BENEFIT HIGHLIGHTS

NETWORK HEALTH CHOICE (PPO)

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

This is a short description of your **2027** 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[3]	
Monthly Premium	$0
Annual Medical Deductible	$500
Annual Medical Maximum Out-of-Pocket	$5,100 combined in- and out-of-network
Inpatient Hospital Services[1] *Deductible applies*	$340 per day, days 1 - 7 $0 days 8 and beyond
Outpatient Hospital Services[1] *Deductible applies*	$300
Ambulatory Surgical Center[1] *Deductible applies out-of-network*	$200
Primary Care Provider Visit *Deductible applies out-of-network*	$0
Specialist Visit *Deductible applies out-of-network*	$50
Diabetes Monitoring Supplies and Test Strips Accu-Chek and FreeStyle test strips FreeStyle Libre and Dexcom continuous glucose monitoring devices and supplies[1] obtained through your pharmacy Must have a diabetic diagnosis All other brands are not covered *Deductible applies out-of-network*	$0 for up to a 90-day supply
Diagnostic Tests[1] Such as ultrasound, EKG, stress test *Deductible applies*	$90
Diagnostic Radiology Services[1] Advanced Imaging (PET, CAT, MRI, MRA, NUC Scans) *Deductible applies*	$295
Labs What you pay may be based on the service received and/or where you are treated *Deductible applies out-of-network*	$0 or $40
X-rays *Deductible applies*	$90
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 *Deductible applies out-of-network*	$275
Outpatient Physical[1]**, Occupational**[1]**, Speech Therapy** *Deductible applies*	$50
Hearing Aids[2] Maximum of two hearing aids per year Required hearing aid evaluation with TruHearing, fitting included	$495 to $1,695 per device in-network

YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS[3]	
Dental Services[2] *	100% preventive, 50% of the allowed amount comprehensive coverage in-network Member pays 80% of the allowed amount out-of-network $1,000 combined in- and out-of-network annual maximum
Annual Routine Vision Exam[2]	$10 in-network $40 reimbursement out-of-network
Fitness with One Pass™ [2]	$0 in-network
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, and is willing to bill Network Health.

YOUR DRUG COSTS	Network Health Choice (PPO)
Yearly Drug Deductible You pay the full amount of your covered Part D drugs until the deductible is met	$300 Applies to Tiers 2-5
INITIAL COVERAGE – Amount shown is the maximum you will pay. You may pay less. Cost share applies after the deductible is met.	
30-Day Supply **Preferred Pharmacy or Preferred Mail Order Pharmacy**	$1 for Tier 1 $8 for Tier 2 22% for Tier 3 31% for Tier 4 30% 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 31% 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 22% for Tier 3 31% for Tier 4 Tier 5 is not available
Part D Insulin[1] – One-month supply **no more than $35**	
Part D Vaccines – Shingrix, RSV, all other adult ACIP[4] recommended vaccines **$0**	
CATASTROPHIC COVERAGE	
You enter catastrophic coverage when your total out-of-pocket costs reach $2,400. You pay $0.	

[1]Service may require prior authorization.
[2]Visit **networkhealth.com/medicare/extra-benefits** for more information, this is not a medical benefit.
[3]Deductible applies first in certain situations, then you pay the same in- and out-of-network.
[4]Advisory Committee on Immunization Practices

*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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