

# BENEFIT HIGHLIGHTS

## NETWORK HEALTH BRAVO (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](https://login.networkhealth.com) or by visiting [networkhealth.com/medicare/plan-materials](https://networkhealth.com/medicare/plan-materials).

IN-NETWORK BENEFITS	
<b>Monthly Premium</b>	\$0
<b>Monthly Part B Premium Giveback<sup>2</sup></b> You must meet all eligibility requirements to receive the Medicare Part B Premium Giveback	\$15 per month
<b>Annual Medical Maximum Out-of-Pocket</b>	\$4,500
<b>Inpatient Hospital Services<sup>1</sup></b> Per admission	\$295 per day, days 1 - 6 \$0 days 7 and beyond
<b>Outpatient Hospital Services<sup>1</sup></b>	\$275
<b>Ambulatory Surgical Center<sup>1</sup></b>	\$225
<b>Primary Care Provider Visit</b>	\$0
<b>Specialist Visit</b>	\$40
<b>Diabetes Monitoring Supplies and Test Strips</b> Preferred test strips Preferred continuous glucose monitoring devices and supplies <sup>1</sup> obtained through your pharmacy Must have a diabetic diagnosis All other brands are not covered	\$0 for up to a 90-day supply
<b>Diagnostic Tests<sup>1</sup></b> Such as ultrasound, EKG, stress test	\$20
<b>Diagnostic Radiology Services<sup>1</sup></b> Advanced Imaging (PET, CAT, MRI, MRA, NUC Scans)	\$200
<b>Labs</b> What you pay may be based on the service received and/or where you are treated	\$0 or \$20
<b>X-rays</b>	\$35
<b>Emergency Room Visit</b> Copayment is waived if admitted to a U.S. hospital within 24 hours	\$130
<b>Urgent Care Visit</b> Free-standing facility	\$45
<b>Air and Ground Ambulance Services</b>	\$300
<b>Outpatient Physical<sup>1</sup>, Occupational<sup>1</sup>, Speech Therapy</b>	\$30
<b>Hearing Aids<sup>2</sup></b> Maximum of two hearing aids per year Hearing aid evaluation with TruHearing, fitting included	\$495 to \$1,695 per device, must be purchased through TruHearing
<b>Dental Services<sup>2</sup> *</b>	100% coverage in-network, includes one implant and resin \$5,000 combined in- and out-of-network annual maximum
<b>Annual Routine Vision Exam<sup>2</sup></b>	\$0 in-network

IN-NETWORK BENEFITS	
Additional Eyewear <sup>2</sup>	\$400 allowance at EyeMed providers
Fitness with One Pass™ <sup>2</sup>	Included
Over-the-Counter Catalog <sup>2</sup>	\$100 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.

<sup>1</sup>Service may require prior authorization.

<sup>2</sup>Visit [networkhealth.com/medicare/extra-benefits](https://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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