

BENEFIT HIGHLIGHTS

NETWORK HEALTH ANYWHERE (PPO)

Kenosha, Milwaukee, Ozaukee, Racine, Washington, Waukesha



This is a short description of your **2026** benefits. For a complete listing of benefit information, please refer to your Summary of Benefits or *Evidence of Coverage* (EOC). You may find these materials by logging into your member portal at login.networkhealth.com or by visiting networkhealth.com/medicare/plan-materials.

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

Monthly Premium	\$0
Monthly Part B Premium Giveback² You must meet all eligibility requirements to receive the Medicare Part B Premium Giveback	\$21 per month
Annual Medical Maximum Out-of-Pocket	\$4,500 combined in- and out-of-network
Inpatient Hospital Services¹ Per admission	\$275 per day, days 1 - 6 \$0 days 7 and beyond
Outpatient Hospital Services¹	\$260
Ambulatory Surgical Center¹	\$185
Primary Care Provider Visit	\$0
Specialist Visit	\$45
Diabetes Monitoring Supplies and Test Strips Preferred test strips Preferred 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
Diagnostic Tests¹ Such as ultrasound, EKG, stress test	\$90
Diagnostic Radiology Services¹ Advanced Imaging (PET, CAT, MRI, MRA, NUC Scans)	\$310
Labs What you pay may be based on the service received and/or where you are treated	\$0 or \$40
X-rays	\$90
Emergency Room Visit Copayment is waived if admitted to a U.S. hospital within 24 hours	\$130
Urgent Care Visit Free-standing facility	\$45
Air and Ground Ambulance Services	\$250
Outpatient Physical¹, Occupational¹, Speech Therapy	\$45
Hearing Aids² Maximum of two hearing aids per yearHearing aid evaluation with TruHearing, fitting included	\$495 to \$1,695 per device, must be purchased through TruHearing No coverage out-of-network
Dental Services² *	100% preventive, 50% of the cost comprehensive coverage in-network. Member pays 80% out-of-network \$2,000 combined in- and out-of-network annual maximum
Annual Routine Vision Exam²	\$0 in-network \$40 reimbursement out-of-network
Additional Eyewear²	\$350 allowance at EyeMed providers
Fitness with One Pass™ 2	Included
Over-the-Counter Catalog²	\$25 per quarter Two orders per quarter No rollover on quarterly allowance
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 Anywhere (PPO)
Yearly Drug Deductible You pay the full amount of your covered Part D drugs until the deductible is met.		\$320 Applies to Tiers 2-5
INITIAL COVERAGE – Amount shown is the maximum you will pay. You may pay less.		
30-Day Supply Preferred Pharmacy or Preferred Mail Order Pharmacy		\$1 for Tier 1 \$8 for Tier 2 22% for Tier 3 28% 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		\$2 for Tier 1 \$20 for Tier 2 22% for Tier 3 28% 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 after deductible 22% for Tier 3 28% for Tier 4 Tier 5 is not available
Part D Insulin¹ – One-month supply lesser of 25% or \$35		
Part D Vaccines – Shingrix, RSV, all other adult ACIP recommended vaccines \$0		
CATASTROPHIC COVERAGE		
You enter catastrophic coverage when your total out-of-pocket costs reach \$2,100. You pay \$0.		

¹Service may require prior authorization.

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

*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

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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