

BENEFIT HIGHLIGHTS

NETWORK HEALTH GO (PPO)

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.

IN-NETWORK BENEFITS	
Monthly Premium	\$0
Annual Medical Maximum Out-of-Pocket	\$4,500
Inpatient Hospital Services¹ Per admission	\$295 per day, days 1 - 6 \$0 days 7 and beyond
Outpatient Hospital Services¹	\$275
Ambulatory Surgical Center¹	\$225
Primary Care Provider Visit	\$0
Specialist Visit	\$50
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	\$35
Diagnostic Radiology Services¹ Advanced Imaging (PET, CAT, MRI, MRA, NUC Scans)	\$275
Labs What you pay may be based on the service received and/or where you are treated	\$0 or \$20
X-rays	\$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	\$275
Outpatient Physical¹, Occupational¹, Speech Therapy	\$50
Hearing Aids² 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
Dental Services^{2**}	Up to \$1,155 reimbursed through Pick Your Perks
Annual Routine Vision Exam²	\$10 in-network
Additional Eyewear²	Up to \$1,155 reimbursed through Pick Your Perks
Fitness with One Pass™ 2	Included
Pick your Perks^{2*}	\$1,155
Over-the-Counter Catalog²	Up to \$1,155 reimbursed through Pick Your Perks
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 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.		
30-Day Supply Preferred Pharmacy or Preferred Mail Order Pharmacy		\$0 for Tier 1 \$8 for Tier 2 23% for Tier 3 25% 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 23% for Tier 3 25% 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 23% for Tier 3 25% 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.

* 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

** 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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