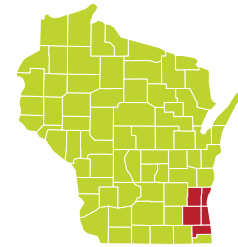


A QUICK SUMMARY

Southeast 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

Milwaukee, Ozaukee, Racine, Washington and Waukesha

Your Costs	Network Health Medicare Go (Includes pharmacy) (PPO)		Network Health Medicare Anywhere (Includes pharmacy) (PPO)	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Monthly Premium	\$0		\$29	
Annual Maximum Out-of-Pocket (Combined In- and Out-of-Network)	\$5,900		\$4,900	
Primary Care Provider	\$10	\$20	\$7	\$15
Specialist	\$45	\$75	\$45	\$65
Urgent Care	\$45	\$45	\$45	\$45
Inpatient Hospital	\$395 per day, days 1-4, \$0 days 5 and beyond	\$495 per day, days 1-5, \$0 days 6 and beyond	\$295 per day, days 1-5, \$0 days 6 and beyond	\$495 per day, days 1-5, \$0 days 6 and beyond
Ambulance	\$275	\$275	\$250	\$250
Outpatient Surgery Services	\$385	\$415	\$285	\$395
Preventive Care	\$0	\$15	\$0	\$15
Lab and Clinical Diagnostic Tests	\$0-\$20	\$30	\$0-\$20	\$25
X-rays	\$35	\$45	\$20	\$45
Diagnostic Radiology Services (such as MRIs, CT Scans)	\$125	\$140	\$125	\$140
Routine Eye Exam	\$10	\$40 reimbursement	\$10	\$40 reimbursement
Routine Dental Exam	Not included		\$30	\$100 reimbursement
Optional Dental Benefit with Delta Dental® Medicare Advantage	\$37 monthly premium, Annual Maximum: \$1,000 Visit networkhealth.com/medicare/additional-benefits for details.			
SilverSneakers® Fitness	Included	Not covered	Included	Not covered

A QUICK SUMMARY

Southeast Wisconsin Medicare Advantage PPO Plans

Your Drug Costs	Network Health Medicare Go (PPO)	Network Health Medicare Anywhere (PPO)
WHEN YOUR COVERAGE STARTS, YOU HAVE A \$0 DEDUCTIBLE FOR TIERS 1-3		
Drug Deductible	\$0 for Tiers 1, 2 and 3 \$275 for Tiers 4 and 5 only	\$0 for Tiers 1, 2 and 3 \$250 for Tiers 4 and 5 only
INITIAL COVERAGE – Amount shown is the maximum you will pay and 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 27% 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
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 27% 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
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.		