

2019

NetworkPrime MSA Summary of Benefits

you'll
notice the
difference



800-983-7587
TTY 800-947-3529
networkhealth.com

2019 Summary of Benefits

SERVICE AREA AND ELIGIBILITY

To join NetworkPrime (MSA), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the State of Wisconsin.

WHAT IS A SUMMARY OF BENEFITS?

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. A complete list of services can be found in the plan-specific Evidence of Coverage. The Evidence of Coverage for each plan is available at **networkhealth.com**. Contact customer service for a printed copy.

WHAT IS AN MSA PLAN?

A medical savings account (MSA) is a unique plan that combines a high-deductible health insurance plan with a medical savings account. You can use the medical savings account to pay for health care services, while the high-deductible plan limits your out-of-pocket costs.

CONTACT NETWORK HEALTH

By Phone	Sales Department – 800-983-7587 Health Care Concierge Customer Service – 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
Hours of Operation	• Normal business hours are Monday–Friday, 8 a.m. to 5 p.m. • Network Health is closed on major holidays. • From October 1–March 31, you can call us seven days a week from 8 a.m. to 8 p.m., Central Time. • From April 1–September 30, you can call us Monday–Friday, from 8 a.m. to 8 p.m., Central Time.
Additional Resources	Medicare – Available 24 hours a day, seven days a week If you want to learn more about the coverage and costs of Original Medicare, use your current “Medicare & You” handbook, available from Medicare. Every year in the fall, this booklet 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 booklet, you can get it at the Medicare website (https://www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227) (TTY 1-877-486-2048), 24 hours a day, seven days a week.

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\$0 MONTHLY PREMIUM

Sound too good to be true? Well, it's real. You can enroll in *NetworkPrime* and not have to worry about sending in a monthly premium check.

HOW CAN YOU HAVE HEALTH CARE COVERAGE WITH A \$0 MONTHLY PREMIUM?

Because *NetworkPrime* is a Medicare Advantage Plan, the government (Medicare) pays a fixed monthly amount to Network Health to provide your coverage.

As long as you continue to pay your Medicare Part B premiums, you are eligible for enrollment in *NetworkPrime* at no additional monthly cost.

YOUR SAVINGS ACCOUNT AND DEDUCTIBLE

These are the three most important amounts to remember.

- 1 Your Yearly Deductible is \$5,100.**
The plan starts paying after you've paid this amount in health care costs.
- 2 Medicare's Yearly Deposit into Your Saving Account is \$1,500.**
You can use this money to pay for health care before you've met the \$5,100 deductible.
- 3 Once You've Met the \$5,100 Deductible, You Pay \$0 for All Medicare-Covered Services.**

COVERAGE AFTER THE DEDUCTIBLE

After you meet the plan deductible, all Medicare-covered services are covered at 100 percent. No more worrying about copayments or coinsurance—with *NetworkPrime*, you'll enjoy a more straightforward approach.

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BENEFITS THAT TRAVEL WITH YOU

Are you always on the go? Then, Network*Prime* may be the plan for you. No matter where you are in the United States, you have access to quality doctors, hospitals and facilities.

With Network*Prime*, there is no such thing as in- or out-of-network. Any doctor or hospital that accepts Medicare beneficiaries should also accept your Network*Prime* coverage.

Looking for a list of Medicare-covered services? For a complete listing of common services (that also apply to your plan deductible), visit <https://www.Medicare.gov>.



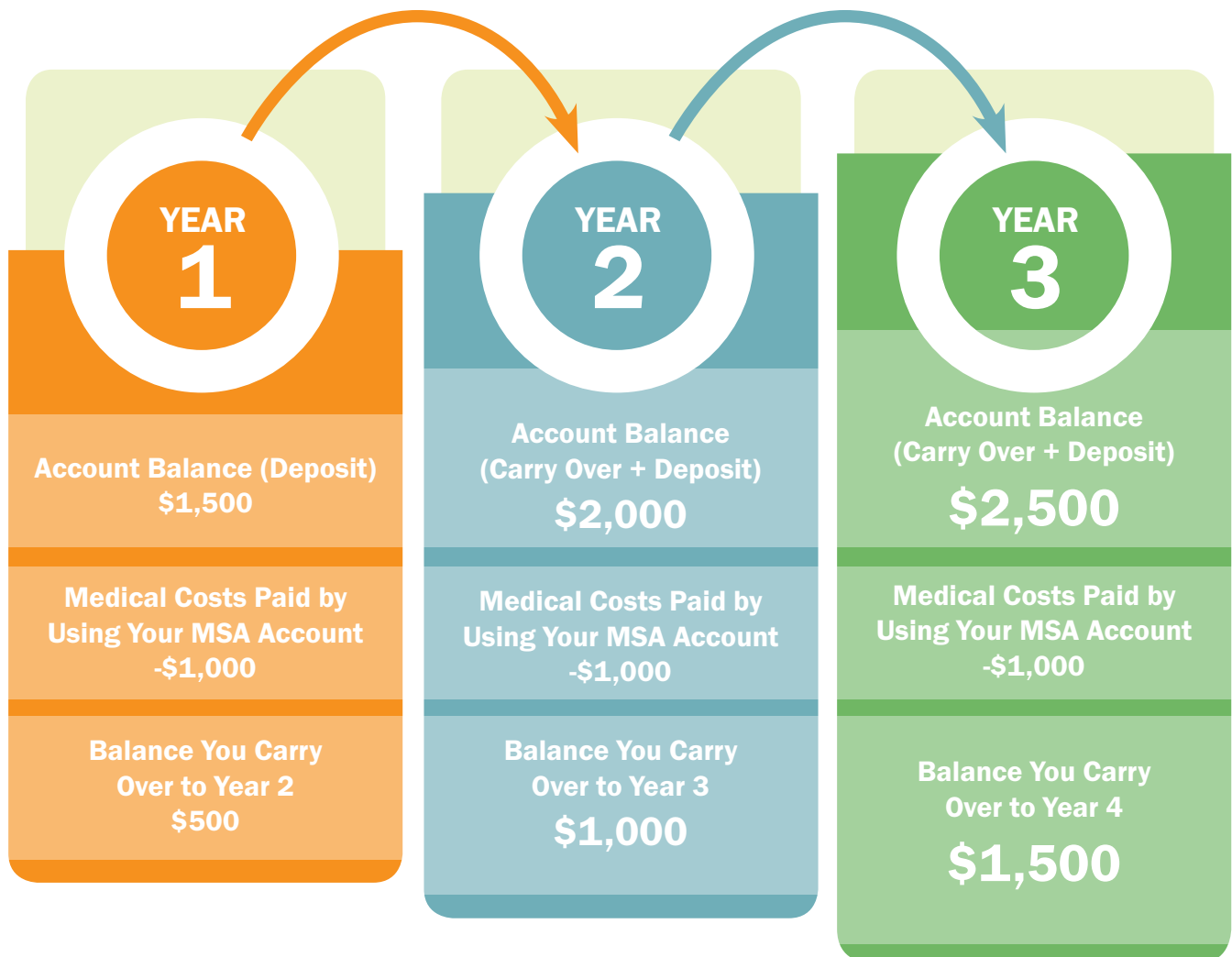
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SAVING MONEY IN YOUR MSA

Network*Prime* is a plan that allows you to save money and build on your savings year after year.

If you don't use the \$1,500 deposit, you keep all the money that's left and it carries over for the next year. Since you'll have a savings built up, this will help cut your out-of-pocket expenses and it will make your deductible feel more manageable. Over time, the funds in your account can build and help you meet the yearly deductible.

Here's an example. Remember, Medicare deposits the CMS-defined amount each year. This year the deposit will be \$1,500.



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BENEFIT	Network <i>Prime</i> (MSA)
PLAN COSTS	
How much is the monthly premium?	You pay nothing for your Medicare monthly plan premium. Medicare pays this monthly plan premium. You must keep paying your Medicare Part B premium.
How much is the deductible?	\$5,100 per year - you will pay nothing for Medicare-covered services after you meet your deductible
How much does Medicare deposit into my MSA bank account?	Medicare will deposit \$1,500 into your account
INPATIENT HOSPITAL COVERAGE	
You pay nothing after you meet your deductible. Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. Once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. Once you meet your deductible, the plan pays 100% of Medicare-approved costs.	
OUTPATIENT HOSPITAL COVERAGE	
Outpatient Surgery	You pay nothing after you meet your deductible.
DOCTOR'S VISITS	
Primary Care Physician	You pay nothing after you meet your deductible.
Specialist	You pay nothing after you meet your deductible.



“Network Health is the best value on the market, without question.”

Nick S., Slinger

2019 NetworkPrime Summary of Benefits

BENEFIT	NetworkPrime (MSA)
PREVENTIVE CARE	
You pay nothing after you meet your deductible. Our plan covers many preventive services, including: • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • “Welcome to Medicare” preventive visit (one-time) • Yearly “Wellness” visit Any additional preventive services approved by Medicare during the contract year will be covered. Until you meet your yearly deductible, you pay up to 100% for the Medicare-approved amount.	
EMERGENCY CARE	
Emergency Room	You pay nothing after you meet your deductible.
Urgently Needed Services	You pay nothing after you meet your deductible.
DIAGNOSTIC SERVICES/LABS/IMAGING	
You pay nothing after you meet your deductible. Covered services include: • Diagnostic radiology services (such as MRIs, CT scans) • Diagnostic tests and procedures • Lab services • Outpatient x-rays • Therapeutic radiology services (such as radiation treatment for cancer)	
HEARING SERVICES	
You pay nothing after you meet your deductible. Covered services include exams to diagnose and treat hearing and balance issues.	
DENTAL SERVICES	
You pay nothing after you meet your deductible. Limited to Medicare-covered dental services only. Medicare does not cover services in connection with care, treatment, filling, removal, or replacement of teeth.	

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BENEFIT	Network <i>Prime</i> (MSA)
VISION SERVICES	
You pay nothing after you meet your deductible. Covered services include: • Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening) • Eyeglasses or contact lenses after cataract surgery	
MENTAL HEALTH CARE	
You pay nothing after you meet your deductible. Covered services include: • Inpatient visit - Up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit applies to inpatient mental health services provided in a general hospital. • Outpatient group therapy visit • Outpatient individual therapy visit	
SKILLED NURSING FACILITY (SNF)	
You pay nothing after you meet your deductible. Covered services include up to 100 days in a skilled nursing facility. Once you meet your deductible, the plan pays 100% of Medicare-approved costs.	
OUTPATIENT REHABILITATION	
Occupational Therapy Visit	You pay nothing after you meet your deductible.
Physical Therapy and Speech and Language Therapy Visit	You pay nothing after you meet your deductible.
AMBULANCE	
You pay nothing after you meet your deductible.	
TRANSPORTATION	
Not covered	
PRESCRIPTION DRUG BENEFITS	
Medicare Part B Drugs and Chemotherapy	You pay nothing after you meet your deductible. • Part B drugs such as chemotherapy drugs • Other Part B drugs
Medicare Part D Drugs	Not included
CHIROPRACTIC CARE	
You pay nothing after you meet your deductible. Chiropractic care is limited to manual manipulation of the spine to correct a subluxation when 1 or more of the bones of your spine move out of position.	
DIABETIC SUPPLIES AND SERVICES	
You pay nothing after you meet your deductible. Covered expenses include: • Diabetes monitoring supplies • Diabetes self-management training • Therapeutic shoes or inserts	

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BENEFIT	NetworkPrime (MSA)
DURABLE MEDICAL EQUIPMENT	
You pay nothing after you meet your deductible.	
HOME HEALTH CARE	
You pay nothing after you meet your deductible.	
PROSTHETIC DEVICES	
You pay nothing after you meet your deductible. Covered services include: • Prosthetic devices • Related medical supplies	
SUPPLEMENTAL DENTAL	
The dental optional supplemental benefit package is available for a monthly premium of \$35.	
Annual Maximum: \$1,000 Comprehensive Deductible: \$100 In-Network 0% of the cost for non-Medicare covered preventive and diagnostic dental services. Deductible does not apply. 50% of the cost for non-Medicare covered basic and major dental services after the deductible. Out-of-Network 20% of the cost for non-Medicare covered preventive and diagnostic dental services. Deductible does not apply. 50% of the cost for non-Medicare covered basic and major dental services after the deductible.	

ACCOUNT DEPOSITS PRO-RATED BASED ON WHEN A MEMBER JOINS

The deposits are prorated by Medicare based on the month the member joins the plan. See the chart on the right to learn what will be deposited each month.

NetworkPrime is a Medical Savings Account (MSA) plan with a Medicare contract. Enrollment in Network Health Medicare Advantage plans depends on contract renewal. This information is not a complete description of benefits. Call 800-378-5234 (TTY 800-947-3529) for more information.

Plan Effective Date	Deposit Dollar Amount	Plan Deductible
January 1, 2019	\$1,500	\$5,100
February 1, 2019	\$1,375	\$4,675
March 1, 2019	\$1,250	\$4,250
April 1, 2019	\$1,125	\$3,825
May 1, 2019	\$1,000	\$3,400
June 1, 2019	\$875	\$2,975
July 1, 2019	\$750	\$2,550
August 1, 2019	\$625	\$2,125
September 1, 2019	\$500	\$1,700
October 1, 2019	\$375	\$1,275
November 1, 2019	\$250	\$850
December 1, 2019	\$125	\$425

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 customer service representative 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

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit **networkhealth.com** or call **800-983-7587** (TTY 800-947-3529) to view a copy of the EOC.

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/co-insurance may change on January 1, 2020.
- ☐ 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 800-947-3529) for additional information.

Nondiscrimination

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. Network Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Network Health:

- Provides free aids and services to people with disabilities 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 services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Network Health's discrimination complaints coordinator at 800-378-5234 (TTY 800-947-3529).

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's discrimination complaints coordinator, 1570 Midway Place, Menasha, WI 54952, phone number 800-378-5234, TTY 800-947-3529, Fax 920-720-1907, 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 discrimination complaints coordinator 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, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

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

Multi-language Interpreter Services

If you, or someone you're helping, has questions about Network Health, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 800-378-5234 (TTY 800-947-3529).

Albanian: Nëse ju, ose dikush që po ndihmoni, ka pyetje për Network Health, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin 800-378-5234 (TTY 800-947-3529).

Arabic:

إذا كان لديك أو لدى شخص كنت مساعدة، أسئلة حول Health Network، لديك الحق في الحصول على المساعدة والمعلومات باللغة الخاصة بك دون أي تكلفة. للتحدث مع مترجم فوري، قم باستدعاء 800-378-5234 (TTY 800-947-3529).

m-cmp-ndmulti-general-1217

Chinese: 如果您，或是您正在協助的對象，有關於[插入SBM項目的名稱 Network Health 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字800-378-5234 (TTY 800-947-3529)。

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Network Health, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 800-378-5234 (TTY 800-947-3529).

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Network Health haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 800-378-5234 (TTY 800-947-3529) an.

Hindi: यदि आप, या किसी को आप की मदद कर रहे हैं, के बारे में सवाल है Network Health, आप कोई भी कीमत पर अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। एक दुभाषिया के लिए बात करने के लिए, 800-378-5234 (TTY 800-947-3529) कहते हैं।

Hmong: Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog Network Health, koj muaj cai kom lawv muab cov ntshiab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau 800-378-5234 (TTY 800-947-3529).

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Network Health 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 800-378-5234 (TTY 800-947-3529)로 전화하십시오.

Laotian: ຖ້າທ່ານ, ຫຼືຄົນທີ່ທ່ານກຳລັງຊ່ວຍເຫຼືອ, ມີຄຳຖາມກ່ຽວກັບ Network Health, ທ່ານມີສິດທີ່ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອແລະຂໍ້ມູນຂ່າວສານທີ່ເປັນພາສາຂອງທ່ານບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ການໂອ້ນລັກບັນຍາຍພາສາ, ໃຫ້ໂທຫາ 800-378-5234 (TTY 800-947-3529).

Pennsylvania Dutch: Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut Network Health, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 800-378-5234 (TTY 800-947-3529) uffrufe.

Polish: Jeśli Ty lub osoba, której pomagasz ,macie pytania odnośnie Network Health, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku .Aby porozmawiać z tłumaczem, zadzwoń pod numer 800-378-5234 (TTY 800-947-3529).

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Network Health, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 800-378-5234 (TTY 800-947-3529).

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Network Health, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 800-378-5234 (TTY 800-947-3529).

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Network Health, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 800-378-5234 (TTY 800-947-3529).

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Network Health, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 800-378-5234 (TTY 800-947-3529).



800-983-7587 (TTY 800-947-3529)
networkhealth.com

NetworkPrime is a Medical Savings Account (MSA) plan with a Medicare contract. Enrollment in Network Health Medicare Advantage plans depends on contract renewal. This information is not a complete description of benefits. Call 800-378-5234 (TTY 800-947-3529) for more information.

Network Health Medicare Advantage Plans include MSA, HMO and PPO plans with a Medicare contract. Enrollment in Network Health Medicare Advantage Plans depends on contract renewal. This information is not a complete description of benefits. Call 800-378-5234 (TTY 800-947-3529) for more information. 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. 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. If you, or someone you're helping, has questions about Network Health, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 800-378-5234 (TTY 800-947-3529). Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Network Health, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 800-378-5234 (TTY 800-947-3529). Hmong: Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog Network Health, koj muaj cai kom lawv muab cov ntshiab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau 800-378-5234 (TTY 800-947-3529). H1181_1999-01a-0918_M Accepted 091818