



**We are  
Wisconsin.  
Just like you.**



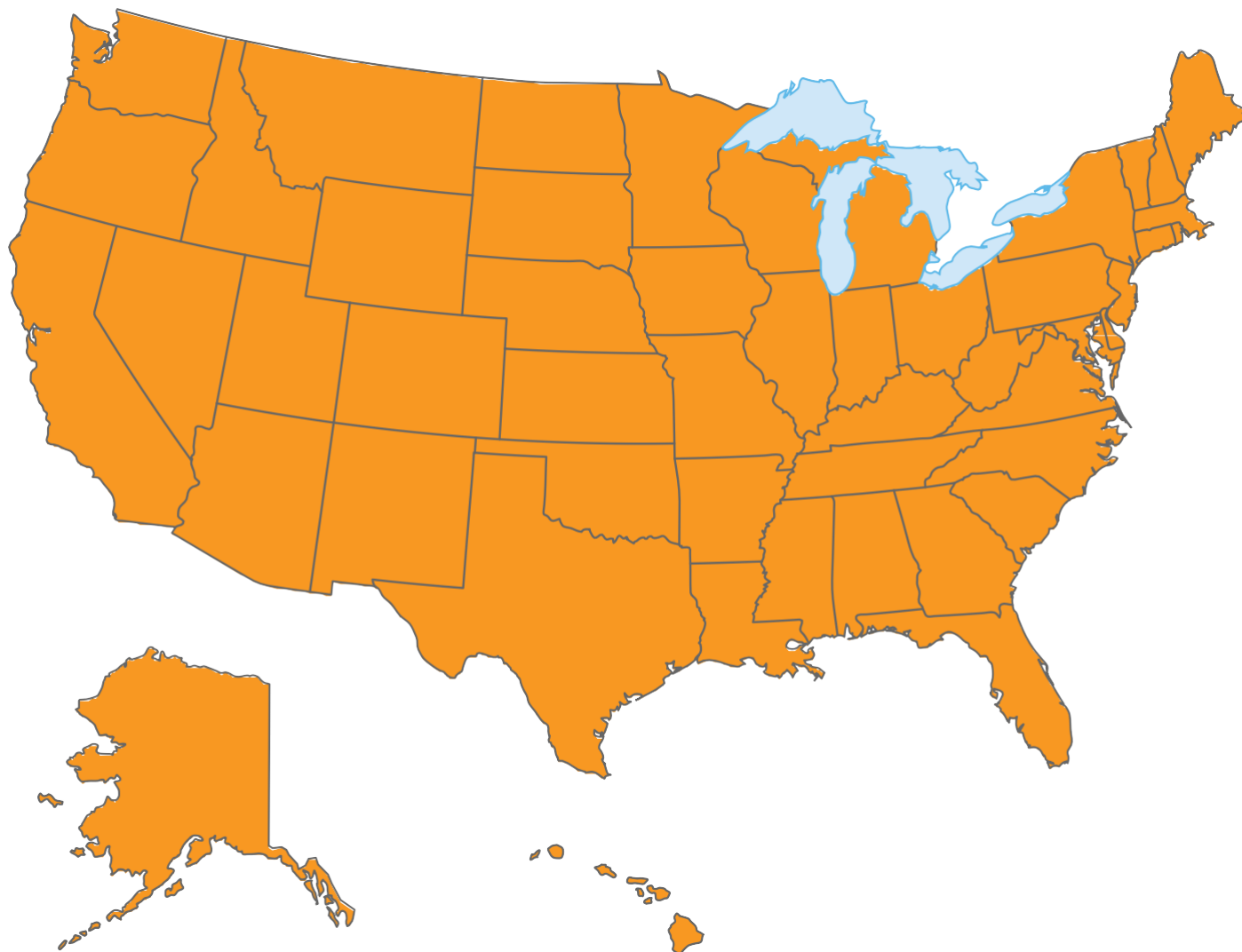
# **2026** Summary of Benefits

**Group Medicare Advantage PPO Plans  
Waukesha County**

# 2026 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

<b>By Phone</b>	Sales Team – <b>877-780-6722</b> Member Experience Team – <b>855-232-2814</b> TTY/TDD Users – <b>711</b>	
<b>Online</b>	<a href="https://networkhealth.com/waukesha-co">networkhealth.com/waukesha-co</a>	
<b>By Mail or In Person</b>	<b>Network Health</b> <b>1570 Midway Pl.</b> <b>Menasha, WI 54952</b>	<b>Network Health</b> <b>16960 W. Greenfield Ave., Suite 5</b> <b>Brookfield, WI 53005</b>
<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 team 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 <i>“Medicare &amp; You”</i> 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.	

# 2026 NETWORK HEALTH GROUP MEDICARE ADVANTAGE PLANS (PPO)

Your Costs	Cornerstone	Cornerstone 1003
	YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS	
<b>Monthly Premium</b>	\$0	\$0
<b>Monthly Part B Premium Giveback<sup>2</sup></b> You must meet all eligibility requirements to receive the Medicare Part B Premium Giveback	Not included	\$19 per month
<b>Annual Medical Deductible</b>	\$0	\$0
<b>Annual Medical Maximum Out-of-Pocket</b>	\$5,000 combined in- and out-of-network	\$6,000 combined in- and out-of-network
<b>Hospital Services</b>		
<b>Inpatient Hospital Services<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
<b>Outpatient Hospital Services<sup>1</sup></b>	\$350	\$350
<b>Ambulatory Surgical Center<sup>1</sup></b>	\$300	\$300
<b>General Services</b>		
<b>Primary Care Provider Visit</b>	\$0	\$0
<b>Specialist Visit</b>	\$45	\$60
<b>Preventive Care</b>		
<b>Preventive Care Visits*</b>	\$0	\$0
<b>Annual Medicare Wellness Visit</b>	\$0	\$0
<b>Annual Routine Physical</b>	\$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.
<b>Medicare-Covered Vaccines</b> Flu, pneumonia, COVID-19	\$0	\$0
<b>Medicare-Covered Vaccines</b> Hepatitis B <sup>1</sup> , all other Part B	\$0	\$0
<b>Emergency Care</b>		
<b>Emergency Room Visit</b> Copayment is waived if admitted to a U.S. hospital within 24 hours	\$130	\$130
<b>Urgent Care</b>		
<b>Urgent Care Visit</b> Free-standing facility	\$45	\$50
<b>Diagnostic Services</b>		
<b>Diagnostic Tests<sup>1</sup></b> Such as ultrasound, EKG, stress test	\$90	\$90

\*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/waukesha-co](https://networkhealth.com/waukesha-co) for more information, this is not a medical benefit.

# SUMMARY OF BENEFITS

Your Costs	Cornerstone	Cornerstone 1003
	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 or \$40	\$0 or \$40
<b>Diagnostic Radiology Services<sup>1</sup></b> Advanced Imaging (PET, CAT, MRI, MRA, NUC Scans)	\$350	\$350
<b>X-rays</b>	\$90	\$90
<b>Hearing Services</b>		
<b>Routine Hearing Exam<sup>2</sup></b>	\$0 in-network	\$0 in-network
	\$40 out-of-network	\$40 out-of-network
<b>Diagnostic Hearing Exam</b> Exam to diagnose and treat hearing issues	\$45	\$60
<b>Hearing Aids<sup>2</sup></b> 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
<b>Dental Services</b>		
<b>Dental Services<sup>2</sup></b> 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% comprehensive coverage in-network Includes one implant and resin \$2,000 combined in- and out-of-network annual maximum	100% preventive, 50% comprehensive coverage in-network \$750 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
<b>Medicare-Covered Dental Services</b> Does not include services in connection with care, treatment, filling, removal or replacement of teeth	\$45	\$60
<b>Vision Services</b>		
<b>Annual Routine Vision Exam<sup>2</sup></b>	\$0 in-network	\$0 in-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	\$45	\$60
<b>Post-Cataract Eyewear</b> One pair of eyeglasses or contact lenses after each cataract surgery	\$0	\$0
<b>Additional Eyewear<sup>2</sup></b> At EyeMed providers	\$200 allowance	\$100 allowance

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

<sup>2</sup>Visit [networkhealth.com/waukesha-co](http://networkhealth.com/waukesha-co) for more information, this is not a medical benefit.

# 2026 NETWORK HEALTH GROUP MEDICARE ADVANTAGE PLANS (PPO)

<b>Your Costs</b>		
	<b>Cornerstone</b>	<b>Cornerstone 1003</b>
<b>YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS</b>		
<b>Mental Health/Substance Abuse</b>		
<b>Outpatient Mental Health</b> Individual or group therapy	\$45	\$45
<b>Inpatient Mental Health<sup>1</sup></b> Per admission	\$295 per day, days 1 - 4 \$0 days 5 and beyond	\$295 per day, days 1 - 4 \$0 days 5 and beyond
<b>Opioid Treatment Services</b>	\$45	\$45
<b>Substance Abuse Services</b> Outpatient individual or group therapy	\$45	\$45
<b>Continued Care Services</b>		
<b>Skilled Nursing Facility<sup>1</sup></b> Per admission	\$0 per day, days 1 - 20 \$218 per day, days 21 - 45 \$0 days 46 - 100	\$0 per day, days 1 - 20 \$218 per day, days 21 - 45 \$0 days 46 - 100
<b>Outpatient Physical<sup>1</sup>, Occupational<sup>1</sup>, Speech Therapy</b>	\$45	\$45
<b>Transportation Services</b>		
<b>Air and Ground Ambulance Services</b>	\$250	\$250
<b>Non-Emergency Transportation<sup>3</sup></b> 24 one-way trips through approved vendor to get to and from dialysis for members diagnosed with ESRD	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% of the total cost	20% of the total cost
<b>Medicare Part D Drugs<sup>1</sup></b> See Your Drug Costs table for specific drug tier costs	Covered	Covered
<b>Additional Benefits</b>		
<b>Fitness with One Pass™<sup>2</sup></b>	Included	Included
<b>MDLIVE® Virtual Visit<sup>2</sup></b> For medical services	\$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.	

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

<sup>2</sup>Visit [networkhealth.com/waukesha-co](https://networkhealth.com/waukesha-co) for more information, this is not a medical benefit.

<sup>3</sup>This is a Special Supplemental Benefit for the Chronically Ill (SSBCI) benefit. In addition to an eligible chronic condition, members must also meet additional eligibility requirements to receive the SSBCI benefit.

# SUMMARY OF BENEFITS

Your Costs	Cornerstone	Cornerstone 1003
	YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS	
<b>International Emergency Coverage</b> View the Evidence of Coverage by logging into your member portal at <a href="http://login.networkhealth.com">login.networkhealth.com</a>	\$130 per incident \$100,000 maximum benefit	\$130 per incident \$100,000 maximum benefit
<b>Recovery and Rehabilitation Services</b>		
<b>Durable Medical Equipment</b> Such as traditional insulin pumps <sup>1</sup> , CPAP machines, prosthetic devices <sup>1</sup> , etc.	20% of the allowed amount	20% of the allowed amount
<b>Durable Medical Equipment for Home Infusion</b>	0%	0%
<b>Medicare-Covered Chiropractic Services</b> Manipulation of the spine to correct misalignment of one or more of the bones of your spine	\$15	\$15
<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	\$45	\$60
<b>Medicare-Covered Home Health Care Visits<sup>1</sup></b>	\$0	\$0
<b>Cancer Services</b>		
<b>Chemotherapy<sup>1</sup></b>	20% of the allowed amount	20% of the allowed amount
<b>Radiation Therapy<sup>1</sup></b> Per service	20% of the allowed amount	20% of the allowed amount
<b>Acupuncture<sup>3</sup></b> Up to 12 visits per year are covered for members who are undergoing chemotherapy and have severe nausea and/or vomiting	\$0	\$0
<b>Diabetic Services</b>		
<b>Diabetes Monitoring Supplies and Test Strips</b> Preferred test strips Preferred continuous glucose monitoring devices and supplies <sup>1</sup> obtained through your pharmacy Must have diabetic diagnosis All other brands are not covered	\$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 allowed amount	20% of the allowed amount
<b>Diabetes Management</b> Diabetes self-management training teaches you to cope with and manage your diabetes	\$0	\$0
<b>Part B Insulin<sup>1</sup></b> One-month supply	20% of the total cost, up to \$35	20% of the total cost, up to \$35
<b>Renal Services</b>		
<b>Dialysis</b> Per treatment	20% of the allowed amount	20% of the allowed amount

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

<sup>2</sup>Visit [networkhealth.com/waukesha-co](http://networkhealth.com/waukesha-co) for more information, this is not a medical benefit.

<sup>3</sup>This is a Special Supplemental Benefit for the Chronically Ill (SSBCI) benefit. In addition to an eligible chronic condition, members must also meet additional eligibility requirements to receive the SSBCI benefit.

# 2026 NETWORK HEALTH GROUP MEDICARE ADVANTAGE PLANS (PPO)

Your Drug Costs		Cornerstone	Cornerstone 1003
<b>Yearly Drug Deductible</b> 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
<b>INITIAL COVERAGE – Amount shown is the maximum you will pay. You may pay less.</b>			
PREFERRED	<b>30-Day Supply</b> 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
STANDARD	<b>30-Day Supply</b> 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
PREFERRED	<b>3-Month Supply</b> 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
STANDARD	<b>3-Month Supply</b> Standard Retail 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
PREFERRED	<b>3-Month Supply</b> 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 after deductible 22% for Tier 3 28% for Tier 4 Tier 5 is not available	\$0 for Tier 1 \$0 for Tier 2 after deductible 22% for Tier 3 28% for Tier 4 Tier 5 is not available
STANDARD	<b>3-Month Supply</b> 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
<b>Part D Insulin and Vaccines</b>			
<b>Part D Insulin<sup>1</sup></b> One-month supply		The lesser of 25% or \$35	The lesser of 25% or \$35
<b>Part D Vaccines</b> Shingrix, RSV, all other adult ACIP recommended vaccines		\$0	\$0
<b>CATASTROPHIC COVERAGE</b>			
You enter catastrophic coverage when your total out-of-pocket costs reach \$2,100. You pay \$0.			

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

NOTES

[illegible]

## 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](mailto: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](http://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. Ndihma të përshtatshme dhe shërbime shtesë 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 لك تنبيه: كما تتوفر وسائل مساعدة خدمات المساعدة اللغوية المجانية. وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها أو تحدث (711) 855-232-2814 اتصل على الرقم مجاًناً. إلى مقدم الخدمة.

**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 सेवाएँ 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 ntxiv 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, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີຕົວອັກສອນ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນ ຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາໂປ 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 librang serbisyon 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](http://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.

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