2019
NetworkPrime MSA
Summary of Benefits
You'll notice the difference

network health
800-983-7587
TTY 800-947-3529
networkhealth.com
2019 Summary of Benefits

SERVICE AREA AND ELIGIBILITY
To join NetworkPrime (MSA), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the State of Wisconsin.

WHAT IS A SUMMARY OF BENEFITS?
This booklet gives you a summary of what we cover and what you pay. 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. The Evidence of Coverage for each plan is available at networkhealth.com. Contact customer service for a printed copy.

WHAT IS AN MSA PLAN?
A medical savings account (MSA) is a unique plan that combines a high-deductible health insurance plan with a medical savings account. You can use the medical savings account to pay for health care services, while the high-deductible plan limits your out-of-pocket costs.

CONTACT NETWORK HEALTH

| By Phone          | Sales Department – 800-983-7587   |
|                  | Health Care Concierge Customer Service – 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 | • Normal business hours are Monday–Friday, 8 a.m to 5 p.m. |
|                  | • Network Health is closed on major holidays. |
|                  | • From October 1–March 31, you can call us seven days a week from 8 a.m. to 8 p.m., Central Time. |
|                  | • From April 1–September 30, you can call us Monday–Friday, from 8 a.m. to 8 p.m., Central Time. |
| Additional Resources | Medicare – Available 24 hours a day, seven days a week |
|                  | If you want to learn more about the coverage and costs of Original Medicare, use your current “Medicare & You” handbook, available from Medicare. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don’t have a copy of this booklet, you can get it at the Medicare website (https://www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227) (TTY 1-877-486-2048), 24 hours a day, seven days a week. |
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$0 MONTHLY PREMIUM
Sound too good to be true? Well, it’s real. You can enroll in Network Prime and not have to worry about sending in a monthly premium check.

HOW CAN YOU HAVE HEALTH CARE COVERAGE WITH A $0 MONTHLY PREMIUM?
Because NetworkPrime is a Medicare Advantage Plan, the government (Medicare) pays a fixed monthly amount to Network Health to provide your coverage.

As long as you continue to pay your Medicare Part B premiums, you are eligible for enrollment in NetworkPrime at no additional monthly cost.

YOUR SAVINGS ACCOUNT AND DEDUCTIBLE
These are the three most important amounts to remember.

1. **Your Yearly Deductible is $5,100.**
   The plan starts paying after you’ve paid this amount in health care costs.

2. **Medicare’s Yearly Deposit into Your Saving Account is $1,500.**
   You can use this money to pay for health care before you’ve met the $5,100 deductible.

3. **Once You’ve Met the $5,100 Deductible, You Pay $0 for All Medicare-Covered Services.**

COVERAGE AFTER THE DEDUCTIBLE
After you meet the plan deductible, all Medicare-covered services are covered at 100 percent. No more worrying about copayments or coinsurance—with NetworkPrime, you’ll enjoy a more straightforward approach.
2019 Summary of Benefits

BENEFITS THAT TRAVEL WITH YOU
Are you always on the go? Then, NetworkPrime may be the plan for you. No matter where you are in the United States, you have access to quality doctors, hospitals and facilities.

With NetworkPrime, there is no such thing as in- or out-of-network. Any doctor or hospital that accepts Medicare beneficiaries should also accept your NetworkPrime coverage.

Looking for a list of Medicare-covered services? For a complete listing of common services (that also apply to your plan deductible), visit https://www.Medicare.gov.
2019 Summary of Benefits

SAVING MONEY IN YOUR MSA

NetworkPrime is a plan that allows you to save money and build on your savings year after year.

If you don’t use the $1,500 deposit, you keep all the money that’s left and it carries over for the next year. Since you’ll have a savings built up, this will help cut your out-of-pocket expenses and it will make your deductible feel more manageable. Over time, the funds in your account can build and help you meet the yearly deductible.

Here’s an example. Remember, Medicare deposits the CMS-defined amount each year. This year the deposit will be $1,500.
## 2019 NetworkPrime Summary of Benefits

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>NetworkPrime (MSA)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PLAN COSTS</strong></td>
<td></td>
</tr>
<tr>
<td>How much is the monthly premium?</td>
<td>You pay nothing for your Medicare monthly plan premium. Medicare pays this monthly plan premium. You must keep paying your Medicare Part B premium.</td>
</tr>
<tr>
<td>How much is the deductible?</td>
<td>$5,100 per year - you will pay nothing for Medicare-covered services after you meet your deductible</td>
</tr>
<tr>
<td>How much does Medicare deposit into my MSA bank account?</td>
<td>Medicare will deposit $1,500 into your account</td>
</tr>
<tr>
<td><strong>INPATIENT HOSPITAL COVERAGE</strong></td>
<td></td>
</tr>
<tr>
<td>You pay nothing after you meet your deductible.</td>
<td>Our plan covers 90 days for an inpatient hospital stay.</td>
</tr>
<tr>
<td>Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. Once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</td>
<td></td>
</tr>
<tr>
<td>Once you meet your deductible, the plan pays 100% of Medicare-approved costs.</td>
<td></td>
</tr>
<tr>
<td><strong>OUTPATIENT HOSPITAL COVERAGE</strong></td>
<td></td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>You pay nothing after you meet your deductible.</td>
</tr>
<tr>
<td><strong>DOCTOR’S VISITS</strong></td>
<td></td>
</tr>
<tr>
<td>Primary Care Physician</td>
<td>You pay nothing after you meet your deductible.</td>
</tr>
<tr>
<td>Specialist</td>
<td>You pay nothing after you meet your deductible.</td>
</tr>
</tbody>
</table>

“Network Health is the best value on the market, without question.”

Nick S., Slinger
# 2019 NetworkPrime Summary of Benefits

## BENEFIT NetworkPrime (MSA)

### PREVENTIVE CARE

You pay nothing after you meet your deductible. Our plan covers many preventive services, including:
- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screenings
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)
- Depression screening
- Diabetes screenings
- HIV screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screening and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots
- “Welcome to Medicare” preventive visit (one-time)
- Yearly “Wellness” visit

Any additional preventive services approved by Medicare during the contract year will be covered.

Until you meet your yearly deductible, you pay up to 100% for the Medicare-approved amount.

### EMERGENCY CARE

<table>
<thead>
<tr>
<th>Emergency Room</th>
<th>You pay nothing after you meet your deductible.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgently Needed Services</td>
<td>You pay nothing after you meet your deductible.</td>
</tr>
</tbody>
</table>

### DIAGNOSTIC SERVICES/LABS/IMAGING

You pay nothing after you meet your deductible.

Covered services include:
- Diagnostic radiology services (such as MRIs, CT scans)
- Diagnostic tests and procedures
- Lab services
- Outpatient x-rays
- Therapeutic radiology services (such as radiation treatment for cancer)

### HEARING SERVICES

You pay nothing after you meet your deductible.

Covered services include exams to diagnose and treat hearing and balance issues.

### DENTAL SERVICES

You pay nothing after you meet your deductible.

Limited to Medicare-covered dental services only. Medicare does not cover services in connection with care, treatment, filling, removal, or replacement of teeth.
# 2019 NetworkPrime Summary of Benefits

## BENEFIT NetworkPrime (MSA)

### VISION SERVICES

You pay nothing after you meet your deductible.

Covered services include:
- Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)
- Eyeglasses or contact lenses after cataract surgery

### MENTAL HEALTH CARE

You pay nothing after you meet your deductible.

Covered services include:
- Inpatient visit - Up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit applies to inpatient mental health services provided in a general hospital.
- Outpatient group therapy visit
- Outpatient individual therapy visit

### SKILLED NURSING FACILITY (SNF)

You pay nothing after you meet your deductible.

Covered services include up to 100 days in a skilled nursing facility.

Once you meet your deductible, the plan pays 100% of Medicare-approved costs.

### OUTPATIENT REHABILITATION

- **Occupational Therapy Visit**
  - You pay nothing after you meet your deductible.

- **Physical Therapy and Speech and Language Therapy Visit**
  - You pay nothing after you meet your deductible.

### AMBULANCE

You pay nothing after you meet your deductible.

### TRANSPORTATION

Not covered

### PRESCRIPTION DRUG BENEFITS

- **Medicare Part B Drugs and Chemotherapy**
  - You pay nothing after you meet your deductible.
  - Part B drugs such as chemotherapy drugs
  - Other Part B drugs

- **Medicare Part D Drugs**
  - Not included

### CHIROPRACTIC CARE

You pay nothing after you meet your deductible.

Chiropractic care is limited to manual manipulation of the spine to correct a subluxation when 1 or more of the bones of your spine move out of position.

### DIABETIC SUPPLIES AND SERVICES

You pay nothing after you meet your deductible. Covered expenses include:
- Diabetes monitoring supplies
- Diabetes self-management training
- Therapeutic shoes or inserts
### BENEFIT Summary of Benefits

**NetworkPrime (MSA)**

**DURABLE MEDICAL EQUIPMENT**
You pay nothing after you meet your deductible.

**HOME HEALTH CARE**
You pay nothing after you meet your deductible.

**PROSTHETIC DEVICES**
You pay nothing after you meet your deductible.
Covered services include:
- Prosthetic devices
- Related medical supplies

**SUPPLEMENTAL DENTAL**
The dental optional supplemental benefit package is available for a monthly premium of $35.

- **Annual Maximum:** $1,000
- **Comprehensive Deductible:** $100

**In-Network**
0% of the cost for non-Medicare covered preventive and diagnostic dental services. Deductible does not apply.
50% of the cost for non-Medicare covered basic and major dental services after the deductible.

**Out-of-Network**
20% of the cost for non-Medicare covered preventive and diagnostic dental services. Deductible does not apply.
50% of the cost for non-Medicare covered basic and major dental services after the deductible.

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### ACCOUNT DEPOSITS PRO-RATED BASED ON WHEN A MEMBER JOINS

The deposits are prorated by Medicare based on the month the member joins the plan. See the chart on the right to learn what will be deposited each month.

<table>
<thead>
<tr>
<th>Plan Effective Date</th>
<th>Deposit Dollar Amount</th>
<th>Plan Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 1, 2019</td>
<td>$1,500</td>
<td>$5,100</td>
</tr>
<tr>
<td>February 1, 2019</td>
<td>$1,375</td>
<td>$4,675</td>
</tr>
<tr>
<td>March 1, 2019</td>
<td>$1,250</td>
<td>$4,250</td>
</tr>
<tr>
<td>April 1, 2019</td>
<td>$1,125</td>
<td>$3,825</td>
</tr>
<tr>
<td>May 1, 2019</td>
<td>$1,000</td>
<td>$3,400</td>
</tr>
<tr>
<td>June 1, 2019</td>
<td>$875</td>
<td>$2,975</td>
</tr>
<tr>
<td>July 1, 2019</td>
<td>$750</td>
<td>$2,550</td>
</tr>
<tr>
<td>August 1, 2019</td>
<td>$625</td>
<td>$2,125</td>
</tr>
<tr>
<td>September 1, 2019</td>
<td>$500</td>
<td>$1,700</td>
</tr>
<tr>
<td>October 1, 2019</td>
<td>$375</td>
<td>$1,275</td>
</tr>
<tr>
<td>November 1, 2019</td>
<td>$250</td>
<td>$850</td>
</tr>
<tr>
<td>December 1, 2019</td>
<td>$125</td>
<td>$425</td>
</tr>
</tbody>
</table>

NetworkPrime is a Medical Savings Account (MSA) plan with a Medicare contract. Enrollment in Network Health Medicare Advantage plans depends on contract renewal. This information is not a complete description of benefits. Call 800-378-5234 (TTY 800-947-3529) for more information.
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 customer service 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.

Understanding the Benefits

☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit networkhealth.com or call 800-983-7587 (TTY 800-947-3529) to view a copy of the EOC.

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/co-insurance may change on January 1, 2020.

☐ 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 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.
Nondiscrimination

Network Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Network Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Network Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Network Health’s discrimination complaints coordinator at 800-378-5234 (TTY 800-947-3529).

If you believe that Network Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Network Health’s discrimination complaints coordinator, 1570 Midway Place, Menasha, WI 54952, phone number 800-378-5234, TTY 800-947-3529, Fax 920-720-1907, compliance@networkhealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Network Health’s discrimination complaints coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at [https://ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).


Multi-language Interpreter Services

If you, or someone you’re helping, has questions about Network Health, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 800-378-5234 (TTY 800-947-3529).


Arabic: إذا كان لديك أو لدى شخص كنت مساعدته، أسئلة حول Health Network، لديك الحق في الحصول على المساعدة والمعلومات باللغة الخاصة بك دون أي تكلفة. للتحدث مع مترجم فوري، قم بإستدعاء 800-378-5234 (TTY 800-947-3529).
If you, or the person you are helping, have questions about the SBM Project, Network Health, you have the right to receive free help and information in your native language. To speak with an interpreter, call 800-378-5234 (TTY 800-947-3529).

800-983-7587 | Monday–Friday, 8 a.m. to 8 p.m. | networkhealth.com
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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. This information is not a complete description of benefits. Call 800-378-5234 (TTY 800-947-3529) for more information. Out-of-network/non-contracted providers are under no obligation to treat Network Health members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. Network Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. If you, or someone you’re helping, has questions about Network Health, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 800-378-5234 (TTY 800-947-3529). Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Network Health, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 800-378-5234 (TTY 800-947-3529).


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