

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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