

We are **Wisconsin**.
Just like you.



2027 Network
Health Prime
Medical Savings Account (MSA)

GLOSSARY

Deductible – The amount of money you must pay (not including premiums) before the health plan begins paying for services. It's different than a copayment.

High Deductible Health Plan – Once you've paid a certain amount for health care (called the deductible), the health plan begins paying for the Medicare-covered services you receive.

Maximum Out-of-Pocket – The most you'll pay, not including monthly premiums, toward the cost of your health care services.

Medical Savings Account (MSA) – A special savings account used for health care costs.

Medicare-Approved Amount – The amount a doctor may charge for services as determined by Medicare.

Network Health keeps our policies up to date, so you can stay informed about your rights as a Network Health Medicare member. To view our Notice of Privacy Practices, use the QR code or go to networkhealth.com/medicare/medicare-legal/notice-of-privacy-practices-medicare or call our member experience team at 800-378-5234 (TTY 711), Monday–Friday, 8 a.m. to 8 p.m. to request a paper copy. From October 1–March 31, our member experience team is available seven days a week.



To view our Appeals and Grievances Process for Medicare Part C Summary Information, go to networkhealth.com/medicare/medicare-legal/how-to-make-a-complaint or call us for a paper copy.

Secure Online Member Portal

Your security is a top priority.

Your member portal provides easy access to your plan-specific health care coverage information. You can control the amount of mail you receive by selecting your own communication preferences.

The fastest and most secure way to receive your plan information is to go paperless, versus waiting for the documents to come in the mail. Imagine receiving your Explanation of Benefits (EOBs) with just a click. That's just one of our efforts to keep your premiums low and service expectations high. To log in, use the QR code or visit login.networkhealth.com.



TABLE OF CONTENTS

1	NETWORK HEALTH EXTRAS	4
	• Member Experience Team • Member Wellness • Condition Management • Care Management • Travel • Virtual Doctor Visits • Network Navigate	
2	HOW DOES NETWORK HEALTH PRIME WORK?.....	5-6
3	WHAT CAN I USE THE MONEY IN MY MSA FOR?	7
4	MSA AND PRESCRIPTION DRUGS.....	7
5	SCHEDULE OF MEMBER FEES.....	8
6	SUMMARY OF BENEFITS.....	9-12
7	ENROLL NOW	13



Network Health Prime is an MSA plan with a Medicare contract. Enrollment in Network Health Medicare Advantage Plans depends on contract renewal. H1181_6094-01-0526_M



Member Experience Team

We call them the Member Experience Team because they go beyond customer service.

They're here in Wisconsin, ready to help with real answers from real people.

Whether you need help understanding benefits, claims, pharmacy coverage, or authorizations, they'll guide you every step of the way. With personalized service and dependable follow-through, they make managing your health plan simpler, so you can focus on what matters most.



Member Wellness

The health coaches at Network Health motivate and encourage you to meet your personal wellness goals. You can speak one-on-one to identify challenges, overcome obstacles and improve your life. For more information visit networkhealth.com/wellness/member-wellness.



Condition Management

Our skilled team of registered nurses is available to guide you through ongoing care of a chronic condition. They also provide tools for self-management and can connect you to community programs. For more information visit networkhealth.com/wellness/condition-management.



Care Management

If you're facing a difficult diagnosis or complex condition, our care management team is here. This compassionate group of nurses and social workers can support you and your caregiver by guiding you through processes and details. They'll partner with your provider(s) to ensure your needs are being met. For more information visit networkhealth.com/wellness/care-management.



Travel

With Network Health Prime, there is no such thing as in-or out-of-network. No matter where you are in the United States and its territories, you have access to quality doctors, hospitals and clinics. Any doctor or hospital that accepts Medicare beneficiaries and is willing to bill Network Health should accept your Network Health Prime plan. Providers are under no obligation to treat members, except in emergency situations.



Virtual Doctor Visits

Feeling ill and wish you could stay home and rest without heading to the doctor? MD Live makes it easy to receive the care you need. Connect with a board-certified doctor from the comfort of your home using your phone, smartphone, computer or tablet. Common symptoms that can be treated through an MD Live virtual visit are sinus problems, skin rash, nausea or vomiting and ear problems. Members can access MD Live using the secure Network Health member portal.



We'll Be Your Guide

Have you ever felt stuck or frustrated trying to navigate the health care system? Health care shouldn't cause you stress. As a Network Health Medicare member, our Network Navigate program is automatically part of your plan to ensure you have an exceptional health insurance experience.

If you need help, our Network Navigators go above and beyond to directly communicate your needs to your Froedtert ThedaCare health care providers. Our exclusive processes are designed to make sure those most in need get access to the right medical care timely. It's a straightforward approach that allows you to worry less. We empower you to be an informed health care consumer, with a personal welcome call to explain your benefits, easy-to-understand materials and opportunities to connect with our local staff, in-person at member events.

Plus, Network Navigators are ALWAYS located in Wisconsin—not across the country or anywhere else. This means they understand your health insurance, doctors, clinics, local health care delivery and your local area. Learn more at NetworkNavigate.com.

HOW DOES NETWORK HEALTH PRIME WORK?

High-Deductible Health Plan

Network Health Prime has a \$4,000 deductible, prorated based on your effective date, and a \$0 monthly premium.

Network Health Prime is a Medicare Advantage plan which covers your hospital and medical care (known as Medicare Parts A and B). Once you've paid a certain amount for health care (called the deductible), the plan begins paying for the Medicare-covered services you receive.

Medical Savings Account

Medicare deposits \$1,750 into this account once a year, prorated based on when you enroll.

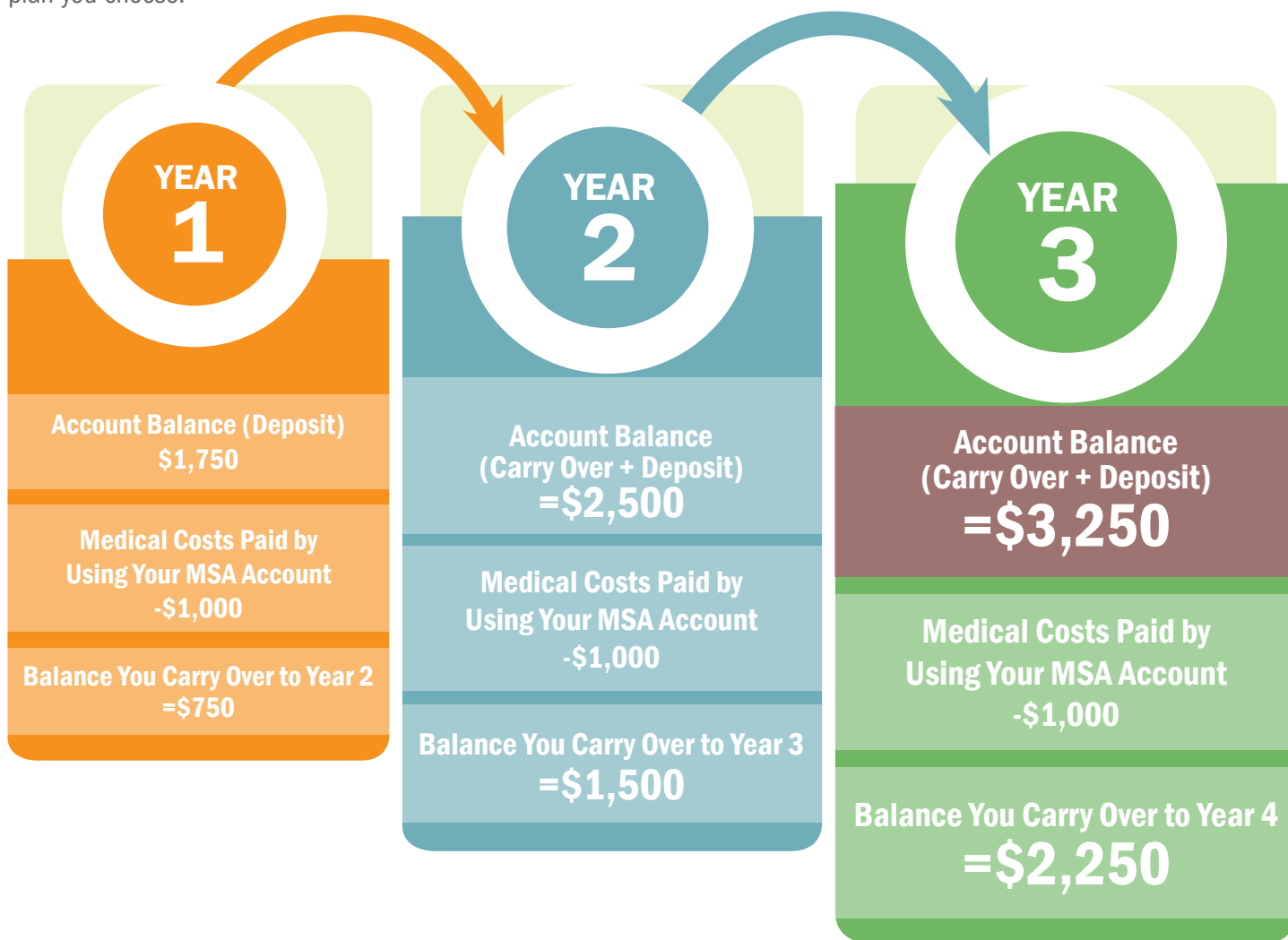
This is a special savings account used for health care costs. Once a year, Medicare deposits money into your account, and you can use this money to pay for health care before you meet the deductible. Any money left over is yours to keep and apply to future health care expenses.

BENEFIT	Network Health Prime
Premium	\$0
Deductible	\$4,000 See the next page. Based on your plan effective date, your deductible will be prorated.
Annual deposit from Medicare	Medicare will deposit \$1,750 into your account that is prorated based on when you enroll. See the chart on the next page for the dollar amount based on your plan effective date. <i>If you disenroll for any reason during the year, you'll be asked to pay back a prorated amount based on the date you disenroll.</i>
Services like hospital stays, doctor visits and emergency room visits	All Medicare covered services are billed at the Medicare-approved amount until you reach the deductible. You will pay nothing after you reach your deductible.

HOW DOES NETWORK HEALTH PRIME WORK?

Saving money in your MSA

Network Health Prime is a plan that allows you to save money and build your savings year after year. Medicare deposits the CMS-defined amount each year. This year the deposit will be \$1,750. If you don't use the entire \$1,750 deposit, you keep all the money that's left and it carries over into the next year, whether you stay on an MSA plan or switch to another type of Medicare Advantage plan. This means you can continue to use the funds to pay for health care expenses, no matter which plan you choose.



Account deposits are prorated based on when you join

The deposits are prorated by Medicare based on the month you join the plan. See the chart below to learn what will be deposited each month.

2027 Plan Effective Date	Deposit Dollar Amount	Plan Deductible
January 1	\$1,750	\$4,000
February 1	\$1,604.17	\$3,666.67
March 1	\$1,458.33	\$3,333.33
April 1	\$1,312.50	\$3,000
May 1	\$1,166.67	\$2,666.67
June 1	\$1,020.83	\$2,333.33

2027 Plan Effective Date	Deposit Dollar Amount	Plan Deductible
July 1	\$875	\$2,000
August 1	\$729.17	\$1,666.67
September 1	\$583.33	\$1,333.33
October 1	\$437.50	\$1,000
November 1	\$291.67	\$666.67
December 1	\$145.83	\$333.33

WHAT CAN I USE THE MONEY IN MY MSA FOR?

The money in your MSA can be used on a variety of health care services that are considered qualified medical expenses. Depending on the type of service, some services will count toward your deductible, but other services will not.

	Can I use the money in my account for this?	Will it count toward my deductible?	Is this expense taxed? (50% tax)
Medicare-Covered Hospital and Medical Care (Part A and B services) • Ambulance services • Cardiac rehabilitation • Clinical lab services • Diabetic supplies • Doctor services • Durable medical equipment • Emergency services • Flu shots • Hearing exams (that are medically necessary) • Hospital services • Mental health care • Physical exams • Physical therapy • Pneumonia shot • Prosthetic/orthotic items • Tests like MRIs, EKGs and CT scans • Urgently needed care	Yes	Yes	No
Other Qualified Medical Expenses • Dentures • Teeth cleanings • Fillings • Crowns/bridges • Dental X-rays • Laser eye surgeries • Routine eye exams • Eye glasses • Contact lenses • Prescription sunglasses • Part D Plan (premiums and drug copayments) • Hearing aids • Acupuncture • Home care	Yes	No	No
Non-Medical Items • TV • Groceries • Teeth whitening • Cosmetic surgery	Yes	No	Yes

 **Eyeglasses and contact lenses may count toward your deductible if you're getting them after cataract surgery.**

This is not a comprehensive list of services. For a complete list of qualified medical expenses, you can call the IRS at 800-829-3676 and ask for IRS publication 502 for the year you are filing. You can find the form at [irs.gov](https://www.irs.gov).

MSA AND PRESCRIPTION DRUGS

DO MSA PLANS COVER PRESCRIPTION DRUGS? NO.

MSAs do not provide Part D prescription drug coverage. If you join an MSA plan, and you want drug coverage, you'll need to enroll in a standalone prescription drug plan (also called a PDP). You can also receive creditable prescription drug coverage from Wisconsin SeniorCare.

You have several options when it comes to creditable prescription drug coverage. To help make things easier, contact your local agent for information about a complementing drug plan.

CAN I USE THE MONEY IN MY MSA TO PAY FOR MY PRESCRIPTION DRUGS? YES.

You can use your account to pay your prescription drug copayments and premium, but it's important to keep in mind these expenses **do not count** toward your deductible.

SCHEDULE OF MEMBER FEES

The Optum logo is displayed in a bold, orange, sans-serif font.

When you join an MSA plan a savings account with Optum is opened on your behalf for the deposit to go into. You will receive a welcome packet from Optum which includes your Truth in Savings Account Disclosure, interest information, bank fees and debit card. For questions related to your Optum bank account contact Optum at **866-234-8913 (TTY 711)**, 24 hours a day, seven days a week. As part of establishing the MSA bank account, Optum may need to verify individual information and may communicate via email or mail.

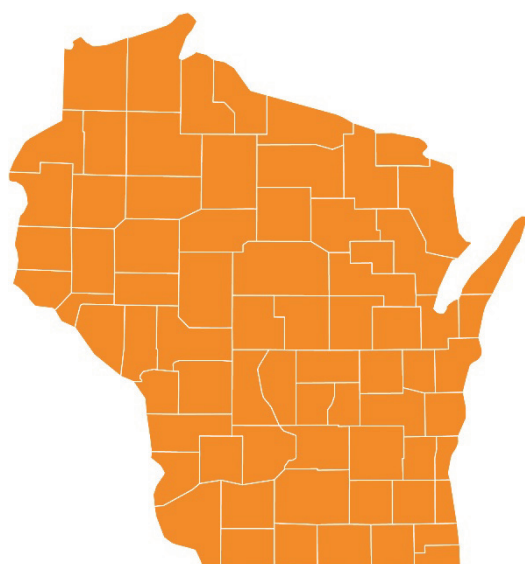
Service	Fee
Monthly Account Admin Fee	Paid by Network Health
Card transaction	\$2.50 per transaction. In addition to our fee, the bank/ATM you use to withdraw funds may charge you their own fee.
Outbound transfer or rollover	\$20 per request
Account transfer	\$20
Electronic statement	No fee
Paper statement	\$1.50 per monthly statement, avoided with electronic statements.

SUMMARY OF BENEFITS

SERVICE AREA AND ELIGIBILITY

To join Network Health Prime (MSA), you must be enrolled in Medicare Part A and Part B and live in our service area, which is the entire state of Wisconsin for our MSA plan. You must also meet these eligibility requirements.

- Not receiving hospice (end-of-life) care
- Not eligible for Medicaid
- Not part of a group health plan
- Not receiving benefits from the Department of Defense (TRICARE), the Department of Veteran Affairs (VA) or the Federal Employee Health Benefits Program



■ Network Health Prime MSA is available in all 72 Wisconsin counties

WHAT IS A SUMMARY OF BENEFITS?

This booklet gives you a summary of what we cover and what you pay on the Network Health Prime MSA plan. It doesn't list every service that we cover or every limitation or exclusion. A complete list of services can be found in the plan-specific *Evidence of Coverage* at networkhealth.com/medicare/plan-materials. Contact the member experience team for a printed copy.

WHAT IS A MEDICAL SAVINGS ACCOUNT (MSA) PLAN?

A medical savings account (MSA) plan combines a high-deductible health insurance plan with a medical savings account. Each year, the Centers for Medicare & Medicaid Services deposits a set amount into the medical savings account that you can use to pay for health care services. Once you've paid a certain amount for health care (called the deductible), the plan begins paying for the Medicare-covered services you receive.

2027 NETWORK HEALTH PRIME (MSA)

CONTACT NETWORK HEALTH

By Phone	Sales Team – 800-983-7587 Member Experience Team – 800-378-5234 TTY/TDD Users – 711	
Online	networkhealth.com	
By Mail or In Person	Network Health 1570 Midway Pl. Menasha, WI 54952	Network Health 16960 W. Greenfield Ave., Suite 5 Brookfield, WI 53005
Hours of Operation	• Normal business office hours are Monday–Friday, 8 a.m. to 5 p.m. • Network Health is closed on New Year’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the day after Thanksgiving, Christmas Eve Day and Christmas Day. • From October 1–March 31, you can call the sales team and the member experience team seven days a week from 8 a.m. to 8 p.m., Central Time. From April 1–September 30, we are available Monday–Friday, from 8 a.m. to 8 p.m., Central Time.	
Additional Resources	Medicare – Available 24 hours a day, seven days a week For coverage and costs of Original Medicare, look in your current “ <i>Medicare & You</i> ” handbook. View it online at medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227) (TTY 1-877-486-2048), 24 hours a day, seven days a week.	



“I found my
**plan and my
people.**”

*Linda A., Network Health
Medicare Advantage member*

SUMMARY OF BENEFITS

Your Costs	Network Health Prime (MSA)
Monthly Premium	\$0
Annual Medical Deductible	\$4,000
Medicare Deposit into Your MSA Bank Account	\$1,750
Inpatient Hospital Services	Until you meet your annual deductible of \$4,000, you pay up to 100% of the Medicare-approved amount.* After you meet your annual deductible, you pay \$0 for Medicare-covered services. No prior authorization for Part B medical services. Some Part B medications may require authorization. For a complete listing of Medicare covered services, visit Medicare.gov. <i>* Part B pharmacy related items may fall under the pharmacy benefit manager contracted rates.</i>
Outpatient Hospital Services	
Ambulatory Surgical Center	
Primary Care Provider Visit	
Specialist Visit	
Preventive Care Visits	
Annual Medicare Wellness Visit	
Physician Telehealth Services	
Medicare-Covered Vaccines Flu, pneumonia, COVID-19 and all other Part B	
Emergency Room Visit	
Urgent Care Visits	
Diagnostic Tests Such as ultrasound, EKG, stress test	
Labs	
Diagnostic Radiology Services Advanced imaging (PET, CAT, MRI, MRA, NUC Scans)	
X-rays	
Vision Services and Exams	
Outpatient Mental Health Individual or group therapy	
Inpatient Mental Health	
Opioid Treatment Services	
Substance Abuse Services Outpatient individual or group therapy	
Skilled Nursing Facility	
Outpatient Physical, Occupational, Speech Therapy	
Air and Ground Ambulance Services	
Medicare Part B Drugs and Chemotherapy	
MD Live® Virtual Visit¹ For medical services	
Durable Medical Equipment	
Medicare-Covered Chiropractic Services Manipulation of the spine to correct misalignment of one or more of the bones of your spine	
Medicare-Covered Acupuncture For chronic low back pain only, up to 12 visits in 90 days and no more than 20 visits per year	
Medicare-Covered Home Health Care Visits	
Radiation Therapy	
Diabetes Supplies and Services	
Optional Dental Benefit with Say Cheese Dental Network	\$39 monthly premium \$1,000 combined annual maximum

¹Visit networkhealth.com/medicare/extra-benefits for more information.

PRE-ENROLLMENT CHECKLIST

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a member of the member experience team at **800-378-5234** (TTY 711), Monday–Friday from 8 a.m. to 8 p.m. From October 1–March 31, we’re available every day, 8 a.m. to 8 p.m.

Understanding the Benefits

- ☐ The *Evidence of Coverage* (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs and benefits before you enroll. Visit **networkhealth.com/medicare/plan-materials** or call **800-378-5234** (TTY 711) to view a copy of the EOC.
- ☐ Review how enrolling into a Network Health Medicare Advantage Plan will impact your current health care coverage.

Understanding Important Rules

- ☐ Benefits, premiums and/or copayments/coinsurance may change on January 1, 2028.
- ☐ MSA plans combine a high-deductible Medicare Advantage plan and a trust or custodial savings account (as defined and/or approved by the IRS). The plan deposits money from Medicare into the account. You can use this money to pay for your health care costs, but only Medicare-covered expenses count toward your deductible. The amount deposited is usually less than your deductible amount, so you generally have to pay money out-of-pocket before your coverage begins.

Medicare MSA plans do not cover prescription drugs. If you join a Medicare MSA plan, you can also join any separate Medicare prescription drug plan.

There are additional restrictions to join an MSA plan, and enrollment is for a full calendar year unless you meet certain exceptions. Those who disenroll during the calendar year will owe a portion of the account deposit back to the plan. Contact the plan at **800-378-5234** (TTY 711) for additional information.

ENROLL NOW

HOW TO ENROLL IN A NETWORK HEALTH PRIME MEDICARE ADVANTAGE MSA PLAN

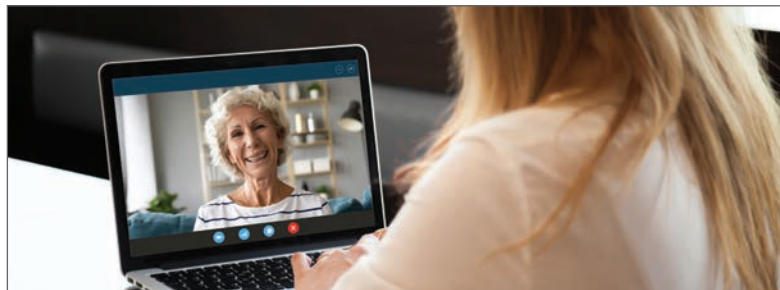
CALL

Call a Wisconsin-based Medicare advisor at **844-850-5286** (TTY 711), Monday–Friday from 8 a.m. to 8 p.m. From October 1–March 31, we're available every day, 8 a.m. to 8 p.m.



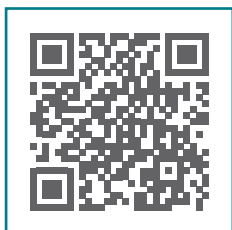
ONE-ON-ONE

You can meet one-on-one with a knowledgeable and helpful local agent or one of our local Medicare advisors. Appointments can be held in-person, on the phone or through an online virtual tool.



To make an appointment, contact your local agent or call **844-850-5286** to speak with a Wisconsin-based Network Health Medicare Advisor.

ONLINE | Visit networkhealth.com/enroll-now



SCAN ME TO ENROLL NOW



Online Enrollment

WHAT HAPPENS NEXT?

1. Network Health confirms the date your coverage will start.
2. Network Health mails your member ID card.
3. After your plan is effective you'll receive your member guide, which gives you tips to get the most out of your coverage. **Make sure you keep this guide handy to reference throughout the year.**
4. You'll receive your debit card and welcome kit from Optum.

Discrimination is Against the Law

Network Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes. Network Health does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Network Health:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Network Health's Compliance Officer.

If you believe that Network Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Network Health
Attn: Compliance Officer
1570 Midway Place
Menasha, WI 54952
Phone: 800-378-5234
(TTY users should call 711)
Email: compliance@networkhealth.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Network Health's compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available

at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at Network Health's website: networkhealth.com.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 800-378-5234 (TTY: 711) or speak to your provider.

Albanian: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndiurma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 800-378-5234 (TTY: 711) ose bisedoni me ofruesin tuaj të shërbimit.

Arabic: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات تنبيه: كما تتوفر وسائل مساعدة وخدمات المساعدة اللغوية المجانية. مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. أو تحدث إلى مقدم (711) 800-378-5234 اتصل على الرقم الخدمة.

Chinese: 如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 800-378-5234（文本电话：711）或咨询您的服务提供商。

French: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 800-378-5234 (TTY : 711) ou parlez à votre fournisseur.

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 800-378-5234 (TTY : 711) an oder sprechen Sie mit Ihrem Provider.

Hindi: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध 800-378-5234 (TTY : 711) पर कॉल करें या अपने प्रदाता से बात करें।

Hmong: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 800-378-5234 (TTY : 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

Korean: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 800-378-5234 (TTY : 711) 번으로 전화하거나 서비스 제공 업체에 문의하십시오.

Laotian: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 800-378-5234 (TTY : 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

Pennsylvania Dutch: Wann du Druwwel hoscht fer Englisch verschtehe, kenne mer epper beigriege fer dich helfe unni as es dich ennich eppes koschte zeelt. Mir kenne dich helfe aa wann du Druwwel hoscht fer heere odder sehne. Mir kenne Schtofft lauder mache odder iesier fer lese un sell koscht dich aa nix. Ruf 800-378-5234 (TTY: 711) uff odder schwetz mit dei Provider.

Polish: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 800-378-5234 (TTY : 711) lub porozmawiaj ze swoim dostawcą.

Russian: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 800-378-5234 (TTY : 711) или обратитесь к своему поставщику услуг.

Spanish: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 800-378-5234 (TTY : 711) o hable con su proveedor.

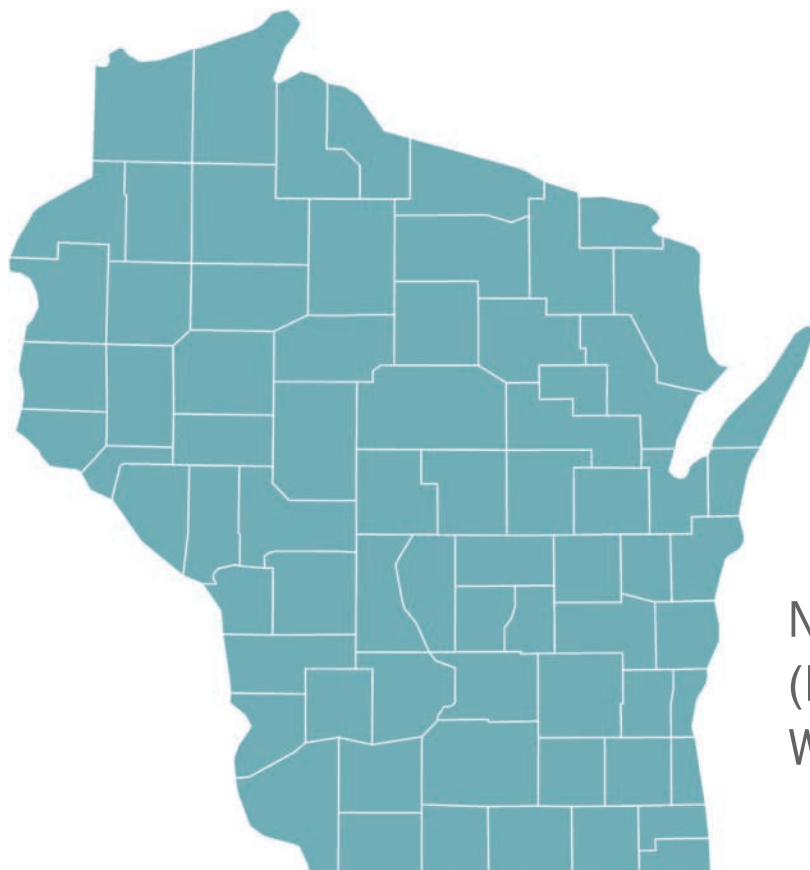
Tagalog: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyon tulon sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 800-378-5234 (TTY : 711) o makipag-usap sa iyong provider.

Vietnamese: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 800-378-5234 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.



Proud partner of the Green Bay Packers

Important Network Health Medicare Advantage Plan Information



Network Health Prime
(MSA) is available in all
Wisconsin counties

Call Network Health.

844-850-5286 • 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.