

BENEFIT HIGHLIGHTS

NETWORK HEALTH GO (PPO)

Milwaukee, Ozaukee, Racine, Washington, Waukesha



This is a short description of your **2027** 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.

IN-NETWORK BENEFITS	
Monthly Premium	\$0
Annual Medical Deductible	\$270
Annual Medical Maximum Out-of-Pocket	\$5,000
Inpatient Hospital Services¹ <i>Deductible applies</i>	\$350 per day, days 1 - 6 \$0 days 7 and beyond
Outpatient Hospital Services¹ <i>Deductible applies</i>	\$300
Ambulatory Surgical Center¹ <i>Deductible applies out-of-network</i>	\$250
Primary Care Provider Visit <i>Deductible applies out-of-network</i>	\$0
Specialist Visit <i>Deductible applies out-of-network</i>	\$50
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 <i>Deductible applies out-of-network</i>	\$0 for up to a 90-day supply
Diagnostic Tests¹ Such as ultrasound, EKG, stress test <i>Deductible applies</i>	\$35
Diagnostic Radiology Services¹ Advanced Imaging (PET, CAT, MRI, MRA, NUC Scans) <i>Deductible applies</i>	\$300
Labs What you pay may be based on the service received and/or where you are treated <i>Deductible applies</i>	\$0 or \$20
X-rays <i>Deductible applies</i>	\$35
Emergency Room Visit Copayment is waived if admitted to a U.S. hospital within 24 hours	\$130
Urgent Care Visit Free-standing facility	\$50
Air and Ground Ambulance Services <i>Deductible applies out-of-network</i>	\$300
Outpatient Physical¹, Occupational¹, Speech Therapy <i>Deductible applies</i>	\$50

IN-NETWORK BENEFITS	
Hearing Aids² Maximum of two hearing aids per year Hearing aid evaluation with TruHearing, fitting included	\$495 to \$1,695 per device
Dental Services²	Up to \$750 reimbursed through Pick Your Perks
Annual Routine Vision Exam²	\$10
Additional Eyewear²	Up to \$750 reimbursed through Pick Your Perks
Fitness with One Pass™ 2	\$0
Pick your Perks² *	\$750
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, and is willing to bill Network Health.

YOUR DRUG COSTS	Network Health Go (PPO)
Yearly Drug Deductible You pay the full amount of your covered Part D drugs until the deductible is met	\$340 Applies to Tiers 2-5
INITIAL COVERAGE – Amount shown is the maximum you will pay. You may pay less. Cost share applies after deductible is met.	
30-Day Supply Preferred Pharmacy or Preferred Mail Order Pharmacy	\$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 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 31% for Tier 4 Tier 5 is not available
Part D Insulin¹ – One-month supply no more than \$35	
Part D Vaccines – Shingrix, RSV, all other adult ACIP³ recommended vaccines \$0	
CATASTROPHIC COVERAGE	
You enter catastrophic coverage when your total out-of-pocket costs reach \$2,400. 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.

³Advisory Committee on Immunization Practices

*Reimbursement for the following extra benefits: dental services, vision hardware, non-emergency transportation, over-the-counter items, acupuncture, massage therapy, personal training (4 visits or \$225 allowance), nutritional/dietary counseling.

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_5310-03-0826_M