Network Health Anywhere (PPO) offered by Network Health Insurance Corporation

Annual Notice of Changes for 2025

You are currently enrolled as a member of Network Health Anywhere (PPO). Next year, there will be changes to the plan's costs and benefits. ***Please see page 5 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at networkhealth.com. You can also review the separately mailed *Evidence of Coverage* to see if other benefit or cost changes affect you. You may also call our member experience team to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. ASK: Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- Review the changes to medical care costs (doctor, hospital).
- Review the changes to our drug coverage, including coverage restrictions and cost sharing.
- Think about how much you will spend on premiums, deductibles and cost sharing.
- Check the changes in the 2025 Drug List to make sure the drugs you currently take are still covered.
- Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.

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☐ Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies, will be in our network next year.

☐ Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for Extra Help from Medicare.

☐ Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at the www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2024, you will stay in Network Health Anywhere (PPO).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025.** This will end your enrollment with Network Health Anywhere (PPO).
- If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

Additional Resources

- Our member experience team has free language interpreter services available for non-English speakers (phone numbers are in Section 8.1 of this document).
- Please contact our member experience team at 800-378-5234 for additional information. (TTY users should call 800-947-3529), Monday - Friday from 8 a.m. to 8 p.m. From October 1, 2024 through March 31, 2025, we are available every day from 8 a.m. to 8 p.m. This call is free.
- This information is available for free in other formats.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Network Health Anywhere (PPO)

- Network Health Medicare Advantage Plans include PPO plans with a Medicare contract. Enrollment in Network Health Medicare Advantage Plans depends on contract renewal.
- When this document says “we,” “us” or “our,” it means Network Health Insurance Corporation. When it says “plan” or “our plan,” it means Network Health Anywhere (PPO).

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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Network Health Anywhere (PPO) in several important areas. **Please note this is only a summary of costs**.

Cost	2024 (this year)	2025 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 2.1 for details.	$0	$0
Maximum out-of-pocket amounts This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details)	From in-network providers: $3,800 From in-network and out-of-network providers combined: $3,800	From in-network providers: $3,800 From in-network and out-of-network providers combined: $3,800
Doctor office visits	**In- and Out-of-Network** Primary care visits: $0 copayment Specialist visits: $35 copayment per visit	**In- and Out-of-Network** Primary care visits: $0 copayment Specialist visits: $35 copayment per visit
Inpatient hospital stays	**In- and Out-of-Network** $275 copayment for Medicare-covered inpatient hospital stays for days 1 - 6 $0 copayment per day for days 7 - 90	**In- and Out-of- Network** $275 copayment for Medicare-covered inpatient hospital stays for days 1 - 6 $0 copayment per day for days 7 - 90
Part D prescription drug coverage (See Section 2.5 for details.)	Deductible: $250 except for covered insulin products and most adult Part D vaccines. Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: $2 at a preferred pharmacy and $7 at a standard pharmacy • Drug Tier 2: $8 at a preferred pharmacy and $15 at a standard pharmacy.	Deductible: $300 except for covered insulin products and most adult Part D vaccines. Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: $2 at a preferred pharmacy and $7 at a standard pharmacy • Drug Tier 2: $8 at a preferred pharmacy and $15 at a standard pharmacy.

Cost	2024 (this year)	2025 (next year)
	• Drug Tier 3: $42 at a preferred pharmacy and $47 at a standard pharmacy. You pay $35 per month supply of each covered insulin product on this tier. • Drug Tier 4: $95 at a preferred pharmacy and $100 at a standard pharmacy. You pay $35 per month supply of each covered insulin product on this tier. • Drug Tier 5: 29% at a preferred pharmacy and 29% at a standard pharmacy. Catastrophic Coverage: • During this payment stage, the plan pays the full cost for your covered Part D drugs.	• Drug Tier 3: 23% at a preferred pharmacy and 24% at a standard pharmacy. You pay $35 per month supply of each covered insulin product on this tier. • Drug Tier 4: 37% at a preferred pharmacy and 37% at a standard pharmacy. You pay $35 per month supply of each covered insulin product on this tier. • Drug Tier 5: 29% at a preferred pharmacy and 29% at a standard pharmacy. Catastrophic Coverage: • During this payment stage, you pay nothing for your covered Part D drugs.

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Network Health Anywhere (PPO) in 2025

If you do nothing by December 7, 2024, we will automatically enroll you in Network Health Anywhere (PPO). This means starting January 1, 2025, you will be getting your medical and prescription drug coverage through Network Health Anywhere (PPO). If you want to change plans or switch to Original Medicare, you must do so between October 15 and December 7. If you are eligible for Extra Help, you may be able to change plans during other times.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2024	2025
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$0	$0
Part B premium reduction	You will receive a $25 credit toward your Medicare Part B premium.	You will receive a $26 credit toward your Medicare Part B premium.

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amounts

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. These limits are called the maximum out-of-pocket amounts. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2024 (this year)	2025 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from in-network providers count toward your in-network maximum out-of-pocket amount. Your plan premium and your costs for Part D prescription drugs do not count toward your maximum out-of-pocket amount.	$3,800 Once you have paid $3,800 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network providers for the rest of the calendar year.	$3,800 Once you have paid $3,800 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network providers for the rest of the calendar year.
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your costs for outpatient Part D prescription drugs do not count toward your maximum out-of-pocket amount for medical services.	$3,800 Once you have paid $3,800 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.	$3,800 Once you have paid $3,800 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.

Section 2.3 – Changes to the Provider and Pharmacy Networks

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our in-network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Updated directories are located on our website at networkhealth.com. You may also call our member experience team for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 *Provider Directory* networkhealth.com/find-a-doctor to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network**.

There are changes to our network of pharmacies for next year. **Please review the 2025 *Pharmacy Directory* networkhealth.com/find-a-pharmacy to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact our member experience team so we may assist.

Section 2.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2024 (this year)	2025 (next year)
Dental services – extra benefits	Annual maximum of $3,000 combined for preventive and comprehensive dental services. **In-Network** You pay a $0 copayment for non-Medicare covered preventive dental services. You pay 50% of the total cost for non-Medicare covered comprehensive dental services.	Annual maximum of $2,000 combined for preventive and comprehensive dental services. **In-Network** You pay a $0 copayment for non-Medicare covered preventive dental services. You pay 50% of the total cost for non-Medicare covered comprehensive dental services.
Emergency care	**In- and Out-of-Network** You pay a $110 copayment for each Medicare-covered emergency room visit within the United States and its territories. You pay a $110 copayment per incident for each non-Medicare covered emergency room visit outside the United States and its territories.	**In- and Out-of-Network** You pay a $125 copayment for each Medicare-covered emergency room visit within the United States and its territories. You pay a $125 copayment per incident for each non-Medicare covered emergency room visit outside the United States and its territories.

Cost	2024 (this year)	2025 (next year)
Inpatient Stay: Covered services received in a hospital or skilled nursing facility during a non-covered inpatient stay	**In- and Out-of-Network** You pay a $260 copayment for each Medicare-covered diagnostic radiology, PET, CAT, MRI, MRA or NUC service.	**In- and Out-of-Network** You pay a $310 copayment for each Medicare-covered diagnostic radiology, PET, CAT, MRI, MRA or NUC service.
Opioid treatment program services	**In- and Out-of-Network** You pay a $40 copayment for each Medicare-covered opioid treatment program service.	**In- and Out-of-Network** You pay a $35 copayment for each Medicare-covered opioid treatment program service.
Outpatient diagnostic tests and therapeutic services and supplies	**In- and Out-of-Network** You pay a $260 copayment for each Medicare-covered diagnostic radiology, PET, CAT, MRI, MRA or NUC service.	**In- and Out-of-Network** You pay a $310 copayment for each Medicare-covered diagnostic radiology, PET, CAT, MRI, MRA or NUC service.
Outpatient hospital services	**In- and Out-of-Network** You pay a $260 copayment for each Medicare-covered diagnostic radiology, PET, CAT, MRI, MRA or NUC service.	**In- and Out-of-Network** You pay a $310 copayment for each Medicare-covered diagnostic radiology, PET, CAT, MRI, MRA or NUC service.
Outpatient mental health care	**In- and Out-of-Network** You pay a $40 copayment for each Medicare-covered outpatient mental health individual or group therapy visit.	**In- and Out-of-Network** You pay a $35 copayment for each Medicare-covered outpatient mental health individual or group therapy visit.

Cost	2024 (this year)	2025 (next year)
Outpatient substance abuse services	**In-Network** You pay a $40 copayment for each Medicare-covered individual or group therapy substance abuse visit.	**In- and Out-of-Network** You pay a $35 copayment for each Medicare-covered individual or group therapy substance abuse visit.
Over-the-counter (OTC) catalog	**In-Network** You pay 0% of the cost of qualified OTC items, up to the $75 quarterly maximum. **Out-of-Network** OTC items must be ordered from the plan's approved service. We do not reimburse for OTC items purchased from retail stores or other mail order services.	**In-Network** Over the counter (OTC) items services are not covered. **Out-of-Network** Over the counter (OTC) items services are not covered
Physician/Practitioner services, including doctor's office visits	**In- and Out-of-Network** You pay a $0 copayment for each Medicare-covered PCP office or telehealth visit. You pay a $35 copayment for each Medicare-covered specialist office or telehealth visit. You pay a $35 copayment for each Medicare-covered hearing exam. You pay a $35 copayment for each Medicare-covered dental service. You pay a $40 copayment for each Medicare-covered outpatient mental health individual or group therapy visit. $0 for remote patient monitor set up and ongoing monitoring.	**In-Network** You pay a $0 copayment for each Medicare-covered PCP office or telehealth visit. You pay a $35 copayment for each Medicare-covered specialist office or telehealth visit. You pay a $35 copayment for each Medicare-covered hearing exam. You pay a $35 copayment for each Medicare-covered dental service. You pay a $35 copayment for each Medicare-covered outpatient mental health individual or group therapy visit. $0 for remote patient monitor set up and ongoing monitoring.

Cost	2024 (this year)	2025 (next year)
Skilled nursing facility (SNF)	**Per Admission** **In- and Out-of-Network** You pay a copayment of $0 for Medicare-covered hospital stays for days 1-20. You pay a copayment of $203 for Medicare-covered hospital stays for days 21-45. You pay a copayment of $0 for Medicare-covered hospital stays for days 46-100.	**Per Admission** **In- and Out-of-Network** You pay a copayment of $0 for Medicare-covered hospital stays for days 1-20. You pay a copayment of $214 for Medicare-covered hospital stays for days 21-45. You pay a copayment of $0 for Medicare-covered hospital stays for days 46-100.
Urgently needed services	**In-Network** You pay a $45 copayment for each Medicare-covered urgently needed care visit in the United States and its territories. You pay a $110 copayment for each non-Medicare covered urgently needed care visit outside the United States and its territories.	**In-Network** You pay a $35 copayment for each Medicare-covered urgently needed care visit in the United States and its territories. You pay a $125 copayment for each non-Medicare covered urgently needed care visit outside the United States and its territories.

Section 2.5 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or Drug List. A copy of our Drug List is provided electronically. **You can get the *complete* Drug List** by calling our member experience team (see the back cover) or visiting our website networkhealth.com/look-up-medications.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact our member experience team for more information.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version on the same or a lower cost-sharing tier and with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at an in-network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients. You may also contact our member experience team or ask your health care provider, prescriber, or pharmacist for more information.

Changes to Prescription Drug Benefits and Costs

Note: If you are in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the "*Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*" (also called the *Low-Income Subsidy Rider* or the *LIS Rider*), which tells you about your drug costs. If you receive Extra Help and you haven't received this insert by September 30, 2024, please call our member experience team and ask for the *LIS Rider*.

Beginning in 2025, there are three **drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

Changes to the Deductible Stage

	2024 (this year)	2025 (next year)
Stage 1: Yearly Deductible Stage During this stage, **you pay the full cost** of your Tier 2, Tier 3, Tier 4 and Tier 5 drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.	The deductible is $250. During this stage, you pay $2 at a preferred pharmacy and $7 at a standard pharmacy for drugs on Tier 1, $8 at a preferred pharmacy and $15 at a standard pharmacy for drugs on Tier 2, $42 at a preferred pharmacy and $47 at a standard pharmacy for drugs on Tier 3, and the full cost of drugs on Tier 4 and Tier 5 until you have reached the yearly deductible.	The deductible is $300. During this stage, you pay $2 at a preferred pharmacy and $7 at a standard pharmacy for drugs on Tier 1, and pay the full cost of drugs on Tier 2, Tier 3, Tier 4 and Tier 5 until you have reached the yearly deductible.

Changes to Your Cost Sharing in the Initial Coverage Stage

For drugs on Tier 3, your cost sharing in the Initial Coverage Stage is changing from a copayment to coinsurance. For drugs on Tier 4, your cost sharing in the Initial Coverage Stage is changing from a copayment to coinsurance. Please see the following chart for the changes from 2024 to 2025.

Stage	2024 (this year)	2025 (next year)
Stage 2: Initial Coverage Stage Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and **you pay your share of the cost.** For 2024, you paid a $42 copayment at a preferred pharmacy and $47 at a standard pharmacy for drugs on Tier 3. For 2025, you will pay a 23% coinsurance at a preferred pharmacy and 24% at a standard pharmacy for drugs on this tier.	Your cost for a one-month supply: **Tier 1 Preferred Generic:** *Standard cost sharing*: You pay $7 per prescription at retail. You pay $7 per prescription for mail order. *Preferred cost sharing*: You pay $2 per prescription at retail. You pay $2 per prescription for mail order. **Tier 2 Generic:** *Standard cost sharing*: You pay $15 per prescription at retail.	Your cost for a one-month supply: **Tier 1 Preferred Generic:** *Standard cost sharing*: You pay $7 per prescription at retail. You pay $7 per prescription for mail order. *Preferred cost sharing*: You pay $2 per prescription at retail. You pay $2 per prescription for mail order. **Tier 2 Generic:** *Standard cost sharing*: You pay $15 per prescription at retail.

Stage	2024 (this year)	2025 (next year)
For 2024, you paid a $95 copayment at a preferred pharmacy and $100 at a standard pharmacy for drugs on Tier 4. For 2025, you will pay a 37% coinsurance at a preferred pharmacy and 37% at a standard pharmacy for drugs on this tier. We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you.	You pay $15 per prescription for mail order. *Preferred cost sharing*: You pay $8 per prescription at retail. You pay $8 per prescription for mail order. **Tier 3 Preferred Brand:** *Standard cost sharing*: You pay $47 per prescription at retail. You pay $47 per prescription for mail order. You pay $35 per month supply of each covered insulin product on this tier. *Preferred cost sharing*: You pay $42 per prescription at retail. You pay $42 per prescription for mail order. You pay $35 per month supply of each covered insulin product on this tier. **Tier 4 Non-Preferred Drug:** *Standard cost sharing*: You pay $100 per prescription at retail. You pay $100 per prescription for mail order. You pay $35 per month supply of each covered insulin product on this tier. *Preferred cost sharing*: You pay $95 per prescription at retail. You pay $95 per prescription for mail order. You pay $35 per month supply of each covered insulin product on this tier. **Tier 5 Specialty Tier:** *Standard cost sharing*: You pay 29% of the total cost at retail. You pay 29% of the total cost for mail order.	You pay $15 per prescription for mail order. *Preferred cost sharing*: You pay $8 per prescription at retail. You pay $8 per prescription for mail order. **Tier 3 Preferred Brand:** S*tandard cost sharing*: You pay 24% of the total cost at retail. You pay 24% of the total cost for mail order. You pay $35 per month supply of each covered insulin product on this tier. *Preferred cost sharing*: You pay 23% of the total cost at retail. You pay 23% of the total cost for mail order. You pay $35 per month supply of each covered insulin product on this tier. **Tier 4 Non-Preferred Drug:** *Standard cost sharing*: You pay 37% of the total cost at retail. You pay 37% of the total cost for mail order. You pay $35 per month supply of each covered insulin product on this tier. *Preferred cost sharing*: You pay 37% of the total cost at retail. You pay 37% of the total cost for mail order. You pay $35 per month supply of each covered insulin product on this tier. **Tier 5 Specialty Tier:** *Standard cost sharing*: You pay 29% of the total cost at retail. You pay 29% of the total cost for mail order.

Stage	2024 (this year)	2025 (next year)
	Preferred cost sharing: You pay 29% of the total cost at retail. You pay 29% of the total cost for mail order. Once your total drug costs have reached $5,030, you will move to the next stage (the Coverage Gap Stage).	*Preferred cost sharing*: You pay 29% of the total cost at retail. You pay 29% of the total cost for mail order. Once you have paid $2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).

Changes to the Catastrophic Coverage Stage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 6, Section 6 in your *Evidence of Coverage*.

SECTION 3 Administrative Changes

Description	2024	2025
Dental benefit administration	Delta Dental Medicare Advantage	Say Cheese Dental Network, administered by Dental Benefit Providers (DBP)

Description	2024	2025
Diabetes self-management training, diabetic services and supplies	$0 copayment for Accu-Chek® or OneTouch® test strips and each covered diabetic supply item up to a 90-day supply. $0 copayment for eligible FreeStyle Libre and Dexcom® supplies.	$0 copayment for FreeStyle or OneTouch test strips and each covered diabetic supply item up to a 90-day supply. $0 copayment for eligible FreeStyle Libre and Dexcom supplies after an approved prior authorization. All other supplies are excluded.
Fitness program administration	SilverSneakers	One Pass™
Medicare Prescription Payment Plan	Not applicable	The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). To learn more about this payment option, please contact us at 1-866-845-1803 or visit Medicare.gov.
Outpatient diagnostic tests and therapeutic services and supplies	No prior authorization required for outpatient diagnostic tests, including imaging services (CT/PET/MRI/MRA) and therapeutic services and supplies	Prior authorization required for outpatient diagnostic tests, including imaging services (CT/PET/MRI/MRA) and therapeutic services and supplies

Description	2024	2025
Tier 1 Preferred Generic and Tier 2 Generic Drugs	$0 at preferred mail order for greater than a 30-day supply.	$0 for Tier 1 drugs at preferred mail order for greater than a 30-day supply. $0 for Tier 2 drugs at preferred mail order for greater than a 30-day supply, after deductible.

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in Network Health Anywhere (PPO)

To stay in our plan you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in Network Health Anywhere (PPO).

Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2025 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- – *OR* – You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 2.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

As a reminder, Network Health Insurance Corporation offers other Medicare health plans. These other plans may differ in coverage, monthly premiums and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Network Health Anywhere (PPO).
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Network Health Anywhere (PPO).
- To **change to Original Medicare without a prescription drug plan**, you must either:

- Send us a written request to disenroll. Contact our member experience team if you need more information on how to do so.
- – *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 5 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7.** The change will take effect on January 1, 2025.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get Extra Help paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage Plan for January 1, 2025, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2025.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

SECTION 6 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Wisconsin, the SHIP is called Wisconsin SHIP.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Wisconsin SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Wisconsin SHIP at 800-242-1060. You can learn more about Wisconsin SHIP by visiting their website at (www.dhs.wisconsin.gov/benefit-specialists/medicare-counseling.htm).

SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75 percent or more of your

drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, seven days a week, except some federal holidays;
- The Social Security Office at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
- Your State Medicaid Office.

- **Help from your state's pharmaceutical assistance program.** Wisconsin has a program called Wisconsin Senior Care that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** Prescription Cost-sharing Assistance for Persons with HIV/AIDS. The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Wisconsin AIDS/HIV Drug Assistance Program. For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call 608-261-6952, 608-267-6875 or 800-991-5532. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

  Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 1-866-845-1803 or visit Medicare.gov.

SECTION 8 Questions?

Section 8.1 – Getting Help from Network Health Anywhere (PPO)

Questions? We're here to help. Please call our member experience team at 800-378-5234. (TTY only, call 800-947-3529.) We are available for phone calls Monday – Friday from 8 a.m. to 8 p.m. From October 1, 2024 through March 31, 2025, we are available every day from 8 a.m. to 8 p.m. Calls to these numbers are free.

Read your *2025 Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the *2025 Evidence of Coverage* for Network Health Anywhere (PPO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at networkhealth.com/medicare/plan-materials. You may also call our member experience team to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at networkhealth.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/Drug List)*.

Section 8.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.Medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2025*

Read the *Medicare & You 2025* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

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 800-947-3529)
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: 800-947-3529) or speak to your provider.

Albanian: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 800-378-5234 (TTY: 800-947-3529) 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. اتصل مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. أو تحدث إلى (800-947-3529) 800-378-5234 على الرقم مقدم 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：800-947-3529）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 : 800-947-3529) ou parlez à votre fournisseur.

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 800-378-5234 (TTY : 800-947-3529) 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 : 800-947-3529) 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 : 800-947-3529) 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 : 800-947-3529) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Laotian: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 800-378-5234 (TTY : 800-947-3529) 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: 800-947-3529) 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 : 800-947-3529) 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 : 800-947-3529) 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 : 800-947-3529) o hable con su proveedor.

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong 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 : 800-947-3529) 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: 800-947-3529) hoặc trao đổi với người cung cấp dịch vụ của bạn.