

2019

Northeast Medicare Advantage PPO Summary of Benefits

you'll
notice the
difference



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



**“My health
is important
because I
have places to
go. We have
traveling we
want to do.”**

Diane, J., Ripon

2019 Summary of Benefits

SERVICE AREA AND ELIGIBILITY

To be eligible to join Network Health's Medicare Advantage Plans described in this booklet, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live in the service area and not be diagnosed with end-stage renal disease (ESRD). This Summary of Benefits applies to plans offered in the following counties in Wisconsin—Brown, Calumet, Dodge, Fond du Lac, Green Lake, Kewaunee, Manitowoc, Marquette, Oconto, Outagamie, Portage, Shawano, Sheboygan, Waupaca, Waushara and Winnebago.

WHAT IS A SUMMARY OF BENEFITS?

A Summary of Benefits is a summary document that describes Network Health's Medicare Advantage Plans. In this section, you will find information on Network PlatinumSelect (PPO), Network PlatinumChoice (PPO), Network PlatinumPlus (PPO), Network PlatinumPlus Pharmacy (PPO), Network PlatinumPremier (PPO) and Network PlatinumPremier Pharmacy (PPO).

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.

Additional Medicare Advantage Plan options offered by Network Health include NetworkPrime (MSA) and NetworkCares (PPO SNP) plans. Summary of Benefits materials for these plan options are available by contacting the Network Health Sales Department at **800-983-7587**.

WHAT IS A PPO PLAN?

A preferred provider organization (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. In northeast Wisconsin, you will have the same cost sharing for in- and out-of-network providers. All of the plans in this book are PPO plans.

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.

2019 Network Health Northeast Wisconsin
Medicare Advantage PPO Plans Summary of Benefits

You pay the same in- and out-of-network for Medicare covered benefits			
	Network Platinum <i>Select</i> (PPO)	Network Platinum <i>Choice</i> (PPO)	Network Platinum <i>Plus</i> (PPO)
PLAN COSTS			
Premium	\$0 per month (Includes pharmacy)	\$25 per month (Includes pharmacy)	\$89 per month
Deductible	This plan does not have a medical deductible.	This plan does not have a medical deductible.	This plan does not have a medical deductible.
Maximum Out-of-Pocket	\$5,900 per year combined, in- and out-of-network	\$4,500 per year combined, in- and out-of-network	\$3,400 per year combined, in- and out-of-network
INPATIENT HOSPITAL COVERAGE ¹			
	Days 1-4: \$450 copayment/day Days 5 and beyond: \$0 copayment	Days 1-4: \$425 copayment/day Days 5 and beyond: \$0 copayment	Days 1-5: \$375 copayment/day Days 6 and beyond: \$0 copayment
OUTPATIENT HOSPITAL COVERAGE ¹			
Outpatient Surgery Services	\$395 copayment	\$395 copayment	\$350 copayment
DOCTOR VISITS			
Primary Care Provider	\$15 copayment	\$10 copayment	\$15 copayment
Specialist	\$50 copayment	\$50 copayment	\$40 copayment
PREVENTIVE CARE			
	\$0 copayment	\$0 copayment	\$0 copayment
EMERGENCY CARE			
Emergency Room	\$90 copayment	\$90 copayment	\$120 copayment
Urgent Care	\$50 copayment	\$45 copayment	\$25 copayment
DIAGNOSTIC SERVICES/LABS/IMAGING			
Low Cost Labs	\$0 copayment	\$0 copayment	\$0 copayment
Lab and Clinical Diagnostic Tests	\$20 copayment	\$15 copayment	\$5 copayment
Outpatient X-rays	\$30 copayment	\$30 copayment	\$25 copayment
Ultrasound, EKGs, EEGs, Stress Test	\$40 copayment	\$35 copayment	\$25 copayment
Radiation Therapy	20%	\$60 copayment	\$60 copayment
Diagnostic Radiology Services (Such as MRIs, CT Scans)	\$150 copayment	\$125 copayment	\$100 copayment
HEARING SERVICES			
Medicare Covered Exams	\$15 copayment	\$10 copayment	\$25 copayment
Note: Services with a ¹ may require prior authorization.			

2019 Network Health Northeast Wisconsin
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You pay the same in- and out-of-network for Medicare covered benefits		
Network Platinum <i>Plus</i> Pharmacy (PPO)	Network Platinum <i>Premier</i> (PPO)	Network Platinum <i>Premier</i> Pharmacy (PPO)
PLAN COSTS		
\$122 per month (Includes pharmacy)	\$195 per month	\$295 per month (Includes pharmacy)
This plan does not have a medical deductible.	This plan does not have a medical deductible.	This plan does not have a medical deductible.
\$3,400 per year combined, in- and out-of-network	\$3,400 per year combined, in- and out-of-network	\$3,400 per year combined, in- and out-of-network
INPATIENT HOSPITAL COVERAGE ¹		
Days 1-5: \$375 copayment/day Days 6 and beyond: \$0 copayment	Days 1-5: \$75 copayment/day Days 6 and beyond: \$0 copayment	Days 1-5: \$75 copayment/day Days 6 and beyond: \$0 copayment
OUTPATIENT HOSPITAL COVERAGE ¹		
\$350 copayment	\$0 copayment	\$0 copayment
DOCTOR VISITS		
\$15 copayment	\$10 copayment	\$10 copayment
\$40 copayment	\$20 copayment	\$20 copayment
PREVENTIVE CARE		
\$0 copayment	\$0 copayment	\$0 copayment
EMERGENCY CARE		
\$120 copayment	\$120 copayment	\$120 copayment
\$25 copayment	\$0 copayment	\$0 copayment
DIAGNOSTIC SERVICES/LABS/IMAGING		
\$0 copayment	\$0 copayment	\$0 copayment
\$5 copayment	\$0 copayment	\$0 copayment
\$25 copayment	\$0 copayment	\$0 copayment
\$25 copayment	\$0 copayment	\$0 copayment
\$60 copayment	\$0 copayment	\$0 copayment
\$100 copayment	\$0 copayment	\$0 copayment
HEARING SERVICES		
\$25 copayment	\$0 copayment	\$0 copayment
Note: Services with a ¹ may require prior authorization.		

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You pay the same in- and out-of-network for Medicare covered benefits			
	Network Platinum <i>Select</i> (PPO)	Network Platinum <i>Choice</i> (PPO)	Network Platinum <i>Plus</i> (PPO)
DENTAL SERVICES ¹			
Medicare Covered Dental Optional rider available see page 25	\$50 copayment (does not include services in connection with care, treatment, filling, removal or replacement of teeth)	\$50 copayment (does not include services in connection with care, treatment, filling, removal or replacement of teeth)	\$25 copayment (does not include services in connection with care, treatment, filling, removal or replacement of teeth)
Supplemental Dental	Not covered	One exam and cleaning per year with Delta Dental Medicare Advantage Provider. \$30 copayment, no coverage out-of-network.	
VISION SERVICES			
Medicare Covered Exams	\$50 copayment	\$50 copayment	\$25 copayment
NEW BENEFIT Supplemental Vision Exam Routine Eye Exam	\$10 copayment in-network, maximum \$30 reimbursement out-of-network		
MENTAL HEALTH CARE			
Inpatient	Days 1-4 \$395 copayment/day Days 5-190 \$0 copayment including “lifetime reserve days”	Days 1-4 \$295 copayment/day Days 5-190 \$0 copayment including “lifetime reserve days”	Days 1-10 \$150 copayment/day Days 11-190 \$0 copayment including “lifetime reserve days”
Outpatient	Individual or group therapy \$40 copayment	Individual or group therapy \$40 copayment	Individual or group therapy \$35 copayment
SKILLED NURSING FACILITY ¹			
	Days 1-20 \$0 copayment/day Days 21-57 \$172 copayment/day Days 58-100 \$0 copayment	Days 1-20 \$0 copayment/day Days 21-49 \$172 copayment/day Days 50-100 \$0 copayment	Days 1-20 \$20 copayment/day Days 21-54 \$172 copayment/day Days 55-100 \$0 copayment
PHYSICAL THERAPY			
	\$40 copayment	\$40 copayment	\$40 copayment
AMBULANCE			
	\$300 copayment	\$275 copayment	\$250 copayment
TRANSPORTATION			
	Not covered	Not covered	Not covered
PRESCRIPTION DRUG BENEFITS			
Medicare Part B Drugs and Chemotherapy ¹	20%	20%	20%
Medicare Part D Drugs	Covered	Covered	Not covered
CHIROPRACTIC CARE			
	\$20 copayment for manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position).	\$20 copayment for manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position).	\$20 copayment for manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position).
Note: Services with a ¹ may require prior authorization.			

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You pay the same in- and out-of-network for Medicare covered benefits		
Network Platinum <i>Plus</i> Pharmacy (PPO)	Network Platinum <i>Premier</i> (PPO)	Network Platinum <i>Premier</i> Pharmacy (PPO)
DENTAL SERVICES ¹		
\$25 copayment (does not include services in connection with care, treatment, filling, removal or replacement of teeth)	\$0 copayment (does not include services in connection with care, treatment, filling, removal or replacement of teeth)	\$0 copayment (does not include services in connection with care, treatment, filling, removal or replacement of teeth)
One exam and cleaning per year with Delta Dental Medicare Advantage Provider. \$30 copayment, no coverage out-of-network.		
VISION SERVICES		
\$25 copayment	\$0 copayment	\$0 copayment
\$10 copayment in-network, maximum \$30 reimbursement out-of-network		
MENTAL HEALTH CARE		
Days 1-10 \$150 copayment/day Days 11-190 \$0 copayment/day including “lifetime reserve days”	Days 1-190 \$0 copayment/day including “lifetime reserve days”	Days 1-190 \$0 copayment/day including “lifetime reserve days”
Individual or group therapy \$35 copayment	Individual or group therapy \$0 copayment	Individual or group therapy \$0 copayment
SKILLED NURSING FACILITY ¹		
Days 1-20 \$20 copayment/day Days 21-54 \$172 copayment/day Days 55-100 \$0 copayment	Days 1-100 \$0 copayment/day	Days 1-100 \$0 copayment/day
PHYSICAL THERAPY		
\$40 copayment	\$20 copayment	\$20 copayment
AMBULANCE		
\$250 copayment	\$0 copayment	\$0 copayment
TRANSPORTATION		
Not covered	Not covered	Not covered
PRESCRIPTION DRUG BENEFITS		
20%	20%	20%
Covered	Not covered	Covered
CHIROPRACTIC CARE		
\$20 copayment for manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position).	\$20 copayment for manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position).	\$20 copayment for manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position).
Note: Services with a ¹ may require prior authorization.		

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You pay the same in- and out-of-network for Medicare covered benefits			
	Network Platinum <i>Select</i> (PPO)	Network Platinum <i>Choice</i> (PPO)	Network Platinum <i>Plus</i> (PPO)
DIABETES SUPPLIES AND SERVICES ¹			
Monitoring Supplies and Test Strips	One Touch™ and Accu-Chek™ (All other brands are not covered) \$0 copayment, applies up to a 90-day supply	One Touch™ and Accu-Chek™ (All other brands are not covered) \$0 copayment, applies up to a 90-day supply	One Touch™ and Accu-Chek™ (All other brands are not covered) \$0 copayment, applies up to a 90-day supply
Self-Monitoring Training	\$0 copayment	\$0 copayment	\$0 copayment
Therapeutic Shoes/ Inserts	\$10 copayment	\$10 copayment	\$10 copayment
PROSTHETIC DEVICES (BRACES, ARTIFICIAL LIMBS, ETC.) ¹			
Prosthetic Devices	20% of the cost	20% of the cost	20% of the cost
Related Medical Supplies	20% of the cost	20% of the cost	20% of the cost
HOME HEALTH CARE ¹			
	\$0 copayment	\$0 copayment	\$0 copayment
Note: Services with a ¹ may require prior authorization.			

“ I switched to Network Health because I wanted personalized service and didn’t want to feel like a number. ”

Gloria T., Waukesha



2019 Network Health Northeast Wisconsin
Medicare Advantage PPO Plans Summary of Benefits

You pay the same in- and out-of-network for Medicare covered benefits		
Network Platinum <i>Plus</i> Pharmacy (PPO)	Network Platinum <i>Premier</i> (PPO)	Network Platinum <i>Premier</i> Pharmacy (PPO)
DIABETES SUPPLIES AND SERVICES ¹		
One Touch™ and Accu-Chek™ (All other brands are not covered) \$0 copayment, applies up to a 90-day supply	One Touch™ and Accu-Chek™ (All other brands are not covered) \$0 copayment, applies up to a 90-day supply	One Touch™ and Accu-Chek™ (All other brands are not covered) \$0 copayment, applies up to a 90-day supply
\$0 copayment	\$0 copayment	\$0 copayment
\$10 copayment	\$0 copayment	\$0 copayment
PROSTHETIC DEVICES (BRACES, ARTIFICIAL LIMBS, ETC.) ¹		
20% of the cost	\$0 copayment	\$0 copayment
20% of the cost	\$0 copayment	\$0 copayment
HOME HEALTH CARE ¹		
\$0 copayment	\$0 copayment	\$0 copayment
Note: Services with a ¹ may require prior authorization.		



“ Network Health knows my doctors. ”

Linda H., Appleton

OUR PLAN DRUG COSTS	Network PlatinumSelect	Network PlatinumChoice	Network PlatinumPlus Pharmacy	Network PlatinumPremier Pharmacy
When your coverage starts, you pay a deductible for tiers 3, 4 and 5 only; and copayments until total drug costs (what you and Network Health pay) reach \$3,820.				
Drug Deductible	\$395 For tiers 3, 4 and 5 only	\$260 For tiers 3, 4 and 5 only	\$260 For tiers 3, 4 and 5 only	\$260 For tiers 3, 4 and 5 only
INITIAL COVERAGE				
30-Day Supply Preferred Pharmacy or Mail Order Pharmacy	\$2 for Tier 1 \$8 for Tier 2 25% for Tier 5	\$2 for Tier 1 \$8 for Tier 2 28% for Tier 5		
30-Day Supply Standard Pharmacy	\$4 for Tier 1 \$14 for Tier 2 25% for Tier 5	\$4 for Tier 1 \$14 for Tier 2 28% for Tier 5		
90-Day Supply Preferred Pharmacy	\$5 for Tier 1 \$20 for Tier 2 Tier 5 is not available	\$5 for Tier 1 \$20 for Tier 2 Tier 5 is not available		
90-Day Supply Standard Pharmacy	\$10 for Tier 1 \$35 for Tier 2 Tier 5 is not available	\$10 for Tier 1 \$35 for Tier 2 Tier 5 is not available		
31 to 90-Day Mail Order Pharmacy	\$0 FOR TIER 1			
90-Day Mail Order Pharmacy	\$0 for Tier 1 \$20 for Tier 2 Tier 5 is not available	\$0 for Tier 1 \$20 for Tier 2 Tier 5 is not available		
COVERAGE GAP				
You enter the coverage gap when total drug costs reach \$3,820. You pay 37% and Network Health pays 63% for generic drugs. For brand name drugs, you pay 25%, Network Health pays 5% and the drug company pays 70%.				
CATASTROPHIC COVERAGE				
You pay the greater of \$3.40 or 5% of the cost for generic drugs and \$8.50 or 5% of the cost for brand name drugs, once your true out of pocket cost reaches \$5,100.				

WHAT IS A DRUG TIER?

A drug tier is the cost category a drug belongs to. It determines what you pay for the drug, and usually the higher the tier the more you pay. Within each tier, you pay less when you use a preferred pharmacy. You can look up medications to find out what tier they are on at **networkhealth.com**.

PREFERRED PHARMACY

An in-network pharmacy where drugs are covered at a lower cost.

STANDARD PHARMACY

An in-network pharmacy where drugs are covered, but at a higher cost.

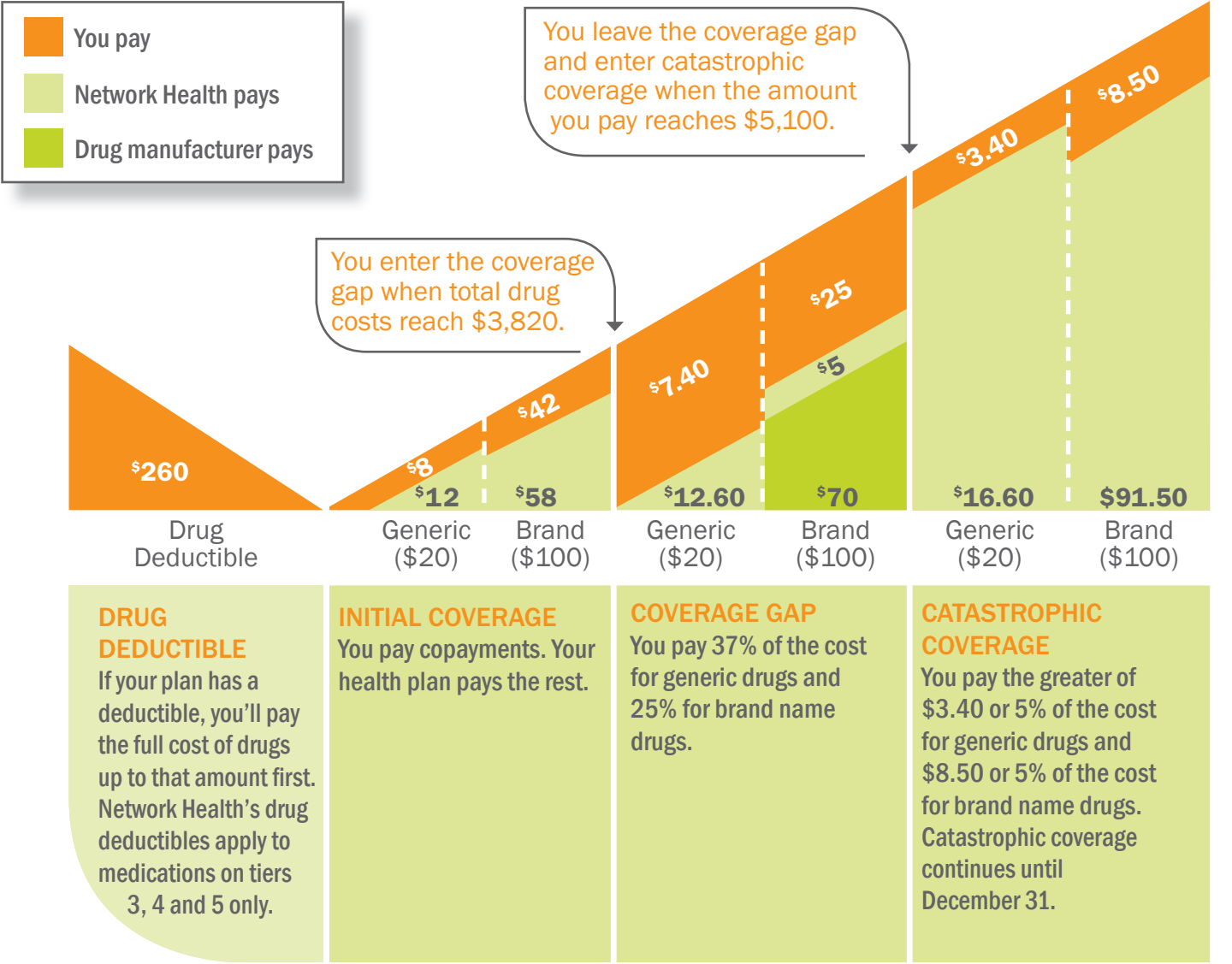
EXTRA HELP

Beneficiaries with limited resources and income may also be able to get Extra Help to pay for the costs—monthly premiums, annual deductibles and prescription copayments—related to a Medicare prescription drug plan.

OUR PLANS HAVE FIVE DRUG TIERS	
Tier 1 – Preferred generic	Tier 1 is the lowest tier. Lower cost preferred generic drugs are included in this tier.
Tier 2 – Generic	Tier 2 includes higher cost preferred generic drugs.
Tier 3 – Preferred brand	Tier 3 includes lower cost preferred brand drugs and higher cost generic drugs.
Tier 4 – Non-preferred brand	Tier 4 includes higher cost non-preferred brand drugs and non-preferred generic drugs.
Tier 5 – Specialty drugs	Tier 5 is the highest tier. Very high cost brand and generic drugs, as well as drugs that require special handling and/or close monitoring, are included in this tier.

HOW THE COVERAGE GAP WORKS

Medicare Part D, or prescription drug coverage, has four different periods of coverage—deductible, initial coverage, the coverage gap and catastrophic coverage. Refer to the graphic for a general example of how it all works.



Remember, this image is an example only. Your deductible, drug tiers, pharmacy choice and other factors will determine your actual drug costs.

WHAT IS THE DIFFERENCE BETWEEN BRAND NAME AND GENERIC DRUGS?

A brand name drug is a drug that is protected by a patent. The drug can only be made or sold by the company that holds the patent. A generic drug is approved by the U.S. Food and Drug Administration (FDA) as having the same active ingredients as a brand name drug, but generally, the generic drug will cost less.

IS A GENERIC DRUG AS GOOD AS A BRAND NAME DRUG?

Yes, generic drugs are just as good as the brand name because they are approved by the FDA as meeting the same standards.

HOW TO LOOK UP PRESCRIPTION DRUGS AND PHARMACIES

WHERE DO I FIND OUT WHAT DRUGS ARE COVERED?

Covered drugs are listed in our drug list, called the formulary. You will find an interactive search online at **networkhealth.com**, simply select **Look Up Medications**.

HOW DO I KNOW WHICH PHARMACIES ARE COVERED?

You can search for pharmacies by visiting **networkhealth.com**, select **Find a Pharmacy**. Our pharmacy directory lists in-network pharmacies for your prescriptions. You must use one of these pharmacies for your prescriptions to be covered. In addition, if you use a preferred pharmacy, your copayment will be lower. Preferred pharmacies are marked with an asterisk (*) in the pharmacy directory. A few of our preferred pharmacies in your neighborhood include ShopKo®, Walgreens and Pick n Save® locations. To find an in-network pharmacy while traveling, please call us at 800-378-5234 (TTY 800-947-3529), Monday–Friday, 8 a.m. to 8 p.m. From October 1–March 31, we’re available seven days a week, 8 a.m. to 8 p.m.

HOW CAN I SAVE EVEN MORE ON PRESCRIPTIONS?

You can save even more with a 90-day supply of your medications at a retail pharmacy or through mail order. A 90-day supply of Tier 1 medications filled through mail order is available for a \$0 copayment. Visit Express-Scripts.com to sign up for mail order, or call 800-316-3107 (TTY 800-899-2114), 24 hours a day, seven days a week.

BELOW IS A LIST OF THE
TOP 10 DRUGS THAT ARE
\$0 FOR 90 DAYS WITH
MAIL ORDER

amlodipine

furosemide

lisinopril

metoprolol

sertraline

atorvastatin

levothyroxine

metformin

omeprazole

simvastatin



Check your prescription drug coverage at networkhealth.com, select Look Up Medications.

REMINDERS

- If you do not add prescription drug coverage when you are first eligible (and you do not have coverage that’s as good as or better than Medicare Part D coverage) and you choose to add it later, you may have to pay a penalty.
- You can only be enrolled in one Part D prescription drug plan at a time. If you are enrolled in a Medicare Advantage PPO Plan, you must receive your Part D coverage through that plan.
- If you enroll in a Stand-Alone Prescription Drug Plan, you will automatically be disenrolled from the Medicare Advantage PPO Plan and returned to Original Medicare.

SUPPLEMENTAL BENEFITS

Because Network Health’s mission is to enhance the life, health and wellness of the people we serve; we also offer the following supplemental benefits.

ADDITIONAL SUPPLEMENTAL BENEFITS					
Network Platinum <i>Select</i> (PPO)	Network Platinum <i>Choice</i> (PPO)	Network Platinum <i>Plus</i> (PPO)	Network Platinum <i>Plus</i> Pharmacy (PPO)	Network Platinum <i>Premier</i> (PPO)	Network Platinum <i>Premier</i> Pharmacy (PPO)
SilverSneakers®					
Not included	Included	Included	Included	Included	Included
TRAVEL BENEFIT					
When you travel outside of Wisconsin, within the United States, your coverage goes with you. Visit any provider who accepts Medicare beneficiaries, and you’ll be covered as though you’re seeing an in-network provider. For international coverage, refer to your Evidence of Coverage for more information.					
HEARING AID DISCOUNT					
Through our partnership with Simpli Hearing, LLC, members will find quality brand name hearing aids discounted to \$1,220 - \$1,985. This discount program includes a one-year warranty, three office visits, one pack of batteries and one year of loss and damage insurance.					
OPTIONAL DENTAL BENEFIT WITH DELTA DENTAL MEDICARE ADVANTAGE					
\$35 monthly premium 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.					

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 **800-378-5234** (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 medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

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.
- ☐ 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 situations, non-contracted providers may deny care.

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).

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. ການໂອ້ນຮຽນກັບນາຍພາສາ, 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).

Notes

Notes



**“ I like the
extras like
an eye exam
and a dental
check-up. ”**

Karleene W., Weyauwega



800-983-7587 (TTY 800-947-3529)
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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). H5215_1822-01-0818_M Accepted 9/16/18