

AGENT TRAINING GUIDE

2021

GOING ABOVE AND BEYOND

– FOR AGENT USE ONLY –



*Network Health is locally owned by
Froedtert Health and Ministry Health
Care, part of Ascension Wisconsin.*





WELCOME

GOING ABOVE AND BEYOND

Hello and welcome to the 2021 Annual Medicare Certification

The 2021 annual enrollment period is upon us. Our theme this year captures what Network Health is all about—going above and beyond.

Over the past year, we've worked hard to be easier for you to do business with. We're continuing that focus into 2021 and beyond.

Here are some changes we've made for our agent partners.

- Updated commission amounts
- Removed the ride-along requirement
- Removed the monthly meeting requirements (only annual certification is required going forward)
- Offered virtual meetings for continuing education credits
- Enhanced our online enrollment and short enrollment forms to be more user friendly
- Our new agent training program is now available on demand.

We heard you loud and clear about how to make our product more competitive in 2021. So, we've lowered maximum out-of-pocket amounts on our most popular plans, added \$0 personal doctor copayments and created an innovative supplemental benefit program called Pick your Perks. These changes, when paired with our exceptional service show how Network Health goes above and beyond for our members and agent partners.

Thank you for your past, present and future business. I look forward to our continued partnership.

Sincerely,



Erin Kelly

Vice President Sales and Marketing

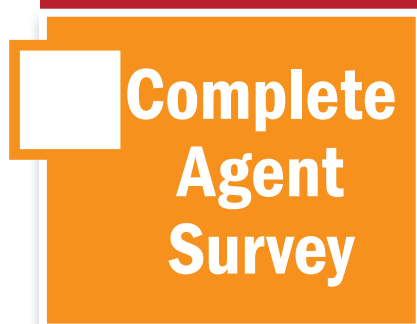


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CONTACTS AND RESOURCES

SALES MANAGEMENT

Erin Kelly <i>VP of Sales and Marketing</i>	Office: 262-825-9779 Cell: 920-410-1898	ekelly@networkhealth.com
Marty Brogaard <i>Director of Sales and Service</i>	Office: 920-628-7609 Cell: 920-585-0399	hbrogaa@networkhealth.com
Kimberly Gehrke <i>Manager of Individual Sales</i>	Office: 920-720-1569 Cell: 920-369-6318	kgehrke@networkhealth.com
Jeff Lanser <i>Manager of Client Management</i>	Office: 920-720-1683 Cell: 920-213-1194	jlanser@networkhealth.com
Mindy Neese <i>Manager of Sales and Operations</i>	Office: 262-825-9787	mneese@networkhealth.com

ACCOUNT EXECUTIVES

Brooke Braemer <i>Account Executive</i>	Office: 920-628-7610	bbraemer@networkhealth.com
Travis Janssen <i>Senior Account Executive</i>	Office: 920-720-1877 Cell: 920-209-5812	tjanssen@networkhealth.com
Penny Koehler <i>Account Executive</i>	Office: 920-720-1571 Cell: 920-896-2255	pekoehle@networkhealth.com
Dan Pecanac <i>Account Executive</i>	Office: 920-720-1838 Cell: 414-975-1652	dpecanac@networkhealth.com
Brian Vranek <i>Account Executive</i>	Office: 262-825-9793 Cell: 414-248-0685	bvrane@networkhealth.com

CLIENT MANAGERS, SALES SUPPORT AND SERVICE

Sales Support Specialists Hours: Monday–Friday, 8 a.m. to 8 p.m.

Christy Herden <i>Client Manager</i>	Office: 262-825-9759 Cell: 414-745-3836	cherden@networkhealth.com
Sara Pergolski <i>Client Manager</i>	Office: 920-720-1248 Cell: 920-570-9910	spergols@networkhealth.com
Ann Sanders <i>Client Manager</i>	Office: 920-720-1264 Cell: 920-470-0516	ansander@networkhealth.com
Lavonne Simon <i>Client Manager</i>	Office: 920-720-1257 Cell: 920-209-5631	lsimon@networkhealth.com
Dawn Booth <i>Sales Advisor</i>	Office: 800-276-8004	dbooth@networkhealth.com
Kathy Krentz <i>Sales Advisor</i>	Office: 800-276-8004	kakrentz@networkhealth.com
Mark Kretzmann <i>Agent Advisor</i>	Office: 800-276-8004	mkretzma@networkhealth.com
Nichole Sprinkle <i>Senior Sales Advisor</i>	Office: 800-276-8004	nsprinkl@networkhealth.com
Heather Guyette <i>Sales Coordinator</i>	Office: 800-276-8004	hguyette@networkhealth.com
Kim Hoff <i>Quoting Specialist</i>	Office: 800-276-8004	khoff@networkhealth.com

AGENT MANAGEMENT

Jenn Resch <i>Manager, Enterprise Analytics</i>	Office: 920-720-1481	jresch@networkhealth.com
Sarah Mueller <i>Agent Management Specialist</i>	Office: 920-720-1226	samueller@networkhealth.com
Gina Van Straten <i>Agent Management Specialist</i>	Office: 920-720-1805	gvanstra@networkhealth.com

ADDITIONAL SUPPORT

Pharmacy Hotline	920-720-1287 or 888-665-1246
Quote Requests and Submissions	smallgroupquotes@networkhealth.com largegroupquotes@networkhealth.com
Licensing and Appointment	AgentManagementSpecialists@networkhealth.com
Sales Call Center	800-983-7587
Sales Support Specialists	800-276-8004 (Sales Call Center open 8 a.m. – 8 p.m.)
Sales Fax Number	920-720-1256
Health Care Concierge General Number	800-378-5234 (TTY 800-947-3529)
Application Fax Numbers	920-720-1931, 920-720-1932 or 920-720-1933
Commission Questions	Please contact the Agent Management Specialists
For Contracting Changes (<i>Errors and omissions, contact info, agency change, etc.</i>)	Please contact the Agent Management Specialists

NETWORK HEALTH RESOURCES – MEDICARE ADVANTAGE PLANS

Online Agent Guide	networkhealth.com/agents
Member Experience Team (PPO, HMO and MSA)	800-378-5234 (TTY 800-947-3529) Monday–Friday, 8 a.m. to 8 p.m.
Member Experience Team (PPO SNP)	855-653-4636 (TTY 800-947-3529) Monday–Friday, 8 a.m. to 8 p.m.
Member Wellness	Network Health Coaches 800-236-0208
Care Management	Network Health Care Management Team 866-709-0019
Caregiver Support	Network Health Care Management Team 866-709-0019
Medication Therapy Management Program	To make an appointment to speak one-on-one with a pharmacist, members can call the Network Health Member Experience Team at 800-378-5234, Monday-Friday from 8 a.m. to 8 p.m.

BENEFIT-SPECIFIC RESOURCES – MEDICARE ADVANTAGE PLANS

SilverSneakers® Not available on Network PlatinumSelect or NetworkPrime	866-584-7389 (TTY 711) Monday–Friday, 8 a.m. to 8 p.m. EST SilverSneakers.com
Getting Care Quickly	networkhealth.com/getting-care-quickly
Simpli Hearing, LLC	888-374-6754 Monday-Friday, 8 a.m. to 8 p.m. Simplihearing.com
Delta Dental Medicare Advantage Embedded not available on Network PlatinumSelect, NetworkPrime, Network Health Medicare Go. Additional rider available on all plans.	866-548-0292 (TTY 711) Monday–Friday, 8 a.m. to 8 p.m. EST

BENEFIT-SPECIFIC RESOURCES – MEDICARE ADVANTAGE PLANS

EyeMed®	833-279-4359 Monday–Saturday, 7:30 a.m. to 11 p.m. EST Sunday, 11 a.m. to 8 p.m. EST networkhealth.com/medicare/additional-benefits
Employee Benefits Corporation Pick Your Perks Benefit	888-831-4753 Monday-Friday, 8 a.m. to 8 p.m. networkhealth.com/medicare/additional-benefits
Express Scripts Pharmacy	800-316-3107 (TTY 800-899-2114) 24 hours a day, seven days a week express-scripts.com
MDLIVE® Virtual Visits Cost share for NetworkPrime	877-958-5455 (TTY 800-770-5531) 24 hours a day, seven days a week mdlive.com/networkhealth
BenefitWallet®, The Bank of New York Mellon For NetworkPrime (MSA)	Manages savings account for MSA plan 888-769-4788 Monday–Friday, 8 a.m. to 11 p.m. EST

CODE OF CONDUCT

n04597

Code of Conduct

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose:

The Code of Conduct explains the basic principles all Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services, LLC (NHP/NHIC/NHAS) employees must follow to ensure NHP/NHIC/NHAS (collectively referred to as Network Health) operates in full compliance with rules, laws and regulations. Adherence to the Code of Conduct is intended to provide a workplace free from intimidation, retaliation, threats and all inappropriate, illegal and/or negative conduct that inhibits effective communication and productivity. Definitions of key terms are located at the end of this policy.

Policy Detail:

Why We Have a Code

Our Code of Conduct (Code) is the cornerstone on which our commitment to excellence is built. A workplace free of inappropriate, illegal or negative conduct and compliant with rules, laws and regulations is consistent with our Mission, Vision and Values, and provides information and answers to help us model our core Values. Network Health is committed to providing, and employees are responsible for ensuring, a workplace free of inappropriate and/or illegal behavior which inhibits effective communication, productivity and member/participant/employee safety. This Code sets forth general standards and has been distributed and made accessible to all employees.

One of Network Health's strongest assets is our reputation for integrity and honesty. Network Health operates our business with sound ethical standards in full compliance with state and federal laws and regulations, including but not limited to the Centers for Medicare and Medicaid Services (CMS), Medicare Part C, Part D and Qualified Health Plan (QHP) requirements. Achieving business results by illegal acts and/or unethical conduct is not acceptable.

We are committed to open communication, and therefore encourage all employees and first tier, downstream and related (FDR) entities to voluntarily contact Network Health's compliance officer, or designee, without fear of intimidation and/or retaliation if they seek clarification, have any questions or to report potential and/or actual noncompliance. Employees who have questions about the Code or its applicability to a particular situation should contact their direct leader or a member of the compliance department.

Who Has To Follow It

As an important component of Network Health's human resources and corporate integrity programs, our Code describes the basic principles all Network Health employees at every level of the organization, including the Board of Directors, must follow. This Code applies to all business units and reflects a commitment to detecting, preventing and correcting issues of noncompliance and fraud, waste and abuse in the administration or delivery of benefits for all lines of business including commercial, Medicare parts C & part D and Qualified Health Plan (QHP). All employees must conduct themselves in a manner consistent with this Code when they are acting on behalf of Network Health. Network Health strives to write the Code in an easy to read format and ensures it is accessible to all employees.

All Network Health employees and FDRs are responsible for their own behavior and personal conduct in accordance with our Mission, Vision and Values. Failure to meet standards defined within the Code by demonstrating inappropriate/illegal behaviors or conduct may result in corrective action, up to and including termination of employment. This Code is not intended to and shall not be deemed or construed to provide any rights, contractual or otherwise, to employees, FDRs or other third parties.

Standards of Conduct

I. Putting our Values into Practice

- A. We're passionate about the services we provide to each other and to our customers. Our values shape our culture, support our vision and set the standard for doing the right thing.

Our Values

- *Integrity* - Demonstrating honesty in every action.
- *Accountability* - Honoring and respecting the trust people place in us.
- *Innovation* - Bringing ideas to life.
- *Service Excellence* - Providing exceptional service at the right time, right place and with the right attitude.
- *Collaboration* - Working as one team toward a common goal.

II. Knowing the Code

- A. Employees are responsible for acquiring sufficient knowledge to recognize potential compliance issues applicable to their duties and for appropriately seeking advice regarding such issues.
- B. Leaders are responsible for ensuring that the employees under their supervision are acting ethically and in compliance with applicable state laws and federal regulations, including the Code.
- C. As a condition of employment, all employees will certify to reading, understanding, and agreeing to comply with the Code within 90 days of hire/contracting/appointment, annually thereafter and any time the standards are updated.
- D. Network Health shares the Code with FDR entities upon contracting, request, and annually thereafter. FDRs are encouraged to adopt and follow a code of conduct specific to their own organization that reflects a commitment to preventing, detecting and correcting issues of noncompliance and/or fraud,

waste and abuse in the administration or delivery of Medicare Parts C & D and QHP benefits.

III. Gifts and Entertainment

- A. Employees will not entertain government personnel in connection with Network Health business.
- B. Employees may refer to policy n05474 for additional information on offering and accepting gifts.
- C. Entertainment and gifts pertaining to Network Health's commercial line of business are intended to create goodwill and improve working relationships. An employee offering or giving gifts or items of value should be clear the gifts are in relation to the recipient's commercial business with Network Health. Entertainment or gifts should not be used to gain an unfair advantage with suppliers or customers and should not be offered, given or provided to any employees unless it:
 - a. Is not a cash gift.
 - b. Is of a nominal value.
 - c. Is consistent with customary business practices.
 - d. Cannot be construed as a quid pro quo ('this for that') for the purchase or sale of products.
 - e. Does not violate any laws or regulations if offered to Medicare Advantage agents, agencies or brokers.
- D. Employees will not directly authorize, pay, promise, deliver or solicit any payment, gratuity or favor to any political official or government employee for the purpose of influencing a decision, gaining favorable government treatment, influencing a public act or securing a type of improper advantage.

IV. Engaging in Political Activities

- A. Political activities and contributions relating to Network Health funds will be conducted in full compliance with applicable state and federal laws. Employees may make non-reimbursable direct contributions on their own behalf and with their own money to political candidates and activities.

V. Maintaining Accurate Records

- A. Network Health's business transactions are carried out in accordance with senior leadership's general and/or specific directives.
- B. Financial books and records are kept in accordance with generally accepted accounting standards or other applicable standards. All transactions, payments, receipts, accounts and assets are completely and accurately recorded in Network Health's books and records on a consistent basis. No payment is approved or made with the intention or understanding that it will be used for any purpose other than that described in the supporting documentation of the payment. Information recorded and submitted to other persons will not be used to mislead those who receive the information or to conceal anything that is improper.

- C. Financial books and records are created, maintained, retained or destroyed in accordance with the Records Retention Policy (n05471) and the Disposal and Reuse of Records, Equipment and Media Policy (n05506).

VI. Conducting Business Lawfully

- A. Employees comply with applicable antitrust laws. There will be no discussions or agreements with competitors regarding price or other terms for product sales, prices paid to suppliers or providers, dividing up customers or geographic markets, or joint action to boycott or coerce certain customers, suppliers, or providers.
- B. Employees do not engage in unfair competition or deceptive trade practices, including misrepresentation of Network Health's products or operations. Employees do not make false or disparaging statements about competitors or their products or attempt to coerce suppliers or providers into purchasing products or services.

VII. Safeguarding our Assets and Information

- A. Employees maintain the confidentiality of Network Health's business information and information relating to our vendors, suppliers, providers, customers and persons covered by any of Network Health's products.
- B. Employees will not use any confidential or proprietary information except as is appropriate for business.
- C. Employees will not seek to improperly obtain or misuse confidential information of our competitors.
- D. Employees comply with Network Health's guidelines for securing and safeguarding individual workstations, the information processed and stored on them, and the connections they maintain with applications, systems and networks in accordance with the Information Security System Access policy (n05468).

VIII. Avoiding Conflicts of Interest

- A. Employees comply with the Conflict of Interest policy (n05486). Other than compensation from Network Health, employees employed by Network Health will not have a financial or other personal interest in a transaction between Network Health or any of its business units and a vendor, supplier, provider or customer.
- B. Employees will not engage in any financial, business or other activity which competes with Network Health's business and which may interfere or appear to interfere with the performance of their duties or that involve the use of Network Health's property, facilities or resources.
- C. Employee with material nonpublic information relating to Network Health or another entity with which Network Health has done or is doing business will not buy or sell securities of Network Health or such other entity, or engage in any other action to take advantage of, or pass on to others, such information.

- D. Employees must disclose any potential conflicts of interest upon hire/appointment/contracting and annually thereafter.

IX. Maintaining an Inclusive, Safe and Healthy Workplace

- A. Employees follow safe work practices and comply with all applicable safety standards and health regulations.
- B. Employees must report to work and remain free of the influence of alcohol or illegal drugs in accordance with the Drug and Alcohol Free Workplace policy (hr05725).
- C. Employees are responsible for ensuring that the work environment is free of discrimination or harassment due to age, race, gender, color, religion, national origin, disability, and sexual orientation or covered veteran status. Any form of sexual harassment, including the creation of a hostile work environment, is prohibited.

X. Honoring our Responsibilities

- A. Reporting is a necessary action to preserve our integrity and prevent potentially serious consequences for Network Health. Anyone who reports a violation will be treated with dignity and respect.
 - 1. What to Report
 - a. Any illegal act, improper activity or violation of this Code.
 - 2. Who Should Report
 - a. All employees are responsible for reporting suspected or known concerns.
 - 3. When to Report
 - a. Reports must be made promptly and can be done so anonymously to the extent permitted by the law and without fear of intimidation and/or retaliation.
 - b. If the employee is not certain if the concern should be reported, or has questions about whether particular acts or conducts may be in violation of the Code, the employee should discuss the matter with their direct leader, the compliance officer or designee, or report the issue anonymously.
 - c. Failure to report concerns and/or suspected illegal activity is a violation of the Code. It is also a violation of this Code for employees to prevent, hinder, or delay discovery and full investigation of illegal acts or violations of this Code.
 - 4. How to Report
 - a. When employees report incidents of suspected inappropriate behavior, they should provide the facts of the incident/alleged conduct and the name of the involved individual(s) using any of the methods listed below.
 - i. In writing, by completing a compliance intake form located on the intranet (available 24 hours a day, 7 days a week).
 - ii. In person or by phone to one of the following:
 - The compliance officer or designee.

- A human resources representative
 - The appropriate business unit or department leader.
 - Your direct leader, or any member of the senior leadership team.
- iii. Anonymously via the Values Line at 800-707-2198 (available 24 hours a day, 7 days a week)

5. What Happens Next

- a. Network Health will promptly, thoroughly, fairly and timely investigate reports of illegal activity or violations of this Code. Employees are obligated to cooperate with these investigations.
- b. Employees are responsible to ensure inappropriate behavior, threats to safety or violations of this Code do not occur, or continue to occur after discovery and/or reporting.
- c. Network Health will take reasonable precautions to maintain the confidentiality of both the reporting individual(s) and those involved, whether or not it is confirmed improper acts occurred. Failure to abide by confidentiality obligations is a violation of this code, and can result in disciplinary action up to and including termination.
- d. Results of investigations will not necessarily be shared with individuals involved at the discretion of Network Health's compliance officer.
- e. If an investigation confirms a violation of this Code or an illegal act, the responsible employee(s) are subject to disciplinary action up to and including termination of employment or contract. Employees can refer to the Compliance Corrective Action Plans policy (n05016) and the Performance Management Policy (hr05763) for additional information. Employees who report their own illegal acts or improper conduct will have such self-reporting taken into account in determining the appropriate disciplinary action.
- f. Additional Reporting The Federal False Claims Act (31 U.S.C. 3729-3733) allows individuals with original information about fraud involving a Federal health care program to file a complaint under seal with a Federal court. The Federal False Claims Act provides certain protections for those who file a complaint under the Act. Employees should refer to the Fraud, Waste and Abuse Program Plan policy (n05024) for additional information. When applicable, potential fraud or misconduct is reported to the appropriate government authorities and/or law enforcement by the compliance department.

XI. Non-Intimidation and Retaliation

- A. Network Health prohibits intimidation and/or retaliation against anyone for good-faith reporting of inappropriate behavior, unsafe conditions, integrity issues, violations of this Code or other Network Health policies, or against anyone who participates in an investigation. Employees engaging in retaliatory actions may be subject to disciplinary action up to and including termination of employment or contract.

XII. Conducting Business with the Government

A. Correspondence

1. Employees will be completely honest in all dealings with government agencies and representatives. No misrepresentations shall be made and no intentional false bills or requests for payment or other documents shall be submitted to government agencies or representatives.
 - a. Employees must comply with Network Health policies and government regulations regarding billing and reimbursement. Employees certifying the correctness of records submitted to government agencies, including bills or requests for payment, must have knowledge that the information is accurate and complete before giving such certification.
 - b. Investigations
 - i. Employees shall cooperate fully and promptly with appropriate government investigations into possible civil and criminal violations of the law.
 - ii. In order to ensure Network Health is able to protect the legal rights of Network Health and its employees, all governmental inquiries or requests for information, documents or interviews must be promptly referred to Network Health's compliance officer.
 - c. Interviews
 - i. Employees who participate in government interviews are obligated to give answers that are truthful, complete and unambiguous.

Definitions:

Key Terms and Definitions	Additional Details
Employees All NHP/NHIC/NHAS employees, contracted/leased staff, committee and Board of Directors members and any direct first tier, downstream and related entities (FDRs).	
Appropriate Behavior Any reasonable conduct to advocate for subscribers/members/participants to recommend improvements in operations and to participate in the operations or leadership of Network Health business activities.	Examples of appropriate behavior include, but are not limited to: <ul style="list-style-type: none">• Criticism communicated in a reasonable manner and offered in good faith with the aim of improving business operations.• Encouraging clear communication.• Expressions of dissatisfaction with policies through appropriate channels or other respectful, non-personal means of communication.• Use of cooperative approaches to problem solving.• Constructive criticism conveyed in a respectful and professional manner, without blame or shame for adverse outcomes.
Disruptive Behavior	

Any abusive conduct including sexual or other forms of harassment, or other forms of verbal or non-verbal conduct that harms or intimidates others to the extent that quality of care, member/participant or employee safety or work performance could be compromised.	
<p>Downstream Entity</p> <p>Any party that enters into a written arrangement, acceptable to CMS, below the level of the arrangement between Network Health and a first tier entity. These written arrangements continue down to the level of ultimate provider of both health and administrative services.</p>	
<p>First Tier Entity</p> <p>Any party that enters into a written arrangement acceptable to CMS with Network Health to provide administrative services or health care services for a Medicare eligible individual under Part C, Part D or Qualified Health Plan (QHP) benefits.</p>	
<p>Harassment</p> <p>Conduct towards others based on race, religion, gender, gender identity, sexual orientation, nationality or ethnicity, which has the purpose or direct effect of unreasonably interfering with a person's work performance or which creates an offensive, intimidating or otherwise hostile work environment.</p>	
<p>Inappropriate Behavior</p> <p>Conduct that is unwarranted and is reasonably interpreted to be demeaning or offensive. Persistent, repeated inappropriate behavior can become a form of harassment and thereby become disruptive, and subject to treatment as disruptive behavior. In dealing with all incidents of inappropriate behavior, the protection of Network Health agents, subscribers/members/participants and others is of paramount concern.</p>	<p>Inappropriate behavior may include but is not limited to:</p> <ul style="list-style-type: none"> • Derogatory or sexual comments, jokes, innuendoes or slurs; demeaning, offensive or insulting comments or gestures. • Physical harassment (including unwanted contact, assault, impeding or blocking movement or any interference with activity that is deemed inappropriate in the workplace) that has the purpose or effect of creating an intimidating, hostile or offensive work environment or which substantially interferes with anyone's work performance. • Unwelcome physical contact of an inappropriate nature; unwelcome advances; unwelcome touches repeated pressure to socialize or date another individual.

	<ul style="list-style-type: none"> • Requests for sexual favors with submission being either explicitly or implicitly a term/condition of employment or for making employment decisions. • Visual harassment to include: displaying of derogatory or graphic posters/visual art, cartoons, emails or drawings that have the purpose or effect of creating an intimidating, hostile or offensive work environment, or which substantially interferes with anyone's work performance. • Engaging in criminal conduct or acts of violence; threats of violence towards anyone on company premises (or any affiliate), or at any time, for any purpose; fighting, horseplay or provoking a fight on company property or negligent damage of property. • Threats, intimidation, displaying angry or aggressive behavior or coerce anyone on premises (or any affiliate). • Malicious gossip and/or the spreading of rumors; • Engaging in behavior that creates discord or disharmony; interfering with anyone on the job; willfully restricting work output; or encouraging others to do the same.
<p>Related Entity</p> <p>Any entity that is related to Network Health by common ownership or control and (1) performs some of Network Health's management functions under Medicare or QHP contract or delegation; (2) furnishes services to Medicare or QHP enrollees under an oral or written agreement; or (3) leases real property or sells materials to Network health at a cost of more than \$2,500 during a Medicare or QHP contract period.</p>	
<p>Sexual Harassment</p> <p>Any unwelcome sexual advances, requests for sexual favors, or verbal or physical activity through which submission to sexual advances is made an explicit or implicit condition of employment or future employment-related decisions; unwelcome conduct of a sexual nature which has the purpose or effect of unreasonably interfering with a person's work performance or which creates an offensive, intimidating or otherwise hostile work environment.</p>	

Regulatory Citations:

42 C.F.R. Parts 400, 403 411, 417, 422, 423, 1001 and 1003

Related Policies:

[n05024 – Fraud, Waste and Abuse Program Plan](#)

[hr05725 – Drug and Alcohol Free Workplace](#)

[hr05763 – Performance Management Policy](#)

[n05474 – Policy on Offering and Accepting Gifts](#)

Related Documents:

[Code of Conduct Acknowledge Form](#)

Origination Date: 12/07/2009	Approval Date: 07/21/2020	Next Review Date: 08/01/2021
Regulatory Body: CMS	Approving Committee: Administrative Action Team	Policy Entity: NHP/NHIC/NHAS
Policy Owner: Jessica Vander Zanden	Department of Ownership: Compliance	Revision Number: 3
Revision Reason: 2/12/2018 – Minor updates, clarifications 6/13/2018 – Updated political activities in section IV and changed associates to employees throughout policy. (Approved by VPC via e-vote on 6/13/18) 6/12/2019 – Minor edits. Updated policy references where applicable. Changed associates to employees. (Consent approval) 07/13/2020 – Annual review.		

BENEFITS AT A GLANCE



A QUICK SUMMARY

2021 Northeast Wisconsin Medicare Advantage PPO Plans

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 <i>Select</i> (Includes pharmacy) (PPO)	Network Platinum <i>Choice</i> (Includes pharmacy) (PPO)	Network Platinum <i>Plus</i>	Network Platinum <i>Premier</i>
YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS				
Monthly Premium	\$0	\$31	\$51 \$124 with pharmacy	\$185 \$297 with pharmacy
Annual Maximum Out-of-Pocket	\$4,900	\$4,050	\$3,400	\$3,400
Primary Care Provider Visit	\$0	\$10	\$15	\$10
Specialist Visit	\$50	\$50	\$40	\$20
Urgent Care	\$50	\$50	\$40	\$0
Emergency Room Visit	\$90	\$90	\$120	\$120
Inpatient Hospital Per admission	\$400 per day, Days 1 - 5 \$0 Days 6 and beyond	\$400 per day, Days 1 - 5 \$0 Days 6 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 Services	\$300	\$275	\$250	\$0
Outpatient Surgery Services	\$395	\$395	\$350	\$0
Ambulatory Surgical Center Services	\$300	\$395	\$350	\$0
Preventive Care	\$0	\$0	\$0	\$0
Diagnostic Lab Tests	\$0-\$20	\$0-\$15	\$0-\$5	\$0
Diagnostic Tests Such as ultrasound, EKG, stress test	\$40	\$35	\$25	\$0
X-rays	\$30	\$30	\$25	\$0
Diagnostic Radiology Services Such as MRIs, CT scans	\$200	\$200	\$100	\$0
Routine Eye Exam One exam per year	\$10 in-network \$40 reimbursement out-of-network	\$10 in-network \$40 reimbursement out-of-network	\$10 in-network \$40 reimbursement out-of-network	\$10 in-network \$40 reimbursement out-of-network
Preventive Dental Exam One exam and cleaning per year, X-rays are not included	See Pick Your Perks Reimbursement Program	\$30 in-network \$100 reimbursement out-of-network	\$30 in-network \$100 reimbursement out-of-network	\$30 in-network \$100 reimbursement out-of-network
SilverSneakers® Fitness	Not included	Included	Included	Included

New in 2021

Pick Your Perks Reimbursement Program

Reimbursement for Medicare-approved supplemental benefits including dental, vision, meals, non-emergency transportation, over-the-counter items, acupuncture, massage therapy, dietary counseling

Pick Your Perks Reimbursement Program	\$550 maximum reimbursement per year	Not included	Not included	Not included
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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)
Drug Deductible	\$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		

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 \$42 for Tier 3 25% of the cost for Tier 5	\$8 for Tier 2 \$90 for Tier 4	\$2 for Tier 1 \$42 for Tier 3 28% of the cost for Tier 5	\$8 for Tier 2 \$90 for Tier 4
90-Day Supply Preferred Pharmacy	\$5 for Tier 1 \$105 for Tier 3 Tier 5 is not available			
31 to 90-Day Supply Mail Order Pharmacy	\$0 for Tier 1			
90-Day Supply Mail Order Pharmacy	\$0 for Tier 1 \$105 for Tier 3 Tier 5 is not available			
30-Day Supply Standard Pharmacy	\$4 for Tier 1 \$47 for Tier 3 25% of the cost for Tier 5	\$14 for Tier 2 \$100 for Tier 4	\$4 for Tier 1 \$47 for Tier 3 28% of the cost for Tier 5	\$14 for Tier 2 \$100 for Tier 4
90-Day Supply Standard Pharmacy	\$10 for Tier 1 \$118 for Tier 3 Tier 5 is not available			

COVERAGE GAP

You enter the coverage gap when your total drug costs reach \$4,130. 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 \$6,550. You pay the greater of \$3.70 or 5% of the cost for generic drugs and \$9.20 or 5% of the cost for brand name drugs.



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

Monday–Friday, from 8 a.m. to 8 p.m.

From October 1–March 31, we are available every day from 8 a.m. to 8 p.m.

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. Call 800-378-5234 (TTY 800-947-3529) for more information. H5215_1809-04-0820_M Accepted 08252020



A QUICK SUMMARY

2021 Southeast Wisconsin Medicare Advantage PPO Plans

Available in the Following Counties

Milwaukee, Ozaukee, Racine, Washington, 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		\$35	
Annual Maximum Out-of-Pocket	\$4,900	\$5,900 combined in- and out-of-network	\$4,500	\$6,900 combined in- and out-of-network
Primary Care Provider Visit	\$0	\$30	\$0	\$25
Specialist Visit	\$35	\$75	\$35	\$75
Urgent Care	\$45	\$45	\$45	\$45
Emergency Room Visit	\$90	\$90	\$90	\$90
Inpatient Hospital Per admission	\$335 per day, Days 1 - 5 \$0 Days 6 and beyond	\$550 per day, Days 1 - 6 \$0 Days 7 and beyond	\$265 per day, Days 1 - 6 \$0 Days 7 and beyond	\$550 per day, Days 1 - 6 \$0 Days 7 and beyond
Ambulance Services	\$275	\$275	\$250	\$250
Outpatient Surgery Services Including ambulatory surgical services	\$385	\$450	\$285	\$415
Preventive Care	\$0	\$15	\$0	\$25
Diagnostic Lab Tests	\$0-\$20	\$30	\$0-\$20	\$25
Diagnostic Tests Such as ultrasound, EKG, stress test	\$40	\$50	\$35	\$90
X-rays	\$35	\$45	\$20	\$90
Diagnostic Radiology Services Such as MRIs, CT scans	\$200	\$250	\$200	\$250
Routine Eye Exam One exam per year	\$10	\$40 reimbursement	\$10	\$40 reimbursement
Preventive Dental Exam One exam and cleaning per year, X-rays are not included	See Pick Your Perks Reimbursement Program		\$30	\$100 reimbursement
SilverSneakers® Fitness	Included		Included	

New in 2021 Pick Your Perks Reimbursement Program

Reimbursement for Medicare-approved supplemental benefits including dental, vision, meals, non-emergency transportation, over-the-counter items, acupuncture, massage therapy, nutritional/dietary counseling

Pick Your Perks Reimbursement Program	\$775 maximum reimbursement per year	Not included	Not included
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Your Drug Costs	Network Health Medicare Go (Includes pharmacy) (PPO)	Network Health Medicare Anywhere (Includes pharmacy) (PPO)
WHEN YOUR COVERAGE STARTS, YOU HAVE A \$0 DEDUCTIBLE FOR TIERS 1-3		
Drug Deductible	\$275	\$250
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 \$90 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 \$225 for Tier 4 Tier 5 is not available	
31 to 90-Day Supply Mail Order Pharmacy	\$0 for Tier 1	
90-Day Supply Mail Order Pharmacy	\$0 for Tier 1 \$20 for Tier 2 \$105 for Tier 3 \$225 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 \$100 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 \$250 for Tier 4 Tier 5 is not available	
COVERAGE GAP		
You enter the coverage gap when your total drug costs reach \$4,130. 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 \$6,550. You pay the greater of \$3.70 or 5% of the cost for generic drugs and \$9.20 or 5% of the cost for brand name drugs.		



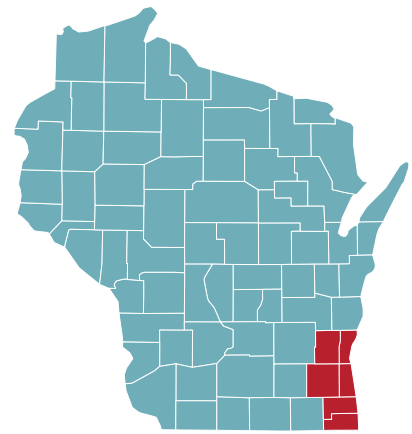
800-983-7587 (TTY 800-947-3529)

Monday–Friday, from 8 a.m. to 8 p.m.

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networkhealth.com

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A QUICK SUMMARY

2021 Southeast Wisconsin Medicare Advantage HMO Plan

Available in the Following Counties

Kenosha, Milwaukee, Ozaukee, Racine, Washington, Waukesha

Your Costs	Network Health Medicare Explore (Includes pharmacy) (HMO)
	In-Network
Monthly Premium	\$11
Annual Maximum Out-of-Pocket	\$4,100
Primary Care Provider Visit	\$0
Specialist Visit	\$30
Urgent Care	\$45
Emergency Room Visit	\$90
Inpatient Hospital Per admission	\$280 per day, Days 1 - 5 \$0 Days 6 and beyond
Ambulance Services	\$225
Outpatient Surgery Services Including ambulatory surgical services	\$250
Preventive Care	\$0
Diagnostic Lab Tests	\$0-\$15
Diagnostic Tests Such as ultrasound, EKG, stress test	\$35
X-rays	\$25
Diagnostic Radiology Services Such as MRIs, CT scans	\$200
Routine Eye Exam One exam per year	\$10
Preventive Dental Exam One exam and cleaning per year, X-rays are not included	\$30
SilverSneakers® Fitness	Included

Your Costs

Network Health Medicare Explore (Includes pharmacy) (HMO)

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

Drug Deductible	\$260
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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	\$90 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	\$225 for Tier 4
Tier 5 is not available	

31 to 90-Day Supply Mail Order Pharmacy

\$0 for Tier 1

**90-Day Supply
Mail Order Pharmacy**

\$0 for Tier 1	\$20 for Tier 2
\$105 for Tier 3	\$225 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	\$100 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	\$250 for Tier 4
Tier 5 is not available	

COVERAGE GAP

You enter the coverage gap when your total drug costs reach \$4,130. 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 \$6,550. You pay the greater of \$3.70 or 5% of the cost for generic drugs and \$9.20 or 5% of the cost for brand name drugs.



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networkhealth.com

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SUPPLEMENTAL BENEFITS

THE NETWORK HEALTH ADVANTAGE

Network Health has two offices—located in Menasha and Brookfield—where we work to meet the needs of our members.

At Network Health, we reinvest in our communities by volunteering, donating to local charities and supporting local small businesses. We care about the people of Wisconsin, because we are the people of Wisconsin. It's our Hometown Advantage.



Kathy Wichman

Member Experience Representative with Network Health for 8 years

Member Experience Team

You can count on us to answer your questions in a way you understand. Over the phone or through the secure online member portal—we are here for you.



On-Site Clinical Pharmacists

The Network Health Pharmacy Team is well known by our members because we care. Our local pharmacists can help with a comprehensive medication review, giving you the opportunity to ask questions one-on-one. It's like having your own personal small-town pharmacist.

Gary Melis

Registered Pharmacist with Network Health for 9 years



Travel

Our plans offer coverage, no matter where you go. No need to call ahead to let us know. Go wherever life takes you and take care of your health when you need to—we've got you covered.



Member Wellness

The health coaches at Network Health motivate and encourage you to meet your personal wellness goals. You can speak one-on-one to identify challenges, overcome obstacles and improve your life. For more information visit networkhealth.com/wellness/member-wellness.



Condition Management

Our skilled team of registered nurses is available to guide you through ongoing care of a chronic condition. They also provide tools for self-management and can connect you to community programs. For more information visit networkhealth.com/wellness/condition-management.

THE NETWORK HEALTH ADVANTAGE



Care Management

If you're facing a difficult diagnosis or complex condition, our care management team is here. This compassionate group of nurses and social workers can support you and your caregiver by guiding you through processes and details. They'll work with you and your providers. For more information visit networkhealth.com/wellness/care-management.



Getting Care Quickly

When you have health care questions day or night, visit networkhealth.com/getting-care-quickly for the most up-to-date list of nurse lines and other 24-hour resources available to you.



Secure Online Member Portal

The member portal provides easy access to your plan-specific health care coverage information. You can control the amount of mail you receive by selecting your own communication preferences. Imagine receiving your Explanation of Benefits (EOBs) online. That's just one of our efforts to keep your premiums low and service expectations high.

ADDITIONAL BENEFITS CONTACT INFORMATION

Network Health partners with quality vendors to bring additional benefits—not covered by Original Medicare—to our Medicare Advantage plan members.

This list includes our benefit offerings and the vendors that provide these services. To contact the vendors and receive information, you must be enrolled in a Network Health Medicare Advantage Plan. Benefits listed are not available on all plans, so please review the *Evidence of Coverage* for plan details at networkhealth.com/medicare/plan-materials.

Benefit	Vendor	Contact Information
Fitness	SilverSneakers silversneakers.com	866-584-7389 (TTY 711) Monday-Friday, 7 a.m. to 7 p.m.
Hearing Aid Discount	Simpli Hearing, LLC simplihearing.com	888-374-6754 Monday-Friday, 8 a.m. to 8 p.m.
Pick Your Perks	Employee Benefits Corporation	
Prescriptions	Express Scripts Pharmacy express-scripts.com	800-316-3107 (TTY 800-899-2114) 24 hours a day, seven days a week
Routine Dental Care	Delta Dental Medicare Advantage medicareadvantage.deltadentalwi.com	866-548-0292 (TTY 711) Monday-Friday, 7 a.m. to 7 p.m.
Routine Vision Care	EyeMed networkhealth.com/medicare/additional-benefits	833-279-4359 (TTY 711) Monday-Saturday, 6:30 a.m. to 10 a.m. Sunday, 10 a.m. to 7 p.m.
Virtual Doctor Visits	MDLIVE mdlive.com/networkhealth	877-958-5455 (TTY 800-770-5531) 24 hours a day, seven days a week

Pick Your Perks

Frequently Asked Questions

What is Pick Your Perks?

The Pick Your Perks reimbursement program allows members to choose the supplemental benefits that are most important to them. It reimburses the member for the cost of eligible Medicare-approved extra services (up to \$550 on PlatinumSelect and \$775 on Medicare Go).

Members can use the program for one, or many, of the eligible supplemental benefits. No prior authorization is required and the member doesn't need to notify the plan before he/she receives services. This gives members the freedom to choose the benefits they value most.

What does Pick Your Perks cover?

Benefit	Required Documentation	Notes
Dental	Itemized receipt	Cosmetic dentistry, orthodontia and services covered by Medicare are excluded
Vision hardware	Itemized receipt	Cosmetic items, warranties and Lasik are excluded
Non-emergency transportation with Aryv	None	Must use plan-approved vendor, Aryv
Home-delivered meals with Mom's Meals	Itemized receipt -and- Proof of inpatient, outpatient or SNF stay (such as EOB or bill) -or- Doctor's note attesting to qualifying condition	Must use plan-approved vendor, Mom's Meals Qualifying conditions include cancer, diabetes, heart disease, high blood pressure, lung disease and COPD and osteoporosis
Acupuncture	Itemized receipt	Must be provided by a licensed/certified professional
Massage	Receipt and prescription	Must be provided by a licensed/certified professional
Over-the-counter (OTC) items	Itemized receipt	Items must be on the plan's approved list
Nutritional/dietary counseling	Itemized receipt	Must be provided by a licensed/certified professional Meal plans, lab work and allergy tests are excluded

How do members submit for reimbursement?

After the member pays out-of-pocket for the services, he/she submits the claim to Employee Benefits Corporation for processing. Claims can be submitted in one of two ways.

Online – The member logs into the Network Health member portal at login.networkhealth.com and continues to the Pick Your Perks reimbursement section. The member provides some basic information, uploads a photo or PDF of the required documentation and provides bank account information (one time only).

Mail – The member prints a copy of the form. He/she provides some basic information, mails the form to Employee Benefits Corporation along with a copy of the supporting documentation, and provides bank account information (one time only). If Employee Benefits Corporation requires additional information to process the claim, they will reach out to the member by email or mail to get the necessary information prior to processing the reimbursement.

How does the member receive reimbursement?

Online – Employee Benefits Corporation will review the submitted information and reimburse the member's cost directly to his/her bank account **within five business days**, if the member chooses direct deposit.

Mail – Employee Benefits Corporation reviews the claim and reimburses the member's costs directly to his/her bank account **within six business days** of receiving the claim.

Members may also receive reimbursement through the mail, if preferred. This adds two business days to the processing time of the reimbursement. (This timeline does not include postal mailing time.)

Members can submit reimbursement forms for 2021 Pick Your Perks claims until March 31, 2022. The date of service must be during the 2021 plan year.

Where can members find the reimbursement form?

The fastest and most convenient way for a member to get a Pick Your Perks reimbursement is through the Network Health member portal at login.networkhealth.com. This ensures the quickest claim processing and reimbursement deposit.

For members who prefer to mail reimbursement requests, the form will be available on our website at networkhealth.com/medicare/additional-benefits. Members can also call our member experience team to have a form mailed directly to his/her home.

How quickly will members be reimbursed?

Claim reimbursements submitted online will be deposited in the member's bank account within five business days.

Claim reimbursements submitted by mail will be processed within six business days of receipt by Employee Benefits Corporation, if he/she chooses direct deposit.

If a member requests a reimbursement check by mail, the check will be mailed within eight business days of receipt by Employee Benefits Corporation. (Postal mailing times are not included.)

Do unused Pick Your Perks funds roll over into future plan years?

Unused Pick Your Perks funds expire at the end of the plan year.

Members have until March 31, 2022 to submit 2021 reimbursement claims to Employee Benefits Corporation. Dates of service on the claims must be during the 2021 plan year.

What happens if a member terms mid-year?

Members have 90 days after termination date to submit claims for reimbursement. The date of service on the claim must be during the member's time of enrollment with the plan.

BENEFIT-SPECIFIC QUESTIONS

What is covered by the dental portion of Pick Your Perks?

Members may use Pick Your Perks for any dental services excluding the following.

- Dental services covered by Medicare
- Cosmetic services
- Orthodontia

Members may call Employee Benefits Corporation at 888-831-4752, Monday-Friday from 8 a.m. to 8 p.m. prior to receiving their service to determine if it is excluded.

Can members receive reimbursement for services performed by a dentist who has opted out of Medicare?

Yes, members can use Pick Your Perks to be reimbursed for dental expenses, even if the dentist opted out of Medicare.

Are crowns eligible?

Yes, crowns and dentures are eligible for Pick Your Perks reimbursement.

How does it work with OTC purchases?

Members can use Pick Your Perks on select OTC items. OTC items must be on the plan's list of approved items.

Some OTC items are considered dual-purpose by CMS. These items require a prescription or doctor's note to be covered under an OTC benefit. These items are clearly marked on the plan's list of approved items.

Items included on the plan's list include masks, gloves, incontinence supplies, blood pressure cuffs, antihistamines and allergy relief, first aid items and denture care.

How does the meal ordering work?

Members must order meals directly from the plan's approved vendor, Mom's Meals. Mom's Meals has diets specially crafted to support healthy lifestyles such as vegetarian, heart healthy or diabetic meals. Members may order 10, 14 or 21 meals at a time. The cost of 10 meals, along with free shipping for Network Health members, is \$69.90 plus tax.

Orders typically ship within four business days. Members will receive a receipt through email, and a packing slip in the box when the meals are delivered. Either document can be used to submit for reimbursement.

Pick Your Perks 2021

List of Approved Over-the-Counter Items

The items on this list can be purchased at any local retailer or online website.

Allergy relief

Allergy nasal spray

Allergy tablets

Antihistamine tablets

Nasal decongestant spray

Nasal saline spray

Antacids and acid reducers

Alka-Seltzer®

Antacid tablets / chewables

Anti-gas liquid

Esomeprazole magnesium

Famotidine

Omeprazole

Simethicone

Anti yeast treatments

Antifungal creams

Anti-diarrheal, laxatives, digestive health

Anti-diarrheal tablets

Bismuth subsalicylate (Pepto- Bismol®)

Enema

Fiber tablets*

Fiber therapy (Methylcellulose)

Gas relief

Glycerin suppository laxative

Lactase capsules

Laxative tablets

Magnesium hydroxide (milk of magnesia)

Natural vegetable laxative

Powder laxative

Stool softener

Anti-fungal

Anti-fungal cream

Athlete's foot cream or spray

Bathroom safety and fall prevention

Adjustable transfer bench

Bath bench (with or without back)

Bathtub safety rail

Bedside commode

Cane

Grab bar

Night light

Non-skid bath or shower mat

Raised toilet seat

Toilet safety rails

Cold and flu

Cold and flu relief

Cough and cold relief

Cough drops

Cough expectorant

Cough suppressant

Mucus relief

Nasal decongestant

Nasal saline rinse kits

Personal steam inhaler

Sore throat lozenges

Sore throat spray

VapoRub®

Cold sore and medicated lip products

Cold sore lip balm

Cold sore treatment (Abreva®, Releev®, etc.)

Medicated lip ointment

Dental and denture care

Dental floss

Denture cleaning tablets

Denture cream adhesive

Dry mouth oral rinse

Interdental flossups

* Dual-purpose item which may require a prescription or note from your doctor

Oral pain relief
Tongue cleaner
Toothbrush
Toothpaste
Water jet and replacement tips
Diabetes care
Diabetic skin relief foot cream
Diabetic socks
Glucose tablets
Diagnostics
Bathroom scale*
Blood pressure monitor*
Finger pulse oximeter*
Heart rate monitor*
Home access cholesterol kit*
Peak flow meter*
Thermometer
Eye and ear care
Artificial tears drops
Artificial tears ointments
Contact lens solution
Cotton tipped swabs
Ear pain relief ear drops
Ear wax removal drops
Ear wax removal system with rubber bulb
Irritation relief eye drops
Redness relief eye drops
First aid
Adhesive bandages
After Bite® relief
Alcohol pads
Anti-itch lotion or cream
Antiseptic skin cleanser
Antiseptic towelettes
Bacitracin ointment
Bactine® solution
Cotton balls
Cotton tipped applicator
Elastic bandage
First aid kit
Gauze
Hot/cold pack
Hydrocortisone cream
Hydrogen peroxide
Insect repellent spray
Iodine solution antiseptic

Isopropyl alcohol
Liquid bandage
Nitrile exam gloves
Paper surgical tape
Procedural face masks with earloops
Sterile bandages
Triple antibiotic ointment
Foot care
Bunion guard
Callus remover pads
Corn Remover Pads
Medicated foot powder
Hemorrhoidal preparations
Hemorrhoid itch / pain relief cream
Hemorrhoid itch / pain relief wipes
Hemorrhoidal ointment
Hemorrhoidal suppository
Pre-moist hemorrhoid pads
Home aids
Cool-mist humidifier
C-PAP pillow (Fiber or memory foam)
Foam ring cushion
Hypoallergenic pillow
Lumbar cushion
Pill case
Pill crusher
Pill cutter
Seat cushion (gel or foam)
Incontinence supplies
A + D ointment
Adult briefs
Barrier cream
Bladder control pads
Disposable underwear
Flushable wipes
No-rinse body wash
Perineal wash
Skin protectant ointment
Washcloth with lanolin
Lice treatments
Lice elimination kit
Lice treatment rinse
Lice treatment shampoo

* Dual-purpose item which may require a prescription or note from your doctor

Motion sickness
Motion sickness caplets
Motion sickness tablets
Pain relief
Cold/hot menthol medicated patch
Heat wraps
Heating pad
Ice bag
Lidocaine patch
Menthol gel
Migraine pain relief patch
Pain relief cream
Pain relief mask
Pain relief patch
Pain relief spray
Pain relieving muscle rub
Warm or cold water bottle
Pain relievers and fever reducers
Acetaminophen
Arthritis pain relievers
Aspirin
Ibuprofen
Naproxen
Pain relief cream (Capsaicin)
Skin and sun care
Acne gel
Ammonium lactate moisturizing lotion
Calamine skin protectant lotion
Hand sanitizer
Moisturizing body lotion with aloe
Scar gel
Sunscreen
Sleep aids
Nasal strips
Sleep tablets (non-prescription)
Smoking cessation
Nicotine gum*
Nicotine lozenges*
Nicotine patch*

Supports and braces
Ankle support
Arthritis gloves
Arthritis knee sleeve
Back support
Carpal tunnel brace
Compression socks*
Elbow support
Hip protector
Knee stabilizer
Knee support
Night wrist support
Rib belt
Wrist splint
Wrist support
Vitamins and minerals
Biotin gummy*
Calcium + Vitamin D3*
Calcium*
Coenzyme Q-10*
DHEA hormonal supplement*
Fish oil*
Flaxseed*
Folic acid*
Glucosamine / chondroitin*
Immune support chewables*
Iron supplement*
Magnesium*
Melatonin*
Multivitamin*
Niacin*
Omega + DHA*
Potassium gluconate*
Rena-Vite*
Vitamin A*
Vitamin B-1*
Vitamin B-12*
Vitamin B-6*
Vitamin B-complex*
Vitamin C*
Vitamin D3*
Vitamin E*
Zinc chelated*
Wart remover
Liquid wart remover
Wart removal patch
Wart removal system



* Dual-purpose item which may require a prescription or note from your doctor

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Pick Your Perks Reimbursement Claim Form Instructions

To submit a claim for reimbursement, read these instructions thoroughly, complete the form on the next page, and return both pages to xxxx.

1. Member Information. Complete the Member Information section in full.

2. Expense Information. Complete the Expense Information section by populating the details of 1 or 2 eligible expenses.

A. Service Type. Enter the service type listed for your eligible expense. For more details about your plan's eligible expenses, refer to your plan details in your Network Health online account.

Service Type	Eligible	Excluded	Expense Documentation
Acupuncture	Acupuncture services	None	An itemized receipt from the provider or an EOB
Dental	<ul style="list-style-type: none"> Routine exams X-rays Fillings Dentures 	<ul style="list-style-type: none"> Cosmetic dentistry Crowns 	An itemized receipt from the provider or an EOB
Massage Therapy	Massage therapy services	None	Prescription –AND– An itemized receipt from the provider
Meals	Provided by Mom's Meals and: <ul style="list-style-type: none"> Delivered after a hospital or skilled nursing facility stay For a chronic condition 	<ul style="list-style-type: none"> From any vendor that is not Mom's Meals Restaurant carryout or delivery 	An itemized receipt from Mom's Meals
Nutritional or Dietary Counseling	Nutritional or dietary counseling from a physician, nurse, registered dietician, or nutritionist	<ul style="list-style-type: none"> Meal plans included as part of weight loss programs Supplements 	An itemized receipt from the provider or an EOB
Over The Counter Items	See your plan for a full list of eligible over the counter (OTC) items	<ul style="list-style-type: none"> Non CMS items 	An itemized receipt from the retailer that clearly identifies the item
Transportation	Provided by Aryv to transport to and from medical services or a pharmacy	<ul style="list-style-type: none"> From any vendor that is not Aryv Reimbursement for mileage and fuel cost 	None. Aryv shares the necessary expense information with us.
Vision	<ul style="list-style-type: none"> Glasses Contact lenses 	<ul style="list-style-type: none"> Cosmetic Items Lasik Warranty Programs 	An itemized receipt from the provider or an EOB

B. Claim Details. Enter the provider name, claim amount, and service start and end dates.

3. Expense Documentation. Include appropriate expense documentation with your form to show the expenses are eligible for reimbursement under your plan details. Refer to the service type table for details related to your specific service. Expense documentation for all claims must include/display:

- Provider name
- The date(s) of service
- A description of the service
- The expense amount

4. Submit the Claim Form. Submit the Claim Form. Retain original copies for your records and submit the form and expense documentation to xxxx.

If you request a reissue for a reimbursement to you for any reason, there is a \$25 stop payment fee.

Pick Your Perks Reimbursement Claim Form

Member Information

Member Number

First Name

Last Name

Email Address

Phone Number

Expense Information

Service Type (from instructions page)

Service Start Date (mm-dd-yyyy)

Provider Name

\$

Claim Amount

Service End Date (mm-dd-yyyy)

Service Type (from instructions page)

Service Start Date (mm-dd-yyyy)

Provider Name

\$

Claim Amount

Service End Date (mm-dd-yyyy)

Direct Deposit Information

Financial Institution

MEMO:

1' 556073356 1: 5435732348 11'

Routing Number
(Exactly 9 Digits)

Account
Number

Account Type: ☐ Checking ☐ Savings

Routing Number (exactly 9 digits from check)

Account Number (from check)

In most cases, the routing number precedes the account number. If in doubt, contact your financial institution.

Authorization

I certify that my statements on this form are complete and true. I understand that it is my responsibility to submit only eligible expenses defined by my plan and I am claiming reimbursement only for eligible expenses incurred during the applicable plan year. I certify that these expenses have not been, nor will be, reimbursed by any other benefit plan and will not be claimed as an income tax deduction. I understand Employee Benefits Corporation, a partner of Network Health, may need "protected health information" regarding coverage or benefits under the plan. By submitting this form, I hereby acknowledge that Employee Benefits Corporation will obtain and use such information and disclose it to an insurer or other provider of services related to the plan, but only for the purposes of the plan and only for as long as Employee Benefits Corporation is providing services regarding the plan. Any information disclosed pursuant to this form will not be subject to re-disclosure by the recipient, except for purposes of the plan.

By including direct deposit information, I authorize Employee Benefits Corporation to send reimbursements (and appropriate adjusting entries) electronically or by any other commercially accepted method to my designated account at the financial institution named above. I agree not to hold Employee Benefits Corporation responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution or due to an error on the part of my financial institution in depositing funds to my account. It is my responsibility to notify Employee Benefits Corporation immediately of any changes in my financial institution (i.e., change of account number or closure of account). This authorization will remain in effect until Employee Benefits Corporation has received written notification from me of its termination in such time and in such manner as to provide Employee Benefits Corporation a reasonable opportunity to act on it.

By submitting this form, I agree to receive all communications electronically. If I prefer not to receive communications electronically, I've checked the box that indicates my preference.

☐ I prefer to receive communications by mail.

By submitting this form I certify the above.

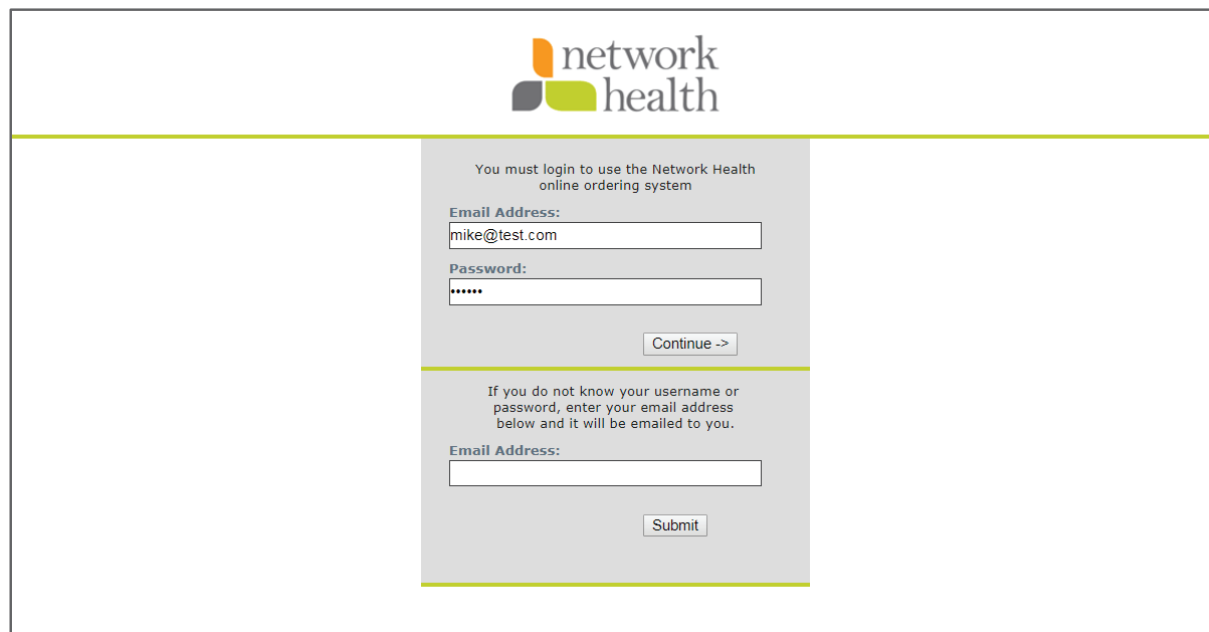
AGENT ORDERING SITE

Website address: networkhealth.envision-ink.com



The screenshot shows the Network Health login page. At the top is the Network Health logo. Below it, a message states: "You must login to use the Network Health online ordering system". There are two input fields: "Email Address:" and "Password:". Below the password field is a "Continue ->" button. A horizontal line separates this from a section for users who don't know their credentials. This section says: "If you do not know your username or password, enter your email address below and it will be emailed to you." Below this is an "Email Address:" input field and a "Submit" button.

At the welcome screen, enter your email address (this is the email that Network Health has on file and uses to communicate with you). Your password will be your 6-digit agent ID. If yours begins with a 0 you will need to enter those leading 0's so that you have 6 digits in the password box. Then click continue.



This screenshot is identical to the previous one, but the "Email Address:" field now contains the text "mike@test.com". The "Password:" field is filled with six asterisks. The "Continue ->" button remains visible below the password field.

The first time you log in you will be asked to confirm your address and contact information. The information listed is what Network Health has on file for you. If everything looks correct, select the box to confirm and then click continue. We will also ask you to confirm this information annually.



Confirm Your Address and Contact Information


Mike, welcome to the Network Health online system. Because this is your first visit to the site, please confirm your address and contact information below.

Name: **Mike Agent**
 Address: **5555 ftgh sdfh**
df gh
 City, State, ZIP: **asdasd, WI 12342**
 Email: **mike@test.com**
 Phone Number: **553-123-1233**

☒ The above information is correct and current.

[I need to edit my contact information](#)

If the information is incorrect, click on the link I need to edit my contact information.



Confirm Your Address and Contact Information

Mike, welcome to the Network Health online system. Because this is your first visit to the site, please confirm your address and contact information below.

First Name*

Last Name*

Company

Email*

Address 1*

Address 2

City*

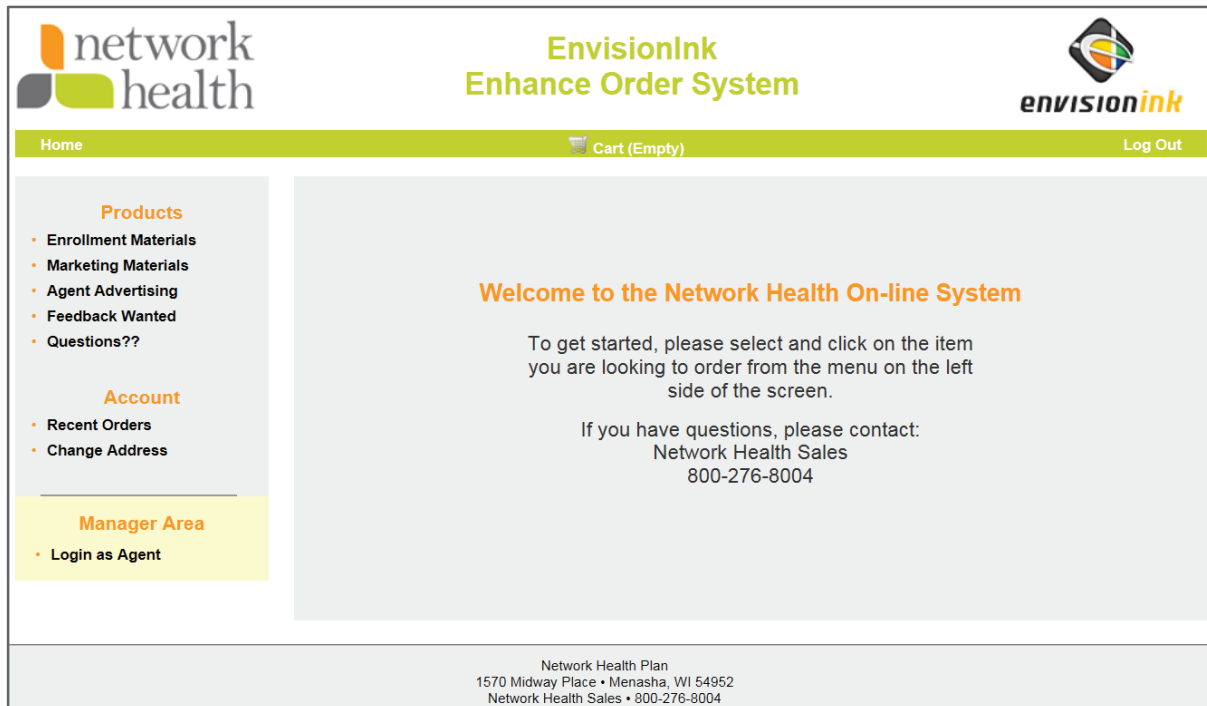
State*

ZIP*

Phone*

Changes you make to your contact information will be submitted to Network Health agent management for review, you may be contacted to verify the changes.

Now you will be at the home screen. Next time you log in; you will be taken directly to this screen.



To begin an order for enrollment materials, click the link on the left of the screen labeled Enrollment Materials.

On the enrollment materials screen you will see all of the Network Health sales kits available to order, as well as extra enrollment forms. (*scroll down the page to display*)

Click Order for the product you would like to request.

When you reach the product page, you will have a couple of options. The first is to order materials to be sent to you directly. Select the quantity and then click Add to Cart.

You will then be taken to your cart and can see your order. To order more materials, click on Enrollment Materials in the left panel again. If your order is complete, click Checkout.

The checkout screen will confirm your address again. If your address is incorrect or you need to ship to a different location, such as your home rather than the office, you have the ability to override the address for that order only. Make any necessary changes, then click Place Order.

When your order is placed a confirmation number will display. You will also receive a confirmation email.

The screenshot shows the top of a web page with the 'network health' logo on the left, 'EnvisionInk Enhance Order System' in the center, and the 'envisionink' logo on the right. Below the logos is a green navigation bar with 'Home', 'Cart (Empty)', and 'Log Out' links. The main content area has a light gray background with a red heading 'Your order has been successfully placed.' followed by the text 'Your order number is: NHA10065' and 'An email confirming this order has been sent to: mike@test.com'. At the bottom of this section is a link 'Return to Main Menu'.

In addition to being able to order materials in bulk, you can also have a sales kit sent directly to your prospect. This will be sent on your behalf and includes a personalized note with your contact information. Simply enter your prospects name and address information.

The screenshot shows a form titled 'Shipping Address for Prospective Member'. It includes a section for 'Order Type*' with radio buttons for 'Agent Order' and 'Prospective Member Order' (which is selected). Below this is a 'Quantity*' dropdown menu set to '1'. The address fields include 'First Name*', 'Last Name*', 'Address 1*', 'Address 2', 'City*', 'State*' (a dropdown menu currently showing 'Wisconsin'), and 'ZIP*'. Each field has a corresponding input box.

When you enter the prospects information, you will see the note below populate the prospects name and your contact information.

The screenshot shows a 'Sample of Note Included in Kit'. On the left, a yellow box contains a sample note: 'Penny', 'I am glad we could talk today about your Medicare options.', 'Please feel free to call me with any questions.', and 'Michael Agent 553-123-1000'. On the right, there are input fields for 'Agent First Name' (containing 'Michael'), 'Agent Last Name' (containing 'Agent'), and 'Agent Phone Number' (containing '553-123-1000'). At the bottom center is an 'Add to Cart' button.

If you would like your name or phone number to appear differently, simply click Edit Note. The note will update with your changes. Only the agent name and number is editable. This note will be affixed to the top of the sales kit. When you are finished with your entry click Add to Cart.

Agent orders and prospect orders can be combined in your shopping cart and each will end up where directed.

When you check out, again you have the option to make changes to the agent address. Any changes made on this page are only for that specific order. If you need to change your address permanently, please contact us.

You have the ability to track the status of your orders. From the welcome page in the left panel under Account, click Recent Orders.

Account


- Recent Orders
- Change Address

To get started, please select and click on the item you are looking to order from the menu on the left side of the screen.


If you have questions, please contact:
Network Health Sales
800-276-8004

Network Health Plan
1570 Midway Place • Menasha, WI 54952
Network Health Sales • 800-276-8004

Agent kits will have tracking information added once the order has shipped. Individual kits to prospects will not have tracking numbers but you will be able to see when it shipped.



EnvisionInk
Enhance Order System



HomeCart (Empty)Log Out

Products

- Enrollment Materials
- Marketing Materials
- Questions??

Account

- Recent Orders
- Change Address

Recent Orders

Agent OrdersProspective Member Orders

Order No	Order Date	Ship To	Status	Ship Date	Tracking
NHA10069 Sep 8, 2017 (Order Details)					
14 - SE WI PPO Sales Kit 2018		Sam Test	Order Placed		
1 - SE WI PPO Sales Kit 2018		Jane Tester	Order Placed		
NHA10068 Sep 8, 2017 (Order Details)					
14 - SE WI PPO Sales Kit 2018		Samantha Test	Order Placed		

Network Health Plan
1570 Midway Place • Menasha, WI 54952
Network Health Sales • 800-276-8004



2021 LIS Levels Network Pharmacy Plans

For agent use only

Level One					
	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
Deductible	\$0 Deductible				
IC	\$2/\$3.70	\$3.70	\$3.70/\$9.20	\$3.70/\$9.20	\$3.70/\$9.20
CG	\$3.70	\$3.70	\$3.70/\$9.20	\$3.70/\$9.20	\$3.70/\$9.20
CC	\$0	\$0	\$0	\$0	\$0
Level Two					
Deductible	\$0 Deductible				
IC	\$1.30	\$1.30	\$1.30/\$4.00	\$1.30/\$4.00	\$1.30/\$4.00
CG	\$1.30	\$1.30	\$1.30/\$4.00	\$1.30/\$4.00	\$1.30/\$4.00
CC	\$0	\$0	\$0	\$0	\$0
Level Three					
Deductible	\$0 Deductible				
IC	\$0	\$0	\$0	\$0	\$0
CG	\$0	\$0	\$0	\$0	\$0
CC	\$0	\$0	\$0	\$0	\$0
Level Four					
Deductible	\$0 Deductible		\$92 Deductible		
IC (lesser of)	\$2/\$4/15%	\$8/\$14/15%	\$42/\$47/15%	\$90/\$100/15%	15%
CG	15%	15%	15%	15%	15%
CC	\$3.70	\$3.70	\$3.70/\$9.20	\$3.70/\$9.20	\$3.70/\$9.20

IC – Initial Coverage

CG- Coverage Gap

CC-Catastrophic Coverage

Premium Rates on Plans for LIS

Low-Income Subsidy	Plus/Rx	Premier/Rx	Anywhere	Choice	Explore
100%	\$88.40	\$256.30	\$0.00	\$0.00	\$0.00
75%	\$97.30	\$266.50	\$8.70	\$7.70	\$2.70
50%	\$106.20	\$276.60	\$17.50	\$15.50	\$5.50
25%	\$115.10	\$286.80	\$26.20	\$23.20	\$8.20

Keep in mind that for Tier 1, we offer a \$2 preferred copayment, which is less than the CMS standard, so the member won't really be paying the \$3.70 standard in Level 1. This is true for a one-month supply. If the member gets a two or three-month supply, the CMS standard \$3.70 applies, since our copayment would then be greater than \$2, and the CMS standard then becomes the lesser of. Also, technically Tier 3, Tier 4 and Tier 5, in the coverage gap and catastrophic coverage stage, could be either the brand or generic LIS copayment, depending if the drug is brand or generic respectively. Y0108_2929-01-0820_C

2021 EXTRA, EXTRA



2021 Extra, Extra

Hospital Benefit Periods

As a Medicare Advantage plan we don't have to follow Medicare's guidelines on hospital benefit periods. As a company we have made the decision not to follow them.

Annual routine preventive physical exam

- \$0 in-network comprehensive physical
- Preventive medicine evaluation and management
- Age, gender and history examination
- Counseling
- Risk factor reduction interventions

Annual wellness assessment *(does not include an examination)*

- \$0 in-network health risk assessment and coaching covered by Medicare

Lab screenings are covered on either visit, but not both

- To assist in the early detection of new health conditions
- Not part of routine monitoring (routine monitoring = lab copayment)
- Labs include complete blood count, glucose and lipid panels



Problem-focused visit

- Sometimes the provider wants to further treat a medical problem, and they may add this type of visit charge

Travel benefit

When members are outside Wisconsin and within the United States, they can get care at the same cost they would at home on Network Health's PPO plans. The southeast HMO plan offers a snowbird benefit to members traveling beyond the neighboring states of Wisconsin. Worldwide emergency care benefit is \$90 per incident, up to \$100,000 per year.

Chronic Condition Benefits

- Acupuncture—Maximum 12 visits per year for members who are undergoing chemotherapy and have severe nausea
- Transportation—24 rides for all end-stage renal disease members to get to and from dialysis
- Home Base Palliative Care Consultation and Evaluation—For members with end-stage cancer (stage 4 diagnosis)

Optional Dental Benefit with Delta Dental Medicare Advantage

- Provides additional dental coverage to Medicare Advantage plan members who use Delta Dental's Medicare Advantage network

NetworkCares a special needs plan (PPO SNP)

- Over-the-counter benefit of \$150 per quarter
- Transportation benefit – 24 one way rides
- Meal delivery – 28 home delivered meals post inpatient hospital stay
- Wellness rewards – up to \$100 in gift cards for health risk assessment, annual wellness visit and flu vaccine
- \$3,000 dental benefit
- \$400 glass and contact lens benefit
- \$300 bathroom safety adaptation to help make your home more safe
- Access to SilverSneakers facilities

Major Provider Systems

- Froedtert Health
- Primary Care Associates of Appleton
- Prevea Health
- Columbia St. Mary's
- Children's Hospital of Wisconsin
- Ascension Wisconsin
- Holy Family Memorial
- Bellin Health
- Medical College of Wisconsin
- Wheaton Franciscan HealthCare

SUPPORT TO GET AND STAY HEALTHY

Getting Care Quickly

Members can visit networkhealth.com/getting-care-quickly for the most up-to-date list of nurse lines and other 24-hour resources available.

MDLIVE® – Members can visit with a board-certified doctor from the comfort of their home using their phone, computer or tablet. Common symptoms that can benefit from MDLIVE are sinus problems, skin rash, nausea or vomiting and ear problems. Members can access MDLIVE using their Network Health member portal.



Home Visit Program

Network Health has partnered with **Inovalon®** to offer an at home personal health assessment where overall health, as well as preventive health measures and medication adherence is reviewed.



Home Telemonitoring

Telemonitoring is available for members diagnosed with chronic or congestive heart failure.

Interventions include telephone-based symptom monitoring, automated monitoring of signs and symptoms and/or automated physiologic monitoring. As a minimum, members will receive telephone-based mentoring and education from nurses trained in the management of heart failure. The objectives of the program are to monitor and manage symptoms, adherence to diet and medications, optimal fluid status and daily physical activity. A plan of care will be implemented by health care professionals based on any findings and will be communicated with the primary provider.

Network Health Pharmacy

- Through the Hybrid Medication Therapy Management (MTM) Program, members can consult with a pharmacist via phone, nursing home visit or physicians' offices.
- Inclusive formulary, with new drugs added weekly.
- Discounted three-month supply of medications with Express Scripts through mail order or at a preferred retail pharmacy (except Tier 5 medications).
- Pharmacy appeals and grievances response time is less than four hours, 90 percent of the time.
- Electronic prior authorizations for physician convenience and quicker customer service to members.
- Our preferred blood glucose testing devices are Accu-Chek and One Touch.
- Preferred pharmacies include - Walgreens, Copps, Sam's Club, Walmart and more.
- Tier 1 \$0 mail order medications

Social Security Information

The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include the amount for one month premium due from your enrollment effective date to the point withholding begins. You will receive a paper bill for any additional months that are due prior to your effective date. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums. Please note that Social Security deductions apply to plan premium only. If the member chooses the supplemental dental rider, he/she must pay that premium through ACH or monthly bill.

Common Questions about MSA Enrollment for 2021

Who can join a Medicare Medical Savings Account (MSA) plan?

People enrolled in both Medicare Parts A and B, who live in the plan's service area can generally join a Medicare MSA Plan.

Who can't join a Medicare MSA plan?

- A member or prospect who has health coverage that would cover the Medicare MSA plan deductible, including benefits under an employer or union group health plan.
- A member or prospect who gets benefits from the Department of Defense (TRICARE) or the Department of Veterans Affairs.
- A member or prospect who is a retired federal government employee and part of the Federal Employee Health Benefits Program.
- A member or prospect who is eligible for Medicaid.

Exceptions for Eligibility Rule

- A member or prospect who is currently getting hospice care.
- A member or prospect who lives outside the United States more than 183 (total) days a year.

When can a person join a Medical Savings Account (MSA) Plan?

A prospect can join a Medicare MSA plan during the following times.

- When prospects first become eligible for Medicare during the seven-month period that begins three months before they turn 65, includes the month they turn 65 and ends three months after the month they turn 65. If they have Medicare because they are disabled, they can join three months before and after their 25th month of receiving cash disability benefits.
- When prospects delay Part B, they could apply the month prior to their Part B effective date.
- During the annual election period (AEP), members can select a Medicare MSA Plan between October 15–December 7 of each year. Enrollment will be effective on January 1.
- There are no special election periods (SEPs) to join a MSA.
- A **current Network Health member** can join the MSA during the AEP to be effective January 1. **The member must complete a new application, rather than** a short enrollment form. The MSA is under a separate contract from our other plans.

***Note**—The yearly deposit is prorated based on when enrollment begins (see chart on back). Enrollment will be effective no earlier than the first day of the month following the request to enroll.*

When and how can a member leave a Medicare MSA Plan?

- Enrollment is generally for a calendar year. A member can choose to leave during the AEP. Disenrollment will be effective January 1.
- A member can disenroll if the member is entering a nursing home.
- A member can disenroll if the member moves out of the plan's service area.
- Other special elections could apply.

The Medicare Advantage Open Enrollment Period between January 1 and March 31 doesn't apply to the MSA.

- If a member or prospect chooses a Medicare MSA Plan for the first time during AEP, and then changes his/her mind, the enrollment can be cancelled up to December 15 of the same year. Please note that member can only join another health or drug plan until December 7.
- After December 7 and up to December 15, a member can only return to Original Medicare.

The SEP trial applies in some situations.

- MSA members who were previously enrolled in a supplement and who are enrolling for the first time into a Medicare Advantage Plan have a valid SEP to disenroll during their first 12 months of being on the MSA. They may go back to Original Medicare and have a guaranteed issue of a Medicare Supplement.
- Members of an MSA who used their Initial Coverage Election Period (ICEP) to enroll in the plan do not have a valid disenrollment period. They may not use the SEP trial to disenroll from the plan.

Network Health will terminate an MSA enrollment if one of the following occurs.

- The member goes on Medicaid.
- The member enrolls in a Federal Employee Health Benefits Program plan.
- The member receives health care benefits from the Department of Defense (TRICARE) or the Department of Veterans Affairs.
- The member gets benefits (like an employer or union group health plan) that cover all or part of the yearly MSA deductible permanently.
- The member moves outside of the service area of the plan, or is temporarily out of the service area for longer than six months.

Will account deposits be pro-rated based on when a member joins?

Yes. The deposits are prorated by Medicare based on the month the member joins the plan. See the chart to learn what will be deposited each month.

Plan Effective Date	Deposit Dollar Amount	Plan Deductible
January 1, 2021	\$1,500	\$5,100
February 1, 2021	\$1,375	\$4,675
March 1, 2021	\$1,250	\$4,250
April 1, 2021	\$1,125	\$3,825
May 1, 2021	\$1,000	\$3,400
June 1, 2021	\$875	\$2,975
July 1, 2021	\$750	\$2,550
August 1, 2021	\$625	\$2,125
September 1, 2021	\$500	\$1,700
October 1, 2021	\$375	\$1,275
November 1, 2021	\$250	\$850
December 1, 2021	\$125	\$425

Health and Wellness Rewards

Earn rewards
Up to **\$180**

Wellness exam **\$100**

Screening labs **\$50**

Flu shot **\$30**

What happens to the money in the account if a member leaves the plan or the application is canceled before the end of the year?

No more money will be added to the account and the person will need to pay part of the most recent yearly deposit (based on the number of months left in the current calendar year) back to Medicare.

Plan Termination Date	Recoupment Amount*
February 1, 2021	\$1,375
March 1, 2021	\$1,250
April 1, 2021	\$1,125
May 1, 2021	\$1,000
June 1, 2021	\$875
July 1, 2021	\$750
August 1, 2021	\$625
September 1, 2021	\$500
October 1, 2021	\$375
November 1, 2021	\$250
December 1, 2021	\$125

*The recoupment amount is pro-rated by CMS

Service	Can I use the money in my account for this?	Will it count toward my deductible?	Is this expense taxed? (50% tax)
Medicare-Covered Hospital and Medical Care (Part A and B services) • Doctor visits • Hospital stays	Yes	Yes	No
Other Qualified Medical Expenses • Dental care • Vision care • Part D prescription drugs	Yes	No	No
Non-Medical Items • TV • Groceries	Yes	No	Yes

MSA Agent Pricing



This is only an estimate based on average claims for these services. This is not a guarantee of costs. Actual costs may vary and are dependent on the coding by the provider.

AGENT USE ONLY				
Service	Low Average Estimated Cost	Medium Average Estimated Cost	High Average Estimated Cost	Comments
Annual Wellness Visit Only	\$109	\$161	\$191	If sole visit is Medicare wellness visit. Includes complete blood count
Annual Wellness Visit with Other Services	\$175	\$280	\$698	Estimates include wellness visit plus lipid panel, glucose testing, fecal occult blood test and depression screening. High estimate includes cost for screening colonoscopy.
Annual Routine Physical (Non-Medicare Covered)	\$320	\$436	\$467	Since this is a non-Medicare covered service, these estimates are average billed charges as discounts don't apply. If sole visit is routine physical; high cost includes complete blood count.
Flu Vaccine	\$32	\$51	\$69	Estimates include cost for vaccine and administration
Pneumonia Vaccine	\$125	\$175	\$225	Estimates include cost for vaccine and administration
Pap/Pelvic Exam	\$109	\$130	\$151	Estimates include pap smear and interpretation plus pelvic exam/ cervical or vaginal cancer screening
Mammography	\$102	\$172	\$233	Estimates include professional mammography screening and computer aided
Prostate Cancer Screening	N/A	\$126	\$244	Estimates include digital rectal exam, prostate specific antigen test and an estimate for the office visit cost
Glaucoma Screening	N/A	\$52	\$55	Estimated cost for glaucoma screenings
Doctor or Specialist Office Visits	N/A	\$90	\$184	Estimates can vary based on duration of visit, new vs. established patient; estimates do not include additional services during office visit such as additional screenings, labs or other tests
Physical, Speech, Occupational Therapy	N/A	\$91	\$142	Estimated cost for each therapy visit
Podiatry	N/A	\$65	\$91	Estimated cost for podiatry visits
PET Scan	\$1,004	\$1,339	\$1,674	Estimates include average cost for PET scan +/- 25%
CT Scan	\$257	\$343	\$429	Estimates include average cost for CT scan +/- 25%
MRI	\$384	\$512	\$640	Estimates include average cost for MRI +/- 25%
AGENT USE ONLY				



Change of Permanent Residence Address

Personal Information

*Member first name _____ Middle initial _____ *Last name _____

*Primary phone number _____ *Date of birth (mm/dd/yyyy) _____

*Medicare number or Network Health member ID _____

New Permanent Residence Street Address

*Street address (PO Box is not allowed) _____

*City _____ *County _____ *Zip code _____

*Date of move (mm/dd/yyyy) _____

Mailing address if different from new permanent residence street address

Street address _____

City _____ State _____ Zip _____

Please read and sign below

By completing this address change, I agree to the following.

Network Health Medicare Advantage Plans serve a specific service area. I understand if my new permanent residence address is outside the area my Network Health Medicare Advantage Plan serves, I will be disenrolled from the plan and will need to find a new plan in my new area. Disenrollment will be effective the first of the month following receipt of notification of the move.

*Signature _____ *Date (mm/dd/yyyy) _____

***If you are the authorized representative, you must sign above and provide the following information.**

Name _____ Relationship to member _____

Street address _____

City _____ State _____ Zip _____

Phone _____

Assisting agent

*Name _____

*Agent ID number _____

*Indicates a required field

Y0108_2689-01-0420_C

PAYMENT OPTION FORM



Payment Option Form

Name:		Medicare Number:	
Home Phone Number: () -		Date of Birth:	
Permanent Street Address (P.O. Box is not allowed):			Apt. #
City:	County:	State:	ZIP Code:
Mailing Address (only if different from your Permanent Street Address):			
Street Address:		City:	State: ZIP Code:

Paying Your Plan Premium

Please select a premium payment option.

☐ Pay via check. You will receive a paper bill each month between the 15th and 20th of each month indicating your balance due.

☐ Electronic funds transfer (EFT) from your bank account each month. Please enclose a **VOIDED** check or provide the following.

Account Holder Name: _____ Account type: ☐ Checking ☐ Savings
Bank Routing Number: _____ Bank Account Number: _____

☐ Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check. (The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the **deduction**. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

☐ Credit Card. Please Provide the following information. The monthly premium will be deducted around the 7th of each month.

Type of Card: _____ Account Holder Name: _____
Account Number: _____ Expiration Date: _____ / _____

Signature:	Today's Date:
If you are the authorized representative, you must sign above and provide the following information.	
Name: _____	
Address: _____	
Phone Number: (____) _____	
Relationship to Enrollee: _____	

SILVERSNEAKERS®



ATTRACT MORE MEMBERS TO THE PLANS YOU SELL BY UNDERSTANDING THE VALUE OF SILVERSNEAKERS

At Tivity Health™, our goal is to help you attract more members to the plans you're selling. SilverSneakers® is a trusted and loved brand. A more successful sales season can depend on how well you message the value of SilverSneakers to your clients.

THE SILVERSNEAKERS EXPERIENCE

SilverSneakers is *much more* than an exercise program – it's a way for you to help achieve your *best health in mind, body and spirit*.



A free fitness benefit with access to 15,000+ fitness locations nationwide



SilverSneakers FLEX® classes offered outside the traditional gym setting



The ability to enroll at multiple locations at any time



Social connections through events such as shared meals, holiday celebrations and class socials



Guidance from dedicated fitness staff



Adjustable workout programs tailored to individual fitness levels, schedule reminders for favorite activities, find convenient locations and more with the SilverSneakers Go™ app



Online resources (fitness location directory, articles, SilverSneakers On-Demand™ and more)



Participating location visits can add up to college savings for designated students, thanks to our partnership with CollegeSave¹



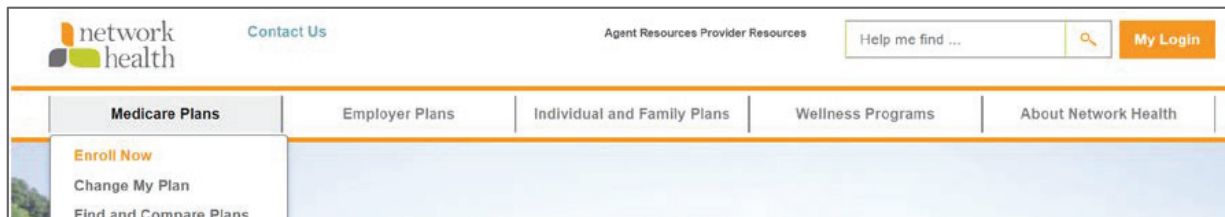
Signature SilverSneakers classes designed for all fitness levels and led by trained instructors



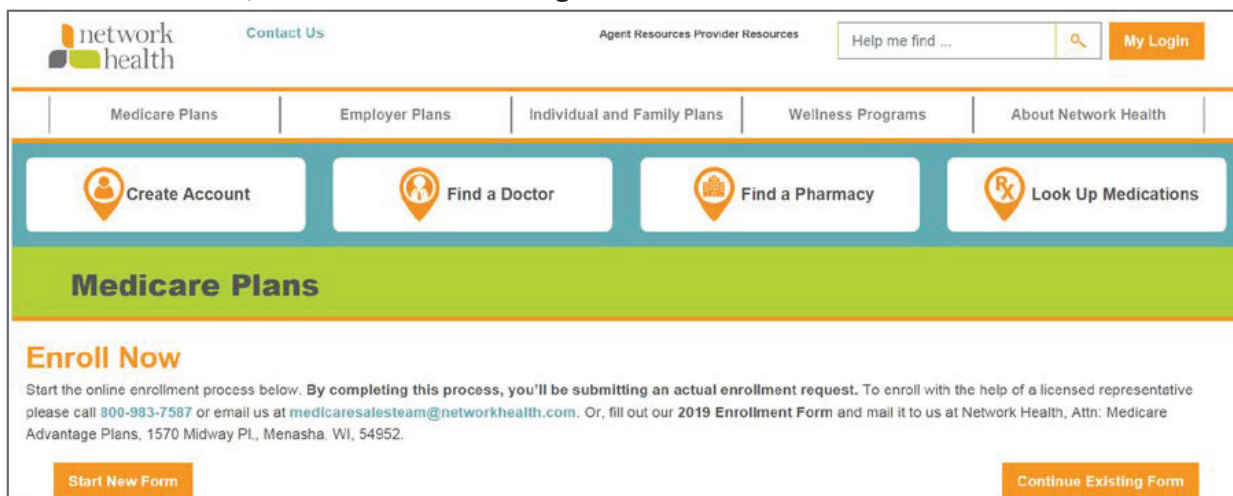
How to Take an Electronic Application Over the Phone

How to Take an Electronic Application Over the Phone

1. Visit **networkhealth.com**, select **Medicare Plans**, select **Enroll Now**.



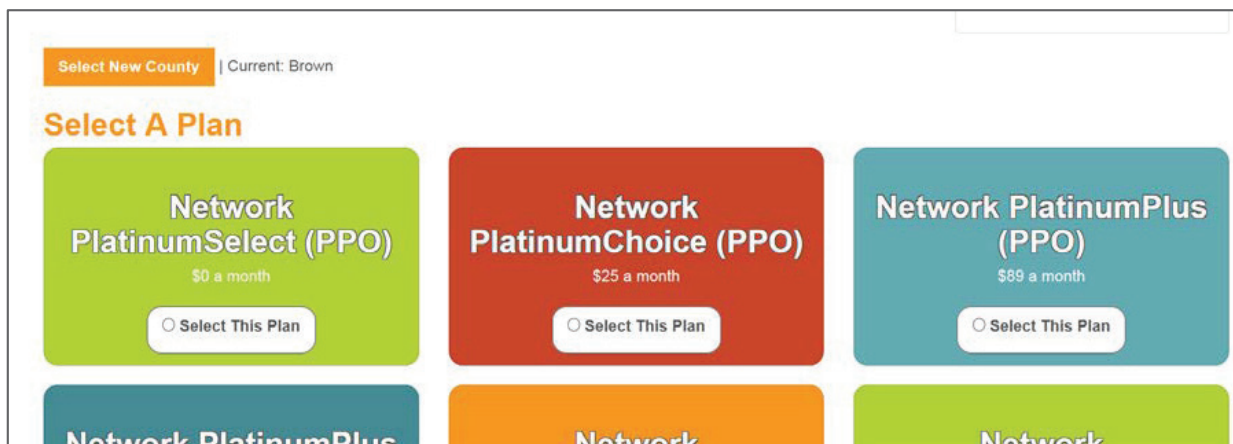
2. If you're entering a new application, select **Start New Form**. If you're reviewing an application that's been started, select **Continue Existing Form**.



3. Select the County where the member lives from the drop down box.

A screenshot of the Network Health website showing a 'Select County' dropdown menu. The dropdown menu is open, showing a list of counties. The first option is 'Select...'.

4. Select A Plan.



5. Complete the requested information.

6. **Please notice there is no option for paying by credit card online.** The member can use the credit card payment option several ways in the future.
- In their new member guide there will be a paper form for completion and instructions.
 - The member may also pay monthly via credit card through their member portal.

Please Select a premium payment option

Response optional - please note that direct billing is selected unless you specify otherwise.

☐ Get a bill each month. Between the 15th and the 20th of each month we will send you a billing statement indicating your balance due.

☐ Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.

☐ Electronic funds transfer (EFT) from your bank account each month. Please enclose a **VOIDED** check or provide the following. The monthly premium will be deducted around the 7th of each month

7. The effective date will automatically populate based on the response to question seven.

7. Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period. Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

☐ I am new to medicare.

☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP)

☐ I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me.

☐ I recently returned to the United States after living permanently outside of the U.S.

☐ I recently obtained lawful presence status in the United States

☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid)

☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help)

☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.

☐ I get extra help paying for Medicare prescription drug coverage.

☐ I am no longer eligible for extra help in paying for my Medicare prescription drugs.

☐ I am moving into, live in, or recently moved out of a Long Term Care Facility (a nursing home or other long term care facility).

☐ I recently left a "PACE" program.

☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's).

☐ I am leaving employer or union coverage.

☐ I belong to a pharmacy assistance program provided by my state.

☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.

☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan.

☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan.

☐ I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

8. You will skip over this area. Your client will return here once they receive their link via email.

☐ I am authorized to act on behalf of the individual under the laws of the State where the individual resides. I understand that selecting this check box and clicking the submit button on this enrollment form means that I have read and understand the contents of this application.

Electronic Signature Signature date

Optional Supplemental Dental.

☐ **YES**, I want to enroll in Delta Dental of Wisconsin Supplemental Benefit. I understand that this is an optional benefit and that if I enroll by selecting "Yes", I will be billed an additional \$35 monthly premium by Network Health.

☐ **NO**, I do not want to enroll in this optional supplemental dental plan.

Name of Staff Member/Agent/Broker (if assisted in enrollment)

9. Make sure to complete this box before saving the application.

Name of Staff Member/Agent/Broker (if assisted in enrollment)


10. Within a short time, the prospect/customer will receive the email in his or her inbox. Have the prospect/customer check the clutter or junk mail if the email isn't in the inbox within a few minutes.

This email contains a link that will expire **five minutes** from when it is received, so do not complete this step until the prospect/customer can sign it within five minutes.

Prospect/customer should click on the link as noted below.

From: <noreply@networkhealth.com>
Date: Wed, Apr 22, 2020, 1:01 PM
Subject: Your Network Health Medicare Enrollment Application
To: johndoe@gmail.com

Thank you for starting your enrollment application. Your application has been saved and you can continue filling it out where you left off by clicking on the link below.

[Continue My Application](#) 

Please enter your email address when prompted. You will be redirected to your application.

For security purposes, the above link will expire 5 minutes after you receive it. If your link has expired, you can request a new link by clicking the link below and entering your email address when prompted.

[Request New Link](#)

If you have any questions or would like help from a licensed representative, call 800-983-7587. We're available Monday–Friday from 8 a.m. to 8 p.m.

Sincerely,
Network Health

Authorization for Disclosure and use of Protected Health Information



1570 Midway Pl.
Menasha, WI 54952

PERMISSION FOR DISCLOSURE AND USE OF MY PROTECTED HEALTH INFORMATION

There may be times when you may want a spouse, family member or caregiver to have access to your information to help you make decisions. In those cases, we need your permission to share your personal data with those people.

Name _____ Date of Birth 00 / 00 / 0000

Address _____ Member ID _____

Group Number (if applicable) _____ Phone Number _____

I give Network Health permission to disclose any and all protected health information Network Health possesses, including mental health, HIV*, health status and/or substance abuse information to the people listed below. This also includes information on health programs, plan information and caregiver resources.

<i>Name of Person Network Health Can Share My Information With</i>	<i>Name of Person Network Health Can Share My Information With</i>
<i>Street Address</i>	<i>Street Address</i>
<i>City, State, Zip</i>	<i>City, State, Zip</i>
<i>Phone Number</i>	<i>Phone Number</i>
<i>Relationship</i>	<i>Relationship</i>

Expiration of This Permission

This permission is valid for a **maximum of two years**. It will end either two years from the date this form is signed **or** the date stated below, whichever date comes first. This permission will stay in place for the duration of the time period stated below or until I cancel this permission in writing.

Permission is valid from _____ to _____.

This form is not complete without your signature.

Please review the information on the back side of this form and sign and date this form.

Information about this document

- I'm giving permission for Network Health to disclose my information to allow the people listed above to help me with my Network Health plan.
- I understand that I have the right to cancel this permission at any time by providing a written statement of cancelation to Network Health. I am aware that my cancelation will not affect the use and/or disclosures of my health information based on this permission before my written cancelation is received.
- I understand that I have the right to review or get a copy of this permission document after I sign it.
- I understand that signing this form is voluntary and that Network Health may not determine treatment, payment, enrollment in a health plan or eligibility for health care benefits based on my decision to sign this document.
- I understand that information used or disclosed based on the permission I'm approving may be disclosed to or received by people/organizations who are not subject to Federal privacy standards, and may be subject to submission to a third party and no longer protected by Federal privacy standards.

**HIV Test Results: I understand my HIV test results may be released without approval based on Wisconsin law, and a list of those people/organizations it may be released to is available upon request.*

I have had an opportunity to review and understand the content of this permission form. By signing this document, I am confirming that it accurately reflects my wishes.

SIGNATURE _____ **DATE** 00 / 00 / 0000

☐ Check here if you are the member's Legal Representative (must attach copies of authorization as required by law)

Relationship

Authority

Y0108_1561-04-1119_C

“ We’ve looked at others over time, because you’re always trying to find the best value. But I gotta say, any time I’ve brought a proposal to switch, our employees like the options at Network Health. They like where it’s located. They like the whole operation. They’ll say, ‘as long as it stays Network Health, you can switch the plan, but don’t switch the company.’ ”

Tim Haen



For small business owners, providing cost-effective and comprehensive health insurance to your employees can be a challenge.

Network Health’s Assure plan makes it easier to provide high-quality coverage while keeping more money in your business. It combines the benefits of a fully insured plan with the financial advantages of a self-insured plan.

Assure Advantages

- Save on health care costs and put more resources back into your business
- Hybrid product with set monthly rates like a fully insured plan
- Eliminates the financial risk and funding fluctuations that are common with a traditional self-insured plan
- Chance to earn back 50 percent of surplus claim funds at the end of the policy year
- Employees can earn healthy rewards through the Empower Wellness Program

INDIVIDUAL AND FAMILY PLANS

Northeast Counties

Outagamie

Winnebago

Calumet

Southeast Counties

Washington

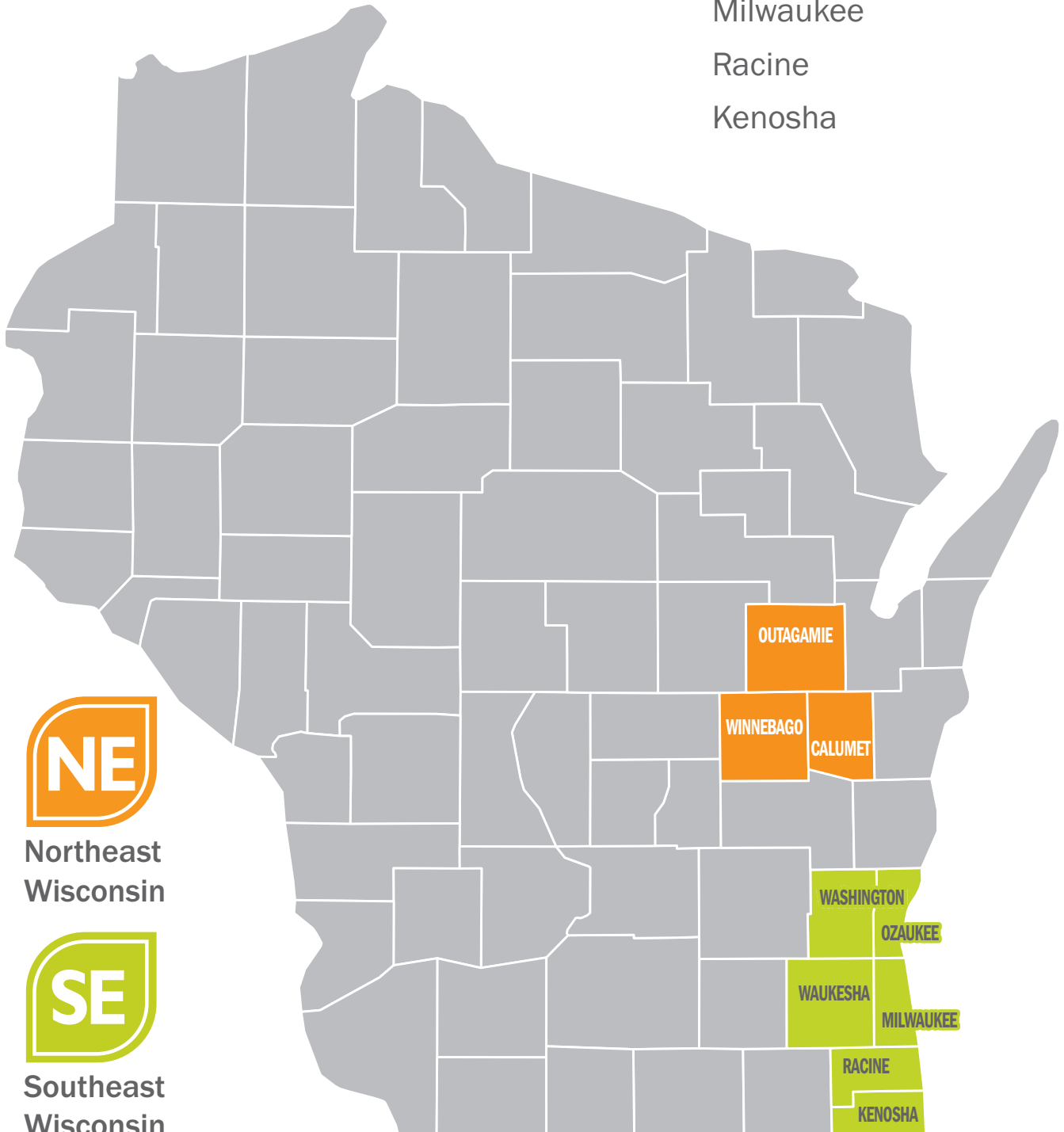
Ozaukee

Waukesha

Milwaukee

Racine

Kenosha



Northeast
Wisconsin



Southeast
Wisconsin

NOTES

[illegible]

GOING ABOVE AND BEYOND