



NetworkCares (PPO SNP) H5215

2012 SUMMARY OF BENEFITS

Medicare_{Rx}
Prescription Drug Coverage **X**



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**Introduction to the Summary of Benefits Report
for NETWORKCARES (PPO SNP)
January 1, 2012 - December 31, 2012
EAST CENTRAL WISCONSIN**

Thank you for your interest in NetworkCares (PPO SNP). Our plan is offered by NETWORK HEALTH INSURANCE CORPORATION/Network Platinum Medicare Advantage Plans, a Medicare Advantage Preferred Provider Organization (PPO) Special Needs Plan (SNP). This plan is designed for people who meet specific enrollment criteria.

You may be eligible to join this plan if you receive assistance from the state and Medicare.

All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

Please call NetworkCares (PPO SNP) to find out if you are eligible to join. Our number is listed at the end of this introduction.

This Summary of Benefits tells you some features of our plan. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call NetworkCares (PPO SNP) and ask for the "Evidence of Coverage."

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like NetworkCares (PPO SNP). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program. If you are eligible for both Medicare and Medicaid (dual eligible) you may join or leave a plan at any time.

Please call NetworkCares (PPO SNP) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS

You can compare NetworkCares (PPO SNP) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

WHERE IS NETWORKCARES (PPO SNP) AVAILABLE?

The service area for this plan includes: Brown, Calumet, Dodge, Fond du Lac, Green Lake, Manitowoc, Marquette, Outagamie, Portage, Sheboygan, Waupaca, Waushara, and Winnebago Counties, WI. You must live in one of these areas to join the plan.

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WHO IS ELIGIBLE TO JOIN NETWORKCARES (PPO SNP)?

You can join NetworkCares (PPO SNP) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area.

However, individuals with End-Stage Renal Disease generally are not eligible to enroll in NetworkCares (PPO SNP) unless they are members of our organization and have been since their dialysis began. You must also receive assistance from the state to join this plan.

Please call the plan to see if you are eligible to join.

CAN I CHOOSE MY DOCTORS?

NetworkCares (PPO SNP) has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can change at any time.

You can ask for a current provider directory. For an updated list, visit us at http://www.nppdrugplans.com/provider_information/members.php. Our customer service number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

You can go to doctors, specialists, or hospitals in or out of network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in and/or out of network. For more information, please call the customer service number at the end of this introduction.

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

NetworkCares (PPO SNP) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at <http://www.nppdrugplans.com>. Our customer service number is listed at the end of this introduction. NetworkCares (PPO SNP) has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower co-pay or co-insurance. You may go to a non-preferred pharmacy, but you may have to pay more for your prescription drugs.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

NetworkCares (PPO SNP) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

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WHAT IS A PRESCRIPTION DRUG FORMULARY?

NetworkCares (PPO SNP) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at http://www.nppdrugplans.com/find_your_prescriptions/.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

**HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS
OR GET EXTRA HELP WITH OTHER MEDICARE COSTS?**

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

* 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week; and see <http://www.medicare.gov> 'Programs for People with Limited Income and Resources' in the publication Medicare & You.

* The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or

* Your State Medicaid Office.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of NetworkCares (PPO SNP), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage

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determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of NetworkCares (PPO SNP), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact NetworkCares (PPO SNP) for more details.

WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact NetworkCares (PPO SNP) for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin Alfa or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.

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- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs administered through DME.

WHERE CAN I FIND INFORMATION ON PLAN RATINGS?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on <http://www.medicare.gov> and select "Health and Drug Plans" then "Compare Drug and Health Plans" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call Network Platinum Medicare Advantage Plans
for more information about NetworkCares (PPO SNP).

Visit us at <http://www.nppdrugplans.com> or, call us:

Customer Service Hours:
Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday
8:00 a.m. - 8:00 p.m. Central

Current members should call:
locally (920)-720-1345 or toll-free (800)-378-5234
for questions related to the Medicare Advantage and/or
the Medicare Part D Prescription Drug Program.
(TTY/TDD (800)-947-3529)

Prospective members should call:
locally (920)-720-1280 or toll-free (800)-983-7587
for questions related to the Medicare Advantage and/or
the Medicare Part D Prescription Drug Program.
(TTY/TDD (800)-947-3529)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).
TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.
Or, visit <http://www.medicare.gov> on the web.

This document may be available in other formats such as Braille, large print or other alternate formats.
This document may be available in a non-English language. For additional information, call customer service at
the phone number listed above.

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IMPORTANT INFORMATION

<p>1 - Premium and Other Important Information</p>	<p>The Medicare cost sharing amount may vary based on your level of Medicaid eligibility.</p> <p>In 2011 the monthly Part B Premium was \$0 or \$96.40 and may change for 2012 and the annual Part B deductible amount was \$0 or \$162 and may change for 2012.*</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p>General</p> <p>* Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for original Medicare services</p> <p>** Please consult with your plan about cost sharing when receiving services from out-of-network providers.</p> <p>\$0 monthly plan premium in addition to your monthly Medicare Part B premium.*</p> <p>Some physicians, providers and suppliers that are out of a plan's network (i.e., out-of-network) accept "assignment" from Medicare and will only charge up to a Medicare-approved amount. If you choose to see an out-of-network physician who does NOT accept Medicare "assignment," your coinsurance can be based on the Medicare-approved amount plus an additional amount up to a higher Medicare "limiting charge." If you are a member of a plan that charges a copay for out-of-network physician services, the higher Medicare "limiting</p>
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<p>1 - Premium and Other Important Information <i>Continued</i></p>		<p>charge" does not apply.</p> <p>See the publications Medicare & You or Your Medicare Benefits available on http://www.medicare.gov for a full listing of benefits under Original Medicare, as well as for explanations of the rules related to "assignment" and "limiting charges" that apply by benefit type.</p> <p>To find out if physicians and DME suppliers accept assignment or participate in Medicare, visit http://www.medicare.gov/physician or http://www.medicare.gov/supplier. You can also call 1-800-MEDICARE, or ask your physician, provider, or supplier if they accept assignment.</p> <p>In-Network</p> <p>\$6,700 out-of-pocket limit for Medicare-covered services and select Non-Medicare Supplemental Services. Contact plan for details regarding Non-Medicare Supplemental Services covered under this limit.*</p> <p>In and Out-of-Network</p> <p>In 2011 the annual Part B deductible amount was \$0</p>
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<p>1 - Premium and Other Important Information <i>continued</i></p>		<p>or \$162 and may change for 2012.*</p> <p>\$10,000 out-of-pocket limit for Medicare-covered services and select Non-Medicare Supplemental Services. Contact plan for details regarding Non-Medicare Supplemental Services covered under this limit.*</p>
<p>2 - Doctor and Hospital Choice</p> <p>(For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network</p> <p>No referral required for network doctors, specialists, and hospitals.</p> <p>In and Out-of-Network</p> <p>You can go to doctors, specialists, and hospitals in or out of the network. It will cost more to get out of network benefits.</p> <p>Out of Service Area</p> <p>Plan covers you when you travel in the U.S.</p>

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INPATIENT CARE		
<p>3 - Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2011 the amounts for each benefit period were: Days 1 - 60: \$1132 deductible Days 61 - 90: \$283 per day Days 91 - 150: \$566 per lifetime reserve day These amounts may change for 2012.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>In-Network</p> <p>Plan covers 90 days each benefit period.</p> <p>In 2011 the amounts for each benefit period were \$0 or:</p> <p>Days 1 - 60: \$1132 deductible* Days 61 - 90: \$283 per day* Days 91 - 150: \$566 per lifetime reserve day*</p> <p>These amounts may change for 2012.</p> <p>You will not be charged additional cost sharing for professional services.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>Out-of-Network</p> <p>In 2011 the amounts for each benefit period were:</p> <p>Days 1 - 60: \$1132 deductible* Days 61 - 90: \$283 per day* Days 91 - 150: \$566 per lifetime reserve day*</p> <p>These amounts may change for 2012.</p>

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<p>4 - Inpatient Mental Health Care</p>	<p>In 2011 the amounts for each benefit period were: Days 1 - 60: \$1132 deductible Days 61 - 90: \$283 per day Days 91 - 150: \$566 per lifetime reserve day</p> <p>These amounts may change for 2012.</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>	<p>In-Network</p> <p>In 2011 the amounts for each benefit period were, \$0 or:</p> <p>Days 1 - 60: \$1132 deductible* Days 61 - 90: \$283 per day* Days 91 - 150: \$566 per lifetime reserve day*</p> <p>These amounts may change for 2012.</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>Out-of-Network</p> <p>In 2011 the amounts for each benefit period were:</p> <p>Days 1 - 60: \$1132 deductible* Days 61 - 90: \$283 per day*</p>

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<p>4 - Inpatient Mental Health Care <i>continued</i></p>		<p>Days 91 - 150: \$566 per lifetime reserve day*</p> <p>These amounts may change for 2012.</p> <p>Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care")</p>
<p>5 - Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)</p>	<p>In 2011 the amounts for each benefit period after at least a 3-day covered hospital stay were: Days 1 - 20: \$0 per day Days 21 - 100: \$141.50 per day These amounts may change for 2012.</p> <p>100 days for each benefit period.</p> <p>A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>Plan covers up to 100 days each benefit period</p> <p>3-day prior hospital stay is required.</p> <p>In 2011 the amounts for each benefit period after at least a 3-day covered hospital stay were:</p> <p>\$0 or: Days 1 - 20: \$0 per day* Days 21 - 100: \$141.50 per day*</p> <p>These amounts may change for 2012.</p> <p>You will not be charged additional cost sharing for professional services.</p> <p>Out-of-Network</p> <p>In 2011 the amounts for each benefit period after at least a 3-day covered hospital stay were:</p>

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<p>5 - Skilled Nursing Facility (SNF) <i>continued</i></p>		<p>\$0 or:</p> <p>Days 1 - 20: \$0 per day*</p> <p>Days 21 - 100: \$141.50 per day*</p> <p>These amounts may change for 2012.</p>
<p>6 - Home Health Care</p> <p>(includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>0% of the cost for each Medicare-covered home health visit*</p> <p>Out-of-Network</p> <p>0% of the cost for home health visits**</p>
<p>7 - Hospice</p>	<p>You pay part of the cost for outpatient drugs and you may pay part of the cost for inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p>General</p> <p>You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.</p>

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OUTPATIENT CARE		
8 - Doctor Office Visits	0% or 20% coinsurance	<p>In-Network</p> <p>0% or 0% to 20% of the cost for each primary care doctor visit for Medicare-covered benefits.*</p> <p>0% or 0% to 20% of the cost for each in-area, network urgent care Medicare-covered visit*</p> <p>0% or 0% to 20% of the cost for each specialist visit for Medicare-covered benefits.*</p> <p>Out-of-Network</p> <p>0% to 20% of the cost for each primary care doctor visit**</p> <p>0% to 20% of the cost for each specialist visit**</p>
9 - Chiropractic Services	<p>Supplemental routine care not covered.</p> <p>0% or 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p>In-Network</p> <p>0% or 0% to 20% of the cost for each Medicare-covered visit*</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or</p>

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<p>9 - Chiropractic Services <i>continued</i></p>		<p>other qualified providers.</p> <p>Out-of-Network</p> <p>0% to 20% of the cost for chiropractic benefits.**</p>
<p>10 - Podiatry Services</p>	<p>Supplemental routine care not covered.</p> <p>0% or 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p>In-Network</p> <p>0% or 0% to 20% of the cost for each Medicare-covered visit*</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p> <p>Out-of-Network</p> <p>0% to 20% of the cost for podiatry benefits.**</p>
<p>11 - Outpatient Mental Health Care</p>	<p>0% or 40% coinsurance for most outpatient mental health services</p> <p>0% or 40% coinsurance of the Medicare-approved amount for each service you get from a qualified professional as part of a Partial Hospitalization Program.</p> <p>"Partial hospitalization program" is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor's or therapist's office and is an alternative to inpatient hospitalization.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>0% or 0% to 40% of the cost for each Medicare-covered individual therapy visit*</p> <p>0% or 0% to 40% of the cost for each Medicare-covered group therapy visit*</p> <p>0% or 0% to 40% of the cost for each Medicare-covered individual therapy visit with a</p>

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<p>11 - Outpatient Mental Health Care <i>continued</i></p>		<p>psychiatrist*</p> <p>0% or 0% to 40% of the cost for each Medicare-covered group therapy visit with a psychiatrist*</p> <p>0% or 20% of the cost for Medicare-covered partial hospitalization program services*</p> <p>Out-of-Network</p> <p>0% to 20% of the cost for partial hospitalization program services**</p> <p>0% to 40% of the cost for Mental Health benefits with a psychiatrist**</p> <p>0% to 40% of the cost for Mental Health benefits**</p>
<p>12 - Outpatient Substance Abuse Care</p>	<p>0% or 20% coinsurance</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>0% or 0% to 40% of the cost for Medicare-covered individual therapy visits*</p> <p>0% or 0% to 40% of the cost for Medicare-covered group visits*</p> <p>Out-of-Network</p> <p>0% to 40% of the cost for outpatient substance abuse benefits.**</p>

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<p>13 - Outpatient Services/Surgery</p>	<p>0% or 20% coinsurance for the doctor's services</p> <p>Specified copayment for outpatient hospital facility services Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>0% or 20% coinsurance for ambulatory surgical center facility services</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>0% or 0% to 20% of the cost for each Medicare-covered ambulatory surgical center visit*</p> <p>0% or 0% to 20% of the cost for each Medicare-covered outpatient hospital facility visit*</p> <p>Out-of-Network</p> <p>0% to 20% of the cost for outpatient hospital facility benefits.**</p> <p>0% to 20% of the cost for ambulatory surgical center benefits.**</p>
<p>14 - Ambulance Services (medically necessary ambulance services)</p>	<p>0% or 20% coinsurance</p>	<p>In-Network</p> <p>0% or 0% to 20% of the cost for Medicare-covered ambulance benefits*.</p> <p>Out-of-Network</p> <p>0% to 20% of the cost for ambulance benefits.**</p>

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<p>15 - Emergency Care</p> <p>(You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>0% or 20% coinsurance for the doctor's services</p> <p>Specified copayment for outpatient hospital facility emergency services.</p> <p>Emergency services copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital.</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit.</p> <p>Not covered outside the U.S. except under limited circumstances.</p>	<p>General</p> <p>0% or 0% to 20% of the cost (up to \$65) for Medicare-covered emergency room visits*</p> <p>If you are admitted to the hospital within 24-hours for the same condition, you pay \$0 for the emergency room visit.</p> <p>\$100,000 plan coverage limit for emergency services outside the U.S. every year.</p>
<p>16 - Urgently Needed Care</p> <p>(This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>0% or 20% coinsurance, or a set copay</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General</p> <p>0% or 0% to 20% of the cost for Medicare-covered urgently-needed-care visits*</p>
<p>17 - Outpatient Rehabilitation Services</p> <p>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>0% or 20% coinsurance</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>There may be limits on physical therapy, occupational therapy, and speech and language pathology services. If so, there may be exceptions to these limits.</p> <p>0% or 20% of the cost for Medicare-covered</p>

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<p>17 - Outpatient Rehabilitation Services <i>continued</i></p>		<p>Occupational Therapy visits*</p> <p>0% or 20% of the cost for Medicare-covered Physical and/or Speech and Language Therapy visits*</p> <p>Out-of-Network</p> <p>0% to 20% of the cost for Physical and/or Speech and Language Therapy visits**</p> <p>0% to 20% of the cost for Occupational Therapy benefits.**</p>
<p>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</p>		
<p>18 - Durable Medical Equipment (includes wheelchairs, oxygen, etc.)</p>	<p>0% or 20% coinsurance</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>0% or 0% to 20% of the cost for Medicare-covered items*</p> <p>Out-of-Network</p> <p>0% to 20% of the cost for durable medical equipment**</p>

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Original Medicare

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Cares (PPO SNP)

<p>19 - Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)</p>	<p>0% or 20% coinsurance</p>	<p>General Authorization rules may apply.</p> <p>In-Network 0% or 0% to 20% of the cost for Medicare-covered items*</p> <p>Out-of-Network 0% to 20% of the cost for prosthetic devices.**</p>
<p>20 - Diabetes Programs and Supplies</p>	<p>0% or 20% coinsurance for diabetes self-management training</p> <p>0% or 20% coinsurance for diabetes supplies</p> <p>0% or 20% coinsurance for diabetic therapeutic shoes or inserts</p>	<p>General Authorization rules may apply.</p> <p>In-Network 0% or 0% to 20% of the cost for Diabetes self-management training* 0% or 0% to 20% of the cost for Diabetes monitoring supplies* 0% or 0% to 20% of the cost for Therapeutic shoes or inserts*</p> <p>Out-of-Network 0% to 20% of the cost for Diabetes self-management training** 0% to 20% of the cost for Diabetes monitoring supplies** 0% to 20% of the cost for Therapeutic shoes or</p>

Summary of Benefits Report

Benefit Category

Original Medicare

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		inserts**
<p>21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</p>	<p>0% or 20% coinsurance for diagnostic tests and x-rays</p> <p>\$0 copay for Medicare-covered lab Services</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most supplemental routine screening tests, like checking your cholesterol.</p> <p>0% or 20% coinsurance for digital rectal exam and other related services.</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>0% or 0% to 20% of the cost for Medicare-covered lab services*</p> <p>0% or 0% to 20% of the cost for Medicare-covered diagnostic procedures and tests*</p> <p>0% or 0% to 20% of the cost for Medicare-covered X-rays*</p> <p>0% or 0% to 20% of the cost for Medicare-covered diagnostic radiology services (not including X-rays)*</p> <p>0% or 0% to 20% of the cost for Medicare-covered therapeutic radiology services*</p> <p>Out-of-Network</p> <p>0% to 20% of the cost for therapeutic radiology services**</p> <p>0% to 20% of the cost for outpatient X-rays**</p> <p>0% to 20% of the cost for diagnostic radiology services**</p> <p>0% to 20% of the cost for diagnostic procedures, tests, and lab services**</p>

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<p>22 - Cardiac and Pulmonary Rehabilitation Services</p>	<p>0% or 20% coinsurance Cardiac Rehabilitation services</p> <p>0% or 20% coinsurance for Pulmonary Rehabilitation services</p> <p>0% or 20% coinsurance for Intensive Cardiac Rehabilitation services</p> <p>This applies to program services provided in a doctor’s office. Specified cost sharing for program services provided by hospital outpatient departments.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>0% or 0% to 20% of the cost for Medicare-covered Cardiac Rehabilitation Services*</p> <p>0% or 0% to 20% of the cost for Medicare-covered Intensive Cardiac Rehabilitation Services*</p> <p>0% or 0% to 20% of the cost for Medicare-covered Pulmonary Rehabilitation Services*</p> <p>Out-of-Network</p> <p>0% to 20% of the cost for Cardiac Rehabilitation Services**</p> <p>0% to 20% of the cost for Intensive Cardiac Rehabilitation Services**</p> <p>0% to 20% of the cost for Pulmonary Rehabilitation Services**</p>

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PREVENTIVE SERVICES		
<p>23 - Preventive Services and Wellness/Education Programs</p>	<p>No coinsurance, copayment or deductible for the following:</p> <ul style="list-style-type: none"> ▪ Abdominal Aortic Aneurysm Screening ▪ Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. ▪ Cardiovascular Screening ▪ Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk. ▪ Colorectal Cancer Screening ▪ Diabetes Screening ▪ Influenza Vaccine ▪ Hepatitis B Vaccine for people with Medicare who are at risk ▪ HIV Screening. \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor’s visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. ▪ Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39. ▪ Medical Nutrition Therapy Services Nutrition therapy is for people who have diabetes or kidney disease (but aren’t on dialysis or haven’t had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease ▪ Personalized Prevention Plan Services (Annual Wellness Visits) ▪ Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. 	<p>General</p> <p>\$0 copay for all preventive services covered under Original Medicare at zero cost sharing:</p> <ul style="list-style-type: none"> ▪ Abdominal Aortic Aneurysm screening ▪ Bone Mass Measurement ▪ Cardiovascular Screening ▪ Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam) ▪ Colorectal Cancer Screening ▪ Diabetes Screening ▪ Influenza Vaccine ▪ Hepatitis B Vaccine ▪ HIV Screening ▪ Breast Cancer Screening (Mammogram) ▪ Medical Nutrition Therapy Services ▪ Personalized Prevention Plan Services (Annual Wellness Visits) ▪ Pneumococcal Vaccine ▪ Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only) ▪ Smoking Cessation (Counseling to stop smoking) ▪ Welcome to Medicare Physical Exam (Initial

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	Original Medicare	Preventive Physical Exam)
<p>23 - Preventive Services and Wellness/Education Programs <i>continued</i></p>	<ul style="list-style-type: none"> ▪ Prostate Cancer Screening – Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50. ▪ Smoking Cessation (counseling to stop smoking). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits. <p>Welcome to Medicare Physical Exam (initial preventive physical exam) When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Physical Exam or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months.</p>	<p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.</p> <p>In-Network The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> ▪ Written health education materials, including Newsletters ▪ Health Club Membership/ Fitness Classes ▪ Nursing Hotline <p>Out-of-Network</p> <p>0% to 20% of the cost for Medicare-covered preventive services**</p> <p>0% to 20% of the cost for supplemental education/wellness programs.</p>

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<p>24 - Kidney Disease and Conditions</p>	<p>0% or 20% coinsurance for renal dialysis</p> <p>0% or 20% coinsurance for kidney disease education services</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>0% or 0% to 20% of the cost for renal dialysis*</p> <p>0% or 0% to 20% of the cost for kidney disease education services*</p> <p>Out-of-Network</p> <p>0% to 20% of the cost for kidney disease education services**</p> <p>0% to 20% of the cost for renal dialysis**</p>
<p>25 - Outpatient Prescription Drugs</p>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Drugs covered under Medicare Part B</p> <p>General</p> <p>\$0 annual deductible for Part B-covered drugs.*</p> <p>0% or 0% to 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.*</p> <p>0% to 20% of the cost for Part B drugs out-of-network.**</p>

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<p>25 - Outpatient Prescription Drugs <i>continued</i></p>		<p>Drugs Covered under Medicare Part D</p> <p>General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at http://www.nppdrugplans.com/find_your_prescriptions/ on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> ▪ have limited incomes, ▪ live in long term care facilities, <p>or</p> <ul style="list-style-type: none"> ▪ have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by you, the plan, and Medicare.</p>
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Summary of Benefits Report

Benefit Category

Original Medicare

Network
Cares (PPO SNP)

		The plan may require you to first try one drug to
<p>25 - Outpatient Prescription Drugs <i>continued</i></p>		<p>to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from NetworkCares (PPO SNP) for certain drugs.</p> <p>The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the</p>

Summary of Benefits Report

Benefit Category	Original Medicare	Network Cares (PPO SNP)
		actual cost, not the higher cost-sharing amount.
25 - Outpatient Prescription Drugs <i>continued</i>		If you request a formulary exception for a drug and NetworkCares (PPO SNP) approves the exception, you will pay the generic cost share for generic drugs and the brand cost share for brand drugs.
<ul style="list-style-type: none"> ▪ In-Network 		You pay a \$0 annual deductible.
<ul style="list-style-type: none"> ▪ Initial Coverage 		<p>Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 copay; or - A \$1.10 copay; or - A \$2.60 copay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> - A \$0 copay; or - A \$3.30 copay; or - A \$6.50 copay.
<ul style="list-style-type: none"> ▪ Catastrophic Coverage 		After your yearly out-of-pocket drug costs reach \$4,700, you pay a \$0 copay.
<ul style="list-style-type: none"> ▪ Out-of-Network 		Plan drugs may be covered in special

Summary of Benefits Report

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Original Medicare

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<p>25 - Outpatient Prescription Drugs <i>continued</i></p> <ul style="list-style-type: none"> ▪ Out-of-Network <i>continued</i> 		<p>circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from NetworkCares (PPO SNP).</p>
<ul style="list-style-type: none"> ▪ Out-of-Network Initial Coverage 		<p>Depending on your income and institutional status, you will be reimbursed by NetworkCares (PPO SNP) up to the plan's cost of the drug minus the following:</p> <p>For generic drugs purchased out-of-network (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 copay; or - A \$1.10 copay; or - A \$2.60 copay <p>For all other drugs purchased out-of-network, either:</p> <ul style="list-style-type: none"> - A \$0 copay; or - A \$3.30 copay; or - A \$6.50 copay.

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<ul style="list-style-type: none"> ▪ Out-of-Network Catastrophic Coverage 		<p>After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed in full for drugs purchased out-of-network.</p>
<p>26 - Dental Services</p>	<p>Preventive dental services (such as cleaning) not covered.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>0% or 0% to 20% of the cost for Medicare-covered dental benefits*</p> <p>0% of the cost for an office visit that includes:</p> <ul style="list-style-type: none"> - up to 1 oral exam(s) every six months - up to 1 cleaning(s) every six months - up to 1 fluoride treatment(s) every six months - 0% to 20% of the cost for up to 1 dental x-ray(s) <p>Out-of-Network</p> <p>0% to 20% of the cost for preventive dental benefits</p> <p>0% to 50% of the cost for comprehensive dental benefits**</p>

Summary of Benefits Report

Benefit Category

Original Medicare

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<p>26 - Dental Services <i>continued</i></p>		<p>In and Out-of-Network</p> <p>\$1,500 plan coverage limit for dental benefits every year. This limit applies to both in-network and out-of-network benefits.</p> <p>Contact the plan for availability of additional in-network and out-of-network comprehensive dental benefits.</p>
<p>27 - Hearing Services</p>	<p>Supplemental routine hearing exams and hearing aids not covered.</p> <p>0% or 20% coinsurance for diagnostic hearing exams.</p>	<p>In-Network</p> <p>In general, supplemental routine hearing exams and hearing aids not covered.</p> <p>- 0% or 0% to 20% of the cost for Medicare-covered diagnostic hearing exams*</p> <p>Out-of-Network</p> <p>0% to 20% of the cost for hearing exams.**</p>
<p>28 - Vision Services</p>	<p>0% or 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Supplemental routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at</p>	<p>In-Network</p> <p>- 0% or 20% of the cost for one pair of eyeglasses or contact lenses after cataract surgery.*</p> <p>- 0% or 0% to 20% of the cost for exams to diagnose and treat</p>

Summary of Benefits Report

Benefit Category	Original Medicare	Network Cares (PPO SNP)
<p>28 - Vision Services <i>continued</i></p>	<p>risk.</p>	<p>diseases and conditions of the eye.*</p> <p>- 0% of the cost for up to 1 supplemental routine eye exam (s) every year</p> <p>Out-of-Network</p> <p>0% to 20% of the cost for eye exams.**</p> <p>0% to 20% of the cost for eye wear.**</p> <p>In and Out-of-Network</p> <p>- 0% of the cost for up to 1 pair (s) of glasses every year</p> <p>- 0% of the cost for up to 12 pair(s) of contacts every year</p> <p>\$400 plan coverage limit for eye wear every year. This limit applies to both in-network and out-of-network benefits.</p>
<p>Over-the-Counter Items</p>	<p>Not covered.</p>	<p>General</p> <p>The plan does not cover Over-the-Counter items.</p>
<p>Transportation (Routine)</p>	<p>Not covered</p>	<p>In-Network</p> <p>This plan does not cover supplemental routine transportation.</p>

Summary of Benefits Report

Benefit Category

Original Medicare

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Acupuncture	Not covered	In-Network This plan does not cover Acupuncture.
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Section III: Important Plan Information

NetworkCares - a Medicare Special Needs Plan

NetworkCares is a Medicare Special Needs plan offered by Network Health Insurance Corporation, a preferred provider organization (PPO SNP) serving Northeast Wisconsin since 1982. NetworkCares is a Medicare Advantage plan that is designed for people on Medicare and Medicaid. When you join NetworkCares, you get all your Medicare Part A, Part B, and Medicare prescription drug coverage (Part D) through this plan. When you are eligible for both Medicare and Medicaid, some or all of your health care costs may be covered. You will also be offered supplemental benefits tailored to keep you healthy. NetworkCares is a Coordinated Care plan with a Medicare Advantage contract and a contract with the Wisconsin Medicaid program.

NetworkCares has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until 12/31/2014. NCQA's approval is based on a review of NetworkCares' Model of Care and is an indicator of compliance with CMS requirements. NCQA's approval is not an endorsement by CMS and/or NCQA of NetworkCares or the quality of service provided by NetworkCares. NetworkCares will still need to be approved each year by CMS in order to operate. If you have questions regarding our approval by the NCQA, please contact us at 1-800-378-5234.

Highlights of Your NetworkCares Supplemental Benefits

- Preventive Dental Benefits will include routine dental exams, cleanings, and fluoride treatments every 6 months. Basic dental x-rays are available each year, and full mouth x-rays are available every 3 years. Basic and Major Dental Benefits include fillings, extractions, repairs, periodontics and oral surgery with no deductible and an annual maximum of \$1500.
- Bathroom Home Safety Adaptation covers up to a maximum of \$300 every year to adapt your bathroom in your home to make it safer for you.
- Health and Fitness Benefits to allow you to take a proactive approach to staying as healthy as possible. The Benefit includes a health club reimbursement benefit and up to \$50 reimbursed to you upon completion of approved wellness classes.
- Covered Annual Routine Vision Check Up, an Annual Wellness Exam, complete blood count, cholesterol and lipid panel.
- Up to \$400 maximum plan benefit applies to non-Medicare covered new prescriptions only. For 1 pair of glasses (lenses & frames) or up to 12 pair of contacts annually. The benefit also includes the following enhancements: Tinting, Scratch protection and No-line bifocals.

NetworkCares – a dedicated care team to assist you

Personal service means a lot to our members, and it means everything to us. NetworkCares members know what it is like to be well cared for, because they experience the kind of excellent personal service that is pretty rare these days. When you are a member of NetworkCares, you are treated like family, and your personal service does not end after you join. Once you are a member, you will have a personal customer service advocate called your Health Care Concierge available to you. Not only will your Health Care Concierge take your calls and answer your questions personally, but they will reach out to you to see

Section III: Important Plan Information

how they can further assist you. Overall, your personal Network*Cares* Health Team will be here for you to help you with all your healthcare needs and beyond. In addition to your personal Health Care Concierge, your team will include Medicare Social Workers to assist you in utilizing community resources, as well as Registered Nurses to assist you with health care questions.

We are committed to helping you put together your plan of action that will help keep you healthy and independent. It is our pleasure to serve your health care needs for life.

Medication Therapy Management (MTM)

The MTM program is designed to improve your medication use and reduce the risk of adverse drug reactions. If you meet the targeting criteria of the program we are required to auto enroll you and will contact you upon enrollment. You can decline enrollment or opt out of the program at any time; there is no requirement to remain enrolled in the MTM program. You will be offered an annual comprehensive medication review which includes a review of medications, interactive, person-to-person consultation, and an individualized, written summary of interactive consultation, and quarterly targeted medication reviews. A pharmacist may also share concerns with your physician. For additional information, please contact Network Health Insurance Corporation Customer Service for more information.

Access to Providers

Network*Cares* allows you the opportunity to choose services from any Medicare eligible provider who accepts our terms and conditions. It is important to inform your provider that you are enrolled in Network*Cares* prior to receiving services from that provider. If your provider accepts the terms and conditions of Medicare they will accept the terms and conditions of Network*Cares*. If they do not accept the terms and conditions of Medicare, their costs are often higher, which means you pay more. Your Network*Cares* care team is available to assist you access providers at a cost and location that is convenient for you.

Pre-authorization

Some of the covered services listed in the following Summary of Benefits require “prior authorization,” or approval in advance from the plan. These specific services are covered only if your in-network doctor or provider calls Network Health Insurance Corporation to request and receives prior authorization before services are rendered. Please check with your provider or doctor first to make sure that prior authorization has been received before the Medicare-covered services are received. We have provided all of our contracted providers with a list of services that require prior authorization.

Providers can obtain prior authorization by calling the Care Management Department at 1-866-709-0019 or 920-720-1602.

Section IV: XIX Medicaid Benefits Information

Special Note: Premiums, co-pays, co-insurance, and deductibles may vary based on the level of help that you may receive. For more detailed information please contact Network Health Insurance Corporation. For assistance in verifying your eligibility for NetworkCares, please contact Network Health Insurance Corporation, Medicare Sales at 1-800-378-5234 or TTY 1-800-947-3529.

Benefit Category	Medicaid	NetworkCares (PPO SNP)
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<p>Ambulatory Surgical Centers</p>	<p>Coverage of certain surgical procedures and related lab services</p> <p>\$3.00 copayment per service</p>	<p>General Authorization rules may apply.</p> <p>In-Network</p> <p>0% or 0% to 20% of the cost for each Medicare-covered ambulatory surgical center visit*</p> <p>0% or 0% to 20% of the cost for each Medicare-covered outpatient hospital facility visit*</p> <p>Out-of-Network</p> <p>0% to 20% of the cost for outpatient hospital facility benefits.**</p> <p>0% to 20% of the cost for ambulatory surgical center benefits.**</p>
<p>Chiropractic services</p>	<p>Full coverage</p> <p>\$.50 to \$3.00 copayment per service</p>	<p>In-Network</p> <p>0% or 0% to 20% of the cost for each Medicare-covered visit*</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>

Section IV: XIX Medicaid Benefits Information

Special Note: Premiums, co-pays, co-insurance, and deductibles may vary based on the level of help that you may receive. For more detailed information please contact Network Health Insurance Corporation. For assistance in verifying your eligibility for NetworkCares, please contact Network Health Insurance Corporation, Medicare Sales at 1-800-378-5234 or TTY 1-800-947-3529.

Benefit Category	Medicaid	NetworkCares (PPO SNP)
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<p>Durable medical equipment</p>	<p>Full coverage</p> <p style="margin-top: 20px;">\$.50 to \$3.00 copayment per item</p> <p>Rental items are not subject to copayment</p>	<p>General Authorization rules may apply.</p> <p>In-Network 0% or 0% to 20% of the cost for Medicare-covered items*</p> <p>Out-of-Network 0% to 20% of the cost for durable medical equipment**</p>
<p>Drugs (Prescription)</p>	<p>Coverage of generic and brand name</p> <p style="margin-top: 20px;">\$.50 for OTC drugs \$1.00 for generic drugs \$3.00 for brand</p> <p>Copayments are limited to \$12 per member, per provider, per month. OTCs are excluded from this \$12 maximum.</p>	<p>Drugs covered under Medicare Part B</p> <p>General \$0 annual deductible for Part B-covered drugs.*</p> <p>0% or 0% to 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.*</p> <p>0% to 20% of the cost for Part B drugs out-of-network.**</p> <p>Drugs Covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at http://www.nppdrugplans.com/find_your_prescriptions/ on the web.</p>

Section IV: XIX Medicaid Benefits Information

Special Note: Premiums, co-pays, co-insurance, and deductibles may vary based on the level of help that you may receive. For more detailed information please contact Network Health Insurance Corporation. For assistance in verifying your eligibility for NetworkCares, please contact Network Health Insurance Corporation, Medicare Sales at 1-800-378-5234 or TTY 1-800-947-3529.

Benefit Category	Medicaid	NetworkCares (PPO SNP)
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<p>Drugs (Prescription) <i>Continued</i></p>		<p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> ▪ have limited incomes, ▪ live in long term care facilities, or ▪ have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by you, the plan, and Medicare.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from NetworkCares (PPO SNP) for certain drugs.</p>
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Section IV: XIX Medicaid Benefits Information

Special Note: Premiums, co-pays, co-insurance, and deductibles may vary based on the level of help that you may receive. For more detailed information please contact Network Health Insurance Corporation. For assistance in verifying your eligibility for NetworkCares, please contact Network Health Insurance Corporation, Medicare Sales at 1-800-378-5234 or TTY 1-800-947-3529.

Benefit Category	Medicaid	NetworkCares (PPO SNP)
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<p>Drugs (Prescription) <i>Continued</i></p>		<p>The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and NetworkCares (PPO SNP) approves the exception, you will pay the generic cost share for generic drugs and the brand cost share for brand drugs.</p>
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Section IV: XIX Medicaid Benefits Information

Special Note: Premiums, co-pays, co-insurance, and deductibles may vary based on the level of help that you may receive. For more detailed information please contact Network Health Insurance Corporation. For assistance in verifying your eligibility for NetworkCares, please contact Network Health Insurance Corporation, Medicare Sales at 1-800-378-5234 or TTY 1-800-947-3529.

Benefit Category	Medicaid	NetworkCares (PPO SNP)
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<p>Drugs (Prescription) <i>Continued</i></p>		<ul style="list-style-type: none"> ▪ In – Network You pay a \$0 annual deductible. ▪ Initial Coverage Depending on your income and institutional status, you pay the following: For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> - A \$0 copay; or - A \$1.10 copay; or - A \$2.60 copay For all other drugs, either: <ul style="list-style-type: none"> - A \$0 copay; or - A \$3.30 copay; or - A \$6.50 copay ▪ Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you pay a \$0 copay ▪ Out of Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In
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Benefit Category	Medicaid	NetworkCares (PPO SNP)
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<p>Drugs (Prescription) <i>Continued</i></p>		<p>addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from NetworkCares (PPO SNP).</p> <ul style="list-style-type: none"> ▪ Out of Network Initial Coverage <p>Depending on your income and institutional status, you will be reimbursed by NetworkCares (PPO SNP) up to the plan's cost of the drug minus the following:</p> <p>For generic drugs purchased out-of-network (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 copay; or - A \$1.10 copay; or - A \$2.60 copay <p>For all other drugs purchased out-of-network, either:</p> <ul style="list-style-type: none"> - A \$0 copay; or - A \$3.30 copay; or - A \$6.50 copay <ul style="list-style-type: none"> ▪ Out of Network Catastrophic Coverage <p>After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed in full for drugs purchased out-of-network.</p>
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Benefit Category	Medicaid	NetworkCares (PPO SNP)
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<p>Home Care Services (Home Health, Private Duty Nursing and Personal Care)</p>	<p>Full coverage of private duty nursing, home health services, and personal care.</p> <p>No copayment</p>	<p>General Authorization rules may apply.</p> <p>In-Network 0% of the cost for each Medicare-covered home health visit*</p> <p>Out-of-Network 0% of the cost for home health visits**</p>
<p>Hospice</p>	<p>Full coverage</p> <p>No copayment</p>	<p>General You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.</p>
<p>Inpatient Hospital Services</p>	<p>Full coverage</p> <p>\$3.00 copayment per day with a \$75.00 cap per stay</p>	<p>In-Network Plan covers 90 days each benefit period.</p> <p>In 2011 the amounts for each benefit period were \$0 or:</p> <p>Days 1 - 60: \$1132 deductible*</p> <p>Days 61 - 90: \$283 per day*</p> <p>Days 91 - 150: \$566 per lifetime reserve day*</p> <p>These amounts may change for 2012.</p> <p>You will not be charged</p>

Section IV: XIX Medicaid Benefits Information

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Benefit Category	Medicaid	NetworkCares (PPO SNP)
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<p>Inpatient Hospital Services <i>continued</i></p>		<p>additional cost sharing for professional services.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>Out-of-Network</p> <p>In 2011 the amounts for each benefit period were:</p> <p>Days 1 - 60: \$1132 deductible*</p> <p>Days 61 - 90: \$283 per day*</p> <p>Days 91 - 150: \$566 per lifetime reserve day*</p> <p>These amounts may change for 2012.</p>
<p>Mental health and Substance Abuse Treatment</p>	<p>Full coverage (not including room and board).</p> <p>\$.50 to \$3.00 copayment per service, limited to the first 15 hours or \$825 of services, whichever comes first, provided per calendar year.</p> <p>Copayment is not required when services are provided in a hospital setting.</p>	<p><u>Outpatient Mental Health Care:</u></p> <p>General Authorization rules may apply.</p> <p>In-Network</p> <p>0% or 0% to 40% of the cost for each Medicare-covered individual therapy visit*</p> <p>0% or 0% to 40% of the cost for each Medicare-covered group therapy visit*</p> <p>0% or 0% to 40% of the cost for each Medicare-covered individual therapy visit with a</p>

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Benefit Category	Medicaid	NetworkCares (PPO SNP)
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<p>Mental health and Substance Abuse Treatment <i>continued</i></p>		<p>psychiatrist*</p> <p>0% or 0% to 40% of the cost for each Medicare-covered group therapy visit with a psychiatrist*</p> <p>0% or 20% of the cost for Medicare-covered partial hospitalization program services*</p> <p>Out-of-Network</p> <p>0% to 20% of the cost for partial hospitalization program services**</p> <p>0% to 40% of the cost for Mental Health benefits with a psychiatrist**</p> <p>0% to 40% of the cost for Mental Health benefits**</p>
<p>Mental health and Substance Abuse Treatment</p>	<p>Full coverage (not including room and board).</p> <p>\$.50 to \$3.00 copayment per service, limited to the first 15 hours or \$825 of services, whichever comes first, provided per calendar year.</p> <p>Copayment is not required when services are provided in a hospital setting.</p>	<p><u>Outpatient Substance Abuse Care:</u></p> <p>General Authorization rules may apply.</p> <p>In-Network</p> <p>0% or 0% to 40% of the cost for Medicare-covered individual therapy visits*</p> <p>0% or 0% to 40% of the cost for Medicare-covered group visits*</p>

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Benefit Category	Medicaid	NetworkCares (PPO SNP)
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<p>Nursing Home Services <i>continued</i></p>		<p>You will not be charged additional cost sharing for professional services.</p> <p>Out-of-Network</p> <p>In 2011 the amounts for each benefit period after at least a 3-day covered hospital stay were: \$0 or:</p> <p>Days 1 - 20: \$0 per day* Days 21 - 100: \$141.50 per day*</p> <p>These amounts may change for 2012.</p>
<p>Outpatient Hospital – Emergency Room</p>	<p>Full coverage</p> <p>No copayment</p>	<p>General</p> <p>0% or 0% to 20% of the cost (up to \$65) for Medicare-covered emergency room visits*</p> <p>If you are admitted to the hospital within 24-hours for the same condition, you pay \$0 for the emergency room visit.</p> <p>\$100,000 plan coverage limit for emergency services outside the U.S. every year.</p>

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<p>Physician services</p>	<p>Full coverage, including laboratory and radiology</p> <p>No copayment for emergency services, anesthesia, or clozapine management</p> <p>\$.50 to \$3.00 copayment per service</p> <p>Copayment is limited to \$30 per year per provider</p>	<p>In-Network</p> <p>0% or 0% to 20% of the cost for each primary care doctor visit for Medicare-covered benefits.*</p> <p>0% or 0% to 20% of the cost for each in-area, network urgent care Medicare-covered visit*</p> <p>0% or 0% to 20% of the cost for each specialist visit for Medicare-covered benefits.*</p> <p>Out-of-Network</p> <p>0% to 20% of the cost for each primary care doctor visit**</p> <p>0% to 20% of the cost for each specialist visit**</p>
<p>Podiatry Services</p>	<p>Full coverage</p> <p>\$.50 to \$3.00 copayment per service; limited to \$30 per provider per calendar year.</p>	<p>In-Network</p> <p>0% or 0% to 20% of the cost for each Medicare-covered visit*</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p> <p>Out-of-Network</p> <p>0% to 20% of the cost for podiatry benefits.**</p>

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Benefit Category	Medicaid	NetworkCares (PPO SNP)
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<p>Therapy – Physical Therapy (PT), Occupational Therapy (OT), and Speech and Language Pathology (SLP)</p>	<p>Full coverage</p> <p>\$.50 to \$3.00 copayment per service.</p> <p>Copayment obligation limited to the first 30 hours or \$1,500, whichever comes first, during one calendar year (copayment limits calculated separately for each discipline).</p>	<p>General Authorization rules may apply.</p> <p>In-Network</p> <p>There may be limits on physical therapy, occupational therapy, and speech and language pathology services. If so, there may be exceptions to these limits.</p> <p>0% or 20% of the cost for Medicare-covered Occupational Therapy visits*</p> <p>0% or 20% of the cost for Medicare-covered Physical and/or Speech and Language Therapy visits*</p> <p>Out-of-Network</p> <p>0% to 20% of the cost for Physical and/or Speech and Language Therapy visits**</p> <p>0% to 20% of the cost for Occupational Therapy benefits.**</p>
<p>Transportation – Ambulance, Specialized Medical Vehicle (SMV), Common Carrier</p>	<p>Full coverage of emergency and non-emergency transportation to and from a certified provider for a BadgerCare Plus covered service.</p> <p>\$2.00 copayment for non-emergency ambulance trips.</p> <p>\$1.00 copayment per trip for transportation by SMV (Specialized Motor Vehicle).</p>	<p>In-Network</p> <p>This plan does not cover supplemental routine transportation.</p>

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<p>Vision – Routine Services</p>	<p>Full coverage including eyeglasses</p> <p>\$.50 to \$3.00 copayment per service</p>	<p>In-Network</p> <ul style="list-style-type: none"> - 0% or 20% of the cost for one pair of eyeglasses or contact lenses after cataract surgery.* - 0% or 0% to 20% of the cost for exams to diagnose and treat diseases and conditions of the eye.* - 0% of the cost for up to 1 supplemental routine eye exam (s) every year <p>Out-of-Network</p> <ul style="list-style-type: none"> 0% to 20% of the cost for eye exams.** 0% to 20% of the cost for eye wear.** <p>In and Out-of-Network</p> <ul style="list-style-type: none"> - 0% of the cost for up to 1 pair (s) of glasses every year - 0% of the cost for up to 12 pair(s) of contacts every year <p>\$400 plan coverage limit for eye wear every year. This limit applies to both in-network and out-of-network benefits.</p>
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Cost Sharing Protections under Title XIX Medicaid

Except for co-payments, you will not be charged for services covered by Medicaid you get from your Medicaid provider if s/he knows you are a Medicaid Client. Providers know the limits placed on their services. The provider must tell you if Medicaid does not cover a service before the service is provided. A provider can charge you for services that are not covered by Medicaid if the provider told you before providing the service that it would not be covered and you agreed to pay for the service. Medicaid pays your provider for the covered services you get. A provider cannot ask you, your relatives or other to pay additional charged for these covered services, unless it is a copayment. If you get something that looks like a bill, contact the provider who is billing you. It may be a request for more information about your Medicaid enrollment.

Cost Sharing Protections under Title XIX Medicaid and Network*Cares*

As a member of Network*Cares*, you will retain all the cost sharing protections under Title XIX Medicaid. Additionally, if you go to a provider who is considered “in network”, that plan provider can not balance bill you for the share that is covered by Medicaid.

Additional Information about Medicaid is available at: <http://dhs.wisconsin.gov/medicaid/> or by calling member services at: 1-800-362-3002.

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