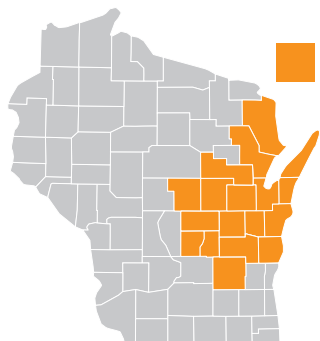


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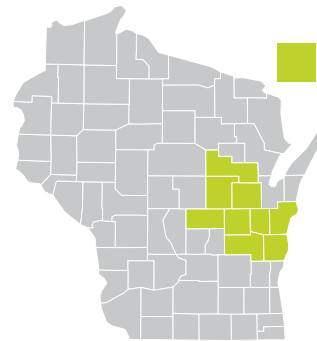
Northeast Wisconsin
Medicare Advantage PPO Plans

Plans at a Glance



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

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



■ Network Health
Zero

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



| BENEFITS AT A GLANCE | Network Health Armor (PPO) (Excludes pharmacy) | Network Health Zero (PPO) (Includes pharmacy) | |
|--|---|--|--|
| | Refer to county listing on front cover | | |
| Your Costs | YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS | IN-NETWORK | OUT-OF-NETWORK |
| 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 | Not included | |
| Annual Maximum Out-of-Pocket (Does not include Part D prescription drugs) | \$4,900 combined in- and out-of-network | \$3,860 | \$6,200 combined in- and out-of-network |
| Inpatient Hospital Services ¹ Per admission | \$295 per day, days 1 - 6 \$0 days 7 and beyond | \$340 per day, days 1 - 7 \$0 days 8 and beyond | \$700 per day, days 1 - 7 \$0 days 8 and beyond |
| Outpatient Hospital Services ¹ | 0 to \$275 | \$0 to \$300 | \$0 to \$600 |
| Ambulatory Surgical Center ¹ | \$0 to \$225 | \$0 to \$250 | \$0 to \$500 |
| Primary Care Provider Visit | \$0 | \$0 | \$30 |
| Specialist Visit | \$40 | \$55 | \$110 |
| 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 | \$40 | \$55 | \$55 |
| Diagnostic Tests ¹ Such as ultrasound, EKG, stress test | \$40 | \$30 | \$60 |
| Labs What you pay may be based on the service received and/or where you are treated | \$0 to \$20 | \$0 to \$20 | \$30 to \$40 |
| Diagnostic Radiology Services ¹ Advanced Imaging (PET, CAT, MRI, MRA, NUC Scans) | \$125 | \$300 | \$600 |
| X-rays | \$30 | \$30 | \$60 |
| Routine Hearing Exam ² | \$0 | \$0 | \$40 |
| | \$40 out-of-network | | |
| Dental Services ² | 100% coverage in-network, Includes one implant and resin \$5,000 combined in- and out-of-network annual maximum | Up to \$580 reimbursed through Pick Your Perks | |
| | Member pays 50% out-of-network | | |
| Annual Routine Vision Exam ² | \$0 | \$10 | \$40 reimbursement |
| | \$40 reimbursement out-of-network | | |
| Additional Eyewear ² | \$400 allowance at EyeMed providers | Up to \$580 reimbursed through Pick Your Perks | |
| Outpatient Physical ¹ , Occupational ¹ , Speech Therapy | \$30 | \$55 | \$110 |
| Air and Ground Ambulance Services | \$300 | \$300 | \$300 |
| Pick Your Perks ^{2*} | Not available | \$580 | |
| Over-the-Counter Catalog ² | \$100 per quarter, Two orders per quarter No rollover on quarterly allowance | Up to \$580 reimbursed through Pick Your Perks | |

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.

*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 AT A GLANCE | Network Health Select (PPO) (Includes pharmacy) | Network Health Choice (PPO) (Includes pharmacy) | Network Health PlusRx (PPO) (Includes pharmacy) | Network Health PremierRx (PPO) (Includes pharmacy) |
|--|--|--|--|--|
| | Refer to county listing on front cover | | | |
| Your Costs | YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS | | | |
| Monthly Premium | \$0 | \$0 | \$73 | \$226 |
| 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 | \$2 per month | \$19 per month | \$1.50 per month | Not included |
| Annual Maximum Out-of-Pocket (Does not include Part D prescription drugs) | \$3,900 combined in- and out-of-network | \$4,000 combined in- and out-of-network | \$3,400 combined in- and out-of-network | \$3,400 combined in- and out-of-network |
| Inpatient Hospital Services¹ Per admission | \$275 per day, days 1 - 6 \$0 days 7 and beyond | \$315 per day, days 1 - 7 \$0 days 8 and beyond | \$175 per day, days 1 - 5 \$0 days 6 and beyond | \$75 per day, days 1 - 5 \$0 days 6 and beyond |
| Outpatient Hospital Services¹ | \$0 to \$300 | \$0 to \$300 | \$0 to \$350 | \$0 |
| Ambulatory Surgical Center¹ | \$0 to \$250 | \$0 to \$200 | \$0 to \$350 | \$0 |
| Primary Care Provider Visit | \$0 | \$0 | \$15 | \$10 |
| Specialist Visit | \$60 | \$45 | \$40 | \$20 |
| Emergency Room Visit Copayment is waived if admitted to a U.S. hospital within 24 hours | \$125 | \$125 | \$125 | \$125 |
| Urgent Care Visit Free-standing facility | \$60 | \$45 | \$40 | \$20 |
| Diagnostic Tests¹ Such as ultrasound, EKG, stress test | \$40 | \$90 | \$25 | \$0 |
| Labs What you pay may be based on the service received and/or where you are treated | \$0 to \$20 | \$0 to \$40 | \$0 to \$5 | \$0 |
| Diagnostic Radiology Services¹ Advanced Imaging (PET, CAT, MRI, MRA, NUC Scans) | \$300 | \$295 | \$100 | \$0 |
| X-rays | \$40 | \$90 | \$25 | \$0 |
| Routine Hearing Exam² | \$0 | \$0 | \$0 | \$0 |
| | \$40 out-of-network | \$40 out-of-network | \$40 out-of-network | \$40 out-of-network |
| Dental Services² | Up to \$550 reimbursed through Pick Your Perks | 100% preventive, 50% comprehensive coverage in-network, \$1,500 combined in- and out-of-network annual maximum | 100% preventive, 50% comprehensive coverage in-network, \$750 combined in- and out-of-network annual maximum | Preventive: 1 cleaning and exam per year for \$30 |
| | | Member pays 80% out-of-network | Member pays 80% out-of-network | \$100 reimbursement out-of-network |
| Annual Routine Vision Exam² | \$10 | \$0 | \$10 | \$10 |
| | \$40 reimbursement out-of-network | | | |
| Additional Eyewear² | Up to \$550 reimbursed through Pick Your Perks | \$200 allowance at EyeMed providers | Not covered | Not covered |
| Outpatient Physical¹, Occupational¹, Speech Therapy | \$55 | \$40 | \$40 | \$20 |
| Air and Ground Ambulance Services | \$300 | \$275 | \$250 | \$0 |
| Pick Your Perks^{2*} | \$550 | Not available | Not available | Not available |
| Over-the-Counter Catalog² | Up to \$550 reimbursed through Pick Your Perks | \$25 per quarter, Two orders per quarter, No rollover on quarterly allowance | \$75 per quarter, Two orders per quarter, No rollover on quarterly allowance | Not available |

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^{TM 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 Zero (PPO) | Network Health Select (PPO) | Network Health Choice (PPO) | Network Health PlusRx (PPO) | Network Health PremierRx (PPO) |
|---|---|---|---|---|---|---|
| | | Refer to county listing on front cover | | | | |
| Annual Drug Deductible | | \$145 Applies to Tiers 3-5 | \$340 Applies to Tiers 2-5 | \$300 Applies to Tiers 2-5 | \$370 Applies to Tiers 2-5 | \$310 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 \$42 for Tier 3 41% for Tier 4 31% for Tier 5 | \$2 for Tier 1 \$8 for Tier 2 24% for Tier 3 50% for Tier 4 29% for Tier 5 | \$2 for Tier 1 \$8 for Tier 2 23% for Tier 3 49% for Tier 4 29% for Tier 5 | \$2 for Tier 1 \$8 for Tier 2 23% for Tier 3 46% for Tier 4 28% for Tier 5 | \$2 for Tier 1 \$8 for Tier 2 21% for Tier 3 45% 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 \$105 for Tier 3 41% for Tier 4 Tier 5 not available | \$5 for Tier 1 \$20 for Tier 2 24% for Tier 3 50% for Tier 4 Tier 5 not available | \$5 for Tier 1 \$20 for Tier 2 23% for Tier 3 49% for Tier 4 Tier 5 not available | \$5 for Tier 1 \$20 for Tier 2 23% for Tier 3 46% for Tier 4 Tier 5 not available | \$5 for Tier 1 \$20 for Tier 2 21% for Tier 3 45% for Tier 4 Tier 5 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 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 \$105 for Tier 3 41% for Tier 4 Tier 5 not available | \$0 for Tier 1 \$0 for Tier 2 after deductible 24% for Tier 3 50% for Tier 4 Tier 5 not available | \$0 for Tier 1 \$0 for Tier 2 after deductible 23% for Tier 3 49% for Tier 4 Tier 5 not available | \$0 for Tier 1 \$0 for Tier 2 after deductible 23% for Tier 3 46% for Tier 4 Tier 5 not available | \$0 for Tier 1 \$0 for Tier 2 after deductible 21% for Tier 3 45% 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_4618-02-0824_M

network
health 2025
Pick Your Perks



Using Your **Pick Your Perks** Benefit

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What is Pick Your Perks?

The Pick Your Perks reimbursement program allows you to choose the supplemental benefits that are most important to you. Simply pay for your eligible services and submit the required documentation to receive reimbursement.

You have access to your full Pick Your Perks benefit amount beginning the day your Network Health plan coverage starts. You can use the program for one, or many, of the eligible supplemental benefits. No prior authorization is required and you don't need to notify the plan before you receive services. With Pick Your Perks, you have the freedom to choose the benefits you value most.

What Does Pick Your Perks Cover?










Pick Your Perks can be used to cover your eligible supplemental benefit expenses that are received within the United States. You cannot use Pick Your Perks to reimburse expenses for any other person, such as a spouse or family member. The table on the next page details which expenses are eligible for Pick Your Perks reimbursement and the documentation needed for each.

When Do I Need to Submit For Reimbursement?

Your claim must be received by Employee Benefits Corporation (EBC) within 120 days of the date of service or item's purchase to be accepted, so we recommended you submit your claim for reimbursement as soon as possible to ensure it's received on time. Please don't hesitate to send in your claims. You may submit as many times as you need to.

Pick Your Perks Benefits

Required Documentation

| Dental+ | | |
|---|--|--|
|  | <ul style="list-style-type: none"> 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 and dental insurance premiums | Itemized invoice or receipt |
| Vision hardware+ | | |
|  | <ul style="list-style-type: none"> Includes prescription eyeglasses, prescription sunglasses and contact lenses Excludes cosmetic items, warranties and LASIK | Itemized invoice or receipt |
| Non-emergency transportation | | |
|  | <ul style="list-style-type: none"> This benefit can be used to travel to medical appointments and pharmacies Must use Aryv for this benefit To arrange a ride, call Aryv at 855-923-1113 (TTY 711) or visit aryv.com/network-health | Documentation provided directly to Network Health by Aryv |
| Home-delivered meals | | |
|  | <ul style="list-style-type: none"> Meals can be delivered after an inpatient hospital, hospital observation, skilled nursing facility stay or for an approved chronic condition Qualifying conditions include cancer, diabetes, heart disease, high blood pressure, lung disease and COPD and osteoporosis Must use Mom's Meals for this benefit To order from Mom's Meals, call 877-347-3438 or visit momsmeals.com/networkhealth and use code NETWORKHEALTH | Itemized invoice or receipt from Mom's Meals and proof of qualifying stay OR doctor's note attesting to qualifying condition |
| Acupuncture+ | | |
|  | <ul style="list-style-type: none"> Must be provided by a licensed/certified professional | Itemized invoice or receipt |
| Massage+ | | |
|  | <ul style="list-style-type: none"> Must be prescribed by a medical provider and provided by a licensed/certified professional | Itemized invoice or receipt and prescription |
| Over-the-counter (OTC) items (prescriptions not included) | | |
|  | <ul style="list-style-type: none"> Items must be on the approved list starting on page 4 Items marked as "dual-purpose" should be discussed with your personal doctor to determine if they are appropriate for you before purchasing | Itemized invoice or receipt |
| Nutritional/dietary counseling+ | | |
|  | <ul style="list-style-type: none"> Counseling for weight loss, healthier living and new disease diagnosis that requires a special diet Must be provided by a licensed/certified professional Meal plans, lab work and allergy tests are excluded | Itemized invoice or receipt |
| Four personal training visits, up to \$225+ | | |
|  | <ul style="list-style-type: none"> Up to four visits with a licensed/certified personal trainer Maximum total reimbursement of \$225 | Itemized invoice or receipt |

+There is no provider network for this reimbursement benefit. You can see any licensed provider/certified professional.

List of Approved Over-the-Counter Items

The items on this list can be generic or name brand items and may be purchased at any local retailer or online website.

Not sure if your favorite items are on this list? Call the EBC customer service team at 888-831-4753 (TTY 711), Monday–Friday from 8 a.m. to 8 p.m. to find out.

| Allergy relief |
|---|
| Allergy nasal spray |
| Allergy tablets |
| Antihistamine tablets |
| Nasal decongestant spray |
| Nasal saline spray |
| Antacids and acid reducers |
| Alka-Seltzer® |
| Antacid tablets / chewables |
| Anti-gas liquid |
| Acid-reducers or acid reflux treatments (Esomeprazole, Famotidine, Omeprazole, Simethicone) |
| Anti yeast treatments |
| Antifungal creams |
| Anti-diarrheal, laxatives, digestive health |
| Anti-diarrheal tablets or liquid |
| Enema |
| Fiber tablets* |
| Fiber therapy (Methylcellulose) |
| Food thickener |
| Gas relief tablets or liquid |
| Indigestion liquid or tablets (Bismuth subsalicylate) |
| Lactose intolerance relief capsules |
| Laxative tablets or suppositories |
| Magnesium hydroxide (milk of magnesia) |
| Meal replacement or protein shakes (does not include Muscle Milk) |
| Natural vegetable laxative |
| Powder laxative |
| Probiotics |
| Stool softener |
| Anti-fungal |
| Anti-fungal cream |
| Athlete's foot cream or spray |

| Bathroom safety and fall prevention |
|--|
| Adjustable transfer bench |
| Bath bench (with or without back) |
| Bathtub safety rail, bar or chair |
| Bed rail |
| Bedside commode or commode liner |
| Cane |
| Detachable shower head |
| Grab bar |
| Night light |
| Non-skid bath or shower mat |
| Raised toilet seat |
| Toilet safety rails |
| Cold and flu |
| Cold and flu relief |
| Cough and cold relief |
| Cough drops |
| Cough expectorant |
| Cough suppressant |
| Mucus relief |
| Nasal decongestant |
| Nasal saline rinse kits |
| Personal steam inhaler |
| Sore throat lozenges |
| Sore throat spray |
| VapoRub® |
| Cold sore and medicated lip products |
| Cold sore lip balm |
| Cold sore treatment (Abreva®, Releev®, etc.) |
| Medicated lip ointment |
| Dental and denture care |
| Dental floss |
| Denture cleaning tablets |
| Denture adhesive |

*This is a dual-purpose item, discuss with your personal doctor to determine if it is appropriate for you before purchasing.

| |
|---|
| Dry mouth oral rinse |
| Dry mouth spray |
| Fingertip tooth and gum massager |
| Interdental flossups |
| Medicated sore mouth swabs |
| Oral pain relief |
| Replacement toothbrush heads |
| Tongue cleaner |
| Toothbrush |
| Toothpaste |
| Water jet and replacement tips |
| Diabetes care |
| Diabetic skin relief foot cream |
| Diabetic socks |
| Glucose tablets |
| Diagnostics |
| Bathroom scale* |
| Blood pressure monitor* |
| Finger pulse Oximeter* |
| Heart rate monitor* |
| Home access cholesterol kit* |
| Peak flow meter* |
| Thermometer |
| Thermometer probe covers |
| Eye and ear care |
| Artificial tears drops or ointments |
| Contact lens solution |
| Cotton tipped swabs |
| Ear pain relief ear drops |
| Ear wax removal drops |
| Ear wax removal system with rubber bulb |
| Eye patches |
| Irritation relief eye drops |
| Redness relief eye drops |
| Stye eye compress |
| Stye eye ointment |
| Swim-ear ear drops |
| First aid |
| Adhesive bandages |

| |
|---|
| After Bite® relief |
| Alcohol pads |
| Anti-itch lotion, cream or bath treatment |
| Antiseptic skin cleanser |
| Antiseptic towelettes |
| Bacitracin ointment |
| Bactine® solution |
| BleedStop™ First Aid Powder |
| Cotton balls |
| Cotton tipped applicator |
| Elastic bandage |
| First aid kit |
| Gauze |
| Hot/cold pack |
| Hydrocortisone cream |
| Hydrogen peroxide |
| Insect repellent spray |
| Iodine solution antiseptic |
| Isopropyl alcohol |
| Liquid bandage |
| Nitrile exam gloves |
| Paper surgical tape |
| Procedural face masks with earloops |
| Sterile bandages |
| Triple antibiotic ointment |
| Vinyl gloves |
| Foot care |
| Bunion guard |
| Callus remover pads |
| Corn remover pads |
| Medicated foot powder |
| Shoe insoles |
| Toe protector |
| Toe separator |
| Hemorrhoidal preparations |
| Hemorrhoid relief - creams or ointments |
| Hemorrhoid relief - suppository |
| Hemorrhoid relief - wipes or pads |

*This is a dual-purpose item, discuss with your personal doctor to determine if it is appropriate for you before purchasing.

| |
|--|
| Home aids |
| Cool-mist humidifier |
| C-PAP supplies (excludes masks, humidifiers and C-PAP devices) |
| Elastic mattress cover |
| Foam ring cushion |
| Hypoallergenic pillow |
| Inflatable shampoo basins |
| Kitchen scale* |
| Lumbar cushion |
| Pill case |
| Pill crusher |
| Pill cutter |
| Reach extender |
| Seat cushion (gel or foam) |
| Sharps container |
| Weighted blanket |
| Incontinence supplies |
| A + D ointment |
| Adult briefs |
| Barrier cream |
| Bladder control pads |
| Disposable underwear |
| No-rinse body wash |
| Perineal wash |
| Skin protectant ointment |
| Washcloth with lanolin |
| Wipes |
| Lice treatments |
| Lice elimination kit |
| Lice treatment rinse |
| Lice treatment shampoo |
| Motion sickness |
| Motion sickness caplets or tablets |
| Pain relief |
| Cold/hot menthol medicated patch |
| Epsom salt |
| Heat wraps |
| Heating pad |

| |
|--|
| Ice bag |
| Lidocaine patch |
| Menthol gel |
| Migraine pain relief patch |
| Pain relief cream, mask, patch or spray |
| Pain relieving muscle rub |
| Warm or cold water bottle |
| Pain relievers and fever reducers |
| Acetaminophen |
| Arthritis pain relievers |
| Aspirin |
| Ibuprofen |
| Naproxen |
| Pain relief cream (Capsaicin) |
| Skin and sun care |
| Acne gel |
| Ammonium lactate moisturizing lotion |
| Calamine skin protectant lotion |
| Hand sanitizer |
| Healing ointment or jelly |
| Moisturizing body lotion with aloe |
| Scar treatment products |
| Sunscreen |
| Sleep aids |
| Nasal strips |
| Sleep tablets (non-prescription) |
| Smoking cessation |
| Nicotine gum* |
| Nicotine lozenges* |
| Nicotine patch* |
| Supports and braces |
| Ankle support |
| Arm sling |
| Arthritis gloves |
| Arthritis knee sleeve |
| Back support |
| Carpal tunnel brace |
| Compression socks* |
| Elbow support |

*This is a dual-purpose item, discuss with your personal doctor to determine if it is appropriate for you before purchasing.

| |
|--|
| Gait belt |
| Heel and elbow protector |
| Hip protector |
| Knee stabilizer |
| Knee support |
| Neck brace |
| Night wrist support |
| Protective arm sleeve |
| Rib belt |
| Thumb brace |
| Wrist splint |
| Wrist support or compression |
| Vitamins, minerals and supplements ** |
| Beta carotene* |
| Biotin gummy* |
| Bone support with magnesium* |
| Calcium + Vitamin D3* |
| Calcium* |
| Caltrate® multivitamins |
| Calunus oil* |
| Centrum Silver® multivitamins |
| Cod liver oil* |
| Coenzyme Q-10* |
| DHEA hormonal supplement* |
| Elderberry* |
| Fish oil* |
| Flaxseed* |
| Folic acid* |
| Garlic supplement* |
| Glucosamine / chondroitin* |
| Herbal cranberry supplement |
| Immune support chewables* |
| Iron supplement* |
| Leg cramps pain relief* |
| Magnesium* |
| Melatonin* |

| |
|--------------------------------------|
| Niacin* |
| Omega + DHA* |
| One a day® Men's multivitamins |
| One a day® Women's multivitamins |
| Potassium gluconate* |
| Prostate support tablets* |
| Rena-Vite* |
| Vitafusion™ multivitamins |
| Vitamin A* |
| Vitamin B-1* |
| Vitamin B-12* |
| Vitamin B-6* |
| Vitamin B-complex* |
| Vitamin C* |
| Vitamin D3* |
| Vitamin E* |
| Vitamin K* |
| Vitamin K-2* |
| Zinc chelated* |
| Wart remover |
| Wart remover patch, liquid or system |

*This is a dual-purpose item, discuss with your personal doctor to determine if it is appropriate for you before purchasing.

**Multivitamins must contain the word "multivitamin" in the product name to be approved. If the primary ingredient of the vitamin, mineral or supplement is listed here it will be considered eligible. Herbal supplements not listed are ineligible. Supplements containing CBD or hemp oil are also not eligible.

How Do I Submit for Reimbursement?

Your claim must be received within 120 days of date of service or item's purchase.

After you are billed for services or pay for eligible items, you first submit the reimbursement claim form to Employee Benefits Corporation for processing. Claims can be submitted electronically online or through the mail with a paper form. When submitting your claim, you can choose between direct deposit and check payment.

If you submit for reimbursement online and request a direct deposit payment, you could receive your payment up to **three times faster** than mailing your claim and requesting a check payment.

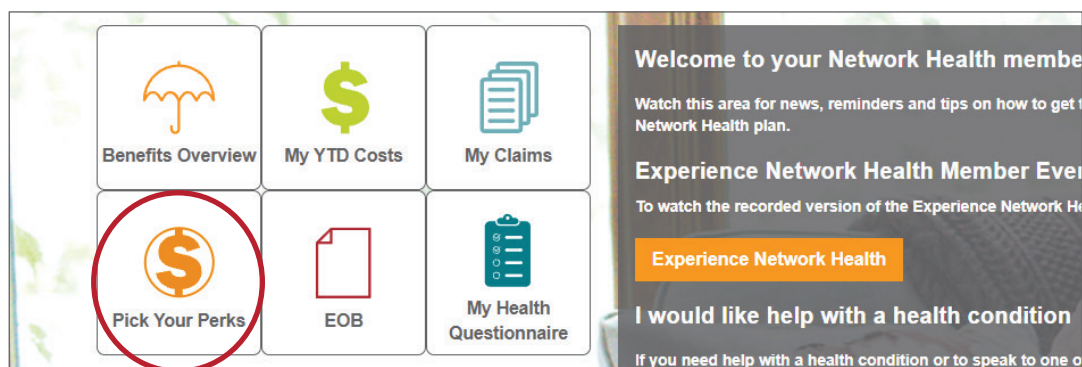
* Mail and Check Payment – paper checks may take up to three weeks to arrive to your home

* Online and Direct Deposit Payment – direct deposit into your account within five business days

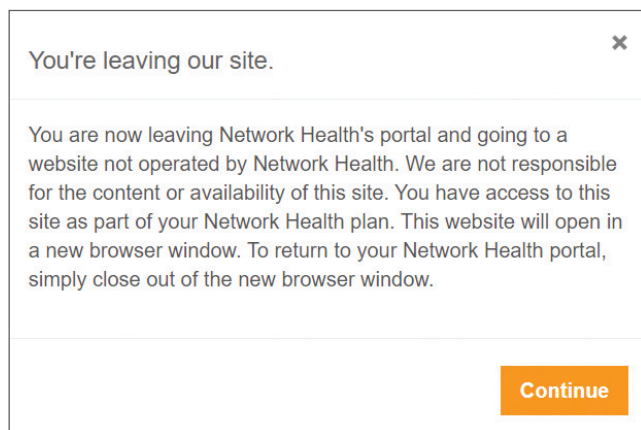
Mail – For this option, use the reimbursement form. For copies, sign in to your member portal at **login.networkhealth.com**. The form is available under **My Materials**. You can also visit **networkhealth.com/medicare/extra-benefits** or contact the Network Health Member Experience Team at 800-378-5234 (TTY 800-947-3529), Monday-Friday from 8 a.m. to 8 p.m. to have a copy of the form mailed to you. Mail the completed form to Employee Benefits Corporation along with a copy of the required documentation and provide your bank account information (one time only) for direct deposit into your account within five business days of receipt. You can also choose to request a paper check.

Online – To submit your reimbursement online, simply follow **these steps** which include uploading the required documentation and entering information for direct deposit.

1. Log in to your member portal at **login.networkhealth.com** and click the **Pick Your Perks** quick access button.



2. A message will appear notifying you that you are now leaving the Network Health website.



Click **Continue** and you will be redirected to the Employee Benefits Corporation dashboard.

3. From your dashboard, click on the green Menu button and select **My Account**, to submit a claim, check the status of your reimbursement, view past transactions and enter direct deposit details.

Direct Deposit – Select **Manage Direct Deposit** and follow the steps. This is a one-time process and should be completed before submitting your claim.



Claims – Select **Submit a Claim** from this menu and follow the next steps.

4. You will be redirected to the claim form. Complete this form and click **NEXT**. Only enter the amount paid for eligible items, within your Pick Your Perks balance, as your Claim Amount. If you enter amounts for ineligible items or exceed your total balance, you will receive a denial notice for the remaining amount not covered.

5. Choose **Attach Claim Receipt** to upload an image of the required documentation. See page 11 for detailed information on the documentation that is required to process your reimbursement.

CLAIM DETAILS

DOCUMENTATION

CONFIRM SUBMISSION

i

Please Choose a Validation Method to Continue

Attach Claim Receipt

Take a photo of your receipt or attach an existing document now.

Validate Later

Submit the claim without a receipt now, knowing a receipt may be required for claim approval

CANCEL

| | | |
|---|---|-------|
| <div><div></div><div>CORNER STORE 123 MAIN ST ANY TOWN, WI 54000 920-555-1212</div></div> | | |
| 8/2/2025 1:23 PM | | |
| STORE ACETAMINOPHEN 200MG TABS 100 | | |
| FSA 333333012 OTC | A | 21.99 |
| STORE PAIN/FVR DSLV TABLT B/GM 24S | | |
| 561245455 OTC | A | 9.98 |
| LEMONHEADS THEATER BOX 50Z | | |
| 0414556544 | T | 1.67 |
| 2% MILK GALLON | | |
| 8002983489 | F | 3.99 |
| APPLES 10 LB | | |
| 878337847 | F | 5.99 |
| SUBTOTAL | | 43.62 |
| SALES TAX | | 1.70 |
| TOTAL | | 45.32 |
| VISA ACCT 9999 | | 45.32 |
| AUTH CODE | | 2585 |
| CHANGE | | 0.00 |

6. Review the claim details and click the box that certifies your statements are complete and true. Click **Submit**.

CLAIM DETAILS

DOCUMENTATION

CONFIRM SUBMISSION

Claim Details

Amount: \$31.97

Claimant: Jane Smith

Service Type: Over-the-counter (OTC) items

Service Start Date: 8/2/2025 1:23 PM

Service End Date: 8/2/2025 1:23 PM

Comments:

Provider: Corner Store

I certify that my statements on this form are complete and true. I understand that it is my responsibility to submit only eligible expenses defined by my plan and I am claiming reimbursement only for eligible expenses incurred during the applicable plan year.

If Employee Benefits Corporation requires additional information to process the claim, they will reach out to you by email or mail to get the necessary information prior to processing the reimbursement.

What is an Itemized Invoice or Receipt?

For services, your itemized invoice or receipt must show the following **for each service**.

- ✓ Specific dollar amounts per service
- ✓ Description of service received
- ✓ Date of service*
- ✓ Provider name

For over-the-counter purchases, your itemized receipt must show the following **for each item**.

- ✓ Specific dollar amount per item
- ✓ Date of purchase*
- ✓ Description

▶ The receipt must show the **actual date the service or purchase when it occurred**, not only the date you were billed for services.

▶ These items **are** eligible for reimbursement. The receipt shows all of the required information needed to process the reimbursement. The total amount that will be reimbursed to this member for these items is \$31.97.

▶ These items **are not** eligible for reimbursement through the Pick Your Perks benefit. This member will not receive a reimbursement for these items.

* The required documentation and claim for reimbursement must be **received** within 120 days of date of service or item's purchase to be accepted. **Note, your service does not need to be paid in full to submit your claim for reimbursement.**



CORNER STORE
123 MAIN ST
ANY TOWN, WI 54000
920-555-1212

▶ 8/2/2025 1:23 PM

▶ STORE ACETAMINOPHEN 200MG TABS 100
FSA 333333012 OTC A 21.99

▶ STORE PAIN/FVR DSLV TABLT B/GM 24S
561245455 OTC A 9.98

▶ LEMONHEADS THEATER BOX 5OZ
0414556544 T 1.67

▶ 2% MILK GALLON
8002983489 F 3.99

▶ APPLES 10 LB
878337847 F 5.99

SUBTOTAL 43.62
SALES TAX 1.70
TOTAL 45.32

VISA ACCT 9999 45.32
AUTH CODE 2585
CHANGE 0.00

How Can I Receive Reimbursement?



Direct Deposit – Employee Benefits Corporation will review the submitted information and reimburse you directly to your bank account for qualified purchases, within five business days of receipt. **This process is faster and more convenient than sending in your reimbursement documentation through the mail.**



Mail – Employee Benefits Corporation will review the claim and mail a check to your home. Please allow up to three weeks to receive your reimbursement. The check can only be mailed to the address you have on file with Network Health. To update your address, call the Network Health Member Experience team at 800-378-5234 (TTY 800-947-3529), Monday-Friday from 8 a.m. to 8 p.m.

Your claim must be **received** for reimbursement within **120 days of the date of service or item's purchase**. If you end your membership with Network Health, you still must submit your request for reimbursement within 120 days of date of service or item's purchase.

How Can I Check the Status of My Submission?

Log in to your member portal at **login.networkhealth.com** and click the **Pick Your Perks** button to check your balance or track your reimbursement requests. Your member portal is the quickest, most convenient way to use the Pick Your Perks benefit.

If you have questions about the claim submission process, please contact Employee Benefits Corporation at **888-831-4753** (TTY 711), Monday–Friday from 8 a.m. to 8 p.m.