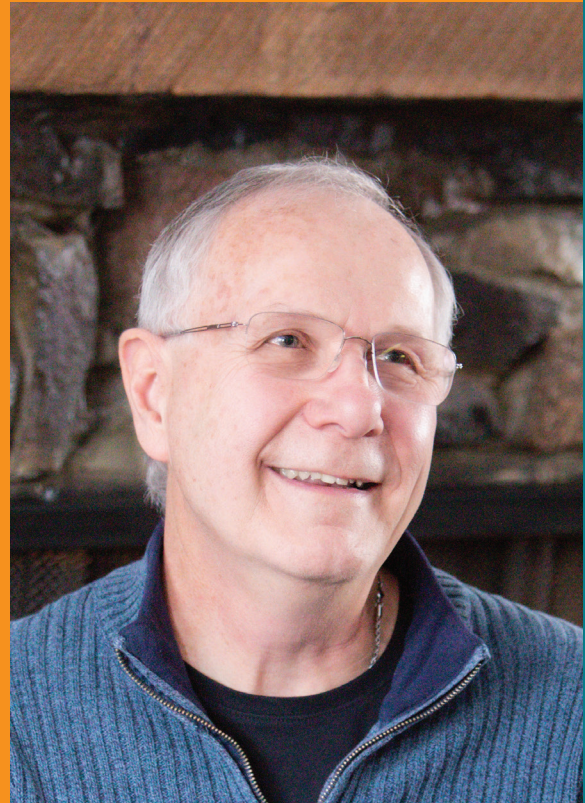




2020

Medicare Advantage Plans

**YOUR HOMETOWN
ADVANTAGE**



**Northeast
Medicare Advantage PPO
Summary of Benefits**





network
health

2020 PPO SUMMARY OF BENEFITS

SERVICE AREA AND ELIGIBILITY

To be eligible to join Network Health’s Medicare Advantage Plans 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—Brown, Calumet, Dodge, Fond du Lac, Green Lake, Kewaunee, Manitowoc, Marquette, Oconto, Outagamie, Portage, Shawano, Sheboygan, Waupaca, Waushara and Winnebago.

WHAT IS A SUMMARY OF BENEFITS?

This booklet gives you a summary of what we cover and what you pay. 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. You will find information on Network Platinum*Select* (PPO), Network Platinum*Choice* (PPO), Network Platinum*Plus* (PPO), Network Platinum*Plus* Pharmacy (PPO), Network Platinum*Premier* (PPO) and Network Platinum*Premier* Pharmacy (PPO).

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 a PPO plan you can use both in- and out-of-network doctors. In northeast Wisconsin, you will have the same cost sharing for in- and out-of-network providers.

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 or In Person	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 PPO SUMMARY OF BENEFITS

PPO PLANS WITH PHARMACY COVERAGE

Your 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)
YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS				
Monthly Premium	\$0	\$28	\$123	\$296
Annual Medical Deductible	\$0	\$0	\$0	\$0
Annual Maximum Out-of-Pocket Combined in- and out-of-network	\$5,900	\$4,500	\$3,400	\$3,400
Inpatient Hospital¹ Per admission.	\$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
OUTPATIENT HOSPITAL COVERAGE¹				
Outpatient Surgery Services Including Ambulatory Surgical Center Services such as colonoscopies.	\$395	\$395	\$350	\$0
DOCTOR VISITS				
Primary Care Provider	\$15	\$10	\$15	\$10
Specialist	\$50	\$50	\$40	\$20
MDLIVE[®] Virtual Doctor Visits	\$0	\$0	\$0	\$0
PREVENTIVE CARE				
Annual Medicare Wellness Visit	\$0	\$0	\$0	\$0
Medicare Covered Preventive Care	\$0	\$0	\$0	\$0
IMMUNIZATIONS				
Medicare Covered Immunizations Flu, Pneumonia, Hepatitis B	\$0	\$0	\$0	\$0

Services with a ¹ may require prior authorization.

2020 PPO SUMMARY OF BENEFITS

PPO PLANS WITH PHARMACY COVERAGE

Your 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)
YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS				
EMERGENCY CARE				
Emergency Room Copayment is waived if admitted to a U.S. hospital within 24 hours.	\$90	\$90	\$120	\$120
International Emergency Coverage View the Evidence of Coverage for details at networkhealth.com/medicare/plan-materials .	\$90 per incident \$100,000 Maximum Benefit	\$90 per incident \$100,000 Maximum Benefit	\$90 per incident \$100,000 Maximum Benefit	\$90 per incident \$100,000 Maximum Benefit
Urgent Care	\$50	\$45	\$25	\$0
DIAGNOSTIC IMAGING				
Ultrasound, EKG, EEG, Stress Test	\$40	\$35	\$25	\$0
X-rays	\$30	\$30	\$25	\$0
Radiation Therapy¹ Per service	20% of the cost	\$60	\$60	\$0
Diagnostic Radiology Services¹ Such as MRIs, CT Scans	\$155	\$125	\$100	\$0
HEARING				
Medicare Covered Exam Diagnostic	\$15	\$10	\$25	\$0

Services with a ¹ may require prior authorization.

2020 PPO SUMMARY OF BENEFITS

PPO PLANS WITH PHARMACY COVERAGE

Your 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)
YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS				
Routine Hearing Exam	Not covered	Not covered	Not covered	\$0
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.	Select hearing aids discounted to \$1,220-\$1,985 per device. Save \$775-\$1,215 per hearing aid.	Select hearing aids discounted to \$1,220-\$1,985 per device. Save \$775-\$1,215 per hearing aid.	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	\$50	\$25	\$0
Routine Dental Exam One exam and cleaning per year. Visit networkhealth.com/medicare/additional-benefits .	Not covered	\$30	\$30	\$30
		\$100 reimbursement out-of-network	\$100 reimbursement out-of-network	\$100 reimbursement out-of-network
Optional Dental Benefit with Delta Dental Medicare Advantage Visit networkhealth.com/medicare/plan-materials for details.	\$37 monthly premium Annual Maximum: \$1,000	\$37 monthly premium Annual Maximum: \$1,000	\$37 monthly premium Annual Maximum: \$1,000	\$37 monthly premium Annual Maximum: \$1,000

Services with a ¹ may require prior authorization.

2020 PPO SUMMARY OF BENEFITS

PPO PLANS WITH PHARMACY COVERAGE

Your 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)
YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS				
VISION				
Medicare Covered Eye Exam	\$50	\$50	\$25	\$0
Medicare Covered Eyewear	\$0	\$0	\$15	\$0
Routine Eye Exam One exam per year with an EyeMed provider. Visit networkhealth.com/medicare/additional-benefits .	\$10	\$10	\$10	\$10
	\$40 reimbursement out-of-network	\$40 reimbursement out-of-network	\$40 reimbursement out-of-network	\$40 reimbursement out-of-network
Non-Medicare Covered Eyewear Discounts offered at EyeMed providers. Visit networkhealth.com/medicare/additional-benefits .	Discounts Included	Discounts Included	Discounts Included	Discounts Included
MENTAL HEALTH CARE				
Outpatient Individual or Group Therapy, Psychiatric, Telehealth	\$40	\$40	\$35	\$0
Inpatient Mental Health¹	\$395 per day, Days 1-4 \$0 Days 5 and beyond	\$295 per day, Days 1-4 \$0 Days 5 and beyond	\$150 per day, Days 1-10 \$0 Days 11 and beyond	\$0 Days 1-90 \$0 Days 91 and beyond
SKILLED NURSING FACILITY				
Skilled Nursing Facility¹ Per admission.	\$0 Days 1-20 \$178 per day, Days 21-57	\$0 Days 1-20 \$178 per day, Days 21-49	\$20 per day, Days 1-20 \$178 per day, Days 21-54	\$0

Services with a ¹ may require prior authorization.

2020 PPO SUMMARY OF BENEFITS

PPO PLANS WITH PHARMACY COVERAGE

Your 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)
YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS				
OUTPATIENT REHABILITATION				
Physical, Occupational, Speech Therapy Includes comprehensive outpatient rehabilitation facility.	\$40	\$40	\$40	\$20
Cardiac and Pulmonary Rehab Maximum of 36 visits per year.	\$25	\$25	\$25	\$0
Ambulance	\$300	\$275	\$250	\$0
Transportation	Not covered	Not covered	Not covered	Not covered
PRESCRIPTION DRUG BENEFITS				
Medicare Part B Drugs and Chemotherapy¹	20% of the cost	20% of the cost	20% of the cost	20% of the cost
Medicare Part D Drugs	Covered	Covered	Covered	Covered
DIAGNOSTIC SERVICES, LABS, IMAGING¹				
Lab and Clinical Diagnostic Tests Genetic/molecular testing requires authorization ¹	\$0-\$20	\$0-\$15	\$0-\$5	\$0
DURABLE MEDICAL EQUIPMENT¹				
Such as Insulin Pumps¹, CPAP machines, Prosthetic Devices¹	20% of the cost	20% of the cost	20% of the cost	\$0

Services with a ¹ may require prior authorization.

2020 PPO SUMMARY OF BENEFITS

PPO PLANS WITH PHARMACY COVERAGE

Your 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)
YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS				
DIABETES SUPPLIES AND SERVICES¹				
Monitoring Supplies and Test Strips One Touch™ and Accu-Chek™ All other brands are not covered.	\$0 for up to a 90-day supply	\$0 for up to a 90-day supply	\$0 for up to a 90-day supply	\$0 for up to a 90-day supply
Diabetic Shoe Inserts Copayment per pair	\$10	\$10	\$10	\$0
Self-Monitoring Training	\$0	\$0	\$0	\$0
Dialysis For end stage renal disease.	20% of the cost	20% of the cost	20% of the cost	\$0
CHIROPRACTOR				
Manipulation of the spine to correct when one or more of the bones of your spine move out of position.	\$20	\$20	\$20	\$20
HOME HEALTH				
Medicare Covered Home Health Care Visits¹	\$0	\$0	\$0	\$0
HOSPICE				
Hospice Covered by Medicare	\$0	\$0	\$0	\$0
EXTRAS				
SilverSneakers® Fitness	Not included	Included	Included	Included
Caregiver Support	Included	Included	Included	Included
Over-the-Counter Coverage	Not included	Not included	\$50 per quarter	Not included

Services with a ¹ may require prior authorization.

2020 PPO SUMMARY OF BENEFITS

PPO PLANS WITH PHARMACY COVERAGE

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)
WHEN YOUR COVERAGE STARTS, YOU HAVE A \$0 DEDUCTIBLE FOR TIERS 1-3				
Drug Deductible	\$395 for Tiers 4 and 5 only		\$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 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	
90-Day Supply Preferred Pharmacy		\$5 for Tier 1 \$105 for Tier 3 Tier 5 is not available	\$20 for Tier 2 \$210 for Tier 4	
31 to 90-Day Mail Order Pharmacy	\$0 FOR TIER 1			
90-Day Mail Order Pharmacy		\$0 for Tier 1 \$105 for Tier 3 Tier 5 is not available	\$20 for Tier 2 \$210 for Tier 4	
30-Day Supply Standard Pharmacy	\$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	
90-Day Supply Standard Pharmacy		\$10 for Tier 1 \$118 for Tier 3 Tier 5 is not available	\$35 for Tier 2 \$228 for Tier 4	
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.



“

If you have a chance to work with them, go ahead and do it. They may be able to help you save money and get yourself organized. - Ellen S.

”

2020 PPO SUMMARY OF BENEFITS

PPO PLANS WITHOUT PHARMACY COVERAGE

Your Costs	Network Platinum^{Plus} (PPO)	Network Platinum^{Premier} (PPO)
YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS		
Monthly Premium	\$61	\$195
Annual Medical Deductible	\$0	\$0
Annual Maximum Out-of-Pocket Combined in- and out-of-network	\$3,400	\$3,400
Inpatient Hospital¹ Per admission.	\$175 per day, Days 1-5 \$0 Days 6 and beyond	\$175 per day, Days 1-5 \$0 Days 6 and beyond
OUTPATIENT HOSPITAL COVERAGE¹		
Outpatient Surgery Services Including Ambulatory Surgical Center Services such as colonoscopies.	\$350	\$0
DOCTOR VISITS		
Primary Care Provider	\$15	\$10
Specialist	\$40	\$20
MDLIVE[®] Virtual Doctor Visits	\$0	\$0
PREVENTIVE CARE		
Annual Medicare Wellness Visit	\$0	\$0
Medicare Covered Preventive Care	\$0	\$0
IMMUNIZATIONS		
Medicare Covered Immunizations Flu, Pneumonia, Hepatitis B	\$0	\$0
EMERGENCY CARE		
Emergency Room Copayment is waived if admitted to a U.S. hospital within 24 hours.	\$120	\$120
International Emergency Coverage View the Evidence of Coverage for details at networkhealth.com/ medicare/plan-materials .	\$90 per incident \$100,000 Maximum Benefit	\$90 per incident \$100,000 Maximum Benefit
Urgent Care	\$25	\$0

Services with a ¹ may require prior authorization.

2020 PPO SUMMARY OF BENEFITS

PPO PLANS WITHOUT PHARMACY COVERAGE

Your Costs	Network Platinum^{Plus} (PPO)	Network Platinum^{Premier} (PPO)
YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS		
DIAGNOSTIC IMAGING		
Ultrasound, EKG, EEG, Stress Test	\$25	\$0
X-rays	\$25	\$0
Radiation Therapy ¹ Per service	\$60	\$0
Diagnostic Radiology Services ¹ Such as MRIs, CT Scans.	\$100	\$0
HEARING		
Medicare Covered Exam Diagnostic	\$25	\$0
Routine Hearing Exam	Not covered	\$0
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.	Select hearing aids discounted to \$1,220–\$1,985 per device. Save \$775–\$1,215 per hearing aid.
Hearing Aid Reimbursement	Not included	\$75
DENTAL		
Medicare Covered Dental Exam Does not include services in connection with care, treatment, filling, removal or replacement of teeth.	\$25	\$0
Routine Dental Exam One exam and cleaning per year. Visit networkhealth.com/medicare/additional-benefits .	\$30 \$100 reimbursement out-of-network	\$30 \$100 reimbursement out-of-network
Optional Dental Benefit with Delta Dental Medicare Advantage. Visit networkhealth.com/medicare/plan-materials for details.	\$37 monthly premium Annual Maximum: \$1,000	\$37 monthly premium Annual Maximum: \$1,000

Services with a ¹ may require prior authorization.

2020 PPO SUMMARY OF BENEFITS

PPO PLANS WITHOUT PHARMACY COVERAGE

Your Costs	Network Platinum<i>Plus</i> (PPO)	Network Platinum<i>Premier</i> (PPO)
YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS		
VISION		
Medicare Covered Eye Exam	\$25	\$0
Medicare Covered Eyewear	\$15	\$0
Routine Eye Exam One exam per year with an EyeMed provider. Visit networkhealth.com/medicare/additional-benefits .	\$10	\$10
	\$40 reimbursement out-of-network	\$40 reimbursement out-of-network
Non-Medicare Covered Eyewear Discounts offered at EyeMed providers. Visit networkhealth.com/medicare/additional-benefits .	Discounts Included	Discounts Included
MENTAL HEALTH CARE		
Outpatient Individual or Group Therapy, Psychiatric, Telehealth	\$35	\$0
Inpatient Mental Health¹	\$150 per day, Days 1-10 \$0 Days 11 and beyond	\$0 Days 1-90 \$0 Days 91 and beyond
SKILLED NURSING FACILITY		
Skilled Nursing Facility¹ Per admission.	\$20 per day, Days 1-20 \$178 per day, Days 21-54	\$0
OUTPATIENT REHABILITATION		
Physical, Occupational, Speech Therapy Includes comprehensive outpatient rehabilitation facility.	\$40	\$20
Cardiac and Pulmonary Rehab Maximum of 36 visits per year.	\$25	\$0
Ambulance	\$250	\$0
Transportation	Not covered	Not covered
PRESCRIPTION DRUG BENEFITS		
Medicare Part B Drugs and Chemotherapy¹	20% of the cost	20% of the cost
Medicare Part D Drugs	Not covered	Not covered

Services with a ¹ may require prior authorization.

2020 PPO SUMMARY OF BENEFITS

PPO PLANS WITHOUT PHARMACY COVERAGE

Your Costs	Network Platinum^{Plus} (PPO)	Network Platinum^{Premier} (PPO)
YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS		
DIAGNOSTIC SERVICES, LABS, IMAGING¹		
Lab and Clinical Diagnostic Tests Genetic/molecular testing requires authorization ¹	\$0-\$5	\$0
DURABLE MEDICAL EQUIPMENT¹		
Such as Insulin Pumps¹, CPAP machines, Prosthetic Devices¹	20% of the cost	\$0
DIABETES SUPPLIES AND SERVICES¹		
Monitoring Supplies and Test Strips One Touch™ and Accu-Chek™ All other brands are not covered.	\$0 for up to a 90-day supply	\$0 for up to a 90-day supply
Diabetic Shoe Inserts Copayment per pair	\$10	\$0
Self-Monitoring Training	\$0	\$0
Dialysis For end stage renal disease.	20% of the cost	\$0
CHIROPRACTOR		
Manipulation of the spine to correct when one or more of the bones of your spine move out of position.	\$20	\$20
HOME HEALTH		
Medicare Covered Home Health Care Visits¹	\$0	\$0
HOSPICE		
Hospice Covered by Medicare	\$0	\$0
EXTRAS		
SilverSneakers® Fitness	Included	Included
Caregiver Support	Included	Included
Over-the-Counter Coverage	\$50 per quarter	Not included

Services with a ¹ may require prior authorization.

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.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care.

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, ມອ່າຖາມກ່ຽວກັບ Network Health, ທ່ານມີສິດທີ່ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອແລະຂໍ້ມູນຂ່າວສານທີ່ເປັນພາສາຂອງທ່ານບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ການໂອ້ນລົມກັບນາຍພາສາ, 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, kansch du 800-378-5234 (TTY 800-947-3529) uffrufe.

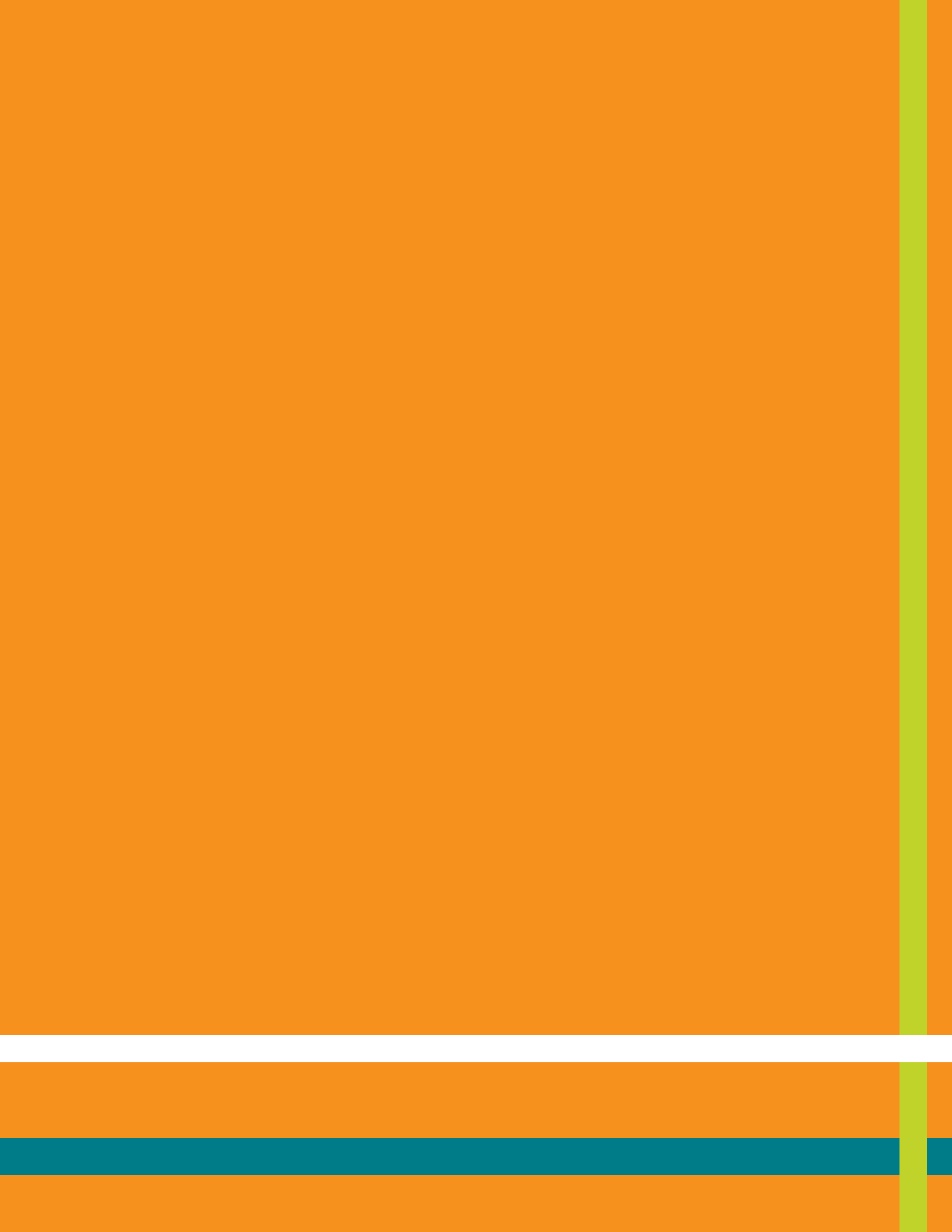
Polish: Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie Network Health, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 800-378-5234 (TTY 800-947-3529).

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).





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

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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). H5215_1822-02-0818_M Accepted 08202019