

We are **Wisconsin**.
Just like you.



2027
Northeast Wisconsin

**Medicare
Advantage
PPO Plans**

GLOSSARY

Coinurance – A set percentage you pay for specific services or prescription drugs, 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 or coinsurance.

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.

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 that 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. If you're already participating in the Medicare Prescription Payment Plan and remain in the same Network Health Part D plan, your participation will be automatically renewed.

Preferred Pharmacy – An in-network pharmacy covering drugs at a lower copayment or coinsurance.

Standard Pharmacy – An in-network pharmacy covering drugs at a higher copayment or coinsurance.



We are Wisconsin. Just like you.

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, use the QR code, go to



1	WHAT PLAN IS RIGHT FOR YOU
2	THE CHOICE IS YOURS • Flexibility to Choose • Part B Premium • Dental • Vision
3	HERE WHEN YOU NEED IT
4	BENEFITS AT A GLANCE
5	WHY NETWORK HEALTH? • Network Health • Condition Management • Care Management • Member Wellbeing • Getting Care (or Refill) • Virtual Doctor
6	SUMMARY OF BENEFITS
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WHAT PLAN IS RIGHT FOR ME?

THE CHOICE IS YOURS

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 the most.

Network Health Choice – Built-In Extra Benefits



This plan offers medical and pharmacy coverage as well as the security of a built-in comprehensive dental benefit that helps when planning ahead. It's a straightforward way to get comprehensive coverage and predictable costs in one plan. **You also can choose your favorite doctor whether they are in- or out-of-network.**

✓	\$0 monthly premium
✓	100% preventive and 50% comprehensive in-network dental coverage, up to plan's maximum
✓	\$0 Tier 1 preferred mail order prescription drugs, 31-day supply or greater

Network Health Select – 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.

✓	\$0 monthly premium
✓	Flexibility to Pick Your Perks – You get reimbursed up to \$400 for Network Health Select in extra benefits including dental, vision, over-the-counter, acupuncture, personal training and more
✓	\$0 Tier 1 preferred mail order prescription drugs, 31-day supply or greater

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



This plan provides preventive and comprehensive dental coverage as well as a \$55 monthly Medicare Part B Premium Giveback. Plus, this is a great plan if you are already receiving prescription drug coverage through a Veterans program or Wisconsin

The choice is yours! Select a plan and we'll give you a Part B Premium Giveback. [SCAN ME](#) to learn more.

Part B Premium Giveback

If you pay a Medicare Part B premium, you may be eligible for a Part B Premium Giveback. This benefit is like getting a raise on your Social Security check. To qualify for the Part B Premium Giveback, you must live in our service area and be enrolled in Medicare Part B. The Giveback is administered through the Giveback can take up to 90 days after you enroll in Part B premium statement.

Say Cheese Dental Network

Protecting your teeth and gums is important. Say Cheese Dental Network to help you keep your smile bright. Network Health Armor, you are covered. To find an in-network dental provider, visit our website or call the Dental Certificate at **networkhealth.com**. Our team can be reached at **888-455-4555**.

EyeMed

Annual eye exams are an important part of your health. You can get an annual routine vision exam at EyeMed. Your eye exam may include these services:

- Evaluate visual system
- Binocular function
- Dilation (as determined by your eye doctor)

To find an in-network EyeMed vision center, visit our website or call our customer service at **833-279-4343**, Monday through Friday, 10 a.m. to 7 p.m.

TruHearing

Hearing impacts your health, well-being and quality of life. We offer you an annual routine hearing exam. You also have access to quality hearing aids, fitting and follow up visit in our service area.

Visit networkhealth.com/medicare/member-resources to watch a video on how Pick Your Perks works.

Pick Your Perks	
With the Pick Your Perks reimbursement program, you get to choose the extra benefits that matter most to you. Network Health Select members receive up to \$400 per calendar year. You can use the program for one, or many of the eligible supplemental benefits, which include the following.	
	• Reimbursement for dental services not covered by Medicare, such as cleanings, fillings, X-rays, dentures, dental implants, root canals and crowns. • Excludes cosmetic dentistry, orthodontia, dental insurance premiums and dental memberships.
	• Vision hardware including prescription eyeglasses, prescription sunglasses and contact lenses (including Corneal Refractive Therapy (CRT) lenses). • Excludes cosmetic items, warranties and LASIK.
	• Non-emergency transportation to get to medical appointments and pharmacies, with access to our preferred transportation vendor partner.
	• Acupuncture must be provided by a certified, licensed professional.
	• Massage when prescribed by a medical provider and provided by a certified, licensed professional.
	• 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.
	• Nutritional/dietary counseling for weight loss, healthier living and new disease diagnosis that requires a special diet. • Must be provided by a certified, licensed professional. • Excludes meal plans, lab work and allergy tests.
	• Up to four personal training visits with a certified, licensed personal trainer. • Maximum total reimbursement of \$225.

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



PPO BENEFITS AT A GLANCE		Network Health Select (Includes pharmacy)	Network Health Choice (Includes pharmacy)
Your Costs	YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS ³		
Monthly Premium	\$0	\$0	
Monthly Part B Premium Giveback² You must meet all eligibility requirements to receive the Medicare Part B Premium Giveback	Not included	Not included	Not included
Annual Medical Deductible	\$200	\$200	\$500
Annual Medical Maximum Out-of-Pocket	\$4,450 combined in- and out-of-network	\$4,450 combined in- and out-of-network	\$5,100 combined in- and out-of-network
Inpatient Hospital Services¹ <i>Deductible applies</i>	\$340 per day, days 1 - 6 \$0 days 7 and beyond	\$340 per day, days 1 - 6 \$0 days 7 and beyond	\$340 per day, days 1 - 7 \$0 days 8 and beyond
Outpatient Hospital Services¹ <i>Deductible applies</i>	\$300	\$300	\$300
Ambulatory Surgical Center¹ <i>Deductible applies out-of-network</i>	\$250	\$250	\$200
Primary Care Provider Visit <i>Deductible applies out-of-network</i>	\$0	\$0	\$0
Specialist Visit <i>Deductible applies out-of-network</i>	\$60	\$60	\$50
Emergency Room Visit Copayment is waived if admitted to a U.S. hospital within 24 hours	\$130	\$130	\$130
Urgent Care Visit Free-standing facility	\$60	\$60	\$50
Diagnostic Tests¹ Such as ultrasound, EKG, stress test <i>Deductible applies</i>	\$40	\$40	\$90
Labs What you pay may be based on the service received and /or where you are treated <i>Deductible applies out-of-network</i>	\$0 or \$20	\$0 or \$20	\$0 or \$40
Diagnostic Radiology Services¹ Advanced Imaging (PET, CAT, MRI, MRA, NUC Scans) <i>Deductible applies</i>	\$300	\$300	\$295
X-rays <i>Deductible applies</i>	\$40	\$40	\$90
Outpatient Physical¹, Occupational¹, Speech Therapy <i>Deductible applies</i>	\$55	\$55	\$50
Air and Ground Ambulance Services <i>Deductible applies out-of-network</i>	\$300	\$300	\$275
Routine Hearing Exam²	\$0 in-network	\$0 in-network	\$0 in-network
Dental Services² When receiving out-of-network care for eligible services, you must pay the difference between the amount charged by the out-of-network dentist and the amount charged by the in-network dentist	Up to \$400 reimbursed through Pick Your Perks	100% preventive, 50% of the allowed amount comprehensive coverage in-network, \$1,000 combined in- and out-of-network annual maximum	

PPO BENEFITS AT A GLANCE

Your Costs	
Monthly Premium	
Monthly Part B Premium Giveback² You must meet all eligibility requirements to receive the Medicare Part B Premium Giveback	
Annual Medical Deductible	
Annual Medical Maximum Out-of-Pocket	
Inpatient Hospital Services¹	
Outpatient Hospital Services¹	
Ambulatory Surgical Center¹	
Primary Care Provider Visit	
Specialist Visit	
Emergency Room Visit Copayment is waived if admitted to a U.S. within 24 hours	
Urgent Care Visit Free-standing facility	
Diagnostic Tests¹ Such as ultrasound, EKG, stress test	
Labs What you pay may be based on the service received and/or where you are treated	
Diagnostic Radiology Services¹ Advanced Imaging (PET, CAT, MRI, MRA, N	
X-rays	
Outpatient Physical¹, Occupational¹, Speech Therapy	
Air and Ground Ambulance Services	
Routine Hearing Exam²	
Dental Services² When receiving out-of-network care for eligible services, you must pay the difference between Say Cheese Dental Network in-network payment and the amount charged by the out-of-network dentist	
Annual Routine Vision Exam²	

WHY NETWORK H

Network Health Pharmacy
As a member of Network Health, you not only help with a variety of medical

Medication costs

If you have concerns about affording your medication, our pharmacists may be able to help. Talk with your doctor to ensure you're taking the most effective medication for your condition.

When you are prescribed a new medication, your pharmacist can answer questions about the medication.

Network Health pharmacists can review and answer any questions

Concerns about side effects of
pharmacists can talk through y
potential medication interaction

Network Health offers a Medication Management (MTM) Program through our partner, 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
- Make sure you're taking medication as prescribed
- Ensure you are on the most cost-effective medications

Eligible individuals are automatically
will receive an introductory letter

**Network Health
PremierRx**

You pay the full amount of your covered Part D drugs until the deductible is met.

\$340
Applies to Tiers 2-5

Applies to Tiers 2-5

30-Day Supply
Preferred Pharmacy or
Preferred Mail Order
Pharmacy

\$0 for Tier 1
\$8 for Tier 2
22% for Tier 3
32% for Tier 4
29% for Tier 5

\$0 for Tier 1
\$8 for Tier 2
22% for Tier 3
31% for Tier 4
29% for Tier 5

\$2 for Tier 1
\$20 for Tier 2
22% for Tier 3
31% for Tier 4
Tier 5 is not available

\$0 for Tier 1
\$20 for Tier 2
22% for Tier 3
32% for Tier 4
Tier 5 is not available

\$0 for Tier 1
\$20 for Tier 2
22% for Tier 3
31% for Tier 4
Tier 5 is not available

\$0 for Tier 1
\$0 for Tier 2
20% for Tier 3
37% for Tier 4
Tier 5 is not available

\$0 for Tier 1
\$0 for Tier 2
22% for Tier 3
31% for Tier 4
Tier 5 is not available

\$0 for Tier 1
\$0 for Tier 2
22% for Tier 3
32% for Tier 4
Tier 5 is not available

\$0 for Tier 1
\$0 for Tier 2
22% for Tier 3
31% for Tier 4
Tier 5 is not available

Part D Vaccines—Shingrix, RSV, all other adult Advisory Committee on Immunization Practices (ACIP) recommended vaccines: \$0

You enter catastrophic coverage when your total out-of-pocket costs reach \$2,400. You pay \$0.

Call a Wisconsin-based Network Health Medicare Advisor

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 you just prefer to stay home and rest, MD Live® 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 MD Live virtual visit are sinus problems, skin rash, nausea or



Secure Online Member Portal

Your member portal provides quick and easy access to your plan-specific health care coverage information, beginning on your plan's effective date.

The fastest and most secure way to receive your plan information is to go paperless, versus waiting for the documents to come in the mail. Imagine receiving your

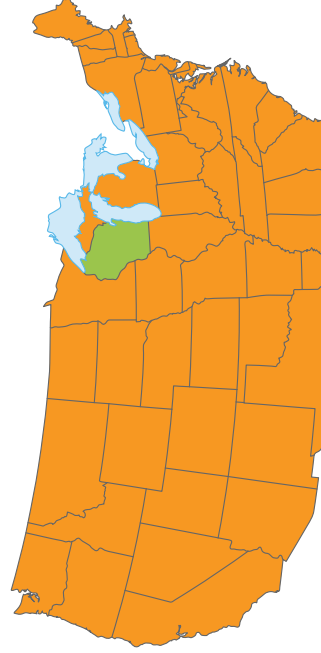
Explanation of Benefits (EOBs) with just a click. That's just one of our efforts to keep your premiums low and service expectations high. Select your own communication preferences to control the amount of snail mail you receive, the next time you visit login.networkhealth.com. SCAN ME → to get started.



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 is willing to bill Network Health. 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.



WHY NETWORK HEALTH?



Provider Network
Network Health offers a close to home. Visit networkhealth.com to pay the same when you see in-network providers.

Our network includes the following providers:

- Froedtert ThedaCare
- Ascension Wisconsin
- Aurora Health Care
- Emplify (Bellin) Health
- Froedtert South
- HSHS/Prevea Health
- ProHealth Care
- SSM/Agnesian Healthcare



Member Experience
We call them the Members. They're ready to help with real

Whether you need help understanding the way. With personalized services, we can focus on what matters most.



We'll Be Your Navigator
Have you ever felt overwhelmed by your stress. As a Network Health member, we'll help you ensure you have an

If you need help, our Network Navigators are here. ThedaCare health care providers are committed to the right medical care timely. Informed health care consumer, we have opportunities to connect with our providers. Plus, Network Navigators are always there to help you understand your health insurance. Visit NetworkNavigate.com.

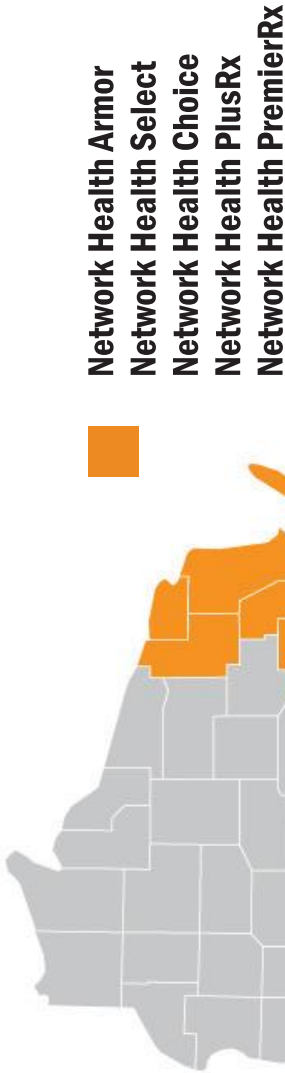
2027 NETWORK HEALTH NORTHEAST WISCONSIN (PPO)

SUMMARY OF BENEFITS

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.



WHAT IS A SUMMARY OF BENEFITS

This booklet gives you a summary of the benefits of the Network Health PPO plans. It doesn't list every service we cover. For more information, see the *Evidence of Coverage* at [networkhealth.com/evidenceofcoverage](#) copy.

WHAT IS A PREFERRED PROVIDER NETWORK

A PPO plan allows you to **choose** your doctors. You can see doctors in- and out-of-network or out-of-network doctors.

CONTACT NETWORK HEALTH

By Phone
Online
By Mail or In Person
Hours of Operation
Additional Resources

¹Service may require prior authorization.

²Visit [networkhealth.com/medicare/extended](#)

³Deductible applies first in certain situations

Your Costs		Network Health Select (Includes pharmacy)
		YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS ³
Monthly Premium		\$0
Monthly Part B Premium Giveback ² You must meet all eligibility requirements to receive the Medicare Part B Premium Giveback		Not included
Annual Medical Deductible		\$200
Annual Medical Maximum Out-of-Pocket		\$4,450 combined in- and out-of-network
Hospital Services		
Inpatient Hospital Services ¹ <i>Deductible applies</i>		\$340 per day, days 1 - 6 \$0 days 7 and beyond
Outpatient Hospital Services ¹ <i>Deductible applies</i>		\$300
Ambulatory Surgical Center ¹ <i>Deductible applies out-of-network</i>		\$250
General Services		
Primary Care Provider Visit <i>Deductible applies out-of-network</i>		\$0
Specialist Visit <i>Deductible applies out-of-network</i>		\$60
Preventive Care		
Preventive Care Visits		\$0
Annual Medicare Wellness Visit		\$0
Annual Routine Physical		\$0
Physician Telehealth Services <i>Deductible applies out-of-network</i>		Virtual primary care and urgent care services cost the same as an in-person visit
Medicare-Covered Vaccines Flu, pneumonia, COVID-19		\$0
Medicare-Covered Vaccines Hepatitis B ¹ , all other Part B		\$0
Emergency Care		
Emergency Room Visit Copayment is waived if admitted to a		\$130

Your Costs	
Monthly Premium	
Monthly Part B Premium Giveback ² You must meet all eligibility requirements to receive the Medicare Part B Premium Giveback	
Annual Medical Deductible	
Annual Medical Maximum Out-of-Pocket	
Hospital Services	
Inpatient Hospital Services ¹ <i>Deductible applies</i>	
Outpatient Hospital Services ¹ <i>Deductible applies</i>	
Ambulatory Surgical Center ¹ <i>Deductible applies out-of-network</i>	
General Services	
Primary Care Provider Visit <i>Deductible applies out-of-network</i>	
Specialist Visit <i>Deductible applies out-of-network</i>	
Preventive Care	
Preventive Care Visits	
Annual Medicare Wellness Visit	
Annual Routine Physical	
Physician Telehealth Services <i>Deductible applies out-of-network</i>	
Medicare-Covered Vaccines Flu, pneumonia, COVID-19	
Medicare-Covered Vaccines Hepatitis B ¹ , all other Part B	
Emergency Care	
Emergency Room Visit Copayment is waived if admitted to a	

Your Costs		Network Health Select (Includes pharmacy)
Diagnostic Services		YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS ³
Diagnostic Tests¹ Such as ultrasound, EKG, stress test <i>Deductible applies</i>	\$40	
Labs What you pay may be based on the service received and/or where you are treated <i>Deductible applies out-of-network</i>	\$0 or \$20	
Diagnostic Radiology Services¹ Advanced imaging (PET, CAT, MRI, MRA, NUC Scans) <i>Deductible applies</i>	\$300	
X-rays <i>Deductible applies</i>	\$40	
Hearing Services		
Routine Hearing Exam²	\$0 in-network \$200 deductible, then 90% of the allowed amount out-of-network	
Diagnostic Hearing Exam Exam to diagnose and treat hearing issues <i>Deductible applies out-of-network</i>	\$60	
Hearing Aids² Maximum of two hearing aids per year Required hearing aid evaluation with TruHearing, fitting included	\$495 to \$1,695 per device in-network \$4,000 deductible then 90% of the allowed amount per pair of hearing aids out-of-network. Reimbursement up to a maximum of \$75	
Dental Services		
Dental Services² When receiving out-of-network care for eligible services, you must pay the		

Your Costs	
Diagnostic Services	
Diagnostic Tests¹ Such as ultrasound, EKG, stress test <i>Deductible applies</i>	
Labs What you pay may be based on the service received and/or where you are treated <i>Deductible applies out-of-network</i>	
Diagnostic Radiology Services¹ Advanced imaging (PET, CAT, MRI, NUC Scans) <i>Deductible applies</i>	
X-rays <i>Deductible applies</i>	
Hearing Services	
Routine Hearing Exam²	
Diagnostic Hearing Exam Exam to diagnose and treat hearing issues <i>Deductible applies out-of-network</i>	
Hearing Aids² Maximum of two hearing aids per year Required hearing aid evaluation with TruHearing, fitting included	
Dental Services	
Dental Services² When receiving out-of-network care for eligible services, you must pay the	

Your Costs	Network Health Select (Includes pharmacy)	
	YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS ³	
Medicare-Covered Dental Services Does not include services in connection with care, treatment, filling, removal or replacement of teeth <i>Deductible applies out-of-network</i>	\$60	
Optional Comprehensive Dental Coverage²	\$39 monthly premium \$1,000 combined in- and out-of-network annual maximum	
Vision Services		
Annual Routine Vision Exam²	\$10 in-network	\$40 reimbursement out-of-network
Diagnostic Eye Exam To diagnose and treat diseases and conditions of the eye <i>Deductible applies out-of-network</i>	\$60	
Post-Cataract Eyewear One pair of eyeglasses or contact lenses after each cataract surgery <i>Deductible applies out-of-network</i>	\$0	
Additional Eyewear²	Up to \$400 reimbursed through Pick Your Perks	
Mental Health / Substance Abuse		
Outpatient Mental Health Individual or group therapy <i>Deductible applies out-of-network</i>	\$40	
Inpatient Mental Health¹ <i>Deductible applies</i>	\$395 per day, days 1 - 4 \$0 days 5 and beyond	
Opioid Treatment Services <i>Deductible applies out-of-network</i>	\$40	
Substance Abuse Services Outpatient individual or group therapy <i>Deductible applies out-of-network</i>	\$40	
Continued Care Services		
Skilled Nursing Facility¹ <i>Deductible applies</i>	\$0 per day, days 1 - 20 \$221 per day, days 21 - 45 \$0 days 46 - 100	

Your Costs

Medicare-Covered Dental Services
Does not include services in connection with care, treatment, filling, removal or replacement of teeth
Deductible applies out-of-network

Optional Comprehensive Dental Coverage²

Vision Services

Annual Routine Vision Exam²

Diagnostic Eye Exam

To diagnose and treat diseases and conditions of the eye
Deductible applies out-of-network

Post-Cataract Eyewear

One pair of eyeglasses or contact lenses after each cataract surgery
Deductible applies out-of-network

Additional Eyewear²

Mental Health / Substance Abuse

Outpatient Mental Health

Individual or group therapy
Deductible applies out-of-network

Inpatient Mental Health¹

Deductible applies

Opioid Treatment Services

Deductible applies out-of-network

Substance Abuse Services

Outpatient individual or group therapy
Deductible applies out-of-network

Continued Care Services

Skilled Nursing Facility¹

Deductible applies

Network Health Select
(Includes pharmacy)

YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS³

\$60

\$39 monthly premium
\$1,000 combined in- and out-of-network annual maximum

Vision Services

\$10 in-network
\$40 reimbursement out-of-network

\$60

\$0

Up to \$400 reimbursed through Pick Your Perks

Mental Health / Substance Abuse

\$40

\$395 per day, days 1 - 4
\$0 days 5 and beyond

\$40

\$40

Continued Care Services

\$0 per day, days 1 - 20
\$221 per day, days 21 - 45
\$0 days 46 - 100

Your Costs

Medicare-Covered Dental Services
Does not include services in connection with care, treatment, removal or replacement of teeth
Deductible applies out-of-network

Optional Comprehensive Dental Coverage²

Vision Services

Annual Routine Vision Exam²

Diagnostic Eye Exam

To diagnose and treat diseases and conditions of the eye
Deductible applies out-of-network

Post-Cataract Eyewear

One pair of eyeglasses or contact lenses after each cataract surgery
Deductible applies out-of-network

Additional Eyewear²

Mental Health / Substance Abuse

Outpatient Mental Health

Individual or group therapy
Deductible applies out-of-network

Inpatient Mental Health¹

Deductible applies

Opioid Treatment Services

Deductible applies out-of-network

Substance Abuse Services

Outpatient individual or group therapy
Deductible applies out-of-network

Continued Care Services

Skilled Nursing Facility¹

Deductible applies

Your Costs		Network Health Select (Includes pharmacy)	
Drug Coverage		YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS ³	
Medicare Part B Drugs ¹ <i>Deductible applies</i>		20% of the total cost	
Medicare Part D Drugs ¹ See Your Drug Costs table for specific drug tier costs		Covered at in-network pharmacies only	
Additional Benefits			
Pick Your Perks ² Reimbursement for the following extra benefits: dental services, vision hardware, non-emergency transportation, eligible over-the-counter items, acupuncture, massage therapy, personal training (4 visits or \$225 allowance), nutritional/dietary counseling		\$400	
Over-the-Counter (OTC) Catalog ²		Not available	
Fitness with One Pass™ 2		\$0 in-network	Up to \$10 reimbursement annually out-of-network
MD Live® Virtual Visit ² For medical services		\$0	
Travel Coverage			

Your Costs	
Drug Coverage	
Medicare Part B Drugs ¹ <i>Deductible applies</i>	
Medicare Part D Drugs ¹ See Your Drug Costs table for specific drug tier costs	
Additional Benefits	
Pick Your Perks ² Reimbursement for the following benefits: dental services, vision hardware, non-emergency transportation, eligible over-the-counter items, acupuncture, massage therapy, personal training (4 visits or \$225 allowance), nutritional/dietary counseling	
Over-the-Counter (OTC) Catalog	
Fitness with One Pass™ 2	
MD Live® Virtual Visit ² For medical services	
Travel Coverage	
Travel within the United States	

Your Costs		Network Health Select (Includes pharmacy)
YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS ³		
Recovery and Rehabilitation Services		
Durable Medical Equipment Such as traditional insulin pumps ¹ , CPAP machines, prosthetic devices ¹ , etc. <i>Deductible applies</i>	20% of the allowed amount	
Durable Medical Equipment for Home Infusion <i>Deductible applies out-of-network</i>	0% of the allowed amount	
Medicare-Covered Chiropractic Services Manipulation of the spine to correct misalignment of one or more of the bones of your spine <i>Deductible applies out-of-network</i>	\$20	
Medicare-Covered Acupuncture For chronic low back pain only, up to 12 visits in 90 days and no more than 20 visits per year <i>Deductible applies out-of-network</i>	\$60	
Medicare-Covered Home Health Care Visits¹ <i>Deductible applies</i>	\$0	
Cancer Services		
Chemotherapy¹ <i>Deductible applies</i>	20% of the allowed amount	
Radiation Therapy¹ <i>Deductible applies</i>	20% of the allowed amount	
Diabetic Services		
Diabetes Monitoring Supplies and Test Strips Accu-Chek and FreeStyle test strips FreeStyle Libre and Dexcom continuous glucose monitoring devices and supplies ¹ obtained through your pharmacy Must have a diabetic diagnosis All other brands are not covered	\$0 for up to a 90-day supply	

Your Costs		Recovery and Rehabilitation Services
Durable Medical Equipment Such as traditional insulin pumps ¹ , CPAP machines, prosthetic devices ¹ , etc. <i>Deductible applies</i>	20% of the allowed amount	
Durable Medical Equipment for Home Infusion <i>Deductible applies out-of-network</i>	0% of the allowed amount	
Medicare-Covered Chiropractic Services Manipulation of the spine to correct misalignment of one or more of the bones of your spine <i>Deductible applies out-of-network</i>	\$20	
Medicare-Covered Acupuncture For chronic low back pain only, up to 12 visits in 90 days and no more than 20 visits per year <i>Deductible applies out-of-network</i>	\$60	
Medicare-Covered Home Health Care Visits¹ <i>Deductible applies</i>	\$0	
Cancer Services		
Chemotherapy¹ <i>Deductible applies</i>	20% of the allowed amount	
Radiation Therapy¹ <i>Deductible applies</i>	20% of the allowed amount	
Diabetic Services		
Diabetes Monitoring Supplies and Test Strips Accu-Chek and FreeStyle test strips FreeStyle Libre and Dexcom continuous glucose monitoring devices and supplies ¹ obtained through pharmacy Must have a diabetic diagnosis All other brands are not covered	\$0 for up to a 90-day supply	

Your Costs		Network Health Select (Includes pharmacy)
Part B Insulin¹ One-month supply		YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS³
Renal Services		No more than \$35
Dialysis <i>Deductible applies</i>		20% of the allowed amount

Your Costs	
Part B Insulin¹ One-month supply	
Renal Services	
Dialysis <i>Deductible applies</i>	

Your Drug Costs		Network Health Select (Includes pharmacy)	Network Health Choice (Includes pharmacy)
Yearly Drug Deductible You pay the full amount of your covered Part D drugs until the deductible is met		\$330 Applies to Tiers 2 - 5	\$300 Applies to Tiers 2 - 5
INITIAL COVERAGE – Cost share applies after deductible is met. Amount shown is the maximum you will pay. You may pay less.			
PREFERRED	30-Day Supply Preferred Pharmacy or Preferred Mail Order Pharmacy	\$1 for Tier 1 \$8 for Tier 2 20% for Tier 3 37% for Tier 4 29% for Tier 5	\$1 for Tier 1 \$8 for Tier 2 22% for Tier 3 31% for Tier 4 30% for Tier 5
PREFERRED	3-Month Supply Preferred Pharmacy 100-Day Supply for Tier 1 90-Day Supply for Tiers 2-4	\$2 for Tier 1 \$20 for Tier 2 20% for Tier 3 37% for Tier 4 Tier 5 is not available	\$2 for Tier 1 \$20 for Tier 2 22% for Tier 3 31% for Tier 4 Tier 5 is not available
PREFERRED	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 20% for Tier 3 37% for Tier 4 Tier 5 is not available	\$0 for Tier 1 \$0 for Tier 2 22% for Tier 3 31% for Tier 4 Tier 5 is not available
STANDARD	30-Day Supply Standard Pharmacy or Standard Mail Order Pharmacy	\$8 for Tier 1 \$17 for Tier 2 25% for Tier 3 37% for Tier 4 29% for Tier 5	\$8 for Tier 1 \$17 for Tier 2 25% for Tier 3 31% for Tier 4 30% for Tier 5
STANDARD	3-Month Supply Standard Pharmacy or Standard Mail Order Pharmacy 100-Day Supply for Tier 1 90-Day Supply for Tiers 2-4	\$20 for Tier 1 \$42 for Tier 2 25% for Tier 3 37% for Tier 4 Tier 5 is not available	\$20 for Tier 1 \$42 for Tier 2 25% for Tier 3 31% for Tier 4 Tier 5 is not available
Part D Insulin and Vaccines			
Part D Insulin¹ One-month supply		No more than \$35	No more than \$35
Part D Vaccines Shingrix, RSV, all other adult ACIP ²		\$0	\$0

Your Costs		Network Health PlusRx (Includes pharmacy)
		YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS ³
Monthly Premium		\$105
Monthly Part B Premium Giveback ² You must meet all eligibility requirements to receive the Medicare Part B Premium Giveback		Not included
Annual Medical Deductible		\$0
Annual Medical Maximum Out-of-Pocket		\$3,400 combined in- and out-of-network
Hospital Services		
Inpatient Hospital Services ¹		\$175 per day, days 1 - 5 \$0 days 6 and beyond
Outpatient Hospital Services ¹		\$350
Ambulatory Surgical Center ¹		\$350
General Services		
Primary Care Provider Visit		\$15
Specialist Visit		\$40
Preventive Care		
Preventive Care Visits		\$0
Annual Medicare Wellness Visit		\$0
Annual Routine Physical		\$0
Physician Telehealth Services		Virtual primary care and urgent care services cost the same as an in-person visit
Medicare-Covered Vaccines Flu, pneumonia, COVID-19		\$0
Medicare-Covered Vaccines Hepatitis B ¹ , all other Part B		\$0
Emergency Care		
Emergency Room Visit Copayment is waived if admitted to a U.S. hospital within 24 hours		\$130
Urgent Care		
Urgent Care Visit Free-standing facility		\$40
Diagnostic Services		

Your Costs	
Monthly Premium	
Monthly Part B Premium Giveback ² You must meet all eligibility requirements to receive the Medicare Part B Premium Giveback	
Annual Medical Deductible	
Annual Medical Maximum Out-of-Pocket	
Hospital Services	
Inpatient Hospital Services ¹	
Outpatient Hospital Services ¹	
Ambulatory Surgical Center ¹	
General Services	
Primary Care Provider Visit	
Specialist Visit	
Preventive Care	
Preventive Care Visits	
Annual Medicare Wellness Visit	
Annual Routine Physical	
Physician Telehealth Services	
Medicare-Covered Vaccines Flu, pneumonia, COVID-19	
Medicare-Covered Vaccines Hepatitis B ¹ , all other Part B	
Emergency Care	
Emergency Room Visit Copayment is waived if admitted to a U.S. hospital within 24 hours	
Urgent Care	
Urgent Care Visit Free-standing facility	
Diagnostic Services	

Your Costs		Network Health PlusRx (Includes pharmacy)	
		YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS ³	
X-rays		\$25	
Hearing Services			
Routine Hearing Exam ²		\$0 in-network	\$200 deductible, then 90% of the allowed amount out-of-network
Diagnostic Hearing Exam Exam to diagnose and treat hearing issues		\$25	
Hearing Aids ² Maximum of two hearing aids per year Required hearing aid evaluation with TruHearing, fitting included		\$495 to \$1,695 per device in-network	\$4,000 deductible then 90% of the allowed amount per pair of hearing aids out-of-network. Reimbursement up to a maximum of \$75
Dental Services			
Dental Services ² When receiving out-of-network care for eligible services, you must pay the difference between the Say Cheese Dental Network in-network payment and the amount charged by the out-of-network dentist		100% preventive, 50% of the allowed amount comprehensive coverage in-network.	Member pays 80% of the allowed amount out-of-network
		\$750 combined in- and out-of-network annual maximum	
Medicare-Covered Dental Services Does not include services in connection with care, treatment, filling, removal or replacement of teeth		\$25	
Optional Comprehensive Dental Coverage ²		\$39 monthly premium \$1,000 combined in- and out-of-network annual maximum	
Vision Services			
Annual Routine Vision Exam ²		\$10 in-network	\$40 reimbursement out-of-network
Diagnostic Eye Exam To diagnose and treat diseases and conditions of the eye		\$25	
Post-Cataract Eyewear One pair of eyeglasses or contact lenses after each cataract surgery		\$0	
Additional Eyewear ² At EyeMed providers		Not covered	
Mental Health/Substance Abuse			

Your Costs	
X-rays	
Hearing Services	
Routine Hearing Exam ²	
Diagnostic Hearing Exam	
Exam to diagnose and treat hearing issues	
Hearing Aids ²	
Maximum of two hearing aids per year Required hearing aid evaluation included	
Dental Services	
Dental Services ²	
When receiving out-of-network care for eligible services, you must pay the difference between the Say Cheese Dental Network in-network payment and the amount charged by the out-of-network dentist	
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Optional Comprehensive Dental Coverage ²	
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To diagnose and treat diseases and conditions of the eye	
Post-Cataract Eyewear	
One pair of eyeglasses or contact lenses after each cataract surgery	
Additional Eyewear ²	
At EyeMed providers	
Mental Health/Substance Abuse	
Outpatient Mental Health	

Your Costs		Network Health PlusRx (Includes pharmacy)
Continued Care Services		YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS³
Skilled Nursing Facility ¹		\$20 per day, days 1 - 20 \$221 per day, days 21 - 40 \$0 days 41 - 100
Outpatient Physical ¹ , Occupational ¹ , Speech Therapy		\$40
Transportation Services		
Air and Ground Ambulance Services		\$250
Drug Coverage		
Medicare Part B Drugs ¹		20% of the total cost
Medicare Part D Drugs ¹ See Your Drug Costs table for specific drug tier costs		Covered at in-network pharmacies only
Additional Benefits		
Pick Your Perks² Reimbursement for the following extra benefits: dental services, vision hardware, non-emergency transportation, eligible over-the-counter items, acupuncture, massage therapy, personal training (4 visits or \$225 allowance), nutritional/dietary counseling	Not available	
Over-the-Counter (OTC) Catalog²	\$0 copayment for qualified OTC items in-network	\$200 annual deductible, then 90% of the allowed amount for qualified OTC items out-of-network
	\$75 combined in- and out-of-network quarterly allowance Two orders per quarter No rollover on quarterly allowance	
	\$0 in-network	Up to \$10 reimbursement out-of-network
Fitness with One Pass™ 2		
MD Live® Virtual Visit ² For medical services	\$0	
Travel Coverage		
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.
International Emergency Coverage <i>View the Evidence of Coverage at</i>		\$130 per incident

Your Costs	
Continued Care Services	
Skilled Nursing Facility ¹	
Outpatient Physical ¹ , Occupational ¹	
Transportation Services	
Air and Ground Ambulance Services	
Drug Coverage	
Medicare Part B Drugs ¹	
Medicare Part D Drugs ¹ See Your Drug Costs table for specific drug tier costs	
Additional Benefits	
Pick Your Perks² Reimbursement for the following services, vision hardware, non-emergency over-the-counter items, therapy, personal training (4 visits or \$225 allowance), nutritional/dietary counseling	
Over-the-Counter (OTC) Catalog²	
Fitness with One Pass™ 2	
MD Live® Virtual Visit ² For medical services	
Travel Coverage	
Travel within the United States	
International Emergency Coverage <i>View the Evidence of Coverage at</i>	

Your Costs		Network Health PlusRx (Includes pharmacy)
YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS ³		
Medicare-Covered Chiropractic Services Manipulation of the spine to correct misalignment of one or more of the bones of your spine		\$20
Medicare-Covered Acupuncture For chronic low back pain only, up to 12 visits in 90 days and no more than 20 visits per year		\$40
Medicare-Covered Home Health Care Visits¹		\$0
Cancer Services		
Chemotherapy¹		20% of the allowed amount
Radiation Therapy¹		\$60
Diabetic Services		
Diabetes Monitoring Supplies and Test Strips Accu-Chek and FreeStyle test strips FreeStyle Libre and Dexcom continuous glucose monitoring devices and supplies ¹ obtained through your pharmacy Must have a diabetic diagnosis All other brands are not covered		\$0 for up to a 90-day supply
Diabetic Shoe Inserts		\$10
Diabetes Management Diabetes self-management training teaches you to cope with and manage your diabetes		\$0
Part B Insulin¹ One-month supply		No more than \$35
Renal Services		
Dialysis		20% of the allowed amount

Your Costs	
Medicare-Covered Chiropractic Services Manipulation of the spine to correct misalignment of one or more of the bones of your spine	
Medicare-Covered Acupuncture For chronic low back pain only, up to 12 visits in 90 days and no more than 20 visits per year	
Medicare-Covered Home Health Care Visits¹	
Cancer Services	
Chemotherapy¹	
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Diabetes Monitoring Supplies Accu-Chek and FreeStyle test strips FreeStyle Libre and Dexcom continuous glucose monitoring devices and supplies ¹ obtained through your pharmacy Must have a diabetic diagnosis All other brands are not covered	
Diabetic Shoe Inserts	
Diabetes Management Diabetes self-management training teaches you to cope with and manage your diabetes	
Part B Insulin¹ One-month supply	
Renal Services	
Dialysis	

Before making an enrollment decision or answering questions, you can call and speak to a representative from 8 a.m. to 8 p.m. From October 1 to September 30, 2027, call 1-800-378-5234 (TTY 711).

Your Drug Costs

Yearly Drug Deductible

You pay the full amount of your covered Part D drugs until the deductible is met.

Network Health PremierRx
(Includes pharmacy)

\$340
Applies to Tiers 2 - 5

Understanding the Benefits

☐ The *Evidence of Coverage* shows your coverage, costs and benefits. Call **800-378-5234** (TTY 711) for more information.

☐ Review the provider directory to see if the pharmacy you want is listed. If it is not listed, it means you will need to use a different pharmacy.

☐ Review the pharmacy directory to see if the pharmacy you want is listed. If it is not listed, it means you will need to use a different pharmacy.

☐ Review the formulary to see if the drug you want is covered.

☐ Review how enrolling into the plan affects your costs.

Understanding Impacts

☐ In addition to your monthly premium, you will normally pay for your drugs out of your pocket.

☐ Benefits, premiums and/or deductibles may change from year to year.

☐ Our plan allows you to see a doctor or get services covered without a referral or prior authorization, except in an emergency or urgent situation, non-emergency situation, non-emergency situation, non-emergency situation.

INITIAL COVERAGE – Cost share applies after deductible is met. Amount shown is the maximum you will pay. You may pay less.

	Network Health Plus Rx (Includes pharmacy)	Network Health PremierRx (Includes pharmacy)
30-Day Supply Preferred Pharmacy or Preferred Mail Order Pharmacy	\$0 for Tier 1 \$8 for Tier 2 22% for Tier 3 32% for Tier 4 29% for Tier 5	\$0 for Tier 1 \$8 for Tier 2 22% for Tier 3 31% 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	\$0 for Tier 1 \$20 for Tier 2 22% for Tier 3 32% for Tier 4 Tier 5 is not available	\$0 for Tier 1 \$20 for Tier 2 22% for Tier 3 31% for Tier 4 Tier 5 is not available
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 22% for Tier 3 32% for Tier 4 Tier 5 is not available	\$0 for Tier 1 \$0 for Tier 2 22% for Tier 3 31% for Tier 4 Tier 5 is not available
30-Day Supply Standard Pharmacy or Standard Mail Order Pharmacy	\$8 for Tier 1 \$17 for Tier 2 25% for Tier 3 32% for Tier 4 29% for Tier 5	\$8 for Tier 1 \$17 for Tier 2 25% for Tier 3 31% for Tier 4 29% 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	\$20 for Tier 1 \$42 for Tier 2 25% for Tier 3 32% for Tier 4 Tier 5 is not available	\$20 for Tier 1 \$42 for Tier 2 25% for Tier 3 31% for Tier 4 Tier 5 is not available

Part D Insulin and Vaccines

Part D Insulin¹

One-month supply

No more than \$35

No more than \$35

Part D Vaccines

Shingrix, RSV, all other adult ACIP²

\$0

\$0

HOW TO ENROLL IN A NETWORK HEALTH MEDICARE ADVANTAGE PPO PLAN

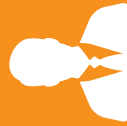
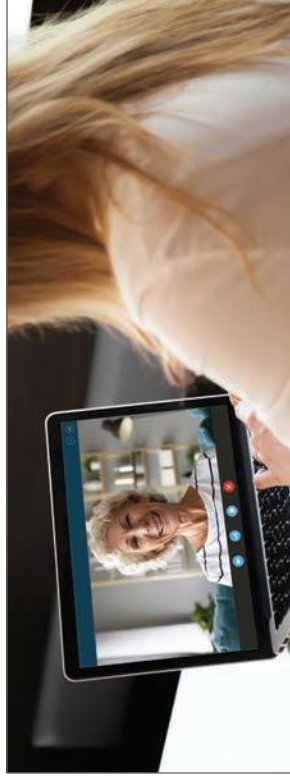
CALL

Call a Wisconsin-based Medicare advisor at **844-850-5286** (TTY 711), 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.



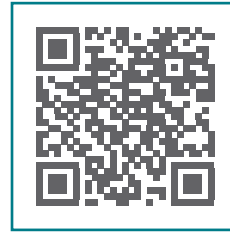
ONE-ON-ONE

You can meet one-on-one with a knowledgeable and helpful local agent or one of our local Medicare 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 Wisconsin-based Network Health Medicare Advisor.

ONLINE | Visit networkhealth.com/enroll-now



SCAN ME TO ENROLL NOW



Discrimination is Against the Law

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, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes. Network Health does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Network Health:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Network Health's Compliance Officer.

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
Attn: Compliance Officer
1570 Midway Place
Menasha, WI 54952
Phone: 800-378-5234
(TTY: uscanhelp@nhs.gov)

at <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, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at Network Health's website: networkhealth.com.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 800-378-5234 (TTY: 711) or speak to your provider.

Albanian: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 800-378-5234 (TTY: 711) ose bisedoni me ofruesin tuaj të shërbimit.

Arabic: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات تنبّه: كما تتوفر وسائل مساعدة وخدمات المساعدة اللغوية المجانية. مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. أو تحدث إلى مقدم 5234-378-800 (711) اتصل على الرقم الخدمة.

Chinese: 如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 800-378-5234（文本电话：711）或咨询您的服务提供商。

German: Wenn Sie Deutsch, kostenlose Sprachassistenten und Entsprechende Hilfsmittel und Bereitstellung von Informationen Formaten stehen ebenfalls k Rufen Sie 800-378-5234 (T sprechen Sie mit Ihrem Prov

Hindi: यदि आप हिंदी बोलते हैं निःशुल्क भाषा सहायता सेवाएं प्रारूपों में जानकारी प्रदान कर सहायक साधन और सेवाएँ भी 378-5234 (TTY : 711) पर क बात करें।

Hmong: Yog hais tias koj h cov kev pab cuam txhais lus kev pab thiab cov kev pab cu txhawm rau muab lus qhia p ntawv uas tuaj yeem nkag cu tseem muaj pab dawb tsis xam yam nkaus. Hu rau 800-378 sis sib tham nrog koj tus kw kho mob.

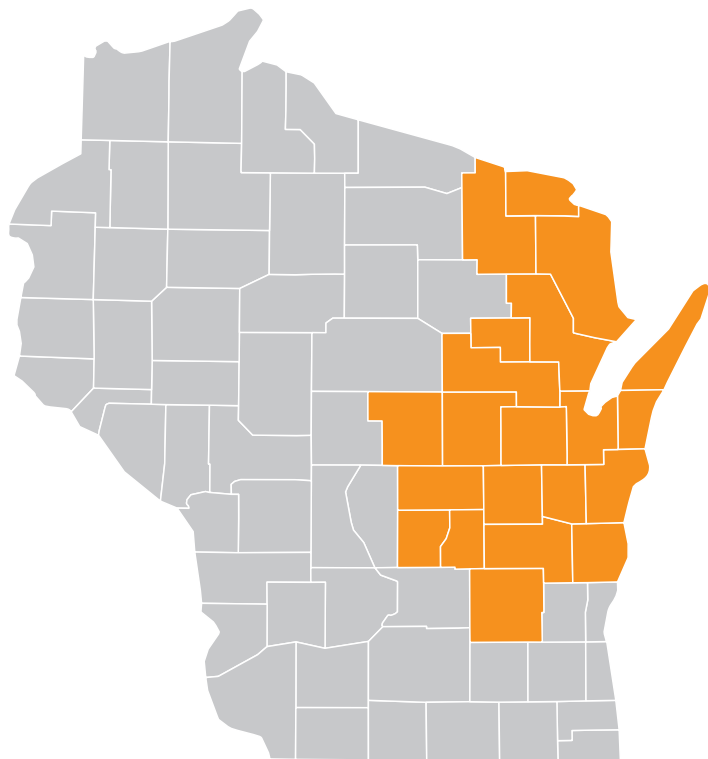
Korean: 한국어를 사용하 사용자 지원 서비스를 이용하 가능한 형식으로 정보를 지 기구 및 서비스도 무료로 5234 (TTY : 711) 번으로 제 공업체에 문의하십시오

Laotian: ຖ້າທ່ານເວົ້າພາສາ ລາວ ຈະມີບໍລິການຊ່ວຍດ້ານພາສາ ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ ຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. (TTY : 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການ



Proud partner of the Green Bay Packers

Important Network Health Medicare Advantage Plan Information



Network Health Armor
Network Health Select
Network Health Choice
Network Health PlusRx
Network Health PremierRx

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

Call Network Health.

844-850-5286 • TTY 711
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.