

2023

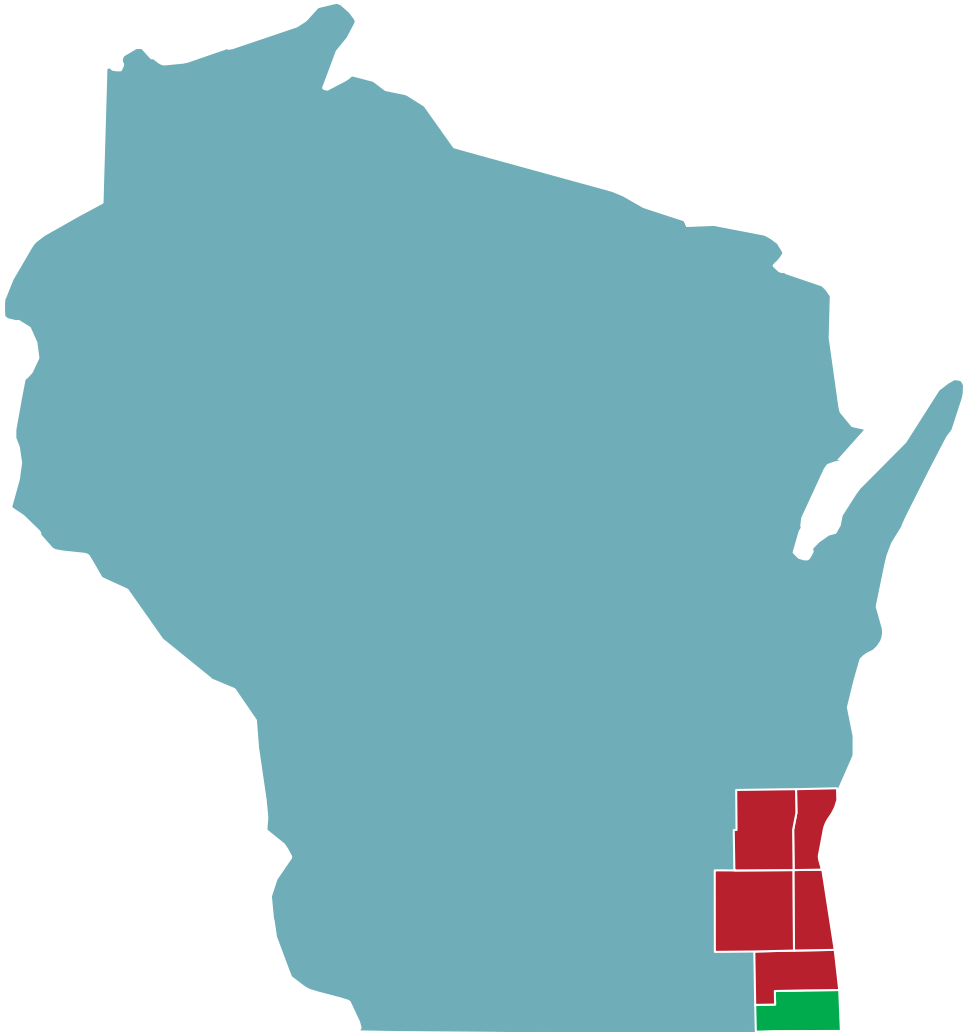


**Network
Health
Southeast
Wisconsin**
Summary of Benefits

SERVICE AREA AND ELIGIBILITY

To be eligible to join the Network Health Southeast Wisconsin PPO plans described in this booklet, you must be enrolled in Medicare Part A and Part B and live in the service area.

This Summary of Benefits applies to the Network Health PPO plans and Southeast Wisconsin counties that are listed within each of the two map keys below.



- Network Health Medicare Bravo, Network Health Medicare Anywhere
Kenosha
- Network Health Medicare Bravo, Network Health Medicare Go, Network Health Medicare Anywhere
Milwaukee, Ozaukee, Racine, Washington, Waukesha

WHAT IS A SUMMARY OF BENEFITS?

This booklet gives you a summary of what we cover and what you pay on Network Health's Southeast Wisconsin PPO plans. It doesn't list every service 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 PREFERRED PROVIDER (PPO) PLAN?

A PPO plan allows you to **choose any doctor who accepts Medicare beneficiaries**. Doctors and other providers are divided into in-network or out-of-network based on if they have a contract with Network Health. With a PPO plan you can use both in- and out-of-network doctors.

CONTACT NETWORK HEALTH

By Phone	Sales Department – 800-983-7587 Member Experience Team – 800-378-5234 TTY/TDD Users – 800-947-3529	
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	<ul style="list-style-type: none">• Normal 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 department 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 “Medicare & You” 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.	

Your Costs	Network Health Medicare Go (Includes pharmacy) (PPO)	
	Your county: Milwaukee, Ozaukee, Racine, Washington, Waukesha	
	In-Network	Out-of-Network
Monthly Premium	\$0	
Annual Medical Deductible	\$0	
Annual Maximum Out-of-Pocket– (Does not include Part D prescription drugs)	\$3,900	\$6,500 combined in- and out-of-network
Hospital Services		
Inpatient Hospital Services ¹ – Per admission	\$295 per day, days 1 - 6 \$0 days 7 and beyond	\$550 per day, days 1 - 6 \$0 days 7 and beyond
Outpatient Hospital Services	\$275	\$450
Ambulatory Surgical Center	\$225	\$450
General Services		
Primary Care Provider Visit	\$0	\$30
Specialist Visit	\$35	\$75
Preventive Care		
Preventive Care Visits*	\$0	\$15
Annual Medicare Wellness Visit	\$0	\$15
Physician Telehealth Services	Virtual primary care and urgent care services cost the same as an in-person visit	Virtual primary care and urgent care services cost the same as an in-person visit
Medicare-Covered Vaccines– Flu, pneumonia, COVID	\$0	\$0
Medicare-Covered Vaccines– Hepatitis B, all other Part B	\$0	\$15
Emergency Care		
Emergency Room Visit– Copayment is waived if admitted to a U.S. hospital within 24 hours	\$110	\$110
Urgent Care		
Urgent Care Visit– Free-standing facility	\$45	\$45
Diagnostic Services		
Diagnostic Tests– Such as ultrasound, EKG, stress test	\$20	\$50

*Includes abdominal aortic aneurysm screening, alcohol misuse screening and counseling, annual wellness visit, bone mass measurement, breast cancer screening, cardiovascular disease screening, cardiovascular disease risk reduction visit, cervical and vaginal cancer screening, colorectal cancer screening (screening colonoscopy, fecal occult blood test, flexible sigmoidoscopy), depression screening, diabetes screening, glaucoma screening, HIV screening, lung cancer screening, medical nutrition therapy services, Medicare Diabetes Prevention Program, obesity screening and therapy, prostate cancer screening, screening for sexually transmitted infections and counseling, smoking and tobacco use cessation counseling, one time Welcome to Medicare preventive visit.

Network Health Medicare Anywhere (Includes pharmacy) (PPO)		Network Health Medicare Bravo (PPO)	
Your county: Kenosha, Milwaukee, Ozaukee, Racine, Washington, Waukesha			
In-Network	Out-of-Network	In-Network	Out-of-Network
\$35		\$0	
\$0		\$0	
\$3,800	\$7,200 combined in- and out-of-network	\$4,500	\$8,000 combined in- and out-of-network
Hospital Services			
\$275 per day, days 1 - 6 \$0 days 7 and beyond	\$550 per day, days 1 - 6 \$0 days 7 and beyond	\$295 per day, days 1 - 6 \$0 days 7 and beyond	\$550 per day, days 1 - 6 \$0 days 7 and beyond
\$260	\$415	\$275	\$450
\$185	\$375	\$225	\$450
General Services			
\$0	\$25	\$0	\$30
\$35	\$75	\$40	\$75
Preventive Care			
\$0	\$25	\$0	\$15
\$0	\$25	\$0	\$15
Virtual primary care and urgent care services cost the same as an in-person visit	Virtual primary care and urgent care services cost the same as an in-person visit	Virtual primary care and urgent care services cost the same as an in-person visit	Virtual primary care and urgent care services cost the same as an in-person visit
\$0	\$0	\$0	\$0
\$0	\$25	\$0	\$15
Emergency Care			
\$110	\$110	\$110	\$110
Urgent Care			
\$45	\$45	\$45	\$45
Diagnostic Services			
\$35	\$90	\$20	\$50

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.

Your Costs	Network Health Medicare Go (Includes pharmacy) (PPO)	
	Your county: Milwaukee, Ozaukee, Racine, Washington, Waukesha	
	In-Network	Out-of-Network
Labs– What you pay may be based on the service received and/or where you are treated	\$0-\$20	\$30
Diagnostic Radiology Services– Advanced Imaging (PET, CAT, MRI, MRA, NUC Scans)	\$200	\$250
X-rays	\$35	\$45
Hearing Services		
Routine Hearing Exam²	\$0	\$40
Diagnostic Hearing Exam– Exam to diagnose and treat hearing issues	\$35	\$75
Hearing Aids²– Maximum of two hearing aids per year Hearing aid evaluation and fitting included	\$495-\$1,695 per device	\$495-\$1,695 per device, hearing aids must be purchased through the plan’s approved partner
Dental Services		
Dental Services²	Up to \$1,525 reimbursed through Pick Your Perks	
Medicare-Covered Dental Services– Does not include services in connection with care, treatment, filling, removal or replacement of teeth	\$35	\$75
Optional Comprehensive Dental Coverage²	\$39 monthly premium Annual Maximum: \$1,000	\$39 monthly premium Annual Maximum: \$1,000
Vision Services		
Annual Routine Vision Exam²	\$10	\$40 reimbursement
Diagnostic Eye Exam– To diagnose and treat diseases and conditions of the eye	\$35	\$75
Post-Cataract Eyewear– One pair of eyeglasses or contact lenses after each cataract surgery	\$0	\$75
Additional Eyewear²– At EyeMed providers	Up to \$200 of your \$1,525 reimbursement through Pick Your Perks	
Mental Health/Substance Abuse		
Outpatient Mental Health– Individual or group therapy	\$40	\$50

¹Service may require prior authorization.
²Visit [networkhealth.com/medicare/extra-benefits](#) for more information, this is not a medical benefit.

Network Health Medicare Anywhere (Includes pharmacy) (PPO)		Network Health Medicare Bravo (PPO)	
Your county: Kenosha, Milwaukee, Ozaukee, Racine, Washington, Waukesha			
In-Network	Out-of-Network	In-Network	Out-of-Network
\$0-\$20	\$25	\$0-\$20	\$30
\$200	\$250	\$200	\$250
\$20	\$90	\$35	\$40
Hearing Services			
\$0	\$40	\$0	\$40
\$35	\$75	\$40	\$75
\$495-\$1,695 per device	\$495-\$1,695 per device, hearing aids must be purchased through the plan's approved partner	\$495-\$1,695 per device	\$495-\$1,695 per device, hearing aids must be purchased through the plan's approved partner
Dental Services			
Preventive: 2 cleanings and exams per year for \$0 1 bitewing X-ray per year for \$0	Preventive: \$100 reimbursement	Unlimited 100% coverage for in-network dental**	50% of the cost
\$35	\$75	\$40	\$75
\$39 monthly premium Annual Maximum: \$1,000	\$39 monthly premium Annual Maximum: \$1,000	Not available	Not available
Vision Services			
\$10	\$40 reimbursement	\$0	\$40 reimbursement
\$35	\$75	\$40	\$75
\$0	\$75	\$0	\$75
Not included	Not included	\$400 allowance	Not included
Mental Health/Substance Abuse			
\$40	\$50	\$20	\$20

¹Service may require prior authorization.
²Visit [networkhealth.com/medicare/extra-benefits](#) for more information, this is not a medical benefit.
**This benefit does not include other dental services like implants, implant repairs and cosmetic services.

Your Costs	Network Health Medicare Go (Includes pharmacy) (PPO)	
	Your county: Milwaukee, Ozaukee, Racine, Washington, Waukesha	
	In-Network	Out-of-Network
Inpatient Mental Health ¹ – Per admission	\$395 per day, days 1 - 4 \$0 days 5 and beyond	\$395 per day, days 1 - 4 \$0 days 5 and beyond
Opioid Treatment Services	\$40	\$50
Substance Abuse Services– Outpatient individual or group therapy	\$40	\$50
Continued Care Services		
Skilled Nursing Facility ¹ – Per admission Once you reach your maximum out-of-pocket, you will pay \$0 per day	\$0 per day, days 1 - 20 \$196 per day, days 21 - 45 \$0 days 46 - 100	\$0 per day, days 1 - 20 \$196 per day, days 21 - 45 \$0 days 46 - 100
Outpatient Physical ¹ , Occupational ¹ , Speech Therapy	\$40	\$75
Home-Based Palliative Care ¹ – One palliative care evaluation and two follow up visits	\$0	\$0
Transportation Services		
Air and Ground Ambulance Services	\$275	\$275
Non-Emergency Transportation– 24 one-way trips to get to and from dialysis for members diagnosed with ESRD	In addition to 24 trips, up to \$1,525 reimbursed through Pick Your Perks for rides to medical appointments and pharmacies	
Drug Coverage		
Medicare Part B Drugs ¹	20% of the cost	50% of the cost
Medicare Part D Drugs– See page 12 for specific drug tier costs	Covered	Not covered
Additional Benefits		
Pick Your Perks– Reimbursement for the following extra benefits: dental services, vision hardware (\$200 allowance), healthy home-delivered meals, non-emergency transportation, over-the-counter items, acupuncture, massage therapy, personal training (4 visits or \$225 allowance), nutritional/dietary counseling	\$1,525	
Over-the-Counter Coverage ²	Up to \$1,525 reimbursed through Pick Your Perks	
Fitness with SilverSneakers®	Included	
MDLIVE® Virtual Visit– For medical services ²	\$0	\$0

¹Service may require prior authorization.
²Visit [networkhealth.com/medicare/extra-benefits](#) for more information, this is not a medical benefit.

Network Health Medicare Anywhere (Includes pharmacy) (PPO)		Network Health Medicare Bravo (PPO)	
Your county: Kenosha, Milwaukee, Ozaukee, Racine, Washington, Waukesha			
In-Network	Out-of-Network	In-Network	Out-of-Network
\$295 per day, days 1 - 4 \$0 days 5 and beyond	\$395 per day, days 1 - 3 \$0 days 4 and beyond	\$395 per day, days 1 - 4 \$0 days 5 and beyond	\$395 per day, days 1 - 4 \$0 days 5 and beyond
\$40	\$50	\$20	\$20
\$40	\$50	\$20	\$20
Continued Care Services			
\$0 per day, days 1 - 20 \$196 per day, days 21 - 45 \$0 days 46 - 100	\$0 per day, days 1 - 20 \$196 per day, days 21 - 45 \$0 days 46 - 100	\$0 per day, days 1 - 20 \$196 per day, days 21 - 45 \$0 days 46 - 100	\$196 per day, days 1 - 45 \$0 days 46 - 100
\$35	\$75	\$30	\$75
\$0	\$0	\$0	\$0
Transportation Services			
\$250	\$250	\$300	\$300
Covered	Covered	Covered	Covered
Drug Coverage			
20% of the cost	50% of the cost	20% of the cost	50% of the cost
Covered	Not covered	Not covered	Not covered
Additional Benefits			
Not available	Not available	Not available	Not available
Not available	Not available	\$100 per quarter No rollover on quarterly allowance	Not available
Included		Included	
\$0	\$0	\$0	\$0

¹Service may require prior authorization.
²Visit [networkhealth.com/medicare/extra-benefits](#) for more information, this is not a medical benefit.

Your Costs	Network Health Medicare Go (Includes pharmacy) (PPO)	
	Your county: Milwaukee, Ozaukee, Racine, Washington, Waukesha	
	In-Network	Out-of-Network
Travel Coverage		
Travel within the United States	Receive in-network coverage when you venture outside Wisconsin and within the United States and its territories. You can see any provider who accepts Medicare beneficiaries.	
International Emergency Coverage– View the Evidence of Coverage at networkhealth.com/medicare/plan-materials for details	\$110 per incident \$100,000 Maximum benefit	\$110 per incident \$100,000 Maximum benefit
Recovery and Rehabilitation Services		
Durable Medical Equipment– Such as insulin pumps ¹ , CPAP machines ¹ , prosthetic devices ¹	20% of the cost	25% of the cost
Chiropractic Services– Manipulation of the spine to correct misalignment of one or more of the bones of your spine	\$20	\$40
Medicare-Covered Acupuncture– For chronic low back pain only, up to 12 visits in 90 days and no more than 20 visits per year	\$35	\$75
Medicare-Covered Home Health Care Visits ¹	\$0	\$15
Cancer Services		
Chemotherapy ¹	20% of the cost	50% of the cost
Radiation Therapy ¹ – Per service	20% of the cost	25% of the cost
Acupuncture– Up to 12 visits per year are covered for members who are undergoing chemotherapy and have severe nausea and/or vomiting	\$0	\$0
Diabetic Services		
Diabetes Monitoring Supplies and Test Strips– OneTouch™ and Accu-Chek™ test strips Continuous Glucose Monitoring supplies limited to FreeStyle Libre® and Dexcom® obtained through your pharmacy All other brands are not covered	\$0 for up to a 90-day supply	\$0 for up to a 90-day supply
Diabetic Shoe Inserts– Copayment per pair	\$10	\$30
Dialysis– Per treatment	20% of the cost	25% of the cost

¹Service may require prior authorization.
²Visit networkhealth.com/medicare/extra-benefits for more information, this is not a medical benefit.

Network Health Medicare Anywhere (Includes pharmacy) (PPO)		Network Health Medicare Bravo (PPO)	
Your county: Kenosha, Milwaukee, Ozaukee, Racine, Washington, Waukesha			
In-Network	Out-of-Network	In-Network	Out-of-Network
Travel Coverage			
Receive in-network coverage when you venture outside Wisconsin and within the United States and its territories. You can see any provider who accepts Medicare beneficiaries.		Receive in-network coverage when you venture outside Wisconsin and within the United States and its territories. You can see any provider who accepts Medicare beneficiaries	
\$110 per incident \$100,000 Maximum benefit	\$110 per incident \$100,000 Maximum benefit	\$110 per incident \$100,000 Maximum benefit	\$110 per incident \$100,000 Maximum benefit
Recovery and Rehabilitation Services			
20% of the cost	25% of the cost	20% of the cost	25% of the cost
\$20	\$40	\$20	\$40
\$35	\$75	\$40	\$75
\$0	\$15	\$0	\$15
Cancer Services			
20% of the cost	50% of the cost	20% of the cost	50% of the cost
20% of the cost	25% of the cost	20% of the cost	25% of the cost
\$0	\$0	\$0	\$0
Diabetic Services			
\$0 for up to a 90-day supply	\$0 for up to a 90-day supply	\$0 for up to a 90-day supply	\$0 for up to a 90-day supply
\$10	\$25	\$10	\$30
20% of the cost	25% of the cost	20% of the cost	25% of the cost

¹Service may require prior authorization.
²Visit networkhealth.com/medicare/extra-benefits for more information, this is not a medical benefit.

Your Drug Costs		Network Health Medicare Go (Includes pharmacy) (PPO)	Network Health Medicare Anywhere (Includes pharmacy) (PPO)
		Your county: Milwaukee, Ozaukee, Racine, Washington, Waukesha	Your county: Kenosha, Milwaukee, Ozaukee, Racine, Washington, Waukesha
Annual Drug Deductible		\$195 Applies to Tiers 3 - 5	\$250 Applies to Tiers 4 - 5
Formulary		Open	Open
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	\$2 for Tier 1 \$8 for Tier 2 \$42 for Tier 3 \$95 for Tier 4 30% of the cost for Tier 5	\$2 for Tier 1 \$8 for Tier 2 \$42 for Tier 3 \$95 for Tier 4 29% of the cost for Tier 5
	90-Day Supply Preferred Pharmacy	\$5 for Tier 1 \$20 for Tier 2 \$105 for Tier 3 \$237 for Tier 4 Tier 5 is not available	\$5 for Tier 1 \$20 for Tier 2 \$105 for Tier 3 \$237 for Tier 4 Tier 5 is not available
	31 to 90-Day Supply Preferred Mail Order Pharmacy	\$0 for Tier 1 \$0 for Tier 2	\$0 for Tier 1 \$0 for Tier 2
	90-Day Supply Preferred Mail Order Pharmacy	\$0 for Tier 1 \$0 for Tier 2 \$105 for Tier 3 \$237 for Tier 4 Tier 5 is not available	\$0 for Tier 1 \$0 for Tier 2 \$105 for Tier 3 \$237 for Tier 4 Tier 5 is not available
STANDARD	30-Day Supply Standard Pharmacy or Standard Mail Order Pharmacy	\$5 for Tier 1 \$15 for Tier 2 \$47 for Tier 3 \$100 for Tier 4 30% of the cost for Tier 5	\$5 for Tier 1 \$15 for Tier 2 \$47 for Tier 3 \$100 for Tier 4 29% of the cost for Tier 5
	90-Day Supply Standard Pharmacy or Standard Mail Order	\$12 for Tier 1 \$37 for Tier 2 \$117 for Tier 3 \$250 for Tier 4 Tier 5 is not available	\$12 for Tier 1 \$37 for Tier 2 \$117 for Tier 3 \$250 for Tier 4 Tier 5 is not available
COVERAGE GAP			
You enter the coverage gap when your total drug costs reach \$4,660. You pay 25% and Network Health pays 75% for generic drugs.			
For brand name drugs, you pay 25%, Network Health pays 5% and the drug company pays 70%.			
CATASTROPHIC COVERAGE			
You enter catastrophic coverage when your true out-of-pocket costs reach \$7,400. You pay the greater of \$4.15 or 5% of the cost for generic drugs and the greater of \$10.35 or 5% of the cost for brand name drugs.			

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 800-947-3529), 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 800-947-3529) to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/coinsurance may change on January 1, 2024.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.

Multi-Language Insert – REQUIRED INFORMATION

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 800-378-5234 (TTY 800-947-3529). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 800-378-5234 (TTY 800-947-3529). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 800-378-5234 (TTY 800-947-3529)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 800-378-5234 (TTY 800-947-3529)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 800-378-5234 (TTY 800-947-3529). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 800-378-5234 (TTY 800-947-3529). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 800-378-5234 (TTY 800-947-3529) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpplan. Unsere Dolmetscher erreichen Sie unter 800-378-5234 (TTY 800-947-3529). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 800-378-5234 (TTY 800-947-3529) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 5234-378-800 (TTY 3529-947-800). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول . سيقوم شخص ما (TTY 800-947-3529) 800-378-5234 على مترجم فوري، ليس عليك سوى الاتصال بنا على . بمساعدتك. هذه خدمة مجانية يتحدث العربية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 800-378-5234 (TTY 800-947-3529) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 800-378-5234 (TTY 800-947-3529). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 800-378-5234 (TTY 800-947-3529). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 800-378-5234 (TTY 800-947-3529). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 800-378-5234 (TTY 800-947-3529). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、800-378-5234 (TTY 800-947-3529) にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

Hmong: Peb muaj cov kev pab cuam kws txhais lus pab dawb los teb tej lus nug uas koj muaj hais txog pab li kev noj qab hauv huv los sis lub phiaj xwm tshuaj kho mob. Kom tau txais kws txhais lus pab dawb, tsuas yog hu rau pab ntawm tus xov tooj 800-378-5234 (TTY 800-947-3529). Qee tus neeg uas hais Askiv/Yam Lus koj paub tuaj yeem pab tau rau koj. Qhov no yog kev pab dawb.



800-983-7587
TTY 800-947-3529
[networkhealth.com](https://www.networkhealth.com)

Network Health Medicare Advantage Plans include MSA and PPO plans with a Medicare contract. Enrollment in Network Health Medicare Advantage Plans depends on contract renewal. Out-of-network/non-contracted 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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NOTICE OF UPDATE

Please reference the details found below regarding important information related to changes in Medicare Advantage coverage, as a result of the Inflation Reduction Act (IRA) enacted on August 16, 2022. These updates impact Medicare Part B prescription drug coverage and Medicare Part B insulin coverage. Here is a quick summary of the updates.

1. Beginning April 1, 2023, the Centers for Medicare & Medicaid Services (CMS) is starting a new Inflation Rebate Program impacting certain Part B drugs.

This new drug law requires drug companies to pay a rebate if they raise their prices for certain drugs faster than the rate of inflation. You may see lower out-of-pocket costs for certain Part B drugs and biologics with prices that have increased faster than the rate of inflation. For these drugs and biologics, your coinsurance will be 20 percent for in-network and 50 percent for out-of-network, of the inflation-adjusted payment amount, which will be less than what you would pay in coinsurance otherwise.

2. Beginning July 1, 2023, you may see lower out-of-pocket costs for insulin delivered by an item of durable medical equipment. You will also not pay more than \$35 for a one-month supply of each insulin product covered by your plan.

Where you can find the current language in the 2023 Evidence of Coverage	Original information	Updated information	What does this mean for you?
Chapter 4 Medical Benefits Chart, under the section “Medicare Part B prescription drugs” your Evidence of Coverage lists your cost share as follows.	<p>In-Network 20% of the cost for each Medicare-covered Part B and chemotherapy drug.</p> <p>Out-of-Network: 50% of the cost for each Medicare-covered Part B and chemotherapy drug.</p>	<p>In-Network 20% of the cost for each Medicare-covered Part B and chemotherapy drug.</p> <p>Out-of-Network 50% of the cost for each Medicare-covered Part B and chemotherapy drug.</p> <p>Effective April 1, 2023, Part B rebatable drugs will not exceed the coinsurance amount of the original Medicare adjusted coinsurance for the Part B rebatable drug.</p> <p>Effective July 1, 2023, a \$35 copayment for a one-month supply of Part B insulin.</p>	<p>Starting April 1, 2023, some Part B rebatable drugs may result in a lower coinsurance of 20% for in-network and 50% for out-of-network.</p> <p>Starting July 1, 2023, for Part B insulin you will not pay more than a \$35 copayment for a one-month supply.</p>