



# 2024

**Network Health  
Northeast  
Wisconsin**

**Summary of Benefits**

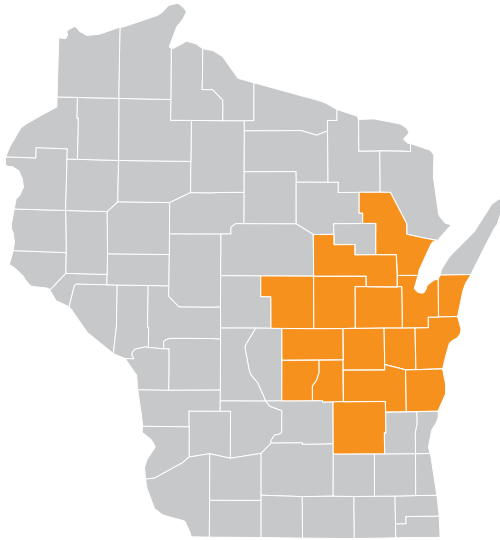


# 2024 NETWORK HEALTH NORTHEAST WISCONSIN (PPO)

## SERVICE AREA AND ELIGIBILITY

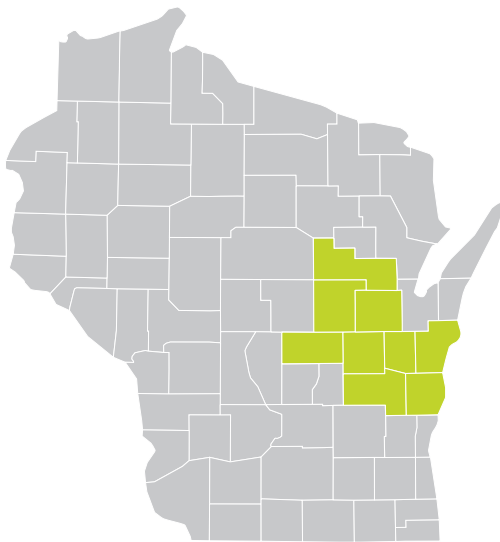
To be eligible to join the Network Health Northeast Wisconsin PPO plans described in this booklet, you must be enrolled in Medicare Part A and Part B and live in the service area.

This Summary of Benefits applies to the Network Health PPO plans and Northeast Wisconsin counties that are listed within each of the two map keys below.



- Network Health Armor**
- Network Health Select**
- Network Health Choice**
- Network Health Plus**
- Network Health PlusRx**
- Network Health Premier**
- Network Health PremierRx**

Brown, Calumet, Dodge, Fond du Lac, Green Lake, Kewaunee, Manitowoc  
Marquette, Oconto, Outagamie, Portage, Shawano, Sheboygan, Waupaca  
Waushara, Winnebago



- Network Health Zero**

Calumet, Fond du Lac, Manitowoc, Outagamie, Shawano, Sheboygan  
Waupaca, Waushara, Winnebago

# SUMMARY OF BENEFITS

## WHAT IS A SUMMARY OF BENEFITS?

This booklet gives you a summary of what we cover and what you pay on Network Health's Northeast Wisconsin PPO plans. 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](http://networkhealth.com/medicare/plan-materials). Contact the member experience team for a printed copy.

## WHAT IS A PREFERRED PROVIDER (PPO) PLAN?

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

## CONTACT NETWORK HEALTH

<b>By Phone</b>	Sales Department – <b>800-983-7587</b> Member Experience Team – <b>800-378-5234</b> TTY/TDD Users – <b>800-947-3529</b>
<b>Online</b>	<a href="http://networkhealth.com">networkhealth.com</a>
<b>By Mail or In Person</b>	Network Health 1570 Midway Pl. Menasha, WI 54952
<b>Hours of Operation</b>	<ul style="list-style-type: none"><li>• Normal office hours are Monday–Friday, 8 a.m. to 5 p.m.</li><li>• 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.</li><li>• 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.</li></ul>
<b>Additional Resources</b>	<b>Medicare – Available 24 hours a day, seven days a week</b> For coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at <a href="http://medicare.gov">medicare.gov</a> 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.

# 2024 NETWORK HEALTH NORTHEAST WISCONSIN (PPO)

		Network Health Armor (PPO)
<b>Your Costs</b>		Refer to county listing on page 2.
		<b>YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS</b>
<b>Monthly Premium</b>		\$0
<b>Monthly Part B Premium Giveback<sup>2</sup></b> – Must be enrolled in Medicare Parts A and B, pay own premiums and live in a service area that offers this benefit		Not included
<b>Annual Medical Deductible</b>		\$0
<b>Annual Maximum Out-of-Pocket</b> – (Does not include Part D prescription drugs)		\$4,900 combined in- and out-of-network
<b>Hospital Services</b>		
<b>Inpatient Hospital Services<sup>1</sup></b> – Per admission		\$295 per day, days 1 - 6 \$0 days 7 and beyond
<b>Outpatient Hospital Services</b>		\$275
<b>Ambulatory Surgical Center</b>		\$225
<b>General Services</b>		
<b>Primary Care Provider Visit</b>		\$0
<b>Specialist Visit</b>		\$40
<b>Preventive Care</b>		
<b>Preventive Care Visits*</b>		\$0
<b>Annual Routine Physical</b>		\$0
<b>Physician Telehealth Services</b>		Virtual primary care and urgent care services cost the same as an in-person visit
<b>Medicare-Covered Vaccines</b> – Flu, pneumonia, COVID-19		\$0
<b>Medicare-Covered Vaccines</b> – Hepatitis B, all other Part B		\$0
<b>Emergency Care</b>		
<b>Emergency Room Visit</b> – Copayment is waived if admitted to a U.S. hospital within 24 hours		\$110
<b>Urgent Care</b>		
<b>Urgent Care Visit</b> – Free-standing facility		\$40

\*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.

# SUMMARY OF BENEFITS

Network Health Zero (Includes pharmacy) (PPO)		Network Health Select (Includes pharmacy) (PPO)	Network Health Choice (Includes pharmacy) (PPO)
Refer to county listing on page 2.			
In-Network	Out-of-Network	YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS	
\$0		\$0	\$0
Not included		Not included	\$25 per month
\$0		\$0	\$0
\$3,860	\$8,500 combined in- and out-of-network	\$3,900 combined in- and out-of-network	\$4,000 combined in- and out-of-network
Hospital Services			
\$275 per day, days 1 - 6 \$0 days 7 and beyond	\$550 per day, days 1 - 6 \$0 days 7 and beyond	\$275 per day, days 1 - 6 \$0 days 7 and beyond	\$315 per day, days 1 - 7 \$0 days 8 and beyond
\$225	\$450	\$225	\$300
\$150	\$350	\$160	\$200
General Services			
\$0	\$35	\$0	\$0
\$30	\$75	\$45	\$45
Preventive Care			
\$0	\$15	\$0	\$0
\$0	\$15	\$0	\$0
Virtual primary care and urgent care services cost the same as an in-person visit	Virtual primary care and urgent care services cost the same as an in-person visit	Virtual primary care and urgent care services cost the same as an in-person visit	Virtual primary care and urgent care services cost the same as an in-person visit
\$0	\$0	\$0	\$0
\$0	\$15	\$0	\$0
Emergency Care			
\$110	\$110	\$110	\$110
Urgent Care			
\$30	\$35	\$45	\$45

<sup>1</sup>Service may require prior authorization.

<sup>2</sup>Visit [networkhealth.com/medicare/extra-benefits](https://networkhealth.com/medicare/extra-benefits) for more information, this is not a medical benefit.

# 2024 NETWORK HEALTH NORTHEAST WISCONSIN (PPO)

<b>Your Costs</b>		<b>Network Health Armor (PPO)</b>	
		Refer to county listing on page 2.	
		<b>YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS</b>	
<b>Diagnostic Services</b>			
<b>Diagnostic Tests<sup>1</sup>-</b> Such as ultrasound, EKG, stress test			\$40
<b>Labs-</b> What you pay may be based on the service received and/or where you are treated			\$0-\$20
<b>Diagnostic Radiology Services-</b> Advanced Imaging (PET, CAT, MRI, MRA, NUC Scans)			\$125
<b>X-rays</b>			\$30
<b>Hearing Services</b>			
<b>Routine Hearing Exam<sup>2</sup></b>			\$0
			\$40 out-of-network
<b>Diagnostic Hearing Exam-</b> Exam to diagnose and treat hearing issues			\$40
<b>Hearing Aids<sup>2</sup>-</b> Maximum of two hearing aids per year Hearing aid evaluation with TruHearing, fitting included			\$495-\$1,695 per device in-network, must be purchased through TruHearing No coverage out-of-network
<b>Dental Services</b>			
<b>Dental Services<sup>2, 3</sup></b>			100% coverage for in-network dental, Includes one implant and resin \$5,000 combined annual maximum
			Member pays 50% out-of-network
<b>Medicare-Covered Dental Services-</b> Does not include services in connection with care, treatment, filling, removal or replacement of teeth			\$40
<b>Optional Comprehensive Dental Coverage<sup>2</sup></b>			Not available
<b>Vision Services</b>			
<b>Annual Routine Vision Exam<sup>2</sup></b>			\$0
			\$40 reimbursement out-of-network
<b>Diagnostic Eye Exam-</b> To diagnose and treat diseases and conditions of the eye			\$40

<sup>1</sup>Service may require prior authorization.

<sup>2</sup>Visit [networkhealth.com/medicare/extra-benefits](https://networkhealth.com/medicare/extra-benefits) for more information, this is not a medical benefit.

<sup>3</sup>Visit [networkhealth.com/medicare/plan-materials](https://networkhealth.com/medicare/plan-materials) to view the full dental Certificate of Coverage document.

# SUMMARY OF BENEFITS

Network Health Zero (Includes pharmacy) (PPO)		Network Health Select (Includes pharmacy) (PPO)	Network Health Choice (Includes pharmacy) (PPO)
Refer to county listing on page 2.			
In-Network	Out-of-Network	YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS	
Diagnostic Services			
\$20	\$50	\$40	\$90
\$0-\$20	\$30	\$0-\$20	\$0-\$40
\$200	\$250	\$200	\$295
\$30	\$30	\$30	\$90
Hearing Services			
\$0	\$40	\$0 \$40 out-of-network	\$0 \$40 out-of-network
\$30	\$75	\$45	\$45
\$495-\$1,695 per device, must be purchased through TruHearing	Not covered	\$495-\$1,695 per device in-network, must be purchased through TruHearing No coverage out-of-network	\$495-\$1,695 per device in-network, must be purchased through TruHearing No coverage out-of-network
Dental Services			
Up to \$775 reimbursed through Pick Your Perks		Up to \$550 reimbursed through Pick Your Perks	100% coverage for preventive 50% coverage for comprehensive \$1,500 combined annual maximum Member pays 80% out-of-network
\$30	\$75	\$45	\$45
\$42 monthly premium \$1,000 combined annual maximum	\$42 monthly premium \$1,000 combined annual maximum	\$42 monthly premium \$1,000 combined annual maximum	Not available
Vision Services			
\$10	\$40 reimbursement	\$10 \$40 reimbursement out-of-network	\$0 \$40 reimbursement out-of-network
\$30	\$75	\$45	\$45

<sup>1</sup>Service may require prior authorization.

<sup>2</sup>Visit [networkhealth.com/medicare/extra-benefits](https://networkhealth.com/medicare/extra-benefits) for more information, this is not a medical benefit.

# 2024 NETWORK HEALTH NORTHEAST WISCONSIN (PPO)

Network Health Armor (PPO)	
Refer to county listing on page 2.	
YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS	
<b>Your Costs</b>	
<b>Post-Cataract Eyewear</b> – One pair of eyeglasses or contact lenses after each cataract surgery	\$0
<b>Additional Eyewear</b> <sup>2</sup>	\$400 allowance at EyeMed providers
<b>Mental Health/Substance Abuse</b>	
<b>Outpatient Mental Health</b> – Individual or group therapy	\$20
<b>Inpatient Mental Health</b> <sup>1</sup> – Per admission	\$395 per day, days 1 - 4 \$0 days 5 and beyond
<b>Opioid Treatment Services</b>	\$20
<b>Substance Abuse Services</b> – Outpatient individual or group therapy	\$20
<b>Continued Care Services</b>	
<b>Skilled Nursing Facility</b> <sup>1</sup> – Per admission Once you reach your maximum out-of-pocket, you will pay \$0 per day	\$0 per day, days 1 - 20 \$203 per day, days 21 - 45 \$0 days 46 - 100
<b>Outpatient Physical<sup>1</sup>, Occupational<sup>1</sup>, Speech Therapy</b>	\$30
<b>Transportation Services</b>	
<b>Air and Ground Ambulance Services</b>	\$300
<b>Non-Emergency Transportation</b> – 24 one-way trips to get to and from dialysis for members diagnosed with ESRD	Covered
<b>Drug Coverage</b>	
<b>Medicare Part B Drugs</b> <sup>1</sup> – Plan will apply the CMS published adjusted beneficiary coinsurance as required under the Inflation Reduction Act	20% of the cost
<b>Medicare Part D Drugs</b> – See page 14 for specific drug tier costs	Not covered
<b>Additional Benefits</b>	
<b>Pick Your Perks</b> <sup>2</sup> – Reimbursement for the following extra benefits: dental services, vision hardware, healthy home-delivered meals, non-emergency transportation, over-the-counter items, acupuncture, massage therapy, personal training (4 visits or \$225 allowance), nutritional/dietary counseling	Not available

<sup>1</sup>Service may require prior authorization.

<sup>2</sup>Visit [networkhealth.com/medicare/extra-benefits](https://networkhealth.com/medicare/extra-benefits) for more information, this is not a medical benefit.



# SUMMARY OF BENEFITS

Network Health Zero (Includes pharmacy) (PPO)		Network Health Select (Includes pharmacy) (PPO)		Network Health Choice (Includes pharmacy) (PPO)	
Refer to county listing on page 2.					
In-Network		Out-of-Network		YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS	
\$0		\$0		\$0	
Up to \$775 reimbursed through Pick Your Perks		Up to \$550 reimbursed through Pick Your Perks		\$200 allowance at EyeMed providers	
Mental Health/Substance Abuse					
\$35		\$50		\$40	
\$395 per day, days 1 - 4 \$0 days 5 and beyond		\$395 per day, days 1 - 4 \$0 days 5 and beyond		\$395 per day, days 1 - 4 \$0 days 5 and beyond	
\$35		\$50		\$40	
\$35		\$50		\$40	
Continued Care Services					
\$0 per day, days 1 - 20 \$203 per day, days 21 - 45 \$0 days 46 - 100		\$0 per day, days 1 - 20 \$203 per day, days 21 - 45 \$0 days 46 - 100		\$0 per day, days 1 - 20 \$203 per day, days 21 - 45 \$0 days 46 - 100	
\$35		\$75		\$40	
Transportation Services					
\$300		\$300		\$300	
In addition to 24 trips, up to \$775 reimbursed through Pick Your Perks for rides to medical appointments and pharmacies		In addition to 24 trips, up to \$550 reimbursed through Pick Your Perks for rides to medical appointments and pharmacies		Covered	
Drug Coverage					
20% of the cost		20% of the cost		20% of the cost	
Covered		Not covered		Covered	
Additional Benefits					
\$775		\$550		Not available	

<sup>1</sup>Service may require prior authorization.

<sup>2</sup>Visit [networkhealth.com/medicare/extra-benefits](https://networkhealth.com/medicare/extra-benefits) for more information, this is not a medical benefit.

# 2024 NETWORK HEALTH NORTHEAST WISCONSIN (PPO)

Network Health Armor (PPO)	
Refer to county listing on page 2.	
<b>YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS</b>	
<b>Your Costs</b>	
<b>Over-the-Counter Catalog<sup>2</sup></b>	\$100 per quarter Two orders per quarter No rollover on quarterly allowance
<b>Fitness with SilverSneakers<sup>®2</sup></b>	Included
<b>MDLIVE<sup>®</sup> Virtual Visit–</b> For medical services <sup>2</sup>	\$0
<b>Travel Coverage</b>	
<b>Travel within the United States</b>	Receive in-network coverage when you venture outside Wisconsin and within the United States territories. You can see any provider who accepts Medicare beneficiaries.
<b>International Emergency Coverage–</b> View the Evidence of Coverage at <a href="http://networkhealth.com/medicare/plan-materials">networkhealth.com/medicare/plan-materials</a> for details	\$110 per incident \$100,000 Maximum benefit
<b>Recovery and Rehabilitation Services</b>	
<b>Durable Medical Equipment–</b> Such as insulin pumps <sup>1</sup> , CPAP machines <sup>1</sup> , prosthetic devices <sup>1</sup>	20% of the cost
<b>Home Infusion Therapy</b>	\$0
<b>Chiropractic Services–</b> Manipulation of the spine to correct misalignment of one or more of the bones of your spine	\$20
<b>Medicare-Covered Acupuncture–</b> For chronic low back pain only, up to 12 visits in 90 days and no more than 20 visits per year	\$40
<b>Medicare-Covered Home Health Care Visits<sup>1</sup></b>	\$0
<b>Cancer Services</b>	
<b>Chemotherapy<sup>1</sup></b>	20% of the cost
<b>Radiation Therapy<sup>1</sup>–</b> Per service	20% of the cost
<b>Acupuncture–</b> Up to 12 visits per year are covered for members who are undergoing chemotherapy and have severe nausea and/or vomiting	\$0

<sup>1</sup>Service may require prior authorization.

<sup>2</sup>Visit [networkhealth.com/medicare/extra-benefits](http://networkhealth.com/medicare/extra-benefits) for more information, this is not a medical benefit.

# SUMMARY OF BENEFITS

Network Health Zero (Includes pharmacy) (PPO)		Network Health Select (Includes pharmacy) (PPO)	Network Health Choice (Includes pharmacy) (PPO)
Refer to county listing on page 2.			
In-Network	Out-of-Network	YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS	
Up to \$775 reimbursed through Pick Your Perks		Up to \$550 reimbursed through Pick Your Perks	\$75 per quarter Two orders per quarter No rollover on quarterly allowance
Included		Included	Included
\$0	\$0	\$0	\$0
Travel Coverage			
Receive in-network coverage when you venture outside Wisconsin and within the United States territories. You can see any provider who accepts Medicare beneficiaries.		Receive in-network coverage when you venture outside Wisconsin and within the United States territories. You can see any provider who accepts Medicare beneficiaries.	Receive in-network coverage when you venture outside Wisconsin and within the United States territories. You can see any provider who accepts Medicare beneficiaries.
\$110 per incident \$100,000 Maximum benefit	\$110 per incident \$100,000 Maximum benefit	\$110 per incident \$100,000 Maximum benefit	\$110 per incident \$100,000 Maximum benefit
Recovery and Rehabilitation Services			
20% of the cost	20% of the cost	20% of the cost	20% of the cost
\$0	20% of the cost	\$0	\$0
\$20	\$40	\$20	\$20
\$30	\$75	\$45	\$45
\$0	\$0	\$0	\$0
Cancer Services			
20% of the cost	20% of the cost	20% of the cost	20% of the cost
20% of the cost	20% of the cost	20% of the cost	20% of the cost
\$0	\$0	\$0	\$0

<sup>1</sup>Service may require prior authorization.

<sup>2</sup>Visit [networkhealth.com/medicare/extra-benefits](https://networkhealth.com/medicare/extra-benefits) for more information, this is not a medical benefit.

# 2024 NETWORK HEALTH NORTHEAST WISCONSIN (PPO)

<b>Your Costs</b>		<b>Network Health Armor (PPO)</b>
		Refer to county listing on page 2.
		<b>YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS</b>
<b>Diabetic Services</b>		
<b>Diabetes Monitoring Supplies and Test Strips–</b> OneTouch™ and Accu-Chek™ test strips Continuous Glucose Monitoring supplies limited to eligible FreeStyle Libre® and Dexcom® obtained through your pharmacy All other brands are not covered		\$0 for up to a 90-day supply
<b>Diabetic Shoe Inserts–</b> Copayment per pair		\$10
<b>Diabetes Management Tool–</b> Diabetes self-management training teaches you to cope with and manage your diabetes		\$0
<b>Part B Insulin–</b> One-month supply		20% of the cost, up to \$35
<b>Renal Services</b>		
<b>Dialysis–</b> Per treatment		20% of the cost

<sup>1</sup>Service may require prior authorization.

<sup>2</sup>Visit [networkhealth.com/medicare/extra-benefits](https://networkhealth.com/medicare/extra-benefits) for more information, this is not a medical benefit.

# SUMMARY OF BENEFITS

Network Health Zero (Includes pharmacy) (PPO)		Network Health Select (Includes pharmacy) (PPO)	Network Health Choice (Includes pharmacy) (PPO)
Refer to county listing on page 2.			
In-Network	Out-of-Network	YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS	
Diabetic Services			
\$0 for up to a 90-day supply	\$0 for up to a 90-day supply	\$0 for up to a 90-day supply	\$0 for up to a 90-day supply
\$10	\$10	\$10	\$10
\$0	\$0	\$0	\$0
20% of the cost, up to \$35	20% of the cost	20% of the cost, up to \$35	20% of the cost, up to \$35
Renal Services			
20% of the cost	20% of the cost	20% of the cost	20% of the cost

<sup>1</sup>Service may require prior authorization.

<sup>2</sup>Visit [networkhealth.com/medicare/extra-benefits](https://networkhealth.com/medicare/extra-benefits) for more information, this is not a medical benefit.

# 2024 NETWORK HEALTH NORTHEAST WISCONSIN (PPO)

Your Drug Costs		Network Health Zero (Includes pharmacy) (PPO)	Network Health Select (Includes pharmacy) (PPO)	Network Health Choice (Includes pharmacy) (PPO)
		Refer to county listing on page 2.		
Annual Drug Deductible		\$395 Applies to Tiers 3 - 5	\$395 Applies to Tiers 4 - 5	\$260 Applies to Tiers 4 - 5
<b>INITIAL COVERAGE – Amount shown is the maximum you will pay. You may pay less.</b>				
PREFERRED	30-Day Supply Preferred Pharmacy or Preferred Mail Order Pharmacy	\$2 for Tier 1 \$8 for Tier 2 \$42 for Tier 3 \$95 for Tier 4 27% of the cost for Tier 5	\$2 for Tier 1 \$8 for Tier 2 \$42 for Tier 3 \$95 for Tier 4 27% of the cost for Tier 5	\$2 for Tier 1 \$8 for Tier 2 \$42 for Tier 3 \$95 for Tier 4 29% of the cost for Tier 5
	3-Month Supply Preferred Pharmacy 100-day for Tier 1 90-day for Tiers 2-4	\$5 for Tier 1 \$20 for Tier 2 \$105 for Tier 3 \$237 for Tier 4 Tier 5 is not available	\$5 for Tier 1 \$20 for Tier 2 \$105 for Tier 3 \$237 for Tier 4 Tier 5 is not available	\$5 for Tier 1 \$20 for Tier 2 \$105 for Tier 3 \$237 for Tier 4 Tier 5 is not available
	31 to 100-Day Supply Preferred Mail Order Pharmacy 100-day Supply for Tier 1 90-day Supply for Tier 2	\$0 for Tier 1 \$0 for Tier 2	\$0 for Tier 1 \$0 for Tier 2	\$0 for Tier 1 \$0 for Tier 2
	3-Month Supply Preferred Mail Order Pharmacy 100-day Supply for Tier 1 90-day Supply for Tiers 2-4	\$0 for Tier 1 \$0 for Tier 2 \$105 for Tier 3 \$237 for Tier 4 Tier 5 is not available	\$0 for Tier 1 \$0 for Tier 2 \$105 for Tier 3 \$237 for Tier 4 Tier 5 is not available	\$0 for Tier 1 \$0 for Tier 2 \$105 for Tier 3 \$237 for Tier 4 Tier 5 is not available
STANDARD	30-Day Supply Standard Pharmacy or Standard Mail Order Pharmacy	\$7 for Tier 1 \$15 for Tier 2 \$47 for Tier 3 \$100 for Tier 4 27% of the cost for Tier 5	\$7 for Tier 1 \$15 for Tier 2 \$47 for Tier 3 \$100 for Tier 4 27% of the cost for Tier 5	\$7 for Tier 1 \$15 for Tier 2 \$47 for Tier 3 \$100 for Tier 4 29% of the cost for Tier 5
	3-Month Supply Standard Pharmacy or Standard Mail Order Pharmacy 100-day Supply for Tier 1 90-day Supply for Tiers 2-4	\$17 for Tier 1 \$37 for Tier 2 \$117 for Tier 3 \$250 for Tier 4 Tier 5 is not available	\$17 for Tier 1 \$37 for Tier 2 \$117 for Tier 3 \$250 for Tier 4 Tier 5 is not available	\$17 for Tier 1 \$37 for Tier 2 \$117 for Tier 3 \$250 for Tier 4 Tier 5 is not available
<b>Part D Insulin and Vaccines</b>				
Part D Insulin– One-month supply		\$35	\$35	\$35
Part D Vaccines– Shingrix, Tdap, all other adult ACIP recommended vaccines		\$0	\$0	\$0
<b>COVERAGE GAP</b>				
You enter the coverage gap when your total drug costs reach \$5,030. 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%.				
<b>CATASTROPHIC COVERAGE</b>				
You enter catastrophic coverage when your true out-of-pocket costs reach \$8,000. You pay \$0.				



# 2024 NETWORK HEALTH NORTHEAST WISCONSIN (PPO)

	Network Health Plus (PPO)	Network Health PlusRx (PPO)
<b>Your Costs</b>	Refer to county listing on page 2.	
	<b>YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS</b>	
<b>Monthly Premium</b>	\$42	\$73
<b>Monthly Part B Premium Giveback<sup>2</sup></b> – Must be enrolled in Medicare Parts A and B, pay own premiums and live in a service area that offers this benefit	Not included	Not included
<b>Annual Medical Deductible</b>	\$0	\$0
<b>Annual Maximum Out-of-Pocket</b> – (Does not include Part D prescription drugs)	\$3,400 combined in- and out-of-network	\$3,400 combined in- and out-of-network
<b>Hospital Services</b>		
<b>Inpatient Hospital Services<sup>1</sup></b> – Per admission	\$175 per day, days 1 - 5 \$0 days 6 and beyond	\$175 per day, days 1 - 5 \$0 days 6 and beyond
<b>Outpatient Hospital Services</b>	\$350	\$350
<b>Ambulatory Surgical Center</b>	\$350	\$350
<b>General Services</b>		
<b>Primary Care Provider Visit</b>	\$15	\$15
<b>Specialist Visit</b>	\$40	\$40
<b>Preventive Care</b>		
<b>Preventive Care Visits*</b>	\$0	\$0
<b>Annual Routine Physical</b>	\$0	\$0
<b>Physician Telehealth Services</b>	Virtual primary care and urgent care services cost the same as an in-person visit	Virtual primary care and urgent care services cost the same as an in-person visit
<b>Medicare-Covered Vaccines</b> – Flu, pneumonia, COVID-19	\$0	\$0
<b>Medicare-Covered Vaccines</b> – Hepatitis B, all other Part B	\$0	\$0
<b>Emergency Care</b>		
<b>Emergency Room Visit</b> – Copayment is waived if admitted to a U.S. hospital within 24 hours	\$110	\$110
<b>Urgent Care</b>		
<b>Urgent Care Visit</b> – Free-standing facility	\$40	\$40
<b>Diagnostic Services</b>		
<b>Diagnostic Tests<sup>1</sup></b> – Such as ultrasound, EKG, stress test	\$25	\$25

\*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.



# SUMMARY OF BENEFITS

Network Health Premier (PPO)	Network Health PremierRx (PPO)
Refer to county listing on page 2.	
<b>YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS</b>	
\$95	\$244
Not included	Not included
\$0	\$0
\$3,400 combined in- and out-of-network	\$3,400 combined in- and out-of-network
<b>Hospital Services</b>	
\$75 per day, days 1 - 5 \$0 days 6 and beyond	\$75 per day, days 1 - 5 \$0 days 6 and beyond
\$0	\$0
\$0	\$0
<b>General Services</b>	
\$10	\$10
\$20	\$20
<b>Preventive Care</b>	
\$0	\$0
\$0	\$0
Virtual primary care and urgent care services cost the same as an in-person visit	Virtual primary care and urgent care services cost the same as an in-person visit
\$0	\$0
\$0	\$0
<b>Emergency Care</b>	
\$110	\$110
<b>Urgent Care</b>	
\$20	\$20
<b>Diagnostic Services</b>	
\$0	\$0

<sup>1</sup>Service may require prior authorization.

<sup>2</sup>Visit [networkhealth.com/medicare/extra-benefits](https://www.networkhealth.com/medicare/extra-benefits) for more information, this is not a medical benefit.

# 2024 NETWORK HEALTH NORTHEAST WISCONSIN (PPO)

	Network Health Plus (PPO)	Network Health PlusRx (PPO)
<b>Your Costs</b>	Refer to county listing on page 2.	
	<b>YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS</b>	
<b>Labs–</b> What you pay may be based on the service received and/or where you are treated	\$0-\$5	\$0-\$5
<b>Diagnostic Radiology Services–</b> Advanced Imaging (PET, CAT, MRI, MRA, NUC Scans)	\$100	\$100
<b>X-rays</b>	\$25	\$25
<b>Hearing Services</b>		
<b>Routine Hearing Exam<sup>2</sup></b>	\$0	\$0
	\$40 out-of-network	\$40 out-of-network
<b>Diagnostic Hearing Exam–</b> Exam to diagnose and treat hearing issues	\$25	\$25
<b>Hearing Aids<sup>2–</sup></b> Maximum of two hearing aids per year Hearing aid evaluation with TruHearing, fitting included	\$495-\$1,695 per device in-network, must be purchased through TruHearing No coverage out-of-network	\$495-\$1,695 per device in-network, must be purchased through TruHearing No coverage out-of-network
<b>Dental Services</b>		
<b>Dental Services<sup>2, 3</sup></b>	Preventive: 1 cleaning and exam per year for \$30	Preventive: 1 cleaning and exam per year for \$30
	\$100 reimbursement out-of-network	\$100 reimbursement out-of-network
<b>Medicare-Covered Dental Services–</b> Does not include services in connection with care, treatment, filling, removal or replacement of teeth	\$25	\$25
<b>Optional Comprehensive Dental Coverage<sup>2</sup></b>	\$42 monthly premium \$1,000 combined annual maximum	\$42 monthly premium \$1,000 combined annual maximum
<b>Vision Services</b>		
<b>Annual Routine Vision Exam<sup>2</sup></b>	\$10	\$10
	\$40 reimbursement out-of-network	\$40 reimbursement out-of-network
<b>Diagnostic Eye Exam–</b> To diagnose and treat diseases and conditions of the eye	\$25	\$25
<b>Post-Cataract Eyewear–</b> One pair of eyeglasses or contact lenses after each cataract surgery	\$0	\$0
<b>Additional Eyewear<sup>2–</sup></b> At EyeMed providers	Not covered	Not covered
<b>Mental Health/Substance Abuse</b>		
<b>Outpatient Mental Health–</b> Individual or group therapy	\$35	\$35

<sup>1</sup>Service may require prior authorization.

<sup>2</sup>Visit [networkhealth.com/medicare/extra-benefits](https://networkhealth.com/medicare/extra-benefits) for more information, this is not a medical benefit.

<sup>3</sup>Visit [networkhealth.com/medicare/plan-materials](https://networkhealth.com/medicare/plan-materials) to view the full dental Certificate of Coverage document.

# SUMMARY OF BENEFITS

Network Health Premier (PPO)	Network Health PremierRx (PPO)
Refer to county listing on page 2.	
<b>YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS</b>	
\$0	\$0
\$0	\$0
\$0	\$0
<b>Hearing Services</b>	
\$0	\$0
\$40 out-of-network	\$40 out-of-network
\$0	\$0
\$495-\$1,695 per device in-network, must be purchased through TruHearing No coverage out-of-network	\$495-\$1,695 per device in-network, must be purchased through TruHearing No coverage out-of-network
<b>Dental Services</b>	
Preventive: 1 cleaning and exam per year for \$30	Preventive: 1 cleaning and exam per year for \$30
\$100 reimbursement out-of-network	\$100 reimbursement out-of-network
\$0	\$0
\$42 monthly premium \$1,000 combined annual maximum	\$42 monthly premium \$1,000 combined annual maximum
<b>Vision Services</b>	
\$10	\$10
\$40 reimbursement out-of-network	\$40 reimbursement out-of-network
\$0	\$0
\$0	\$0
Not covered	Not covered
<b>Mental Health/Substance Abuse</b>	
\$0	\$0

<sup>1</sup>Service may require prior authorization.

<sup>2</sup>Visit [networkhealth.com/medicare/extra-benefits](https://networkhealth.com/medicare/extra-benefits) for more information, this is not a medical benefit.

# 2024 NETWORK HEALTH NORTHEAST WISCONSIN (PPO)

	Network Health Plus (PPO)	Network Health PlusRx (PPO)
<b>Your Costs</b>	Refer to county listing on page 2.	
	<b>YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS</b>	
<b>Inpatient Mental Health<sup>1</sup></b> Per admission	\$150 per day, days 1 - 10 \$0 days 11 and beyond	\$150 per day, days 1 - 10 \$0 days 11 and beyond
<b>Opioid Treatment Services</b>	\$35	\$35
<b>Substance Abuse Services</b> Outpatient individual or group therapy	\$20	\$20
<b>Continued Care Services</b>		
<b>Skilled Nursing Facility<sup>1</sup></b> Per admission Once you reach your maximum out-of-pocket, you will pay \$0 per day	\$20 per day, days 1 - 20 \$203 per day, days 21 - 40 \$0 days 41 - 100	\$20 per day, days 1 - 20 \$203 per day, days 21 - 40 \$0 days 41 - 100
<b>Outpatient Physical<sup>1</sup>, Occupational<sup>1</sup>, Speech Therapy</b>	\$40	\$40
<b>Transportation Services</b>		
<b>Air and Ground Ambulance Services</b>	\$250	\$250
<b>Non-Emergency Transportation</b> 24 one-way trips with Aryv, to get to and from dialysis for members diagnosed with ESRD	Covered	Covered
<b>Drug Coverage</b>		
<b>Medicare Part B Drugs<sup>1</sup></b> Plan will apply the CMS published adjusted beneficiary coinsurance as required under the Inflation Reduction Act	20% of the cost	20% of the cost
<b>Medicare Part D Drugs</b> See page 24 for specific drug tier costs	Not covered	Covered
<b>Additional Benefits</b>		
<b>Pick Your Perks<sup>2</sup></b> Reimbursement for the following extra benefits: dental services, vision hardware, healthy home-delivered meals, non-emergency transportation, over-the-counter items, acupuncture, massage therapy, personal training (4 visits or \$225 allowance), nutritional/dietary counseling	Not available	Not available
<b>Over-the-Counter Catalog<sup>2</sup></b>	\$225 per quarter Two orders per quarter No rollover on quarterly allowance	\$225 per quarter Two orders per quarter No rollover on quarterly allowance
<b>Fitness with SilverSneakers<sup>®2</sup></b>	Included	Included
<b>MDLIVE<sup>®</sup> Virtual Visit</b> For medical services <sup>2</sup>	\$0	\$0
<b>Travel Coverage</b>		
<b>Travel within the United States</b>	Receive in-network coverage when you venture outside Wisconsin and within the United States territories. You can see any provider who accepts Medicare beneficiaries.	Receive in-network coverage when you venture outside Wisconsin and within the United States territories. You can see any provider who accepts Medicare beneficiaries.

<sup>1</sup>Service may require prior authorization.

<sup>2</sup>Visit [networkhealth.com/medicare/extra-benefits](https://networkhealth.com/medicare/extra-benefits) for more information, this is not a medical benefit.

# SUMMARY OF BENEFITS

Network Health Premier (PPO)	Network Health PremierRx (PPO)
Refer to county listing on page 2.	
<b>YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS</b>	
\$0	\$0
\$0	\$0
\$0	\$0
<b>Continued Care Services</b>	
\$0	\$0
\$20	\$20
<b>Transportation Services</b>	
\$0	\$0
Covered	Covered
<b>Drug Coverage</b>	
20% of the cost	20% of the cost
Not covered	Covered
<b>Additional Benefits</b>	
Not available	Not available
\$225 per quarter Two orders per quarter No rollover on quarterly allowance	\$225 per quarter Two orders per quarter No rollover on quarterly allowance
Included	Included
\$0	\$0
<b>Travel Coverage</b>	
Receive in-network coverage when you venture outside Wisconsin and within the United States territories. You can see any provider who accepts Medicare beneficiaries.	Receive in-network coverage when you venture outside Wisconsin and within the United States territories. You can see any provider who accepts Medicare beneficiaries.

<sup>1</sup>Service may require prior authorization.

<sup>2</sup>Visit [networkhealth.com/medicare/extra-benefits](https://networkhealth.com/medicare/extra-benefits) for more information, this is not a medical benefit.

# 2024 NETWORK HEALTH NORTHEAST WISCONSIN (PPO)

	Network Health Plus (PPO)	Network Health PlusRx (PPO)
<b>Your Costs</b>	Refer to county listing on page 2.	
	<b>YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS</b>	
<b>International Emergency Coverage–</b> View the Evidence of Coverage at <a href="http://networkhealth.com/medicare/plan-materials">networkhealth.com/medicare/plan-materials</a> for details	\$110 per incident \$100,000 Maximum benefit	\$110 per incident \$100,000 Maximum benefit
<b>Recovery and Rehabilitation Services</b>		
<b>Durable Medical Equipment–</b> Such as insulin pumps <sup>1</sup> , CPAP machines <sup>1</sup> , prosthetic devices <sup>1</sup>	20% of the cost	20% of the cost
<b>Home Infusion Therapy</b>	\$0	\$0
<b>Chiropractic Services–</b> Manipulation of the spine to correct misalignment of one or more of the bones of your spine	\$20	\$20
<b>Medicare-Covered Acupuncture–</b> For chronic low back pain only, up to 12 visits in 90 days and no more than 20 visits per year	\$40	\$40
<b>Medicare-Covered Home Health Care Visits<sup>1</sup></b>	\$0	\$0
<b>Cancer Services</b>		
<b>Chemotherapy<sup>1</sup></b>	20% of the cost	20% of the cost
<b>Radiation Therapy<sup>1</sup>–</b> Per service	\$60	\$60
<b>Acupuncture–</b> Up to 12 visits per year are covered for members who are undergoing chemotherapy and have severe nausea and/or vomiting	\$0	\$0
<b>Diabetic Services</b>		
<b>Diabetes Monitoring Supplies and Test Strips–</b> OneTouch™ and Accu-Chek™ test strips Continuous Glucose Monitoring supplies limited to eligible FreeStyle Libre® and Dexcom® obtained through your pharmacy All other brands are not covered	\$0 for up to a 90-day supply	\$0 for up to a 90-day supply
<b>Diabetic Shoe Inserts–</b> Copayment per pair	\$10	\$10
<b>Diabetes Management Tool–</b> Diabetes self-management training teaches you to cope with and manage your diabetes	\$0	\$0
<b>Part B Insulin–</b> One-month supply	20% of the cost, up to \$35	20% of the cost, up to \$35
<b>Renal Services</b>		
<b>Dialysis–</b> Per treatment	20% of the cost	20% of the cost

<sup>1</sup>Service may require prior authorization.

<sup>2</sup>Visit [networkhealth.com/medicare/extra-benefits](http://networkhealth.com/medicare/extra-benefits) for more information, this is not a medical benefit.

# SUMMARY OF BENEFITS

Network Health Premier (PPO)	Network Health PremierRx (PPO)
Refer to county listing on page 2.	
<b>YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS</b>	
\$110 per incident \$100,000 Maximum benefit	\$110 per incident \$100,000 Maximum benefit
<b>Recovery and Rehabilitation Services</b>	
\$0	\$0
\$0	\$0
\$20	\$20
\$20	\$20
\$0	\$0
<b>Cancer Services</b>	
20% of the cost	20% of the cost
\$0	\$0
\$0	\$0
<b>Diabetic Services</b>	
\$0 for up to a 90-day supply	\$0 for up to a 90-day supply
\$0	\$0
\$0	\$0
20% of the cost, up to \$35	20% of the cost, up to \$35
<b>Renal Services</b>	
20% of the cost	20% of the cost

<sup>1</sup>Service may require prior authorization.

<sup>2</sup>Visit [networkhealth.com/medicare/extra-benefits](https://networkhealth.com/medicare/extra-benefits) for more information, this is not a medical benefit.

# 2024 NETWORK HEALTH NORTHEAST WISCONSIN (PPO)

Your Drug Costs		Network Health PlusRx (PPO)	Network Health PremierRx (PPO)
		Refer to county listing on page 2.	
Annual Drug Deductible		\$260 Applies to Tiers 3 - 5	\$260 Applies to Tiers 4 - 5
<b>INITIAL COVERAGE – Amount shown is the maximum you will pay. You may pay less.</b>			
PREFERRED	30-Day Supply Preferred Pharmacy or Preferred Mail Order Pharmacy	\$2 for Tier 1 \$8 for Tier 2 \$42 for Tier 3 \$95 for Tier 4 29% of the cost for Tier 5	\$2 for Tier 1 \$8 for Tier 2 \$42 for Tier 3 \$95 for Tier 4 29% of the cost for Tier 5
	3-Month Supply Preferred Pharmacy 100-day for Tier 1 90-day for Tiers 2-4	\$5 for Tier 1 \$20 for Tier 2 \$105 for Tier 3 \$237 for Tier 4 Tier 5 is not available	\$5 for Tier 1 \$20 for Tier 2 \$105 for Tier 3 \$237 for Tier 4 Tier 5 is not available
	31 to 100-Day Supply Preferred Mail Order Pharmacy 100-day Supply for Tier 1 90-day Supply for Tier 2	<b>\$0 for Tier 1</b> <b>\$0 for Tier 2</b>	<b>\$0 for Tier 1</b> <b>\$0 for Tier 2</b>
	3-Month Supply Preferred Mail Order Pharmacy 100-day Supply for Tier 1 90-day Supply for Tiers 2-4	\$0 for Tier 1 \$0 for Tier 2 \$105 for Tier 3 \$237 for Tier 4 Tier 5 is not available	\$0 for Tier 1 \$0 for Tier 2 \$105 for Tier 3 \$237 for Tier 4 Tier 5 is not available
STANDARD	30-Day Supply Standard Pharmacy or Standard Mail Order Pharmacy	\$7 for Tier 1 \$15 for Tier 2 \$47 for Tier 3 \$100 for Tier 4 29% of the cost for Tier 5	\$7 for Tier 1 \$15 for Tier 2 \$47 for Tier 3 \$100 for Tier 4 29% of the cost for Tier 5
	3-Month Supply Standard Pharmacy or Standard Mail Order Pharmacy 100-day Supply for Tier 1 90-day Supply for Tiers 2-4	\$17 for Tier 1 \$37 for Tier 2 \$117 for Tier 3 \$250 for Tier 4 Tier 5 is not available	\$17 for Tier 1 \$37 for Tier 2 \$117 for Tier 3 \$250 for Tier 4 Tier 5 is not available
<b>Part D Insulin and Vaccines</b>			
Part D Insulin– One-month supply		\$35	\$35
Part D Vaccines– Shingrix, Tdap, all other ACIP recommended vaccines		\$0	\$0
<b>COVERAGE GAP</b>			
You enter the coverage gap when your total drug costs reach \$5,030. 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%.			
<b>CATASTROPHIC COVERAGE</b>			
You enter catastrophic coverage when your true out-of-pocket costs reach \$8,000. You pay \$0.			



# NOTES

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## 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 pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-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 Arzneimittelplan. 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 답해 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 Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

**Português:** 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。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.



800-983-7587  
TTY 800-947-3529  
[networkhealth.com](https://www.networkhealth.com)

Network Health Medicare Advantage Plans include PPO plans with a Medicare contract. Enrollment in Network Health Medicare Advantage Plans depends on contract renewal. Out-of-network/non-contracted providers are under no obligation to treat Network Health members, except in emergency situations. Please call our member experience number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.  
H5215\_4563-01-0523\_M