, per year. Contact your care manager directly to arrange the delivery of the food boxes.

Network Health and Mom's Meals make it easy to enjoy the following.

- High-quality, nutritious meals with sides such as fruit, bread, cheese or a special treat that last for 14 days in the refrigerator, from delivery
- The simplicity of being able to heat a meal, using your microwave or oven, within minutes
- Meal options designed for your specific nutritional needs—choose from heart friendly, diabetes-friendly, renal-friendly, gluten free, vegetarian, lower sodium and more
- Up to six food boxes per year that contain either fresh fruits and vegetables or pantry staples



What You Should Know

Facts about your meal delivery benefit.

- Meals are sent to members within the first week of coming home from the hospital or skilled nursing facility, so you can focus on recovering.
- If you are discharged to a facility right after surgery, typically the facility will provide meals to you so the meal delivery benefit would not be necessary. You may be eligible for meals when you return home from the facility, if it is considered a qualifying stay.
- Meals are ordered in increments of 14. If your care manager only orders 14 meals, the meals are delivered in one box, individually wrapped. If 28 meals are ordered, you will receive one box of 14 meals within 72 business hours of ordering. One week later, you will receive the remaining 14 meals.

How to arrange the delivery of your meals.

- Within seven days of your qualifying stay, please contact your care manager directly to arrange your meal delivery.
- There may be an occasion where your care manager will contact you directly after your qualifying stay to arrange your meal delivery, but many times they do not have access to information regarding your stay so it is best not to wait.



OVER-THE-COUNTER (OTC) BENEFIT

OTC products delivered right to your door, at no cost to you.

Members can order from an OTC catalog with hundreds of useful items. You are able to place two orders of OTC items per quarter, up to \$225. There is no rollover on the quarterly allowance. The catalog will arrive with your member materials.

Ordering is quick and easy and your items will be mailed directly to your home. You can order from your member portal by visiting login.networkhealth.com, using the order form through the mail or by calling **855-435-5164** (TTY 711), Monday–Friday from 7 a.m. to 10 p.m.

Visit networkhealth.com/medicare/extra-benefits-snp to access the catalog and order form and to learn more.

The covered over-the-counter products include the following and more.

BATHROOM SAFETY AND FALL PREVENTION

- Non-skid bath mat
- Folding cane

DIAGNOSTICS

- Thermometer
- Blood pressure monitor

INCONTINENCE SUPPLIES

- Disposable underwear
- Underpads

VITAMINS AND MINERALS

- Multivitamin
- Fish oil

FITNESS

Our partnership with One Pass™ gives you access to more than 15,000 virtual fitness programs and over 26,000 fitness locations nationwide — including YMCAs. You can enroll in as many locations as you like, at any time.

To activate your free online account, visit www.youronepass.com and enter your One Pass member code. You can also search for locations and view the available programs from the same site.



HEALTH RISK ASSESSMENT (HRA)

One of Network Health's goals is to ensure you get the care you need to stay healthy. To meet this goal, it's important for us to understand the unique needs of our members and identify those who may benefit from additional support.

One way we can more effectively assist you is with an annual health risk assessment (HRA). The answers you provide will help us identify your particular needs so we can recommend programs and services that may be beneficial to you. These programs can enhance your quality of life. Completing the HRA will not affect your benefits in any way.

We encourage you to complete your HRA as quickly as possible to ensure you will receive as much support as you need from Network Health. You can complete your HRA with a care team member, through the member portal or a mailed paper copy.

You can earn one \$50 reward for completing the HRA, each year.



IN-HOME SUPPORT

Network Health offers you access to a network of friendly helpers that provide you support with the following daily activities.

- Household tasks
- Technology help
- Transportation
- Shopping
- Meal preparation



You receive 60 hours of in-home support services per year.

Members can call their care manager to enroll. Visit networkhealth.com/medicare/extra-benefits-snp for more details about this benefit.



855-653-4363 (TTY 800-947-3529)

Monday–Friday, 8 a.m. to 8 p.m.

Network Health Cares 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/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. Your dental plan offers both in- and out-of-network dental coverage. Out-of-network dentists are not contracted to accept plan payment as payment in full, so they may charge you for more than what the plan pays, even for services listed as \$0 copayment. Seeing an in-network provider can result in substantial savings. Benefits received out-of-network are subject to any in-network benefit maximums, limitations and/or exclusions.

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