

Network Health Group Medicare Advantage PPO Billing and Coverage

Your Group Medicare plan is a passive Preferred Provider Organization (PPO) plan meaning you pay the same in- and out-of-network.

- You have the option to use any in-network or out-of-network provider that accepts Medicare beneficiaries, and you will pay the same.
- In-network providers have an agreement with Network Health to accept Network Health Group Medicare Advantage PPO members. As a member, you will pay copayments according to your Evidence of Coverage document.
- Out-of-network providers do not have an agreement with Network Health; however, you can still go to those providers and will pay the same copayment amount as an in-network provider.
- Out-of-network providers can find information below on how to bill Network Health directly.

Travel Benefit

As a Network Health Group Medicare Advantage PPO member, you continue to receive in-network coverage when you venture outside Wisconsin and within the United States and its territories. You can see any provider who accepts Medicare beneficiaries in both emergency and non-emergency situations.

Information for Providers

Network Health should be billed for all member services. Claims can be sent to:

Network Health MA Plans
PO Box 568
Menasha, WI 54952

Network Health will process claims using the Medicare Fee schedule.

Note: Out-of-state doctors are paid based on the fee schedule of the state where the service was provided.

Providers with questions about Network Health Medicare Group Advantage PPO plans can call our provider line at **855-580-9935** or locally at **920-720-1460**, Monday-Friday from 8 a.m. to 5 p.m.

