

network health 2023

Your NetworkCares (PPO-DSNP) Extra Benefits



DELTA DENTAL MEDICARE ADVANTAGE COVERAGE

NetworkCares Member Cost

DENTAL SERVICES \$3,000 ANNUAL MAXIMUM	Delta Dental Medicare Advantage Dentist	Out-of- Network Dentist
DIAGNOSTIC AND PREVENTIVE SERVICES		
<ul style="list-style-type: none"> Diagnostic and preventive services (exams, cleanings and fluoride) X-rays (bitewing and full mouth) 	\$0	\$0
BASIC SERVICES		
<ul style="list-style-type: none"> Emergency palliative treatment (to temporarily relieve pain) Minor restorative services, simple extractions-nonsurgical extractions (fillings and crown repair) 	\$0	\$0
MAJOR SERVICES		
<ul style="list-style-type: none"> Major restorative services (crowns and onlays) Relines and repairs (bridges, implants and dentures) Prosthodontic services (bridges, implants and dentures) Endodontic services (root canals) Periodontic services (to treat gum disease) Oral surgery services (extractions and dental surgery) Other major services 	50%	50%



Frequently Asked Questions

Will I receive a Delta Dental ID card? You will not be sent a separate Delta Dental ID card. When you receive dental services, simply show your Network Health Medicare Advantage member ID card. All your Delta Dental Medicare Advantage plan information is available on the back of that card. Your dental benefit is available when your plan coverage begins.

Is Delta Dental Medicare Advantage different than Delta Dental? Yes. Delta Dental, like Network Health, is an insurance provider that offers different types of dental plans. You need to use a Delta Dental Medicare Advantage network provider to ensure you receive your full benefit. Find a participating provider at medicareadvantage.deltadentalwi.com.

What happens if my dentist does not participate in the Delta Dental Medicare Advantage network? If your dentist does not participate in the network, you may be responsible for the difference between Delta Dental's payment and the amount charged by the non-participating dentist.

What's the best way to know how much I'll owe for dental work? You can ask your dentist for a letter outlining any copayments or coinsurance associated with the specific dental care you need.

To find a Delta Dental Medicare Advantage network provider, visit medicareadvantage.deltadentalwi.com or call **866-548-0292** (TTY 711).

VISION BENEFITS NEVER LOOKED SO GOOD

NetworkCares members have access to the following.

- Routine vision exam for a \$0 copayment, when performed by an EyeMed in-network provider, one of the nation's largest networks of independent eye doctors and national retail providers
- Access to care when it's convenient for you—with extended weeknight and weekend hours and online appointment scheduling
- The tools and resources that make it easy to use your benefits
- Enhanced provider search to find the right provider
- Customer care, day or night

Plus, you'll get up to \$400 annually for contact lenses and/or glasses with a valid prescription.

VISION CARE SERVICES	MEMBER COST
Routine vision exam with dilation as necessary	\$0 copayment in-network or \$40 reimbursement out-of-network
Contact lenses and/or glasses with a valid prescription, including enhancements	\$400 allowance offered in-network or \$400 reimbursement offered out-of-network
Frequency Examination Frame and Lenses Contact Lenses	Once every calendar year Unlimited Unlimited

Frequently Asked Questions

Will I receive an EyeMed ID card?

No. To use your vision benefit, simply show your Network Health ID card to your EyeMed provider. He/she will take care of the rest.

How do I get the \$400 that's offered for my contacts or glasses?

When you visit an in-network provider, the \$400 is applied towards your purchase of glasses or contacts. Any remaining balance can be used on a future purchase during the calendar year. If you visit an out-of-network provider, you must pay for your eyewear and submit your receipt to EyeMed to receive your reimbursement, up to \$400. For more information, visit networkhealth.com/medicare/extra-benefits-snp.

You may also purchase eyewear online by visiting an EyeMed in-network online retailer such as glasses.com and contactsdirect.com.

What if I have additional questions about my vision benefit with EyeMed?

To reach EyeMed, call **833-279-4359** (TTY 711). For assistance coordinating your benefits, contact your care manager directly or contact Network Health Care Management at **866-709-0019** (TTY 800-947-3529), Monday–Friday from 8 a.m. to 5 p.m.

Did you know these health conditions may be identified through a vision exam?

- Diabetes
- High blood pressure
- Lupus
- Multiple sclerosis
- Rheumatoid arthritis

If you have one of these conditions, get your annual routine vision exam.



EyeMed Customer Service Toll Free
833-279-4359 (TTY 711)
Monday–Saturday from 6:30 a.m. to 10 p.m.
and Sunday from 10 a.m. to 7 p.m.

NON-EMERGENCY TRANSPORTATION BENEFIT

In partnership with Aryv, Network Health provides 24 one-way trips to and from approved locations. Individuals diagnosed with end-stage renal disease (ESRD) receive an additional 24 one-way trips to get to and from dialysis appointments.

DESTINATION AND CONTACT DETAILS		
Approved locations	Who to contact to schedule this ride	Distance from home
Medical appointment	Aryv	Within Network Health service area
Dental appointment	Aryv	Within Network Health service area
Pharmacies	Aryv	Within Network Health service area
Fitness centers	Network Health Care Management	Nearby fitness center
Grocery stores	Network Health Care Management	Nearby
Senior centers and local ADRC offices	Network Health Care Management	Nearby
Health and wellness classes	Network Health Care Management	Nearby
Dialysis appointment	Aryv	Within Network Health service area

Wheelchair accessible vehicles and door-to-door services are available upon request.

For help setting up a ride, call your care manager directly, or call **866-709-0019** (TTY 800-947-3529), Monday–Friday from **8 a.m. to 5 p.m.**



aryv.com/network-health
855-923-1113 (TTY 711)
Monday–Sunday, 4 a.m. to 10 p.m.

Frequently Asked Questions

How do I schedule a ride?

You can contact our care management team at 866-709-0019 (TTY 800-947-3529) or you can call Aryv directly at 855-923-1113 (TTY 711).

How far ahead do I need to book my trip?

Rides should be booked at least two days in advance to ensure availability. Your care manager can request rides with shorter notice, subject to availability.

What is considered a one-way trip?

A one-way trip is taking you to your destination or returning from your destination. Transportation both to and from your destination, would be considered two trips.

Will I be required to share transportation with other riders?

Your trip with Network Health and Aryv will be private, and will take you directly to your destination.

I have someone that helps me get around, can he/she go with me?

Yes, you may have additional riders join you.

Will I be contacted to confirm my ride?

Yes, every trip is individually confirmed. Aryv will contact you directly to confirm the pick up time, car make and model and other important details.

Will my ride be safe and on time?

Network Health partners with Aryv because we care about your safety. Aryv has served Wisconsin since 2013 and has completed more than 3.7 million trips providing safe, clean and on-time transportation.

I've been diagnosed with ESRD, how many rides do I get?

You have access to 24 one-way trips as part of your NetworkCares plan. Your ESRD diagnosis entitles you to an additional 24 one-way trips, but those trips may only be used to go to and from dialysis appointments.

MEAL DELIVERY BENEFIT

In partnership with Mom's Meals,[®] Network Health provides 28 meals delivered directly to your home, following a qualifying inpatient hospital, hospital observation or skilled nursing facility stay. Your care manager may contact you directly, following a qualifying in-network stay, to arrange meal delivery while you focus on getting well. If you have a qualifying stay, please contact your care manager within seven days to arrange meal delivery.

Network Health and Mom's Meals make it easy to enjoy the following.

- High-quality, nutritious meals that last for 14 days in the refrigerator
- The simplicity of being able to prepare a meal, using your microwave, within minutes (meals can also be prepared using an oven)
- Meal options designed for your specific nutritional needs—choose from heart-friendly, diabetes-friendly, renal-friendly, gluten free, vegetarian, lower sodium and more
- Complete meal options including sides such as fruit, bread, cheese or a special treat



Frequently Asked Questions

I had a hospital stay a few months ago, can I get meals delivered?

Meals are sent to members within the first week of coming home from the hospital or skilled nursing facility, so you can focus on recovering.

Will the meals be okay if I freeze them?

Your meals are best refrigerated and can keep for up to 14 days. If you decide to freeze your meal, let it thaw in the refrigerator and then prepare according to the directions.

I am being discharged to a facility right after surgery, can I have meals delivered there?

Typically the facility will provide meals to you so your meal delivery benefit would not be necessary in this situation. You may be eligible for meals when you return home from the skilled nursing facility, if it is considered a qualifying stay.

Why do I have to call to request meals?

Your care manager may not have access to information from your provider regarding your stay. Please contact us within seven days of your discharge, so we can provide nutritious meals to you when it matters the most.

Can I order fewer meals if I don't want 28?

Your care manager can order either 14 or 28 meals for you, depending on your needs.

Do all of the meals come at the same time?

If your care manager orders 14 meals, all the meals are delivered in one box and are individually wrapped for convenient storage in the refrigerator for up to 14 days. If your care manager orders 28 meals, you will receive 14 meals within 72 business hours of ordering. One week later, you will receive the remaining 14 meals.

OVER-THE-COUNTER (OTC) BENEFIT

OTC products delivered right to your door, at no cost to you.

Members can order from an OTC catalog with hundreds of useful items. This catalog will arrive with your member materials.*

Ordering is quick and easy and your items will be mailed directly to your home. You can order online by visiting login.networkhealth.com, using the order form through the mail or by calling 855-435-5164 (TTY 711), Monday–Friday from 7 a.m. to 10 p.m.

Visit networkhealth.com/medicare/extra-benefits for copies of the order form and to learn more.

The covered over-the-counter products include the following, and more.

DIAGNOSTICS

- Thermometer
- Blood pressure monitor

VITAMINS AND MINERALS

- Multivitamin
- Fish oil

BATHROOM SAFETY AND FALL PREVENTION

- Non-skid bath mat
- Folding cane

INCONTINENCE SUPPLIES

- Disposable underwear
- Underpads

HEARING

Hearing impacts your health, wellness and safety.

We know how important that is, which is why we offer you an annual routine hearing exam for a \$0 copayment when you see a TruHearing® in-network provider and access to select hearing aids, fitting and a follow up visit for \$495-\$1,695 per device.

We recommend checking your Medicaid hearing benefit prior to using this benefit. Medicaid may cover a hearing exam and hearing aids for you.



**If you don't receive your catalog, or need an additional copy, call Network Health Member Experience at 855-653-4363 (TTY 800-947-3529), Monday–Friday from 8 a.m. to 8 p.m.*

FITNESS

Our partnership with SilverSneakers® gives you access to virtual fitness programs and over 16,000 fitness locations nationwide.

To find a SilverSneakers location near you, visit tools.silversneakers.com/locationsearch.



HEALTH RISK ASSESSMENT (HRA)

One of Network Health's goals is to ensure you get the care you need to stay healthy. To meet this goal, it's important for us to understand the unique needs of our members and identify those who may benefit from additional support.

One way we can more effectively assist you is with an annual health risk assessment (HRA). The answers you provide will help us identify your particular needs so we can recommend programs and services that may be beneficial to you. These programs can enhance your quality of life. Completing the HRA will not affect your benefits in any way.

We encourage you to complete your HRA as quickly as possible to ensure you will receive as much support as you need from Network Health. You can complete your HRA with a care team member, through the member portal or a mailed paper copy.

This year, you can earn a \$50 reward for completing the HRA.





855-653-4363 (TTY 800-947-3529)
Monday–Friday, 8 a.m. to 8 p.m.

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 customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. Please note Delta Dental's Medicare Advantage Network only consists of dentists in the state of Wisconsin. If you receive services from a dentist that does not participate in Delta Dental's Medicare Advantage Network you will be responsible for the difference between Delta Dental's payment to you and the amount charged by the nonparticipating dentist.

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