



# 2024

**Network Health  
Group Medicare  
Advantage Plans  
(PPO)**

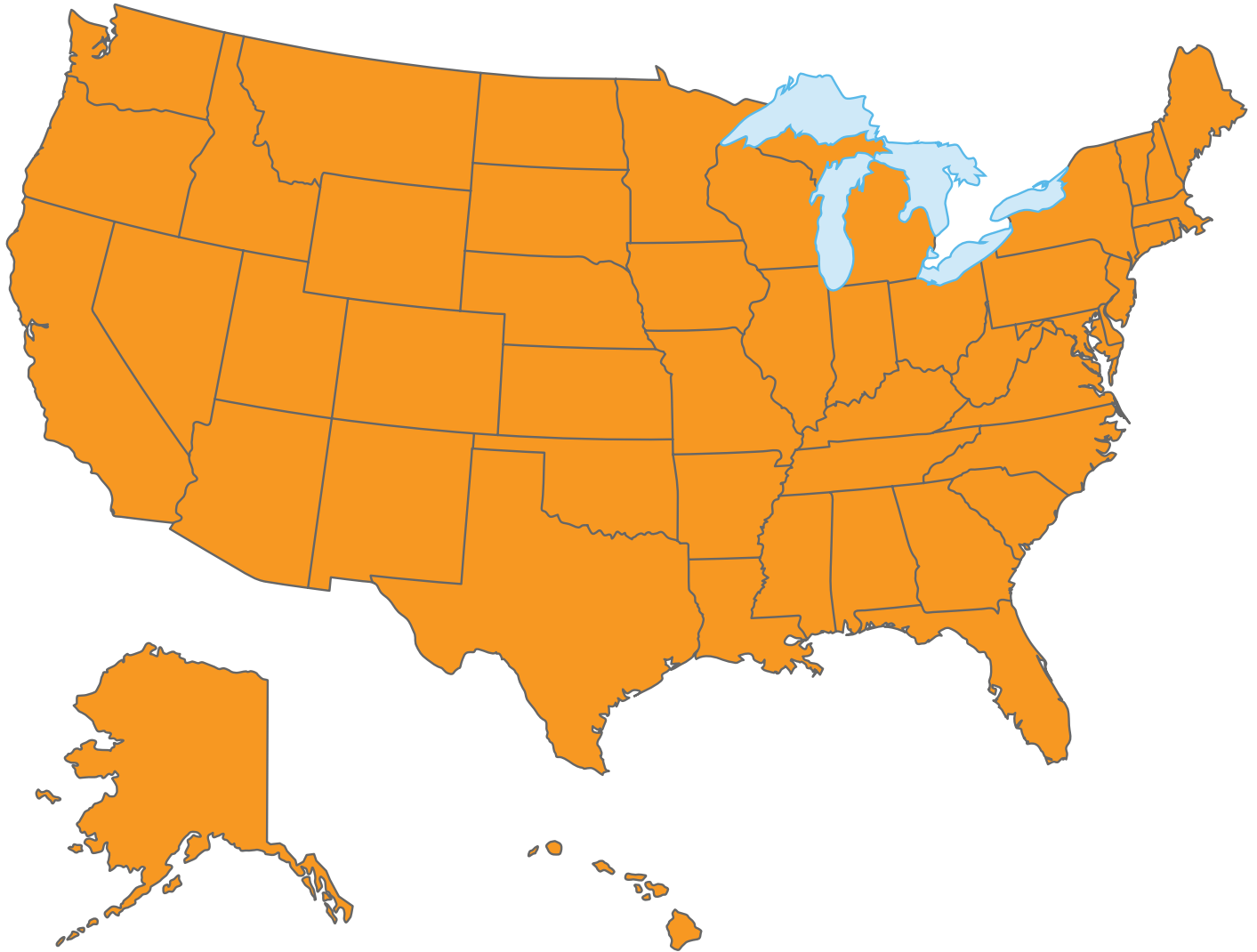
**Summary of Benefits**



# 2024 NETWORK HEALTH GROUP MEDICARE ADVANTAGE PLANS (PPO)

## SERVICE AREA AND ELIGIBILITY

To be eligible to join the plans described in this booklet, you must be enrolled in Medicare Part A and Part B. The service area includes all 50 states.



# SUMMARY OF BENEFITS

## WHAT IS A SUMMARY OF BENEFITS?

This booklet gives you a summary of what we cover and what you pay on Network Health's Group Medicare Advantage PPO plans. It doesn't list every service we cover or every limitation or exclusion. A complete list of services can be found in the plan-specific *Evidence of Coverage*. Call your Network Health team at 866-584-7442 (TTY 800-947-3529) for a printed copy.

## WHAT IS A PREFERRED PROVIDER (PPO) PLAN?

A 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 all plans in this book, you pay the same for in- and out-of-network providers.**

## CONTACT NETWORK HEALTH

<b>By Phone</b>	Sales Department – <b>866-584-7442</b> Member Experience Team – <b>855-232-2814</b> TTY/TDD Users – <b>800-947-3529</b>		
<b>Online</b>	<a href="https://networkhealth.com/medicare/group-medicare-advantage">networkhealth.com/medicare/group-medicare-advantage</a>		
<b>By Mail or In Person</b>	<table><tr><td>Network Health 1570 Midway Pl. Menasha, WI 54952</td><td>Network Health 16960 W. Greenfield Ave., Suite 5 Brookfield, WI 53005</td></tr></table>	Network Health 1570 Midway Pl. Menasha, WI 54952	Network Health 16960 W. Greenfield Ave., Suite 5 Brookfield, WI 53005
Network Health 1570 Midway Pl. Menasha, WI 54952	Network Health 16960 W. Greenfield Ave., Suite 5 Brookfield, WI 53005		
<b>Hours of Operation</b>	<ul style="list-style-type: none"><li>• Normal office hours are Monday–Friday, 8 a.m. to 5 p.m.</li><li>• Network Health is closed on New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the day after Thanksgiving, Christmas Eve Day and Christmas Day.</li><li>• You can call the sales department and the member experience team Monday–Friday, from 8 a.m. to 5 p.m., Central Time.</li></ul>		
<b>Additional Resources</b>	<b>Medicare – Available 24 hours a day, seven days a week</b> For coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at <a href="https://www.medicare.gov">medicare.gov</a> or get a copy by calling 1-800-MEDICARE (1-800-633-4227) (TTY 1-877-486-2048), 24 hours a day, seven days a week.		

# 2024 NETWORK HEALTH GROUP MEDICARE ADVANTAGE PLANS (PPO)

Your Costs	Network Health Cornerstone (PPO)	Network Health Cornerstone Ultimate (PPO)	Network Health Cornerstone Ultimate Plus (PPO)
	YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS		
<b>Monthly Premium</b>	\$0	\$100	\$150
<b>Annual Medical Deductible</b>	\$0	\$0	\$0
<b>Annual Maximum– Out-of-Pocket</b> (Does not include Part D prescription drugs)	\$4,200	\$3,750	\$3,750
<b>Hospital Services</b>			
<b>Inpatient Hospital Services<sup>1</sup>– Per admission</b>	\$275 per day Days 1 - 6 \$0 Days 7 and beyond	\$275 per day Days 1 - 6 \$0 Days 7 and beyond	\$275 per day Days 1 - 6 \$0 Days 7 and beyond
<b>Outpatient Hospital Services</b>	\$260	\$260	\$260
<b>Ambulatory Surgical Center</b>	\$185	\$185	\$185
<b>General Services</b>			
<b>Primary Care Provider Visit</b>	\$0	\$0	\$0
<b>Specialist Visit</b>	\$35	\$35	\$35
<b>Preventive Care</b>			
<b>Preventive Care Visits*</b>	\$0	\$0	\$0
<b>Annual Medicare Wellness Visit</b>	\$0	\$0	\$0
<b>Annual Routine Physical</b>	\$0	\$0	\$0
<b>Physician Telehealth Services</b>	Virtual primary care and urgent care services cost the same as an in-person visit	Virtual primary care and urgent care services cost the same as an in-person visit	Virtual primary care and urgent care services cost the same as an in-person visit
<b>Medicare-Covered Vaccines– Flu, pneumonia, COVID</b>	\$0	\$0	\$0
<b>Medicare-Covered Vaccines– Hepatitis B, all other Part B</b>	\$0	\$0	\$0
<b>Emergency Care</b>			
<b>Emergency Room Visit– Copayment is waived if admitted to a U.S. hospital within 24 hours</b>	\$90	\$90	\$90
<b>Urgent Care</b>			
<b>Urgent Care Visit– Free-standing facility</b>	\$45	\$45	\$45
<b>Diagnostic Services</b>			
<b>Clinical Diagnostic Tests</b>	\$20	\$20	\$20
<b>Radiological Diagnostic Tests</b>	\$150	\$150	\$150

\*Includes abdominal aortic aneurysm screening, alcohol misuse screening and counseling, annual wellness visit, bone mass measurement, breast cancer screening, cardiovascular disease screening, cardiovascular disease risk reduction visit, cervical and vaginal cancer screening, colorectal cancer screening (screening colonoscopy, fecal occult blood test, flexible sigmoidoscopy), depression screening, diabetes screening, glaucoma screening, HIV screening, lung cancer screening, medical nutrition therapy services, Medicare Diabetes Prevention Program, obesity screening and therapy, prostate cancer screening, screening for sexually transmitted infections and counseling, smoking and tobacco use cessation counseling, one time Welcome to Medicare preventive visit.

<sup>1</sup>Service may require prior authorization.

<sup>2</sup>Visit [networkhealth.com/group-medicare-advantage/extra-benefits](https://networkhealth.com/group-medicare-advantage/extra-benefits) for more information, this is not a medical benefit.

# SUMMARY OF BENEFITS

Your Costs	Network Health Cornerstone (PPO)	Network Health Cornerstone Ultimate (PPO)	Network Health Cornerstone Ultimate Plus (PPO)
	YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS		
<b>Labs–</b> What you pay may be based on the service received and/or where you are treated	\$0-35	\$0-35	\$0-35
<b>Diagnostic Radiology Services–</b> Advanced Imaging (PET, CAT, MRI, MRA, NUC Scans)	\$150	\$150	\$150
<b>X-rays</b>	\$20	\$20	\$20
<b>Hearing Services</b>			
<b>Routine Hearing Exam<sup>2</sup></b>	\$0	\$0	\$0
<b>Diagnostic Hearing Exam–</b> Exam to diagnose and treat hearing issues	\$35	\$35	\$35
<b>Hearing Aids<sup>2</sup>–</b> Maximum of two hearing aids per year Hearing aid evaluation and fitting included	\$500 allowance	\$500 allowance	\$500 allowance
<b>Dental Services</b>			
<b>Dental Services<sup>2</sup></b>	2 Exams / Cleaning	\$1,500 combined annual maximum 100% preventive coverage 50% comprehensive coverage Includes one implant	\$1,500 combined annual maximum 100% preventive coverage 50% comprehensive coverage Includes one implant
	\$100 Allowance out-of-network	Member pays 80% out-of-network	Member pays 80% out-of-network
<b>Medicare-Covered Dental Services–</b> Does not include services in connection with care, treatment, filling, removal or replacement of teeth	\$35	\$35	\$35
<b>Vision Services</b>			
<b>Annual Routine Vision Exam<sup>2</sup></b>	\$0	\$0	\$0
	\$40 reimbursement out-of-network	\$40 reimbursement out-of-network	\$40 reimbursement out-of-network
<b>Diagnostic Eye Exam–</b> To diagnose and treat diseases and conditions of the eye	\$35	\$35	\$35
<b>Post-Cataract Eyewear–</b> One pair of eyeglasses or contact lenses after each cataract surgery	\$0	\$0	\$0
<b>Additional Eyewear<sup>2</sup>–</b> At EyeMed providers	\$200 allowance	\$200 allowance	\$200 allowance

<sup>1</sup>Service may require prior authorization.

<sup>2</sup>Visit [networkhealth.com/group-medicare-advantage/extra-benefits](https://networkhealth.com/group-medicare-advantage/extra-benefits) for more information, this is not a medical benefit.

# 2024 NETWORK HEALTH GROUP MEDICARE ADVANTAGE PLANS (PPO)

Your Costs	Network Health Cornerstone (PPO)	Network Health Cornerstone Ultimate (PPO)	Network Health Cornerstone Ultimate Plus (PPO)
	YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS		
<b>Mental Health/Substance Abuse</b>			
<b>Outpatient Mental Health and Substance Abuse Services</b> – Individual or group therapy	\$35	\$35	\$35
<b>Inpatient Mental Health<sup>1</sup></b> – Per admission	\$275 per day, Days 1 - 6 \$0 Days 7 and beyond	\$275 per day, Days 1 - 6 \$0 Days 7 and beyond	\$275 per day, Days 1 - 6 \$0 Days 7 and beyond
<b>Opioid Treatment Services</b>	\$35	\$35	\$35
<b>Professional Mental Health and Substance Abuse Services</b> – Individual or group therapy	\$35	\$35	\$35
<b>Continued Care Services</b>			
<b>Skilled Nursing Facility<sup>1</sup></b> – Per admission Once you reach your maximum out-of-pocket, you will pay \$0 per day	\$0 per day, Days 1 - 20 \$200 per day, Days 21 - 43	\$0 per day, Days 1 - 20 \$200 per day, Days 21 - 43	\$0 per day, Days 1 - 20 \$200 per day, Days 21 - 43
<b>Outpatient Physical<sup>1</sup>, Occupational<sup>1</sup>, Speech Therapy</b>	\$25	\$25	\$25
<b>Transportation Services</b>			
<b>Air and Ground Ambulance Services</b>	\$250	\$250	\$250
<b>Non-Emergency Transportation</b> – 24 one-way trips to get to and from dialysis for members diagnosed with ESRD	Covered	Covered	Covered
<b>Drug Coverage</b>			
<b>Medicare Part B Drugs<sup>1</sup></b> – Plan will apply the CMS published adjusted beneficiary coinsurance as required under the Inflation Reduction Act.	20%	20%	20%
<b>Medicare Part D Drugs</b> – See page 6 for specific drug tier costs	Covered	Covered	Covered
<b>Additional Benefits</b>			
<b>Over-the-Counter Coverage<sup>2</sup></b>	\$50/Quarter No rollover on quarterly allowance	\$50/Quarter No rollover on quarterly allowance	\$50/Quarter No rollover on quarterly allowance
<b>Fitness with SilverSneakers®</b>	Included	Included	Included
<b>MDLIVE® Virtual Visit</b> – For medical services <sup>2</sup>	\$0	\$0	\$0
<b>Travel Coverage</b>			
<b>Travel within the United States</b>	Receive in-network coverage when you see a provider outside Wisconsin, anywhere in the United States	Receive in-network coverage when you see a provider outside Wisconsin, anywhere in the United States	Receive in-network coverage when you see a provider outside Wisconsin, anywhere in the United States

<sup>1</sup>Service may require prior authorization.

<sup>2</sup>Visit [networkhealth.com/group-medicare-advantage/extra-benefits](https://networkhealth.com/group-medicare-advantage/extra-benefits) for more information, this is not a medical benefit.

# SUMMARY OF BENEFITS

Your Costs	Network Health Cornerstone (PPO)	Network Health Cornerstone Ultimate (PPO)	Network Health Cornerstone Ultimate Plus (PPO)
	YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS		
<b>International Emergency Coverage</b> – View the Evidence of Coverage at <a href="http://networkhealth.com/medicare/plan-materials">networkhealth.com/medicare/plan-materials</a> for details	\$110 per incident \$100,000 Maximum benefit	\$110 per incident \$100,000 Maximum benefit	\$110 per incident \$100,000 Maximum benefit
<b>Recovery and Rehabilitation Services</b>			
<b>Durable Medical Equipment</b> – Such as insulin pumps <sup>1</sup> , CPAP machines <sup>1</sup> , prosthetic devices <sup>1</sup>	20% of the cost	20% of the cost	20% of the cost
<b>Home Infusion Supplies</b>	\$0	\$0	\$0
<b>Chiropractic Services</b> – Manipulation of the spine to correct misalignment of one or more of the bones of your spine	\$20	\$20	\$20
<b>Medicare-Covered Acupuncture</b> – For chronic low back pain only, up to 12 visits in 90 days and no more than 20 visits per year	\$20	\$20	\$20
<b>Medicare-Covered Home Health Care Visits</b> <sup>1</sup>	\$0	\$0	\$0
<b>Cancer Services</b>			
<b>Chemotherapy</b> <sup>1</sup>	20% of the cost	20% of the cost	20% of the cost
<b>Radiation Therapy</b> <sup>1</sup> – Per service	\$90	\$90	\$90
<b>Acupuncture</b> – Up to 12 visits per year are covered for members who are undergoing chemotherapy and have severe nausea and/or vomiting	\$0	\$0	\$0
<b>Diabetic Services</b>			
<b>Diabetes Monitoring Supplies and Test Strips</b> – OneTouch™ and Accu-Chek™ test strips Continuous Glucose Monitoring supplies limited to eligible FreeStyle Libre® and Dexcom® obtained through your pharmacy All other brands are not covered	\$0 for up to a 90-day supply	\$0 for up to a 90-day supply	\$0 for up to a 90-day supply
<b>Diabetic Shoe Inserts</b> – Copayment per pair	20% of the cost per pair	20% of the cost per pair	20% of the cost per pair
<b>Diabetes Management Tool</b> – Diabetes self-management training teaches you to cope with and manage your diabetes	\$0	\$0	\$0
<b>Part B Insulin</b> – One month supply	20% of the cost, up to \$35	20% of the cost, up to \$35	20% of the cost, up to \$35
<b>Renal Services</b>			
<b>Dialysis</b> – Per treatment	20% of the cost	20% of the cost	20% of the cost

<sup>1</sup>Service may require prior authorization.

<sup>2</sup>Visit [networkhealth.com/group-medicare-advantage/extra-benefits](http://networkhealth.com/group-medicare-advantage/extra-benefits) for more information, this is not a medical benefit.

# 2024 NETWORK HEALTH GROUP MEDICARE ADVANTAGE PLANS (PPO)

<b>Your Drug Costs</b>	<b>Network Health Cornerstone (PPO)</b>	<b>Network Health Cornerstone Ultimate (PPO)</b>	<b>Network Health Cornerstone Ultimate Plus (PPO)</b>
<b>Annual Drug Deductible</b>	\$0	\$0	\$0
<b>INITIAL COVERAGE – Amount shown is the maximum you will pay. You may pay less.</b>			
<b>30-Day Supply Preferred Retail Pharmacy</b>	\$0 for Tier 1 \$8 for Tier 2 \$42 for Tier 3 \$95 for Tier 4 29% for Tier 5	\$0 for Tier 1 \$8 for Tier 2 \$42 for Tier 3 \$95 for Tier 4 29% for Tier 5	\$0 for Tier 1 \$8 for Tier 2 \$42 for Tier 3 \$95 for Tier 4 \$100 for Tier 5
<b>30-Day Supply Non-Preferred Retail Pharmacy</b>	\$7 for Tier 1 \$15 for Tier 2 \$47 for Tier 3 \$100 for Tier 4 29% for Tier 5	\$7 for Tier 1 \$15 for Tier 2 \$47 for Tier 3 \$100 for Tier 4 29% for Tier 5	\$7 for Tier 1 \$15 for Tier 2 \$47 for Tier 3 \$100 for Tier 4 \$100 for Tier 5
<b>3-Month Supply Preferred Retail Pharmacy 100-Day Supply for Tier 1 90-Day Supply for Tiers 2-4</b>	\$0 for Tier 1 \$20 for Tier 2 \$105 for Tier 3 \$237 for Tier 4 Not Available for Tier 5	\$0 for Tier 1 \$20 for Tier 2 \$105 for Tier 3 \$237 for Tier 4 Not Available for Tier 5	\$0 for Tier 1 \$20 for Tier 2 \$105 for Tier 3 \$237 for Tier 4 Not Available for Tier 5
<b>3-Month Supply Non-Preferred Retail Pharmacy 100-Day Supply for Tier 1 90-Day Supply for Tiers 2-4</b>	\$17 for Tier 1 \$37 for Tier 2 \$117 for Tier 3 \$250 for Tier 4 Not Available for Tier 5	\$17 for Tier 1 \$37 for Tier 2 \$117 for Tier 3 \$250 for Tier 4 Not Available for Tier 5	\$17 for Tier 1 \$37 for Tier 2 \$117 for Tier 3 \$250 for Tier 4 Not Available for Tier 5
<b>3-Month Supply Preferred Mail Order Pharmacy 100-Day Supply for Tier 1 90-Day Supply for Tiers 2-4</b>	\$0 for Tier 1 \$0 for Tier 2 \$105 for Tier 3 \$237 for Tier 4 Not available for Tier 5	\$0 for Tier 1 \$0 for Tier 2 \$105 for Tier 3 \$237 for Tier 4 Not available for Tier 5	\$0 for Tier 1 \$0 for Tier 2 \$105 for Tier 3 \$237 for Tier 4 Not available for Tier 5
<b>3-Month Supply Non-Preferred Mail Order Pharmacy 100-Day Supply for Tier 1 90-Day Supply for Tiers 2-4</b>	\$17 for Tier 1 \$37 for Tier 2 \$117 for Tier 3 \$250 for Tier 4 Not Available for Tier 5	\$17 for Tier 1 \$37 for Tier 2 \$117 for Tier 3 \$250 for Tier 4 Not Available for Tier 5	\$17 for Tier 1 \$37 for Tier 2 \$117 for Tier 3 \$250 for Tier 4 Not Available for Tier 5
<b>Part D Insulin and Vaccines</b>			
<b>Part D Insulin– One-month supply</b>	\$35	\$35	\$35
<b>Part D Vaccines– Shingrix, Tdap, all other adult ACIP recommended vaccines</b>	\$0	\$0	\$0
<b>Coverage Gap – You enter the coverage gap when your total drug costs reach \$5,030.</b>			
<b>Enhanced Coverage Gap Benefit</b>	Not covered	Yes	Yes
<b>Generic</b>	You pay 25%, plan pays 75%	Cost share applies	Cost share applies
<b>Brand</b>	You pay 25%, plan pays 5%, manufacturer pays 70%	Cost share applies	Cost share applies
<b>Catastrophic Coverage – You enter catastrophic coverage when your true out-of-pocket costs reach \$8,000.</b>			
<b>Generic</b>	\$0	\$0	\$0
<b>Brand</b>	\$0	\$0	\$0





## Multi-Language Insert – REQUIRED INFORMATION

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 800-378-5234 (TTY 800-947-3529). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 800-378-5234 (TTY 800-947-3529). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 800-378-5234 (TTY 800-947-3529)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 800-378-5234 (TTY 800-947-3529)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 800-378-5234 (TTY 800-947-3529). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 800-378-5234 (TTY 800-947-3529). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 800-378-5234 (TTY 800-947-3529) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpplan. Unsere Dolmetscher erreichen Sie unter 800-378-5234 (TTY 800-947-3529). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 800-378-5234 (TTY 800-947-3529) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 5234-378-800 (TTY 3529-947-800). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول . سيقوم شخص ما (TTY 800-947-3529) 800-378-5234 على مترجم فوري، ليس عليك سوى الاتصال بنا على . بمساعدتك. هذه خدمة مجانية يتحدث العربية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 800-378-5234 (TTY 800-947-3529) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 800-378-5234 (TTY 800-947-3529). Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

**Português:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 800-378-5234 (TTY 800-947-3529). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 800-378-5234 (TTY 800-947-3529). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 800-378-5234 (TTY 800-947-3529). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、800-378-5234 (TTY 800-947-3529) にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

**Hmong:** Peb muaj cov kev pab cuam kws txhais lus pab dawb los teb tej lus nug uas koj muaj hais txog peb li kev noj qab hauv huv los sis lub phiaj xwm tshuaj kho mob. Kom tau txais kws txhais lus pab dawb, tsuas yog hu rau peb ntawm tus xov tooj 800-378-5234 (TTY 800-947-3529). Qee tus neeg uas hais Askiv/Yam Lus koj paub tuaj yeem pab tau rau koj. Qhov no yog kev pab dawb.



866-584-7442  
TTY 800-947-3529

[networkhealth.com/medicare/group-medicare-advantage](https://networkhealth.com/medicare/group-medicare-advantage)

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 number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

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