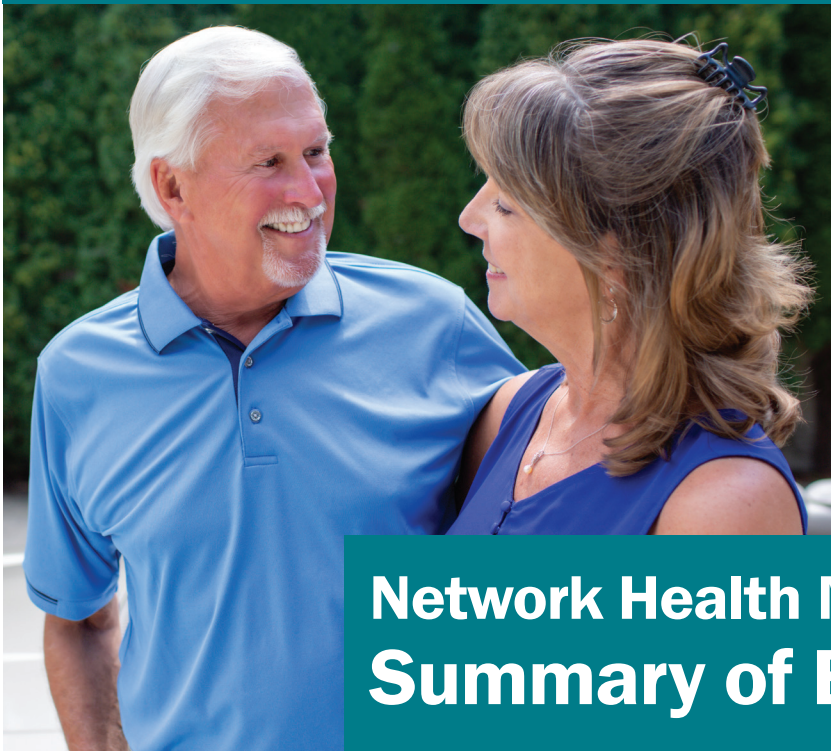




2020

YOUR HOMETOWN ADVANTAGE



**Network Health Medicare Explore HMO
Summary of Benefits**



2020 HMO SUMMARY OF BENEFITS

SERVICE AREA AND ELIGIBILITY

To be eligible to join our Network Health Medicare Explore HMO Plan described in this booklet, you must be enrolled in Medicare Part A and Part B, live in the service area and not be diagnosed with end-stage renal disease (ESRD). This Summary of Benefits applies to plans offered in the following counties in Wisconsin—Kenosha, Milwaukee, Ozaukee, Racine, Washington and Waukesha.

WHAT IS A SUMMARY OF BENEFITS?

This booklet gives you a summary of what we cover and what you pay for Network Health Medicare Explore (HMO). It doesn't list every service we cover or list every limitation or exclusion. A complete list of services can be found in the plan-specific Evidence of Coverage at networkhealth.com/medicare/plan-materials. Contact customer service for a printed copy.

WHAT IS AN HMO PLAN?

A health maintenance organization (HMO) plan has contracts with doctors and other providers, creating a network for you to choose from. Should you decide to go out-of-network for care without prior authorization from your health plan, in most cases you will have to pay the full cost for services.

CONTACT NETWORK HEALTH

| | |
|-----------------------------|---|
| By Phone | Sales Department – 800-983-7587 Health Care Concierge Customer Service – 800-378-5234 TTY/TDD Users – 800-947-3529 |
| Online | networkhealth.com |
| By Mail | Network Health 1570 Midway Pl. Menasha, WI 54952 |
| Hours of Operation | <ul style="list-style-type: none">• Normal office business hours are Monday–Friday, 8 a.m. to 5 p.m.• Network Health is closed on major holidays.• From October 1–March 31, you can call customer service seven days a week from 8 a.m. to 8 p.m., Central Time. From April 1–September 30, you can call us Monday–Friday, from 8 a.m. to 8 p.m., Central Time.• From October 1–December 31, you can call our sales department Monday–Friday, from 8 a.m. to 6 p.m., Saturday 8 a.m. to noon, Central Time. From January 1–September 30, 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 “Medicare & You” handbook. View it online at www.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. |

2020 HMO SUMMARY OF BENEFITS

| Your Costs | Network Health Medicare Explore (HMO) (Includes Pharmacy) |
|--|--|
| IN-NETWORK | |
| Monthly Premium | \$11 |
| Annual Medical Deductible | \$0 |
| Annual Maximum Out-of-Pocket | \$4,200 |
| Inpatient Hospital ¹ Per admission. | \$280 per day, Days 1–5, \$0 Days 6 and beyond |
| OUTPATIENT HOSPITAL COVERAGE¹ | |
| Outpatient Surgery Services Including Ambulatory Surgical Center Services such as colonoscopies. | \$250 |
| DOCTOR VISITS | |
| Primary Care Provider | \$0 |
| Specialist | \$30 |
| MDLIVE® Virtual Doctor Visits | \$0 |
| PREVENTIVE CARE | |
| Annual Medicare Wellness Visit | \$0 |
| Medicare Covered Preventive Care | \$0 |
| IMMUNIZATIONS | |
| Medicare Covered Immunizations Flu, Pneumonia, Hepatitis B | \$0 |
| EMERGENCY CARE | |
| Emergency Room Copayment is waived if admitted to a U.S. hospital within 24 hours. | \$90 |
| International Emergency Coverage View the Evidence of Coverage for details at networkhealth.com/medicare/plan-materials . | \$90 per incident \$100,000 Maximum Benefit |
| Urgent Care | \$45 |

Services with a ¹ may require prior authorization.

2020 HMO SUMMARY OF BENEFITS

| Your Costs | | Network Health Medicare Explore (HMO) (Includes Pharmacy) |
|---|--|--|
| IN-NETWORK | | |
| DIAGNOSTIC IMAGING | | |
| Ultrasound, EKG, EEG, Stress Test | | \$35 |
| X-rays | | \$25 |
| Radiation Therapy ¹ Per service | | \$60 |
| Diagnostic Radiology Services ¹ Such as MRIs, CT Scans | | \$125 |
| HEARING | | |
| Medicare Covered Exam Diagnostic | | \$10 |
| Routine Hearing Exam | | Not covered |
| Hearing Aid Discount Includes a one-year warranty, three office visits, one pack of batteries and one year of loss and damage insurance. Maximum of two hearing aids per year. Visit networkhealth.com/medicare/additional-benefits . | | Select hearing aids discounted to \$1,220-\$1,985 per device. Save \$775-\$1,215 per hearing aid. |
| DENTAL | | |
| Medicare Covered Dental Exam Does not include services in connection with care, treatment, filling, removal or replacement of teeth. | | \$50 |
| Routine Dental Exam One exam and cleaning per year. Visit networkhealth.com/medicare/additional-benefits . | | \$30 |
| Optional Dental Benefit with Delta Dental Medicare Advantage Visit networkhealth.com/medicare/plan-materials for details. | | \$37 monthly premium Annual Maximum: \$1,000 |

Services with a ¹ may require prior authorization.

2020 HMO SUMMARY OF BENEFITS

| Your Costs | | Network Health Medicare Explore (HMO) (Includes Pharmacy) |
|---|--|--|
| IN-NETWORK | | |
| VISION | | |
| Medicare Covered Eye Exam | | \$50 |
| Medicare Covered Eyewear | | \$0 |
| Routine Eye Exam One exam per year with an EyeMed provider. Visit networkhealth.com/medicare/additional-benefits . | | \$10 |
| Non-Medicare Covered Eyewear Discounts offered at EyeMed providers. Visit networkhealth.com/medicare/additional-benefits . | | Discounts Included |
| MENTAL HEALTH CARE | | |
| Outpatient Individual or Group Therapy, Psychiatric, Telehealth | | \$30 |
| Inpatient Mental Health¹ Lifetime maximum of 190 days. | | \$295 per day, Days 1-5, \$0 Days 6 and beyond |
| SKILLED NURSING FACILITY | | |
| Skilled Nursing Facility¹ Per admission. | | \$0 Days 1-20, \$178 per day, Days 21-49 |
| OUTPATIENT REHABILITATION | | |
| Physical, Occupational, Speech Therapy Includes comprehensive outpatient rehabilitation facility. | | \$30 |
| Cardiac and Pulmonary Rehab Maximum of 36 visits per year. | | \$25 |
| Ambulance | | \$225 |
| Transportation | | Not covered |
| PRESCRIPTION DRUG BENEFITS | | |
| Medicare Part B Drugs and Chemotherapy¹ | | 20% of the cost |
| Medicare Part D Drugs | | Covered |

Services with a ¹ may require prior authorization.

2020 HMO SUMMARY OF BENEFITS

| Your Costs | Network Health Medicare Explore (HMO) (Includes Pharmacy) |
|--|--|
| IN-NETWORK | |
| DIAGNOSTIC SERVICES, LABS, IMAGING ¹ | |
| Lab and Clinical Diagnostic Tests Genetic/molecular testing requires authorization ¹ | \$0-\$15 |
| DURABLE MEDICAL EQUIPMENT ¹ | |
| Such as Insulin Pumps ¹ , CPAP machines, Prosthetic Devices ¹ | 20% of the cost |
| DIABETES SUPPLIES AND SERVICES ¹ | |
| Monitoring Supplies and Test Strips One Touch™ and Accu-Chek™ All other brands are not covered. | \$0 for up to a 90-day supply |
| Diabetic Shoe Inserts Copayment per pair | \$10 |
| Self-Monitoring Training | \$0 |
| Dialysis For end stage renal disease. | 20% of the cost |
| CHIROPRACTOR | |
| Manipulation of the spine to correct when one or more of the bones of your spine move out of position. | \$20 |
| HOME HEALTH | |
| Medicare Covered Home Health Care Visits ¹ | \$0 |
| HOSPICE | |
| Hospice Covered by Medicare | \$0 |
| EXTRAS | |
| SilverSneakers® Fitness | Included |
| Caregiver Support | Included |
| Over-the-Counter Coverage | \$50 per quarter |

Services with a ¹ may require prior authorization.

2020 HMO SUMMARY OF BENEFITS

| Your Drug Costs | Network Health Medicare Explore (HMO) |
|-----------------|---------------------------------------|
|-----------------|---------------------------------------|

WHEN YOUR COVERAGE STARTS, YOU HAVE A \$0 DEDUCTIBLE FOR TIERS 1-3

| | |
|-----------------|--|
| Drug Deductible | \$0 for Tiers 1, 2 and 3 \$260 for Tiers 4 and 5 only |
|-----------------|--|

INITIAL COVERAGE – Amount shown is the maximum you will pay, you may pay less.

| | |
|---|--|
| 30-Day Supply Preferred Pharmacy or Mail Order Pharmacy | \$2 for Tier 1 \$8 for Tier 2 \$42 for Tier 3 \$84 for Tier 4 28% of the cost for Tier 5 |
|---|--|

| | |
|----------------------------------|--|
| 90-Day Supply Preferred Pharmacy | \$5 for Tier 1 \$20 for Tier 2 \$105 for Tier 3 \$210 for Tier 4 Tier 5 is not available |
|----------------------------------|--|

| | |
|----------------------------------|-----------------------|
| 31 to 90-Day Mail Order Pharmacy | \$0 FOR TIER 1 |
|----------------------------------|-----------------------|

| | |
|----------------------------|--|
| 90-Day Mail Order Pharmacy | \$0 for Tier 1 \$20 for Tier 2 \$105 for Tier 3 \$210 for Tier 4 Tier 5 is not available |
|----------------------------|--|

| | |
|---------------------------------|---|
| 30-Day Supply Standard Pharmacy | \$4 for Tier 1 \$14 for Tier 2 \$47 for Tier 3 \$91 for Tier 4 28% of the cost for Tier 5 |
|---------------------------------|---|

| | |
|---------------------------------|---|
| 90-Day Supply Standard Pharmacy | \$10 for Tier 1 \$35 for Tier 2 \$118 for Tier 3 \$228 for Tier 4 Tier 5 is not available |
|---------------------------------|---|

COVERAGE GAP

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%.

CATASTROPHIC COVERAGE

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.

PRE-ENROLLMENT CHECKLIST

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **800-378-5234** (TTY 800-947-3529), Monday–Friday from 8 a.m. to 8 p.m. From October 1–March 31, we’re available every day, 8 a.m. to 8 p.m.

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit **networkhealth.com** or call **800-378-5234** (TTY 800-947-3529) to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2021.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

REQUIRED INFORMATION - Nondiscrimination

Network Health complies with applicable Federal civil rights laws, conscience and anti-discrimination laws and prohibiting exclusion, adverse treatment, coercion or other discrimination against individuals or entities on the basis of their religious beliefs or moral convictions and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Network Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. You may have the right under federal law to decline to undergo certain health care-related treatments, research, or services that violate your conscience, religious beliefs, or moral convictions.

Network Health:

- Provides free aids and services to people with disabilities 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 services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Network Health's discrimination complaints coordinator at 800-378-5234 (TTY 800-947-3529).

If you believe that Network Health has failed to provide these services, has failed to accommodate your conscientious, religious or moral objection 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's discrimination complaints coordinator, 1570 Midway Place, Menasha, WI 54952, phone number 800-378-5234, TTY 800-947-3529, Fax 920-720-1907, 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 discrimination complaints coordinator 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, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

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

Multi-language Interpreter Services

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).

Albanian: Nëse ju, ose dikush që po ndihmoni, ka pyetje për Network Health, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin 800-378-5234 (TTY 800-947-3529).

Arabic:

إذا كان لديك أو لدى شخص كنت مساعدة، أسئلة حول Health Network، لديك الحق في الحصول على المساعدة والمعلومات باللغة الخاصة بك دون أي تكلفة. للتحدث مع مترجم فوري، قم باستدعاء 800-378-5234 (TTY 800-947-3529).

2525-01-0719

Medicare

Chinese: 如果您, 或是您正在協助的對象, 有關於[插入SBM項目的名稱 Network Health 方面的問題, 您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員, 請撥電話 [在此插入數字 800-378-5234 (TTY 800-947-3529)。

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Network Health, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 800-378-5234 (TTY 800-947-3529).

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Network Health haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 800-378-5234 (TTY 800-947-3529) an.

Hindi: यदि आप, या किसी को आप की मदद कर रहे हैं, के बारे में सवाल है Network Health, आप कोई भी कीमत पर अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। एक दुभाषिया के लिए बात करने के लिए, 800-378-5234 (TTY 800-947-3529) कहते हैं।

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).

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Network Health 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 800-378-5234 (TTY 800-947-3529) 로 전화하십시오.

Laotian: ຖ້າທ່ານ, ຫຼືຄົນທີ່ທ່ານກຳລັງຊ່ວຍເຫຼືອ, ມີຄຳຖາມກ່ຽວກັບ Network Health, ທ່ານມີສິດທີ່ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອແລະຂໍ້ມູນຂ່າວສານທີ່ເປັນພາສາຂອງທ່ານບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ການໂອ້ນລັກກັບພາສາ, ໃຫ້ໂທຫາ 800-378-5234 (TTY 800-947-3529).

Pennsylvania Dutch: Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut Network Health, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 800-378-5234 (TTY 800-947-3529) uffrufe.

Polish: Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie Network Health, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 800-378-5234 (TTY 800-947-3529).

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Network Health, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 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).

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Network Health, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 800-378-5234 (TTY 800-947-3529).

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Network Health, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 800-378-5234 (TTY 800-947-3529).

[illegible]



800-983-7587 (TTY 800-947-3529)

[networkhealth.com](https://www.networkhealth.com)

Network Health Medicare Advantage Plans include MSA, HMO and 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 customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. 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). H5644_1822-02b-0819_M Accepted 09082019