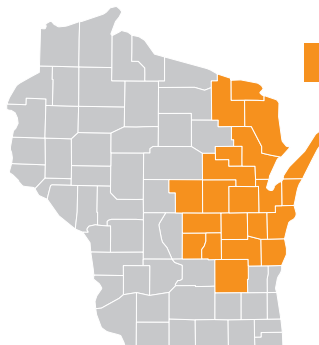


2026

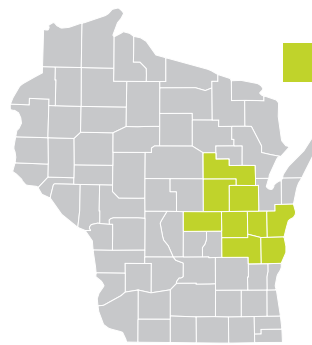
Northeast Wisconsin

Medicare Advantage
PPO Plans

Plans at a Glance



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



■ Network Health Zero

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

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



We are
Wisconsin.
Just like you.

PPO BENEFITS AT A GLANCE

**Network Health Armor
(Excludes pharmacy)**

**Network Health Zero
(Includes pharmacy)**

Please see county listing for service area.

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 You must meet all eligibility requirements to receive the Medicare Part B Premium Giveback	\$25 per month	\$2 per month	
Annual Medical Maximum Out-of-Pocket	\$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	\$275	\$300	\$600
Ambulatory Surgical Center ¹	\$225	\$250	\$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	\$130	\$130	\$130
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 or \$20	\$0 or \$20	\$30 or \$40
Diagnostic Radiology Services ¹ Advanced Imaging (PET, CAT, MRI, MRA, NUC Scans)	\$125	\$300	\$600
X-rays	\$30	\$30	\$60
Outpatient Physical ¹ , Occupational ¹ , Speech Therapy	\$30	\$55	\$110
Air and Ground Ambulance Services	\$300	\$300	\$300
Routine Hearing Exam ²	\$0	\$0	\$40
	\$40 out-of-network		
Dental Services ² 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	100% coverage in-network, Includes one implant and resin \$5,000 combined in- and out-of-network annual maximum	Up to \$625 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 \$625 reimbursed through Pick Your Perks	
Pick Your Perks ^{2*}	Not available	\$625	
Over-the-Counter Catalog ²	\$100 per quarter, Two orders per quarter No rollover on quarterly allowance	Up to \$625 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

**ADDITIONAL BENEFITS
ON THE BACK**

PPO BENEFITS AT A GLANCE

**Network Health
Select
(Includes pharmacy)**

**Network Health
Choice
(Includes pharmacy)**

**Network Health
PlusRx
(Includes pharmacy)**

**Network Health
PremierRx
(Includes pharmacy)**

Please see county listing for service area.

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 You must meet all eligibility requirements to receive the Medicare Part B Premium Giveback	\$3.20 per month	\$24 per month	Not included	Not included
Annual Medical Maximum Out-of-Pocket	\$3,900 combined in- and out-of-network	\$4,700 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	\$300	\$300	\$350	\$0
Ambulatory Surgical Center¹	\$250	\$200	\$350	\$0
Primary Care Provider Visit	\$0	\$0	\$15	\$10
Specialist Visit	\$60	\$50	\$40	\$20
Emergency Room Visit Copayment is waived if admitted to a U.S. hospital within 24 hours	\$130	\$130	\$130	\$130
Urgent Care Visit Free-standing facility	\$60	\$50	\$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 or \$20	\$0 or \$40	\$0 or \$5	\$0
Diagnostic Radiology Services¹ Advanced Imaging (PET, CAT, MRI, MRA, NUC Scans)	\$300	\$295	\$100	\$0
X-rays	\$40	\$90	\$25	\$0
Outpatient Physical¹, Occupational¹, Speech Therapy	\$55	\$50	\$40	\$20
Air and Ground Ambulance Services	\$300	\$275	\$250	\$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 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	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
Pick Your Perks^{2*}	\$550	Not available	Not available	Not available
Over-the-Counter Catalog²	Up to \$550 reimbursed through Pick Your Perks	\$40 per quarter, Two orders per quarter, No rollover on quarterly allowance	\$140 per quarter, Two orders per quarter, No rollover on quarterly allowance	\$85 per quarter, Two orders per quarter, No rollover on quarterly allowance

BENEFITS ON ALL PPO 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	Network Health Select	Network Health Choice	Network Health PlusRx	Network Health PremierRx
		Please see county listing for service area.				
Yearly Drug Deductible You pay the full amount of your covered Part D drugs until the deductible is met.		\$330 Applies to Tiers 2-5	\$330 Applies to Tiers 2-5	\$300 Applies to Tiers 2-5	\$340 Applies to Tiers 2-5	\$340 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	\$0 for Tier 1 \$8 for Tier 2 23% for Tier 3 25% for Tier 4 29% for Tier 5	\$1 for Tier 1 \$8 for Tier 2 21% for Tier 3 29% for Tier 4 29% for Tier 5	\$1 for Tier 1 \$8 for Tier 2 23% for Tier 3 28% for Tier 4 29% for Tier 5	\$0 for Tier 1 \$8 for Tier 2 23% for Tier 3 25% for Tier 4 29% for Tier 5	\$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	\$2 for Tier 1 \$20 for Tier 2 21% for Tier 3 29% for Tier 4 Tier 5 is not available	\$2 for Tier 1 \$20 for Tier 2 23% for Tier 3 28% for Tier 4 Tier 5 is not available	\$0 for Tier 1 \$20 for Tier 2 23% for Tier 3 25% for Tier 4 Tier 5 is not available	\$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	\$0 for Tier 1 \$0 for Tier 2 after deductible 21% for Tier 3 29% for Tier 4 Tier 5 is not available	\$0 for Tier 1 \$0 for Tier 2 after deductible 23% for Tier 3 28% for Tier 4 Tier 5 is not available	\$0 for Tier 1 \$0 for Tier 2 after deductible 23% for Tier 3 25% for Tier 4 Tier 5 is not available	\$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.

Call a Wisconsin-based Network Health Medicare Advisor



800-983-7587
TTY 711
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_5674-02-0925_M



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Wisconsin.
Just like you.

2026

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 or purchased at any traditional or online retailer 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 recommend you submit your claim for reimbursement as soon as possible to ensure it's received on time. 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. You may submit as many times as you need to. Note, your service must be rendered however, does not need to be paid in full to submit your claim for reimbursement.

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, dental insurance premiums and dental memberships 	Itemized invoice or receipt
Vision hardware+		
	<ul style="list-style-type: none"> Includes prescription eyeglasses, prescription sunglasses and contact lenses (including Corneal Refractive Therapy (CRT) 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 To arrange a ride, <ul style="list-style-type: none"> All except Florence and Forest counties, call Aryv at 855-923-1113 (TTY 711), Monday–Sunday, 4 a.m. to 10 p.m. or visit aryv.com/network-health. For Florence and Forest counties only, call Network Health directly at 866-709-0019 (TTY 711), Monday–Friday, 8 a.m. to 8 p.m. To cancel your ride, please do so during business hours no less than 24 hours in advance of your scheduled ride. 	Documentation provided directly to Network Health by approved travel vendor partner
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, COPD, diabetes, heart disease, high blood pressure, lung disease and osteoporosis Must use Mom's Meals for this benefit To order from Mom's Meals, call 877-347-3438, Monday–Friday, 7 a.m. to 6 p.m. 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 in the United States.

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 traditional or online retailer within the United States.

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 or antihistamine tablets
Nasal decongestant or saline spray
Antacids and acid reducers
Antacid tablets, chewable or liquids (ex. Alka-Seltzer®)
Anti-gas liquid or tablets
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
Digestive Enzyme
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 and powders (does not include Muscle Milk® or other exercise-related shakes and powders)
Natural vegetable laxative
Laxative/stool softener liquid, powder or pill
Probiotics

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 relief products
Cold and flu symptom relief products
Cough drops, lozenges or sprays
Cough suppressant or expectorant
Mucus relief
Nasal decongestant or saline rinse kits
Personal steam inhaler
Sore throat lozenges or sprays
VapoRub®
Cold sore and medicated lip products
Cold sore lip balm
Cold sore treatment (Abreva®, Releev®, etc.)
Medicated Chapstick®/lip balm
Medicated lip ointment

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

Dental and denture care
Dental floss and interdental flossups
Denture cleaning tablets
Denture adhesive
Dry mouth rinse or spray
Fingertip tooth and gum massager
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 or liquid
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 products
Eye patches
Irritation or redness relief eye drops

Stye eye compress and ointments
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
Naloxone (Narcan)
Nitrile exam gloves
Paper surgical tape
Procedural face masks with earloops
Sterile bandages
Triple antibiotic ointment
Vinyl gloves
Foot care
Bunion guard
Callus/corn remover pads

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

Medicated foot powder
Shoe insoles
Toe protector/separator
Wart remover patch, liquid or system
Hemorrhoidal preparations
Hemorrhoid relief creams, ointments, wipes, pads or suppository
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, crusher or cutter
Reach extender
Seat cushion (gel or foam)
Sharps container
Weighted blanket
Incontinence supplies
Adult briefs
Barrier cream
Bladder control pads
Disposable underwear
No-rinse body wash
Perineal wash
Skin protectant ointment (A+D® ointment)
Washcloth with lanolin
Wipes
Lice treatments
Medicated lice treatments (shampoo, rinse or kits)
Motion sickness
Motion sickness caplets, tablets or patches

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
Urinary Tract Pain Relievers (AZO®, Cystex®, Uristat®, etc).
Water bottle for warm or cold therapy
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 (Amlactin®)
Calamine skin protectant lotion
Hand sanitizer
Healing ointment or jelly
Moisturizing body lotion
Scar treatment products
Skin cleansers (antiseptic only)
Sunscreen
Sleep aids
Nasal strips
Sleep tablets (non-prescription)
Smoking cessation
Nicotine gum, lozenges or patches

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

Supports and braces
Ankle support
Arm sling
Arthritis gloves
Arthritis knee sleeve
Back support
Carpal tunnel brace
Compression socks*
Elbow support
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-2*
Vitamin B-12*
Vitamin B-6*
Vitamin B-complex*
Vitamin C*
Vitamin D3*
Vitamin E*
Vitamin K*
Vitamin K-2*
Zinc chelated*

*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 must 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.

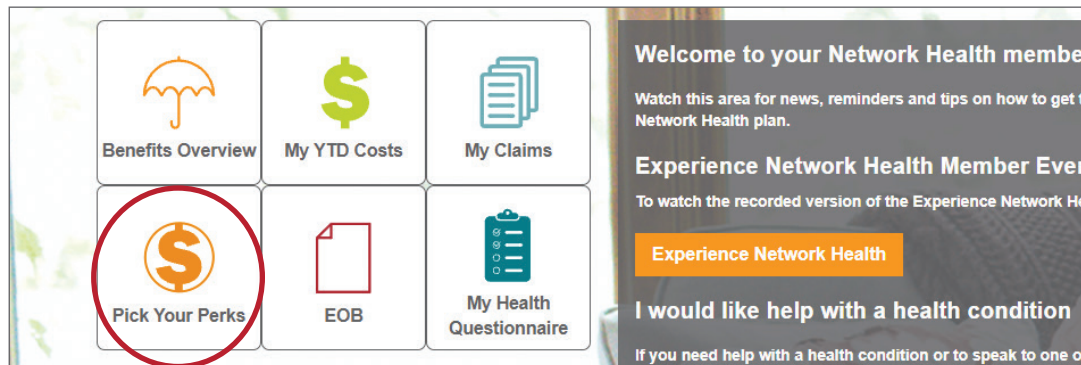


For quicker reimbursement, file your claims securely online via your Network Health portal.

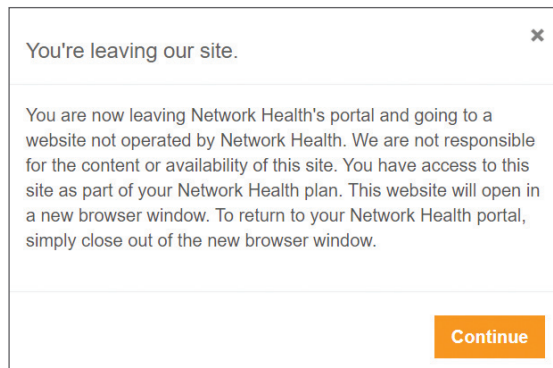


Online – To submit your reimbursement online, simply follow [these steps](#) which include uploading the required documentation and entering information for direct deposit.

1. Log in to your member portal at login.networkhealth.com and click the [Pick Your Perks](#) quick access button.



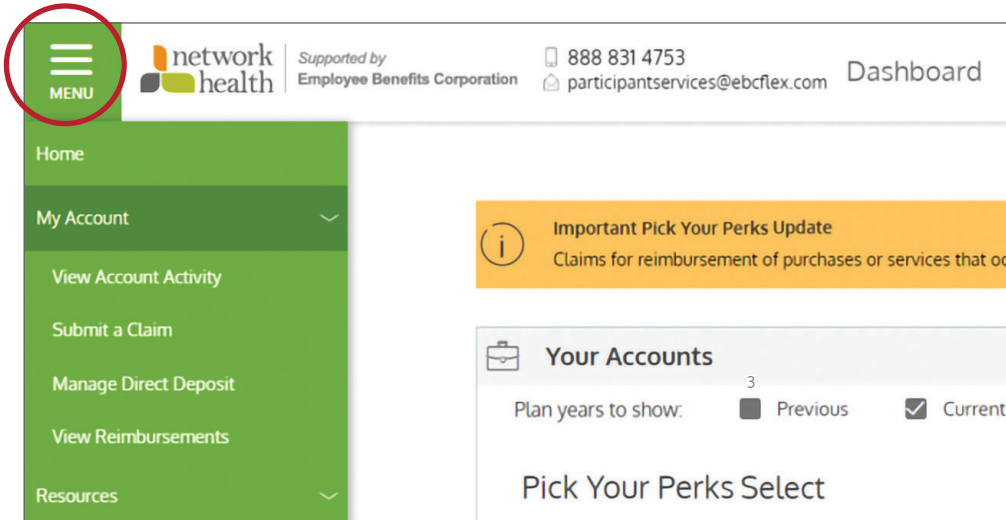
2. A message will appear notifying you that you are now leaving the Network Health website.



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.

CLAIM DETAILS > DOCUMENTATION > CONFIRM SUBMISSION

Claim Form Instructions

Please provide information about your Pick Your Perks claim. Refer to the [Eligible Expense](#) page, available through the menu, to confirm the required documentation for your service type. Claims without the required documentation will not be reimbursed.

You can submit the required documentation for your claim on the next page. If you are submitting a claim for a Non-emergency transportation expense with Anyv select *validate* later on the next page. Your documentation should include the name of provider or retailer, date(s) of service or purchase, service description or list of purchased items, and expense amount.

Enter all the required fields and **Provider Name** and click **Next**.

* - Required Field

Service Type *

Service Start Date *

Service End Date

Claimant

Claim Amount *

Provider Name

Account Number

Comments

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

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

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

8/2/2026 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: 8/2/2026 1:23 PM

Service End Date: 8/2/2026 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. I



Mail – For this option, use the reimbursement form. For copies, sign in to your member portal at login.networkhealth.com and select **My Materials**. You can also visit networkhealth.com/medicare/extra-benefits or contact the Network Health member experience team at 800-378-5234 (TTY 711), 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.

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 amount 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 must be rendered however, 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

▶ 8/2/2026 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 711), 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.