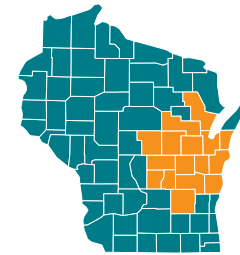


# A QUICK SUMMARY | Northeast Wisconsin Medicare Advantage PPO Plans

## The Advantages of Our PPO Plans

- The freedom to choose any provider who accepts Medicare beneficiaries.
- In-network benefits when you're traveling out of state. No need to call ahead.
- Exceptional concierge customer service, right here in Wisconsin.



## Available in the Following Counties

Brown, Calumet, Dodge, Fond du Lac, Green Lake, Kewaunee, Manitowoc, Marquette, Oconto, Outagamie, Portage, Shawano, Sheboygan, Waupaca, Waushara, Winnebago

Your Costs	Network Platinum Select (Includes pharmacy) (PPO)	Network Platinum Choice (Includes pharmacy) (PPO)	Network Platinum Plus (PPO) Network Platinum Plus Pharmacy (PPO)	Network Platinum Premier (PPO) Network Platinum Premier Pharmacy (PPO)
<b>YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS</b>				
Monthly Premium	\$0	\$28	\$61 \$123 with pharmacy	\$195 \$296 with pharmacy
Annual Maximum Out-of-Pocket (Combined In- and Out-of-Network)	\$5,900	\$4,500	\$3,400	\$3,400
Primary Care Provider	\$15	\$10	\$15	\$10
Specialist	\$50	\$50	\$40	\$20
Urgent Care	\$50	\$45	\$25	\$0
Inpatient Hospital	\$450 per day, days 1-4 \$0 days 5 and beyond	\$425 per day, days 1-4 \$0 days 5 and beyond	\$175 per day, days 1-5 \$0 days 6 and beyond	\$75 per day, days 1-5 \$0 days 6 and beyond
Ambulance	\$300	\$275	\$250	\$0
Outpatient Surgery Services	\$395	\$395	\$350	\$0
Preventive Care	\$0	\$0	\$0	\$0
Lab and Clinical Diagnostic Tests	\$0-\$20	\$0-\$15	\$0-\$5	\$0
X-rays	\$30	\$30	\$25	\$0
Diagnostic Radiology Services (such as MRIs, CT Scans)	\$155	\$125	\$100	\$0
Routine Eye Exam	\$10 in-network	\$10 in-network	\$10 in-network	\$10 in-network
	\$40 reimbursement out-of-network	\$40 reimbursement out-of-network	\$40 reimbursement out-of-network	\$40 reimbursement out-of-network
Routine Dental Exam	Not included	\$30 in-network	\$30 in-network	\$30 in-network
		\$100 reimbursement out-of-network	\$100 reimbursement out-of-network	\$100 reimbursement out-of-network
Over-the-Counter Coverage	Not included	Not included	\$50 per quarter	Not included
SilverSneakers® Fitness	Not included	Included	Included	Included
Optional Dental Benefit with Delta Dental® Medicare Advantage	\$37 monthly premium, Annual Maximum: \$1,000 Visit <a href="https://networkhealth.com/medicare/additional-benefits">networkhealth.com/medicare/additional-benefits</a> for details.			

# A QUICK SUMMARY

## Northeast Wisconsin Medicare Advantage PPO Plans

Your Drug Costs	Network Platinum <i>Select</i> (Includes pharmacy) (PPO)	Network Platinum <i>Choice</i> (Includes pharmacy) (PPO)	Network Platinum <i>Plus</i> Pharmacy (PPO)	Network Platinum <i>Premier</i> Pharmacy (PPO)
<b>WHEN YOUR COVERAGE STARTS, YOU HAVE A \$0 DEDUCTIBLE FOR TIERS 1-3</b>				
<b>Drug Deductible</b>	\$0 for Tiers 1, 2 and 3 \$395 for Tiers 4 and 5 only	\$0 for Tiers 1, 2 and 3 \$260 for Tiers 4 and 5 only		
<b>INITIAL COVERAGE – Amount shown is the maximum you will pay and you may pay less</b>				
<b>30-Day Supply Preferred Pharmacy or Mail Order Pharmacy</b>	\$2 for Tier 1    \$8 for Tier 2 \$42 for Tier 3    \$84 for Tier 4 25% of the cost for Tier 5	\$2 for Tier 1    \$8 for Tier 2 \$42 for Tier 3    \$84 for Tier 4 28% of the cost for Tier 5		
<b>90-Day Supply Preferred Pharmacy</b>	\$5 for Tier 1    \$20 for Tier 2 \$105 for Tier 3    \$210 for Tier 4 Tier 5 is not available			
<b>31 to 90-Day Mail Order Pharmacy</b>	<b>\$0 for Tier 1</b>			
<b>90-Day Mail Order Pharmacy</b>	<b>\$0 for Tier 1</b> \$20 for Tier 2 \$105 for Tier 3    \$210 for Tier 4 Tier 5 is not available			
<b>30-Day Supply Standard Pharmacy</b>	\$4 for Tier 1    \$14 for Tier 2 \$47 for Tier 3    \$91 for Tier 4 25% of the cost for Tier 5	\$4 for Tier 1    \$14 for Tier 2 \$47 for Tier 3    \$91 for Tier 4 28% of the cost for Tier 5		
<b>90-Day Supply Standard Pharmacy</b>	\$10 for Tier 1    \$35 for Tier 2 \$118 for Tier 3    \$228 for Tier 4 Tier 5 is not available			
<b>COVERAGE GAP</b>				
You enter the coverage gap when your total drug costs reach \$4,020. You pay 25% and Network Health pays 75% for generic drugs. For brand name drugs, you pay 25%, Network Health pays 5% and the drug company pays 70%.				
<b>CATASTROPHIC COVERAGE</b>				
You enter catastrophic coverage when your true out-of-pocket costs reach \$6,350. You pay the greater of \$3.60 or 5% of the cost for generic drugs and \$8.95 or 5% of the cost for brand name drugs.				

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. If you, or someone you're helping, has questions about Network Health, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 800-378-5234 (TTY 800-947-3529). Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Network Health, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 800-378-5234 (TTY 800-947-3529). Hmong: Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog Network Health, koj muaj cai kom lawv muab cov ntshiab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau 800-378-5234 (TTY 800-947-3529). Y0108\_1811-03-0919\_M Accepted 09162019