



2025

Southeast Wisconsin
Medicare Advantage PPO Plans

We've Got a
Plan for You





Proud partner of the Green Bay Packers

GLOSSARY

Coinsurance – A set percentage you pay for specific services, according to your health plan. For example, a health plan 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 health plan 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 1-3 cost less when using a preferred pharmacy. Look up your medications at [networkhealth.com/look-up-medications](https://www.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 most you'll pay, not including monthly premiums, toward the cost of your health care services.

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

Medicare Prescription Payment Plan – A program for beneficiaries with a Medicare Advantage plan, which includes Part D Prescription Drug Coverage, who want to have their prescription drug cost divided into monthly payments versus paying at the pharmacy when they pick up their prescriptions. The program is voluntary and requires members to opt in.

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

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

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

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](https://www.networkhealth.com/medicare/medicare-legal/notice-of-privacy-practices-medicare) or call our member experience team at 800-378-5234 (TTY 800-947-3529), Monday–Friday, 8 a.m. to 8 p.m. to request a hard copy. From October 1–March 31, our member experience team is available seven days a week.

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](https://www.networkhealth.com/medicare/medicare-legal/how-to-make-a-complaint) or call us for a hard copy.

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ENROLL NOW 14

\$0

Monthly premium options available

Primary doctor visit options available

Tier 1 mail order prescription drugs

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/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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WHAT PLAN IS RIGHT FOR ME?

Network Health gives you the flexibility to choose the best Medicare Advantage plan that pairs a \$0 monthly premium with the extra benefits that fit your lifestyle best.

Network Health Anywhere – Built-In Extra Benefits and \$26 Giveback



This plan gives you the security of built-in dental, vision and hearing benefits which helps when planning ahead. The Medicare Part B premium giveback puts \$26 per month back in your pocket—that's more than \$300 a year you can spend on other things. **And you pay the same for care when you see in-network or out-of-network doctors.**

✓	\$0 monthly premium
✓	\$26 per month toward your Medicare Part B premium
✓	Built-in dental, vision and hearing benefits
✓	\$0 Tier 1 mail order prescription drugs, 31-day supply or greater

Network Health Go – Flexibility to Pick Your Perks



This plan offers the flexibility of our Pick Your Perks reimbursement program, where you have the freedom to choose the extra benefits that mean the most to you, and we reimburse you. Plus, you can choose between in-network and out-of-network doctors. With Network Health Go, you pay less when you see in-network doctors.

✓	\$0 monthly premium
✓	Flexibility to Pick Your Perks – You get reimbursed up to \$1,200 in extra benefits including dental, vision, over-the-counter, acupuncture, personal training and more
✓	\$0 Tier 1 mail order prescription drugs, 31-day supply or greater

Network Health Bravo – For Veterans and Those With Other Drug Coverage



This plan provides preventive and comprehensive dental coverage. You have access to order from the over-the-counter catalog to get up to \$100 reimbursed per quarter. Plus, this is a great plan if you are already receiving prescription drug coverage through the Veterans program or Wisconsin SeniorCare. **And you pay the same when you see in-network or out-of-network doctors.**

✓	\$0 monthly premium
✓	Up to \$5,000 in preventive and comprehensive dental coverage
✓	Up to \$400 allowance on eyewear
✓	\$100 per quarter from the over-the-counter catalog

WE'VE GOT A PLAN FOR YOU

Flexibility to Choose

Don't want to wait to get reimbursed for certain benefits and prefer to have a plan with extra benefits built in? Choose a plan that has embedded benefits like dental and vision and a Part B premium giveback.



Part B Premium Giveback

If you pay a Medicare Part B premium, we may pay part of that premium for you. We call this a Part B premium giveback and it is included with the Network Health Anywhere plan. It's like getting a raise on your Social Security check.

To qualify for the \$26 Part B premium giveback, you must be enrolled in Medicare Parts A and B, pay your own premiums, live in a service area that offers the Part B giveback and be enrolled in a plan that offers this benefit.

The giveback is administered through the Social Security Administration, and depending on how you pay the Part B premium, the giveback can take up to 90 days to begin and will show as an increase in your Social Security check or a credit on your Part B premium statement.



Dental

Protecting your teeth and gums should be effortless and Network Health partners with Say Cheese Dental Network to help you get that coverage. With Network Health Anywhere you are covered for two annual dental exams for \$0 copayment. For the plans that have the Pick Your Perks benefit, you can be reimbursed for getting dental coverage you need. To find an in-network dental provider, visit saycheesedentalnetwork.com. To review the full dental benefit please reference the Dental Certificate at networkhealth.com/medicare/plan-materials.



Vision

Annual eye exams are an important part of your health care, so we partner with EyeMed® to offer you an annual routine vision exam for a \$10 copayment. With the Network Health Anywhere and Network Health Bravo plans, you are covered for an annual routine vision exam for \$0 copayment. A routine vision exam may include these services.

- Evaluate visual system
- Binocular function
- Dilation (as determined by provider)
- Refraction (as determined by provider)
- Assessment, diagnosis and treatment plan

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 quality hearing aids for \$495-\$1,695 per device when purchased through TruHearing®. A hearing aid fitting and follow up visit is included with your purchase. **To find a location near you and schedule your appointment, you must call TruHearing at 877-759-8131 (TTY 711), Monday-Friday from 8 a.m. to 8 p.m.**



Over-the-Counter Catalog

Some Network Health plans offer an over-the-counter (OTC) catalog benefit, so you can get the OTC products you need. Our catalog ordering process makes it easy to shop from the comfort of home. Members that have this benefit will receive the catalog with their member guide.










WE'VE GOT A PLAN FOR YOU

Pick Your Perks

With the Pick Your Perks reimbursement program, you get to choose the extra benefits that matter most to you. Network Health Go members receive up to **\$1,200**.



You can use the program for one, or many of the eligible supplemental benefits, which include the following.

	Dental , such as fillings, X-rays, dentures, dental implants, root canals, crowns and more. Excludes cosmetic dentistry, orthodontia and dental insurance premiums.
	Vision hardware , including prescription glasses and contact lenses. Excludes cosmetic items, warranties and LASIK.
	Over-the-counter items – You can purchase over-the-counter items including toothpaste, bandages, cotton swabs, sunscreen and more at your local pharmacy, store or online. Visit networkhealth.com/medicare/extra-benefits to get the full list of items available for reimbursement.
	Personal training for up to four sessions or \$225, whichever you reach first.
	Massage when prescribed by a medical provider and provided by a licensed professional.
	Acupuncture when provided by a licensed professional.
	Home-delivered meals provided by Mom's Meals, after an inpatient hospital, hospital observation or skilled nursing facility stay, or if you have been diagnosed with cancer, diabetes, heart disease, high blood pressure, lung disease, COPD or osteoporosis.
	Nutritional/dietary counseling when provided by a licensed professional. Excludes meal plans, lab work and allergy tests.
	Non-emergency transportation to get to medical appointments and pharmacies with Aryv.

You have access to the full Pick Your Perks benefit amount beginning the day your Network Health plan coverage starts. As a Network Health member, you pay for your eligible items or services, submit the necessary documentation **such as an itemized receipt or invoice**, and get reimbursed. You can be reimbursed by direct deposit or a check in the mail. **Reimbursement documentation must be received within 120 days of the date of service or item's purchase. Estimated reimbursement time is five days with direct deposit, and up to three weeks for a mailed check.**

Submitting reimbursement is easy through your secure Network Health member portal at login.networkhealth.com. While in the portal, you can also check the status of reimbursement and see your available balance.



Joellyn D.
Network Health Medicare
Advantage member for four years

BENEFITS AT A GLANCE	Network Health Go (PPO) (Includes pharmacy)		Network Health Anywhere (PPO) (Includes pharmacy)	
	Refer to county listing on front cover			
Your Costs	In-Network	Out-of-Network	YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS	
Monthly Premium	\$0		\$0	
Monthly Part B Premium Giveback ² Must be enrolled in Medicare Parts A and B, pay own premiums and live in a service area that offers this benefit	Not included		\$26 per month	
Annual Maximum Out-of-Pocket (Does not include Part D prescription drugs)	\$3,900	\$6,200 combined in- and out-of-network	\$3,800 combined in- and out-of-network	
Inpatient Hospital Services ¹ Per admission	\$295 per day, days 1 - 6 \$0 days 7 and beyond	\$800 per day, days 1 - 7 \$0 days 8 and beyond	\$275 per day, days 1 - 6 \$0 days 7 and beyond	
Outpatient Hospital Services ¹	\$0 to \$275	\$0 to \$550	\$0 to \$260	
Ambulatory Surgical Center ¹	\$0 to \$225	\$0 to \$450	\$0 to \$185	
Primary Care Provider Visit	\$0	\$30	\$0	
Specialist Visit	\$50	\$100	\$35	
Emergency Room Visit Copayment is waived if admitted to a U.S. hospital within 24 hours	\$125	\$125	\$125	
Urgent Care Visit Free-standing facility	\$50	\$50	\$35	
Diagnostic Tests ¹ Such as ultrasound, EKG, stress test	\$35	\$70	\$90	
Labs– What you pay may be based on the service received and/or where you are treated	\$0 to \$20	\$40	\$0 to \$40	
Diagnostic Radiology Services ¹ Advanced Imaging (PET, CAT, MRI, MRA, NUC Scans)	\$275	\$550	\$310	
X-rays	\$35	\$70	\$90	
Routine Hearing Exam ²	\$0	\$40	\$0	\$40
Dental Services ²	Up to \$1,200 reimbursed through Pick Your Perks		100% preventive, 50% comprehensive coverage in-network, \$2,000 combined in- and out-of-network annual maximum Member pays 80% out-of-network	
Annual Routine Vision Exam ²	\$10	\$40 reimbursement	\$0	\$40 reimbursement out-of-network
Additional Eyewear ²	Up to \$1,200 reimbursed through Pick Your Perks		\$350 allowance at EyeMed providers	
Outpatient Physical ¹ , Occupational ¹ , Speech Therapy	\$50	\$100	\$35	
Air and Ground Ambulance Services	\$275	\$275	\$250	
Pick Your Perks ^{2*}	\$1,200		Not available	
Over-the-Counter Catalog ²	Up to \$1,200 reimbursed through Pick Your Perks		Not available	

BENEFITS AT A GLANCE	Network Health Bravo (PPO) (Excludes pharmacy)	
	Refer to county listing on front cover	
Your Costs	In-Network	Out-of-Network
Monthly Premium	\$0	
Monthly Part B Premium Giveback² Must be enrolled in Medicare Parts A and B, pay own premiums and live in a service area that offers this benefit	Not included	
Annual Maximum Out-of-Pocket (Does not include Part D prescription drugs)	\$4,500	\$8,000 combined in- and out-of-network
Inpatient Hospital Services¹ Per admission	\$295 per day, days 1 - 6 \$0 days 7 and beyond	\$550 per day, days 1 - 6 \$0 days 7 and beyond
Outpatient Hospital Services¹	\$0 to \$275	\$0 to \$450
Ambulatory Surgical Center¹	\$0 to \$225	\$0 to \$450
Primary Care Provider Visit	\$0	\$30
Specialist Visit	\$40	\$75
Emergency Room Visit Copayment is waived if admitted to a U.S. hospital within 24 hours	\$125	\$125
Urgent Care Visit Free-standing facility	\$45	\$45
Diagnostic Tests¹ Such as ultrasound, EKG, stress test	\$20	\$50
Labs What you pay may be based on the service received and/or where you are treated	\$0 to \$20	\$30
Diagnostic Radiology Services¹ Advanced Imaging (PET, CAT, MRI, MRA, NUC Scans)	\$200	\$250
X-rays	\$35	\$40
Routine Hearing Exam²	\$0	\$40
Dental Services²	100% coverage in-network, Includes one implant and resin \$5,000 combined in- and out-of-network annual maximum	Member pays 50% out-of-network
Annual Routine Vision Exam²	\$0	\$40 reimbursement
Additional Eyewear²	\$400 allowance at EyeMed providers	Not covered
Outpatient Physical¹, Occupational¹, Speech Therapy	\$30	\$75
Air and Ground Ambulance Services	\$300	\$300
Pick Your Perks^{2*}	Not available	Not available
Over-the-Counter Catalog²	\$100 per quarter Two orders per quarter, No rollover on quarterly allowance	Not available

¹Service may require prior authorization.

²Visit networkhealth.com/medicare/extra-benefits for more information, this is not a medical benefit.

*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

BENEFITS ON ALL PLANS

Hearing Aids², Maximum of two hearing aids per year. Hearing aid evaluation and purchase through TruHearing, fitting included. In-network \$495-\$1,695 per device. No coverage out-of-network.

Fitness Benefit with One Pass™ 2

Travel within the United States, Receive in-network coverage when you venture outside Wisconsin and within the United States territories. You can see any provider who accepts Medicare beneficiaries.

YOUR DRUG COSTS		Network Health Go (PPO)	Network Health Anywhere (PPO)
		Refer to county listing on front cover	
Annual Drug Deductible	\$320 Applies to Tiers 2 - 5	\$300 Applies to Tiers 2 - 5	
INITIAL COVERAGE – Amount shown is the maximum you will pay. You may pay less.			
PREFERRED	30-Day Supply Preferred Pharmacy or Preferred Mail Order Pharmacy	\$2 for Tier 1 \$8 for Tier 2 24% for Tier 3 37% for Tier 4 29% for Tier 5	\$2 for Tier 1 \$8 for Tier 2 23% for Tier 3 37% for Tier 4 29% for Tier 5
	3-Month Supply Preferred Pharmacy 100-Day Supply for Tier 1 90-Day Supply for Tiers 2-4	\$5 for Tier 1 \$20 for Tier 2 24% for Tier 3 37% for Tier 4 Tier 5 not available	\$5 for Tier 1 \$20 for Tier 2 23% for Tier 3 37% for Tier 4 Tier 5 not available
	31 to 100-Day Supply Preferred Mail Order Pharmacy 100-Day Supply for Tier 1 – \$0 90-Day Supply for Tier 2 – \$0 after deductible		
	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 after deductible 24% for Tier 3 37% for Tier 4 Tier 5 not available	\$0 for Tier 1 \$0 for Tier 2 after deductible 23% for Tier 3 37% for Tier 4 Tier 5 not available
	Part D Insulin–One-month supply \$35		
Part D Vaccines–Shingrix, Tdap, all other adult ACIP recommended vaccines \$0			
CATASTROPHIC COVERAGE			
You enter catastrophic coverage when your total out-of-pocket costs reach \$2,000. You pay \$0.			

Call a Network Health Advisor



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

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/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. H5215_4619-02-0824_M

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

When you are prescribed a new medication, our local 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. 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 or coinsurance.

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

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 31-100-day supply of Tier 1 medications filled through Express Scripts Home Delivery at no cost.

A 31-90-day supply of Tier 2 medications at no cost is available through Express Scripts Home Delivery after your Medicare Part D deductible is met, if applicable.

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.

WHY NETWORK HEALTH?



Condition Management

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



Care Management

If you're facing a difficult diagnosis or complex condition, our care management team is here. This compassionate group of nurses and social workers can support you and your caregiver by guiding you through processes and details. They'll partner with you and your provider(s) to ensure your needs are being met. For more information visit networkhealth.com/wellness/care-management.



Member Wellness

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



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.



Virtual Doctor Visits

When you're feeling ill and your personal doctor is unavailable or just prefer to stay home and rest, 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.



Fitness

Our partnership with One Pass™ gives you unlimited access to more than 15,000 digital classes and over 26,000 fitness locations—including YMCAs—nationwide. To find a fitness location near you, visit www.youronepass.com.



Secure Online Member Portal

Your security is a top priority.

Your member portal provides easy access to your plan-specific health care coverage information. You can control the amount of mail you receive by selecting your own communication preferences. Imagine receiving your Explanation of Benefits (EOBs) online. That's just one of our efforts to keep your premiums low and service expectations high. To log in, visit login.networkhealth.com.

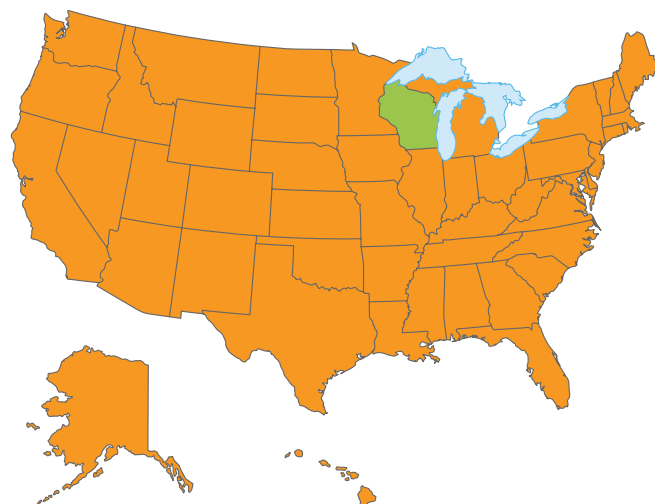
In 2025, we're adding an extra step when you log into your member portal, similar to other services such as online banking. This additional step is called multi-factor authentication and it helps protect your account with a choice of a few extra methods to verify your identity, as well as your username and password. The process is quick and easy to navigate.



Travel

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. And, you'll pay the same amount as an in-network provider. Go wherever life takes you and get health care when you need it—no need to call ahead and let us know.

Please refer to your plan documents for medical emergency services outside of the United States and its territories, as additional restrictions may apply.



■ In-network coverage outside of Wisconsin

WHY NETWORK HEALTH?



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. With most of our plans **you pay the same when you see in-network or out-of-network providers.**

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

- Ascension Wisconsin
- Bellin Health
- Froedtert Health
- Froedtert Holy Family Memorial
- Froedtert South
- Medical College of Wisconsin
- Prevea Health
 - HSHS St. Mary's Hospital (Green Bay)
 - HSHS St. Nicholas Hospital (Sheboygan)
 - HSHS St. Vincent Hospital (Green Bay)
- ProHealth Care
- SSM Agnesian HealthCare
- ThedaCare

To confirm your doctor is an in-network provider, go to networkhealth.com/find-a-doctor.



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'll reach a person instead of an automated message. Their goal is to ensure you have an exceptional health plan experience.

Our member experience representatives make health plans 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.



We'll Be Your Guide

Have you ever felt stuck or frustrated trying to navigate the health care system? Health care shouldn't cause you stress. As a Network Health Medicare Advantage member, our Network Navigate program is automatically part of your plan to ensure you have an exceptional health insurance experience.

If you need help, our Network Navigators go above and beyond to directly communicate your needs to your Froedtert Health and Ascension Wisconsin health care providers. Our exclusive processes are designed to make sure those most in need get access to the right medical care timely. It's a straightforward approach that allows you to worry less. We empower you to be an informed health care consumer, with a personal welcome call to explain your benefits, easy-to-understand materials and opportunities to connect with our local staff, in-person at member events.

Plus, Network Navigators are ALWAYS located in Wisconsin—not across the country or anywhere else. This means they understand your health insurance, doctors, clinics, local health care delivery and your local area. Learn more at NetworkNavigate.com.

ENROLL NOW

HOW TO ENROLL IN A NETWORK HEALTH MEDICARE ADVANTAGE PPO PLAN

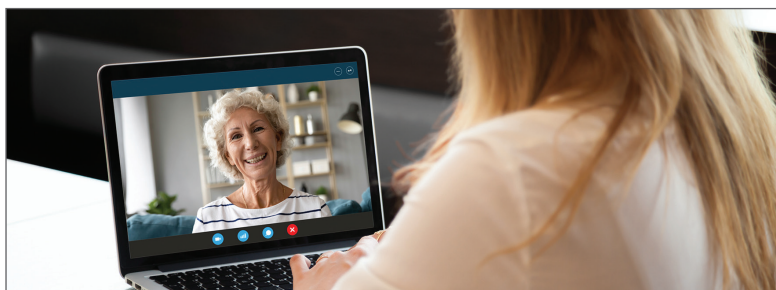
CALL

Call a local sales advisor at
844-850-5286
(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.



ONE-ON-ONE

You can meet one-on-one with a knowledgeable and helpful local agent or one of our 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
844-850-5286 to speak with a Network Health Sales Advisor.

ONLINE | Visit networkhealth.com/enroll-now



Online Enrollment

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.
Make sure you keep this guide handy to reference throughout the year.

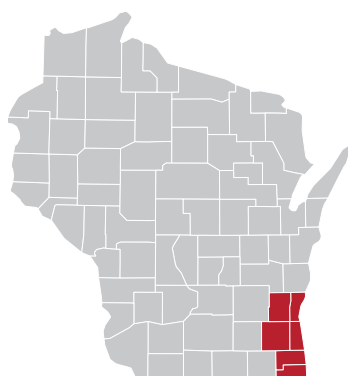
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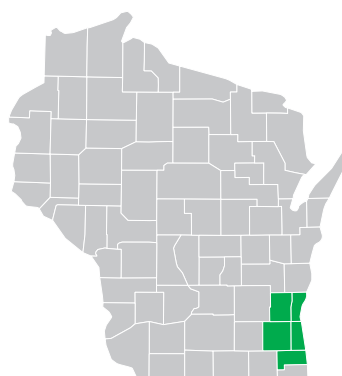
Proud partner of the Green Bay Packers

Important Network Health Medicare Advantage Plan Information



Network Health Anywhere
Network Health Bravo

Kenosha, Milwaukee,
Ozaukee, Racine,
Washington, Waukesha



Network Health Go

Milwaukee, Ozaukee,
Racine, Washington,
Waukesha

**Call a Network
Health advisor.**

844-850-5286
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.