network health

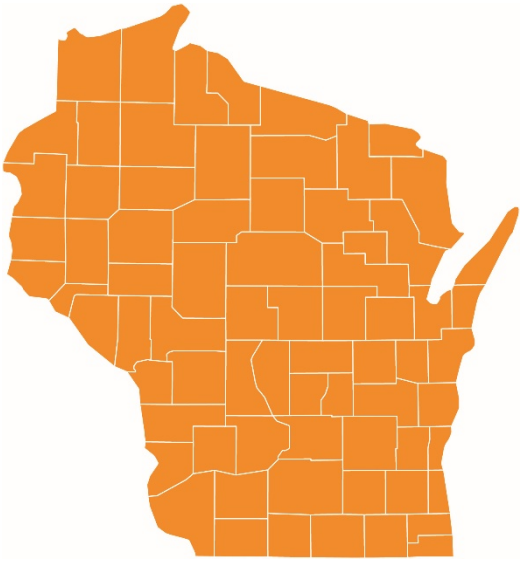
2027 Summary of Benefits
Medical Savings Account (MSA)
Network Health Prime

2027 NETWORK HEALTH PRIME (MSA)

SERVICE AREA AND ELIGIBILITY

To join Network Health Prime (MSA), you must be enrolled in Medicare Part A and Part B and live in our service area, which is the entire state of Wisconsin for our MSA plan. You must also meet these eligibility requirements.

- Not receiving hospice (end-of-life) care
- Not eligible for Medicaid
- Not part of a group health plan
- Not receiving benefits from the Department of Defense (TRICARE), the Department of Veteran Affairs (VA) or the Federal Employee Health Benefits Program



Network Health Prime MSA is available in all 72 Wisconsin counties

WHAT IS A SUMMARY OF BENEFITS?

This booklet gives you a summary of what we cover and what you pay on the Network Health Prime MSA plan. It doesn't list every service that we cover or 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 the member experience team for a printed copy.

WHAT IS A MEDICAL SAVINGS ACCOUNT (MSA) PLAN?

A medical savings account (MSA) plan combines a high-deductible health insurance plan with a medical savings account. Each year, the Centers for Medicare & Medicaid Services deposits a set amount into the medical savings account that you can use to pay for health care services. Once you've paid a certain amount for health care (called the deductible), the plan begins paying for the Medicare-covered services you receive.

SUMMARY OF BENEFITS

CONTACT NETWORK HEALTH

By Phone	Sales Team – **800-983-7587** Member Experience Team – **800-378-5234** TTY/TDD Users - **711**
Online	networkhealth.com
By Mail or In Person	**Network Health** **1570 Midway Pl.** **Menasha, WI 54952** **Network Health** **16960 W. Greenfield Ave., Suite 5** **Brookfield, WI 53005**
Hours of Operation	• Normal business office hours are Monday–Friday, 8 a.m. to 5 p.m. • 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. • From October 1–March 31, you can call the sales team and the member experience team seven days a week from 8 a.m. to 8 p.m., Central Time. From April 1–September 30, we are available Monday–Friday, from 8 a.m. to 8 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 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.

2027 NETWORK HEALTH PRIME (MSA)

Your Costs	Network Health Prime (MSA)
Monthly Premium	$0
Annual Medical Deductible	$4,000
Medicare Deposit into Your MSA Bank Account	$1,750
Inpatient Hospital Services	Until you meet your annual deductible of $4,000, you pay up to 100% of the Medicare-approved amount.* After you meet your annual deductible, you pay $0 for Medicare-covered services. No prior authorization for Part B medical services. Some Part B medications may require authorization. For a complete listing of Medicare covered services, visit Medicare.gov. * *Part B pharmacy related items may fall under the pharmacy benefit manager contracted rates.*
Outpatient Hospital Services	
Ambulatory Surgical Center	
Primary Care Provider Visit	
Specialist Visit	
Preventive Care Visits	
Annual Medicare Wellness Visit	
Physician Telehealth Services	
Medicare-Covered Vaccines Flu, pneumonia, COVID-19 and all other Part B	
Emergency Room Visit	
Urgent Care Visits	
Diagnostic Tests Such as ultrasound, EKG, stress test	
Labs	
Diagnostic Radiology Services Advanced imaging (PET, CAT, MRI, MRA, NUC Scans)	
X-rays	
Vision Services and Exams	
Outpatient Mental Health Individual or group therapy	
Inpatient Mental Health	
Opioid Treatment Services	
Substance Abuse Services Outpatient individual or group therapy	
Skilled Nursing Facility	
Outpatient Physical, Occupational, Speech Therapy	
Air and Ground Ambulance Services	
Medicare Part B Drugs and Chemotherapy	
MD Live® Virtual Visit[1] For medical services	
Durable Medical Equipment	
Medicare-Covered Chiropractic Services Manipulation of the spine to correct misalignment of one or more of the bones of your spine	
Medicare-Covered Acupuncture For chronic low back pain only, up to 12 visits in 90 days and no more than 20 visits per year	
Medicare-Covered Home Health Care Visits	
Radiation Therapy	
Diabetes Supplies and Services	
Optional Dental Benefit with Say Cheese Dental Network	$39 monthly premium $1,000 combined annual maximum

[1]Visit networkhealth.com/medicare/extra-benefits for more information.

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 member of the member experience team at **800-378-5234** (TTY 711), 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

- [ ] The *Evidence of Coverage* (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs and benefits before you enroll. Visit **networkhealth.com/medicare/plan-materials** or call **800-378-5234** (TTY 711) to view a copy of the EOC.

- [ ] Review how enrolling into a Network Health Medicare Advantage Plan will impact your current health care coverage.

Understanding Important Rules

- [ ] Benefits, premiums and/or copayments/coinsurance may change on January 1, 2028.

- [ ] MSA plans combine a high-deductible Medicare Advantage plan and a trust or custodial savings account (as defined and/or approved by the IRS). The plan deposits money from Medicare into the account. You can use this money to pay for your health care costs, but only Medicare-covered expenses count toward your deductible. The amount deposited is usually less than your deductible amount, so you generally have to pay money out-of-pocket before your coverage begins.

  Medicare MSA plans do not cover prescription drugs. If you join a Medicare MSA plan, you can also join any separate Medicare prescription drug plan.

  There are additional restrictions to join an MSA plan, and enrollment is for a full calendar year unless you meet certain exceptions. Those who disenroll during the calendar year will owe a portion of the account deposit back to the plan. Contact the plan at **800-378-5234** (TTY 711) for additional information.

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: 800-378-5234
(TTY users should call 711)
Email: 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.

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 800-378-5234 (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 800-378-5234 (TTY: 711) ose bisedoni me ofruesin tuaj të shërbimit.

Arabic: إذا كنت تتحدث اللغة العربية، فستتوفر تنبيه: كما تتوفر وسائل لك خدمات المساعدة اللغوية المجانية. مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن 5234-378-800 (711). اتصل على الرقم الوصول إليها مجانًا. أو تحدث 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 800-378-5234（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 800-378-5234 (TTY : 711) ou parlez à votre fournisseur.

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 800-378-5234 (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 800-378-5234 (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 800-378-5234 (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. 800-378-5234 (TTY : 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Laotian: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 800-378-5234 (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 800-378-5234 (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 800-378-5234 (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 800-378-5234 (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 800-378-5234 (TTY : 711) o hable con su proveedor.

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong 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 800-378-5234 (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 800-378-5234 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.



800-983-7587 • TTY 711

networkhealth.com

Network Health Prime is an MSA plan with a Medicare contract. Enrollment in Network Health Medicare Advantage Plans depends on contract renewal.

H1181_**7067**-01-0526_M