



2027 Summary of Benefits

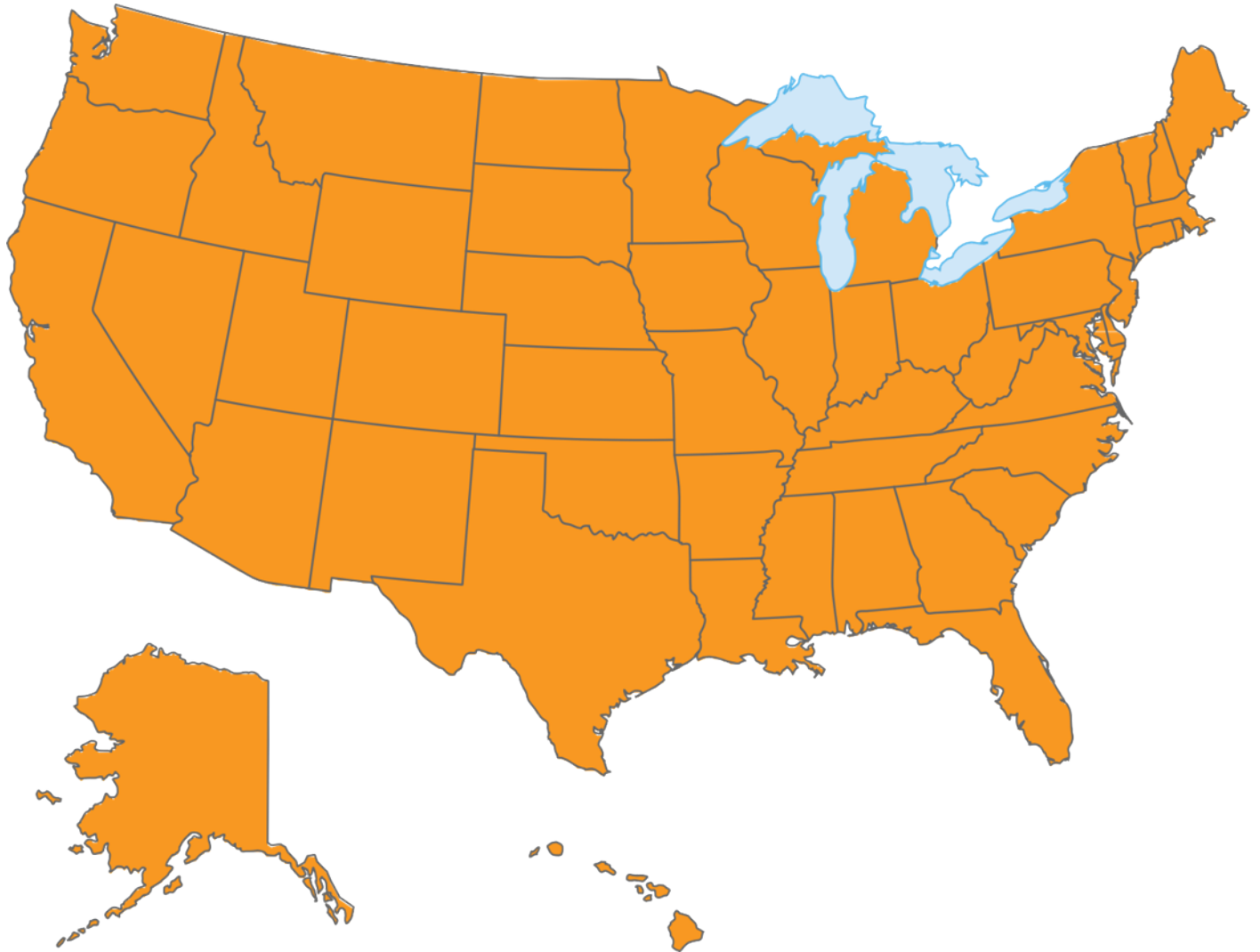
Group Medicare Advantage PPO Plans

Waukesha County

2027 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 855-232-2814 (TTY 711) 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

By Phone	Sales Team – 877-780-6722 Member Experience Team – 855-232-2814 TTY/TDD Users – 711	
Online	networkhealth.com/waukesha-co	
By Mail or In Person	Network Health 1570 Midway Pl. Menasha, WI 54952	Network Health 16960 W. Greenfield Ave., Suite 5 Brookfield, WI 53005
Hours of Operation	• Normal office hours are Monday-Friday, 8 a.m. to 5 p.m. • 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. • You can call the sales team and the member experience team Monday-Friday, from 8 a.m. to 5 p.m., Central Time.	
Additional Resources	Medicare – Available 24 hours a day, seven days a week For coverage and costs of Original Medicare, look in your current <i>"Medicare & You"</i> handbook. View it online at medicare.gov 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.	

¹Service may require prior authorization.

²Visit **networkhealth.com/waukesha-co** for more information, this is not a medical benefit.

³Deductible applies first in certain situations, then you pay the same in- and out-of-network.

2027 NETWORK HEALTH GROUP MEDICARE ADVANTAGE PLANS (PPO)

Your Costs	Cornerstone	Cornerstone 1005
	YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS ³	
Monthly Premium	\$0	\$25
Annual Medical Deductible	\$700	\$500
Annual Medical Maximum Out-of-Pocket	\$5,000 combined in- and out-of-network	\$4,500 combined in- and out-of-network
Hospital Services		
Inpatient Hospital Services¹ <i>Deductible applies</i>	\$275 per day, days 1 - 6 \$0 days 7 and beyond	\$275 per day, days 1 - 6 \$0 days 7 and beyond
Outpatient Hospital Services¹ <i>Deductible applies</i>	\$350	\$260
Ambulatory Surgical Center¹ <i>Deductible applies out-of-network</i>	\$300	\$185
General Services		
Primary Care Provider Visit <i>Deductible applies out-of-network</i>	\$0	\$0
Specialist Visit <i>Deductible applies out-of-network</i>	\$45	\$45
Preventive Care		
Preventive Care Visits	\$0	\$0
Annual Medicare Wellness Visit	\$0	\$0
Annual Routine Physical	\$0	\$0
Physician Telehealth Services <i>Deductible applies out-of-network</i>	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
Medicare-Covered Vaccines Flu, pneumonia, COVID-19	\$0	\$0
Medicare-Covered Vaccines Hepatitis B ¹ , all other Part B	\$0	\$0
Emergency Care		
Emergency Room Visit Copayment is waived if admitted to a U.S. hospital within 24 hours	\$130	\$130
Urgent Care		
Urgent Care Visit Free standing facility	\$45	\$45
Diagnostic Services		
Diagnostic Tests¹ Such as ultrasound, EKG, stress test <i>Deductible applies</i>	\$90	\$90

SUMMARY OF BENEFITS

Your Costs	Cornerstone	Cornerstone 1005
	YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS ³	
Labs What you pay may be based on the service received and/or where you are treated <i>Deductible applies out-of-network</i>	\$0 or \$40	\$0 or \$40
Diagnostic Radiology Services¹ Advanced imaging (PET, CAT, MRI, MRA, NUC Scans) <i>Deductible applies</i>	\$350	\$310
X-rays <i>Deductible applies</i>	\$90	\$90
Hearing Services		
Routine Hearing Exam²	\$0 in-network	\$0 in-network
	\$200 deductible, then 90% of the allowed amount out-of-network	\$200 deductible, then 90% of the allowed amount out-of-network
Diagnostic Hearing Exam Exam to diagnose and treat hearing issues <i>Deductible applies out-of-network</i>	\$45	\$45
Hearing Aids² Maximum of two hearing aids per year. Required hearing aid evaluation with TruHearing fitting included	\$495 to \$1,695 per device in-network, must be purchased through TruHearing No coverage out-of-network	\$495 to \$1,695 per device in-network, must be purchased through TruHearing No coverage out-of-network
Dental Services		
Dental Services² When receiving out-of-network care for eligible services, you must pay the difference between the Say Cheese Dental Network in-network payment and the amount charged by the out-of-network dentist	100% preventive, 50% of the allowed amount comprehensive coverage in-network Includes one implant and resin \$2,000 combined in- and out-of-network annual maximum	100% preventive, 50% of the allowed amount comprehensive coverage in-network \$1,500 combined in- and out-of-network annual maximum
	Member pays 80% of the allowed amount out-of-network	Member pays 80% of the allowed amount out-of-network
Medicare-Covered Dental Services Does not include services in connection with care, treatment, filling, removal or replacement of teeth <i>Deductible applies out-of-network</i>	\$45	\$45

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Your Costs	Cornerstone		Cornerstone 1005	
	YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS ³			
Vision Services				
Annual Routine Vision Exam ²	\$0 in-network		\$0 in-network	
	\$40 reimbursement out-of-network		\$40 reimbursement out-of-network	
Diagnostic Eye Exam To diagnose and treat diseases and conditions of the eye <i>Deductible applies out-of-network</i>	\$45		\$45	
Post-Cataract Eyewear One pair of eyeglasses or contact lenses after each cataract surgery <i>Deductible applies out-of-network</i>	\$0		\$0	
Additional Eyewear ²	\$200 allowance in-network, or	\$200 reimbursement out-of-network	\$350 allowance in-network, or	\$350 reimbursement out-of-network
Mental Health/Substance Abuse				
Outpatient Mental Health Individual or group therapy <i>Deductible applies out-of-network</i>	\$45		\$45	
Inpatient Mental Health ¹ <i>Deductible applies</i>	\$295 per day, days 1 - 4 \$0 days 5 and beyond		\$295 per day, days 1 - 4 \$0 days 5 and beyond	
Opioid Treatment Services <i>Deductible applies out-of-network</i>	\$45		\$45	
Substance Abuse Services Outpatient individual or group therapy <i>Deductible applies out-of-network</i>	\$45		\$45	
Continued Care Services				
Skilled Nursing Facility ¹ <i>Deductible applies</i>	\$0 per day, days 1 - 20 \$221 per day, days 21 - 45 \$0 days 46 - 100		\$0 per day, days 1 - 20 \$221 per day, days 21 - 45 \$0 days 46 - 100	
Outpatient Physical ¹ , Occupational ¹ , Speech Therapy <i>Deductible applies</i>	\$45		\$45	
Transportation Services				
Air and Ground Ambulance Services <i>Deductible applies out-of-network</i>	\$250		\$250	

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Your Costs		Cornerstone		Cornerstone 1005	
		YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS ³			
Drug Coverage					
Medicare Part B Drugs ¹ <i>Deductible applies</i>	20% of the total cost		20% of the total cost		
Medicare Part D Drugs ¹ See Your Drug Costs table for specific drug tier costs	Covered		Covered		
Additional Benefits					
Fitness with One Pass™ ²	\$0 in-network	Up to \$10 reimbursement annually out-of-network	\$0 in-network	Up to \$10 reimbursement annually out-of-network	
MD Live® Virtual Visit ² For medical services	\$0		\$0		
Travel Coverage					
Travel within the United States	Receive in-network coverage when you see a provider outside Wisconsin, anywhere in the United States				
International Emergency Coverage View the <i>Evidence of Coverage</i> for details by logging into your member portal at login.networkhealth.com	\$130 per incident \$100,000 maximum benefit		\$130 per incident \$100,000 maximum benefit		
Recovery and Rehabilitation Services					
Durable Medical Equipment Such as traditional insulin pumps ¹ , CPAP machines, prosthetic devices ¹ , etc. <i>Deductible applies</i>	20% of the allowed amount		20% of the allowed amount		
Durable Medical Equipment for Home Infusion <i>Deductible applies out-of-network</i>	0%		0%		
Medicare-Covered Chiropractic Services Manipulation of the spine to correct misalignment of one or more of the bones of your spine <i>Deductible applies out-of-network</i>	\$15		\$15		
Medicare-Covered Acupuncture For chronic low back pain only, up to 12 visits in 90 days and no more than 20 visits per year <i>Deductible applies out-of-network</i>	\$45		\$45		

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Your Costs	Cornerstone	Cornerstone 1005
	YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS ³	
Medicare-Covered Home Health Care Visits¹ <i>Deductible applies</i>	\$0	\$0
Cancer Services		
Chemotherapy¹ <i>Deductible applies</i>	20% of the allowed amount	20% of the allowed amount
Radiation Therapy¹ <i>Deductible applies</i>	20% of the allowed amount	20% of the allowed amount
Diabetic Services		
Diabetes Monitoring Supplies and Test Strips Accu-Chek and FreeStyle test strips FreeStyle Libre and Dexcom continuous glucose monitoring devices and supplies ¹ obtained through your pharmacy Must have diabetic diagnosis All other brands are not covered <i>Deductible applies out-of-network</i>	\$0 for up to a 90-day supply	\$0 for up to a 90-day supply
Diabetic Shoe Inserts <i>Deductible applies</i>	20% of the allowed amount	20% of the allowed amount
Diabetes Management Diabetes self-management training teaches you to cope with and manage your diabetes	\$0	\$0
Part B Insulin¹ One month supply	No more than \$35	No more than \$35
Renal Services		
Dialysis <i>Deductible applies</i>	20% of the allowed amount	20% of the allowed amount

SUMMARY OF BENEFITS

Your Drug Costs		Cornerstone	Cornerstone 1005
Yearly Drug Deductible You pay the full amount of your covered Part D drugs until the deductible is met.		\$320 applies to Tiers 2-5	\$320 applies to Tiers 2-5
INITIAL COVERAGE – Cost share applies after deductible is met. Amount shown is the maximum you will pay. You may pay less.			
PREFERRED	30-Day Supply Preferred Retail Pharmacy	\$1 for Tier 1 \$8 for Tier 2 22% for Tier 3 28% for Tier 4 29% for Tier 5	\$1 for Tier 1 \$8 for Tier 2 22% for Tier 3 28% for Tier 4 29% for Tier 5
PREFERRED	3-Month Supply Preferred Retail Pharmacy 100-Day Supply for Tier 1 90-Day Supply for Tiers 2-4	\$2 for Tier 1 \$20 for Tier 2 22% for Tier 3 28% for Tier 4 Tier 5 is not available	\$2 for Tier 1 \$20 for Tier 2 22% for Tier 3 28% for Tier 4 Tier 5 is not available
PREFERRED	3-Month Supply Preferred Mail Order Pharmacy 100-Day Supply for Tier 1 90-Day Supply for Tiers 2-4	\$0 for Tier 1 \$0 for Tier 2 22% for Tier 3 28% for Tier 4 Tier 5 is not available	\$0 for Tier 1 \$0 for Tier 2 22% for Tier 3 28% for Tier 4 Tier 5 is not available
STANDARD	30-Day Supply Standard Retail Pharmacy	\$8 for Tier 1 \$17 for Tier 2 25% for Tier 3 28% for Tier 4 29% for Tier 5	\$8 for Tier 1 \$17 for Tier 2 25% for Tier 3 28% for Tier 4 29% for Tier 5
STANDARD	3-Month Supply Standard Retail Pharmacy or Standard Mail Order Pharmacy 100-Day Supply for Tier 1 90-Day Supply for Tiers 2-4	\$20 for Tier 1 \$42 for Tier 2 25% for Tier 3 28% for Tier 4 Tier 5 is not available	\$20 for Tier 1 \$42 for Tier 2 25% for Tier 3 28% for Tier 4 Tier 5 is not available
Part D Insulin and Vaccines			
Part D Insulin¹ One-month supply		No more than \$35	No more than \$35
Part D Vaccines Shingrix, RSV, all other adult ACIP ² recommended vaccines		\$0	\$0
CATASTROPHIC COVERAGE			
You enter catastrophic coverage when your total out-of-pocket costs reach \$2,400. You pay \$0.			

¹Service may require prior authorization

²Advisory Committee on Immunization Practices

Discrimination is Against the Law

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, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes. Network Health does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Network Health:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Network Health's Compliance Officer.

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
Attn: Compliance Officer
1570 Midway Place
Menasha, WI 54952
Phone: 855-232-2814
(TTY users should call 711)
Email: 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 compliance Officer 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, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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

This notice is available at Network Health's website: networkhealth.com.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 855-232-2814 (TTY: 711) or speak to your provider.

Albanian: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndiurma të përshtatshme dhe shërbime shpesh për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 855-232-2814 (TTY: 711) ose bisedoni me ofruesin tuaj të shërbimit.

Arabic: إذا كنت تتحدث اللغة العربية، فستتوفر تنبيه: كما تتوفر وسائل لك خدمات المساعدة اللغوية المجانية. مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن 2814-232- اتصل على الرقم الوصول إليها مجاناً. أو تحدث إلى مقدم الخدمة. (711) 855

Chinese: 如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 855-232-2814（文本电话：711）或咨询您的服务提供商。

French: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 855-232-2814

(TTY : 711) ou parlez à votre fournisseur.

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 855-232-2814 (TTY : 711) an oder sprechen Sie mit Ihrem Provider.

Hindi: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध 855-232-2814 (TTY : 711) पर कॉल करें या अपने प्रदाता से बात करें।

Hmong: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 855-232-2814 (TTY : 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

Korean: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 855-232-2814 (TTY : 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Laotian: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບົລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 855-232-2814 (TTY : 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

Pennsylvania Dutch: Wann du Druwwel hoscht fer Englisch verschtehe, kenne mer epper beigriege fer dich helfe unni as es dich ennich eppes koschte zeelt. Mir kenne dich helfe aa wann du Druwwel hoscht fer heere odder sehne. Mir kenne Schtofft lauder mache odder iesier fer lese un sell koscht dich aa nix. Ruf 855-232-2814 (TTY: 711) uff odder schwetz mit dei Provider.

Polish: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 855-232-2814 (TTY : 711) lub porozmawiaj ze swoim dostawcą.

Russian: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 855-232-2814 (TTY : 711) или обратитесь к своему поставщику услуг.

Spanish: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 855-232-2814 (TTY : 711) o hable con su proveedor.

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 855-232-2814 (TTY : 711) o makipag-usap sa iyong provider.

Vietnamese: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 855-232-2814 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.



877-780-6722 • TTY 711

networkhealth.com/waukesha-co

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. H5215_6095-01-0526_M