



Your 2026 Medicare Advantage Extra Benefits



SAY CHEESE DENTAL NETWORK COVERAGE



	Network Health Bravo (PPO) Network Health Armor (PPO)	Network Health PlusRx (PPO)	Network Health PremierRx (PPO)	Network Health Choice (PPO)	Network Health Anywhere (PPO)
DIAGNOSTIC AND PREVENTIVE SERVICES*					
Cleaning and exam	Two per year 100% coverage in-network, \$5,000 combined in- and out-of-network annual maximum**	Two per year, 100% coverage in-network, \$750 combined in- and out-of-network annual maximum	One per year for \$30 copayment	Two per year 100% coverage in-network \$1,500 combined in- and out-of-network annual maximum**	Two per year 100% coverage in-network \$2,000 combined in- and out-of-network annual maximum**
Bitewing X-rays	One per year for \$0**	One per year for \$0	Not covered	One per year for \$0**	One per year for \$0**
Comprehensive Coverage Gum disease maintenance, bridge and bridge repairs, dentures and denture repairs, extractions, root canals and crowns	100% coverage in-network, \$5,000 combined in- and out-of-network annual maximum**	50% coverage in-network, \$750 combined in- and out-of-network annual maximum	Not covered	50% coverage in-network, \$1,500 combined in- and out-of-network annual maximum**	50% coverage in-network, \$2,000 combined in- and out-of-network annual maximum**
Out-of-network coverage	Member pays 50%**	Member pays 80%	Up to \$100 reimbursement for covered services	Member pays 80%**	Member pays 80%**

NEED MORE COVERAGE?

Network Health offers optional comprehensive dental coverage for a \$49 monthly premium.

- Maximum benefit amount of \$1,000; if your plan has embedded dental coverage, those diagnostic and preventive services do not count toward your annual maximum.
- 50% coverage on basic and major services, including root canal, extractions, oral surgery, crowns, implants, bridges and dentures.
- \$0 exams, cleanings, X-rays and fluoride treatments in-network (member pays 20% out-of-network).
- \$100 deductible applies to most services (not diagnostic and preventive services).
- Available during the annual open enrollment period and upon initial enrollment.
- Not available for Network Health Bravo, Network Health Armor, Network Health Choice and Network Health Anywhere plans.

**Deductible does not apply.*

***This benefit includes one implant and resin.*

Say Cheese Dental Network Customer Service

888-454-4127 (TTY 711)

Monday–Friday from 7 a.m. to 10 p.m.

Saturday from 8 a.m. to 5:30 p.m.

WHAT YOU SHOULD KNOW ABOUT DENTAL

ID card details

You may use your Network Health member ID card for your embedded dental benefits. If you enroll in the optional comprehensive dental coverage for an additional \$49 monthly premium, you will receive a separate ID card from Say Cheese Dental Network.

Enrollment in the optional dental coverage is only available upon initial enrollment and during the annual enrollment period.

Your dental coverage begins on your plan's effective date.

Visit with a Say Cheese Dental Network provider.

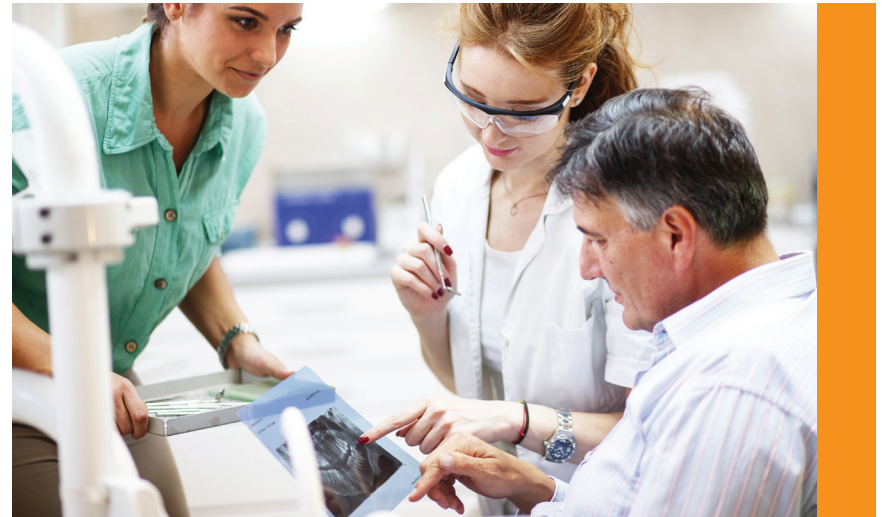
Say Cheese Dental Network offers a variety of dental plans, therefore you should visit an in-network dentist to ensure you receive your full coverage.

We recommend you visit saycheesedentalnetwork.com first, before your appointment to ensure that your dentist is in-network.

You may also ask your dentist "Are you *in-network with Say Cheese Dental Network, administered by Dental Benefit Providers?*" Dentists are familiar with Dental Benefit Providers and mentioning it will help to get the answers you need.



WHAT YOU SHOULD KNOW ABOUT DENTAL



Can I see an out-of-network dentist?

Yes. Out-of-network dentists are those who do not have a contract with Say Cheese Dental Network.

If you decide to see an out-of-network dentist, you may pay more for your dental care because they have not agreed to a contracted price for dental services with Say Cheese Dental Network. Out-of-network dentists may also bill you the difference between their billed charges and Say Cheese Dental Network's allowed payment amount. This practice is called balance billing.

How will Say Cheese Dental Network pay my out-of-network dental claims?

Say Cheese Dental Network provides your benefits according to the out-of-network coverage detailed in your Dental Certificate. You may view your dental certificate by logging into your member portal at login.networkhealth.com and selecting Plan Materials, or by visiting networkhealth.com/medicare/plan-materials.

Typically, if you pay your dentist up front, you will need to submit for reimbursement using the reimbursement form located at networkhealth.com/medicare/extra-benefits, or in your member portal. Then Say Cheese Dental Network will reimburse you up to the approved amount for out-of-network services.

VISION BENEFITS NEVER LOOKED SO GOOD

Network Health Medicare PPO plan members have the following vision benefits.

- With many plans, your annual routine vision exam is covered for a \$10 copayment, when performed by an EyeMed in-network provider, one of the nation's largest networks of independent eye doctors and national retail providers
- Annual routine vision exams are covered for a \$0 copayment with Network Health Anywhere, Network Health Armor, Network Health Bravo and Network Health Choice
- 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

How do I know if my exam is a routine vision exam or a medical eye exam?

Routine Vision Exam

This type of eye exam tests for eye diseases and provides prescriptions for eyeglasses and contacts. A refraction test and dilation is covered when they're performed as part of this exam, as recommended by your doctor.

When do I need a routine eye exam?

- Your vision is blurry
- You have trouble reading up close
- Your eyes are uncomfortable or vision is inconsistent
- Annually, even if you don't experience issues

Is this type of exam covered by my Network Health Medicare Advantage plan?

Yes. Depending on your plan, you are covered for a routine eye exam with a \$10 copayment or up to \$40 reimbursement if you visit an out-of-network provider for this service. The Network Health Anywhere, Network Health Armor, Network Health Bravo and Network Health Choice plans cover an annual routine vision exam for \$0 copayment. You can find an EyeMed in-network provider by visiting networkhealth.com/medicare/extra-benefits.

Note: The EyeMed network of providers for routine vision exams are different from our Network Health medical vision providers.

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

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

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

Medical Eye Exam*

Performed to evaluate abnormalities found during your routine eye exam and to monitor existing medical conditions. A refraction test is not covered when performed as part of this exam. If you have questions about the type of exam you receive, contact your provider.

Why might I need a medical exam instead of a routine exam?

- You have cataracts
- You have diabetes
- You have glaucoma
- You have macular degeneration

Is this type of exam covered by my Network Health Medicare Advantage Plan?

Yes. This is considered a Medicare-covered exam and a copayment will apply. To find a Network Health medical vision provider, visit networkhealth.com/find-a-doctor, select your plan type and search for **Optometry** or **Ophthalmology**.

POWERED BY

eye
Med

EyeMed Customer Service Toll Free

833-279-4359 (TTY 711)

**Monday – Saturday from 7 a.m. to 10 p.m.
and Sunday from 10 a.m. to 7 p.m.**

**A refraction test is not included in a medical eye exam.*

WHAT YOU SHOULD KNOW ABOUT VISION

To get the most out of your plan's vision benefit, it is best to see an EyeMed in-network vision provider. To find one near you, visit networkhealth.com/medicare/extra-benefits or directly on EyeMed's website at eyedoclocator.eyemedvisioncare.com/network/en-us.

Can I see an out-of-network eye doctor?

Yes. Out-of-network providers do not have a contract with EyeMed. If you decide to see an out-of-network eye doctor, the cost for your vision care may be more because they have not agreed to a contracted price for services with EyeMed.

Your Network Health plan has vision coverage for routine exams as well as medical eye exams and you are able to request a reimbursement for those services. See the previous page for more information on the difference between these types of exams.

How do I get reimbursed by EyeMed?

There are two different types of EyeMed forms you can choose from to request an out-of-network reimbursement, depending on the circumstance. One is a claim form and one is an exception form.

You must complete the **claim form** if you ...

- have out-of-network coverage for the service provided
- received routine vision services from an out-of-network vision provider.

You must complete the **exception form** if you ...

- were unable to locate an in-network vision provider within reasonable distance
- were unable to schedule a visit with an in-network vision provider within two weeks
- were unable to access an in-network vision provider during a declared emergency in Wisconsin.

You can find the claim form and exception request form in your member portal at login.networkhealth.com or by visiting networkhealth.com/medicare/extra-benefits.

WHAT YOU SHOULD KNOW ABOUT VISION



If you have questions contact our member experience team at **800-378-5234** (TTY 711) Monday-Friday from 8 a.m. to 8 p.m.

HEARING WELL HELPS YOU LIVE WELL

Good hearing is important to your health. That's why Network Health partners with TruHearing to offer your hearing benefit. This includes an annual routine hearing exam for **\$0 when you see an in-network provider**. Your exam includes a fitting and must be scheduled through TruHearing. To find a location near you and schedule your appointment, call TruHearing at **877-759-8131** (TTY 711), Monday–Friday from 8 a.m. to 8 p.m. Once you're at the appointment, present your Network Health member ID card and the provider will handle the rest.

If you choose to see an out-of-network provider for a routine hearing exam, you will have a \$40 copayment. At your appointment, you should show your Network Health ID card. Your out-of-network provider may bill Network Health directly for your service, or may require you to pay the full amount of your visit up-front. If this happens, you can submit your claim to Network Health for reimbursement using the form found at networkhealth.com/medicare/extra-benefits.

Hearing Aids

Your hearing benefit includes high-quality hearing aids at reduced prices. Hearing aids must be purchased through TruHearing.

Level	Cost	Features
Basic	\$495 per aid	Moderately priced devices that offer exceptional value
Standard	\$895 per aid	Devices with good hearing performance and features such as wind and noise reduction
Advanced	\$1,295 per aid	Advanced devices equipped to handle challenging listening environments
Premium	\$1,695 per aid	Full-featured devices that offer top-of-the-line hearing in all listening environments



TruHearing®

You can purchase up to two hearing aids per year and each aid includes these great extras.

- First year of follow-up visits, for fitting and adjustments
- 60-day trial period
- Three-year extended warranty
- 80 batteries per aid for non-rechargeable models



800-378-5234 (TTY 711)

Monday–Friday, 8 a.m. to 8 p.m.

Network Health Medicare Advantage Plans include PPO plans with a Medicare contract. Enrollment in Network Health Medicare Advantage Plans depends on contract renewal. Out-of-network/non-contracted providers are under no obligation to treat Network Health members, except in emergency situations. Please call our member experience team or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. Your dental plan offers both in- and out-of-network dental coverage. Out-of-network dentists are not contracted to accept plan payment as payment in full, so they may charge you for more than what the plan pays, even for services listed as \$0 copayment. Seeing an in-network provider can result in substantial savings. Benefits received out-of-network are subject to any in-network benefit maximums, limitations and/or exclusions.

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