



September 21, 2011

Dear Member,

Thank you for your membership in Network Platinum*Plus* PPO.

We are providing important information about the Medicare health care coverage we will offer next year. Please review this information to help you decide what coverage to choose for 2012. Also, please note that Medicare has changed the dates for the annual enrollment period. Starting this year, **you can make changes to your coverage from October 15 until December 7, 2011.**

Here are two documents with important information for you.

1. Please start by reading the **Annual Notice of Changes for 2012**. It gives you a summary of changes to your benefits and costs for next year. These changes will take effect on January 1, 2012.
 - **Please review this notice within a few days of receiving it** to see how the changes might affect you.
 - **If you decide to stay with Network Platinum*Plus*** for 2012 – you do not have to tell us or fill out any paperwork. You will automatically stay enrolled as a member of Network Platinum*Plus*.
 - **If you decide to leave Network Platinum*Plus***, you can switch to a different Medicare health plan or to Original Medicare from October 15 through December 7 of 2011. The *Annual Notice of Changes* tells you more about how to do this. To learn more about your health plan options, you can visit <http://www.medicare.gov> or call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
2. We're including a copy of Network Platinum*Plus*' **Evidence of Coverage** for 2012. It's the legal, detailed description of your benefits and costs for 2012 if you stay enrolled as a member of Network Platinum*Plus*. It also explains your rights and rules you need to follow when using your coverage for medical care. Please look through this document so you know what's in it, then keep it handy for reference.

If you have questions, we're here to help. Please call Customer Service at 1-800-378-5234, (TTY only, call 1-800-947-3529). Hours are Monday through Friday 8:00 am to 8:00 pm. From October 15, 2011 through February 14, 2012 we are available from 8:00 am to 8:00 pm, 7 days a week. Calls to these numbers are free. Customer Service has free language interpreter services available for non-English speakers. You can also visit our website, (www.nppdrugplans.com).

We value your membership and hope to continue to serve you next year.

Sincerely,

A handwritten signature in cursive script that reads "Marcia Broeren RN". The signature is written in a light grey or blue ink on a white background.

Marcia Broeren RN, BSN
Vice President, Medicare Products
Network Health Insurance Corporation

A Medicare Advantage PPO Plan with a Medicare Contract



**Network PlatinumPlus PPO
Annual Notice of Changes for 2012**

This booklet tells you how your benefits and costs will change next year if you stay in Network PlatinumPlus. These changes will take effect on January 1, 2012 if you stay in this plan.

To decide what's best for you, compare this information with the benefits and costs of other Medicare health plans in your area, as well as the benefits and costs of Original Medicare.

This plan, Network PlatinumPlus, is offered by Network Health Insurance Corporation. (When this *Annual Notice of Changes* says "we," "us," or "our," it means Network Health Insurance Corporation. When it says "plan" or "our plan," it means Network PlatinumPlus).

Network Health Insurance Corporation is a Medicare Advantage Organization with a Medicare Contract.

This information is available in an alternate format, including large print, Braille, or audio. Please call Customer Service at the number listed at the end this booklet, if you need plan information in another format or language.

Annual Notice of Changes for 2012

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Section 1. Important things to know

The Annual Enrollment Period ends on December 7th

Starting this year, you have from October 15 **until December 7 to make a change** to your Medicare coverage.

You are currently enrolled in Network PlatinumPlus which is a Medicare PPO

You are currently enrolled as a member of Network PlatinumPlus. This plan is a Medicare Advantage PPO (PPO stands for Preferred Provider Organization). Like all Medicare Advantage Plans, this Medicare PPO is approved by Medicare and run by a private company. We are pleased to be providing your Medicare health care coverage.

If you stay enrolled in Network PlatinumPlus for 2012, there will be some changes to your benefits and to what you pay

Each year, Medicare health plans may decide to change the premiums, cost-sharing amounts, and benefits they offer. These changes may include increasing or decreasing premiums, increasing or decreasing cost-sharing amounts, and adding or subtracting benefits.

We're sending you this *Annual Notice of Changes* to tell you how your benefits and costs as a member of Network PlatinumPlus will change next year from your current benefits. The changes will take effect on January 1, 2012. Medicare has approved these changes.

This Annual Notice of Changes is only a summary (see your Evidence of Coverage for the details)

This *Annual Notice of Changes* gives you a summary of the changes in your benefits and what you will pay for these services in 2012. This notice is a brief summary, not a comprehensive description of benefits. For more information, contact the plan or look in your *Evidence of Coverage*.

- To get the details, you can look in the 2012 *Evidence of Coverage* for Network PlatinumPlus. The *Evidence of Coverage* is the legal, detailed description of your benefits and costs for 2012. It explains your rights and the rules you need to follow to get your covered services. (We have included a copy of the *Evidence of Coverage* in the same envelope with this *Annual Notice of Changes*. If you do not have this copy, please call Customer Service.)
- If you have questions or need more information, you can always call Customer Service at 1-800-378-5234 (TTY only, call 1-800-947-3529). Hours are Monday through Friday 8:00 am to 8:00 pm. From October 15, 2011 through February 14, 2012 we are available from 8:00 am to 8:00 pm, 7 days a week.. Calls to these numbers are free.

What should you do?

We want you to know what's ahead for next year, so **please read the rest of this document very soon to see how the changes in benefits and costs will affect you if you stay enrolled in Network PlatinumPlus for 2012.** Starting this year, **you have only until December 7 to make a change** to your Medicare coverage. If you make a change, your new coverage will start on January 1, 2012.

To decide what's best for you, compare this information about the 2012 benefits and costs for Network PlatinumPlus to what your benefits and costs would be if you switched to a different Medicare health plan or to Original Medicare.

If you have access to the Internet, you can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website at <http://www.medicare.gov>. The Plan Finder helps you compare your choices by giving you information about plans' benefits and costs and showing you how Medicare rates the plans. For example, these ratings let you compare how well plans are doing in different categories that include detecting and preventing illness, member satisfaction, and customer service. (To view the information about plans, go to <http://www.medicare.gov>. Click on the "Health & Drug Plans" button on the left and then choose "Compare Drug and Health Plans.") If you want us to mail you a copy of the ratings for Network PlatinumPlus that are shown on the Medicare website, please call us at 1-800-378-5234 (TTY users call 1-800-947-3529), Monday through Friday 8:00 am to 8:00 pm.

To get information about Original Medicare and about Medicare plans available in your area, you can also call Medicare or your State Health Insurance Assistance Program. For numbers to call, see Section 7 of this *Annual Notice of Changes*.

We value your membership in Network PlatinumPlus and hope to keep you as a member. But if you want to make a change for 2012, see "*When can you change to a different plan?*" in Section 6 for time periods when you can make a change.

Section 2. Changes to your monthly premium

	2011 (this year)	2012 (next year)
Monthly premium	\$31 (You must continue to pay your Medicare Part B premium.)	\$36 (You must continue to pay your Medicare Part B premium.)

Section 3. Medical services: Changes to your benefits and cost sharing (“out-of-pocket” costs)

Changes to your benefits

As shown below, Network PlatinumPlus is changing our covered benefits for next year. For details, see Chapters 3 and 4 in your *Evidence of Coverage*.

	2011 (this year)	2012 (next year)
Supplemental annual routine physical exam	Covered up to 1 annual routine physical exam. Includes lipid profile, complete blood count and glucose monitoring	<p>Starting in 2011 you are entitled to an Annual Medicare Wellness visit with your primary care doctor.</p> <p>In 2012 the Lipid profile, Complete blood count and Fasting Blood sugar test will be part of that Annual Medicare Wellness visit.</p> <p>We will no longer offer the supplemental annual routine exam.</p>
Part B Rx and Chemotherapy Drugs	Maximum annual out-of-pocket expense you pay for Part B Rx and Chemo drugs is \$1500 which is part of the overall \$2500/\$3000 annual out-of-pocket maximum	<p>\$1500 annual out-of-pocket maximum removed.</p> <p>Part B Rx and chemo drugs apply to the overall \$2700 annual out-of-pocket maximum.</p>

Changes to your cost sharing (“out-of-pocket” costs)

Cost sharing is your share of the cost of covered medical services. It is the amount you pay “out-of-pocket” for coinsurance, and copayments. You usually pay these amounts at the time services are received. The chart below summarizes changes from 2011 to 2012 to your “out-of-pocket” costs. For details, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *Evidence of Coverage*.

	2011 (this year)	2012 (next year)
<p>Maximum out-of-pocket amount for <u>in-network</u> medical services</p> <p>The in-network maximum out-of-pocket amount is the most that you pay for copayments and coinsurance during the calendar year for covered Part A and Part B services received from in-network providers.</p> <p>Amounts you pay for your copayments and coinsurance for services from network providers count toward your in-network maximum out-of-pocket amount. Amounts you pay for plan premiums and services from out-of-network providers do <u>not</u> count toward your in-network maximum out-of-pocket amount.</p>	<p>\$2500</p> <p>This is the most you pay out-of-pocket for covered Part A and Part B services from <u>in-network</u> providers.</p> <p>Once you have paid \$2500 out-of-pocket for covered in-network Part A and Part B services, you pay nothing for your covered in-network Part A and Part B services for the rest of the calendar year.</p>	<p>\$2700</p> <p>This is the most you pay out-of-pocket for covered Part A and Part B services from <u>in-network</u> providers.</p> <p>Once you have paid \$2700 out-of-pocket for covered in-network Part A and Part B services, you pay nothing for your covered in-network Part A and Part B services for the rest of the calendar year.</p>

<p>Maximum out-of-pocket amount for <u>both in-network and out-of-network</u> medical services</p>	<p>\$3000</p>	<p>\$2700</p>
<p>The maximum out-of-pocket amount for both in-network and out-of-network services is also called the combined maximum out-of-pocket amount. This is the most you pay for copayments and coinsurance during the calendar year for covered Part A and Part B services received from both in-network and out-of-network providers.</p> <p>Amounts you pay for your copayments, and coinsurance count toward your combined maximum out-of-pocket amount. Amounts you pay for your plan premium do <u>not</u> count toward your combined maximum out-of-pocket amount.</p>	<p>This is the most you pay out-of-pocket for covered Part A and Part B services from <u>both in-network and out-of-network</u> providers.</p> <p>Once you have paid \$3000 out-of-pocket for covered Part A and Part B services, you pay nothing for your covered Part A and Part B services for the rest of the calendar year.</p>	<p>This is the most you pay out-of-pocket for covered Part A and Part B services from <u>both in-network and out-of-network</u> providers.</p> <p>Once you have paid \$2700 out-of-pocket for covered Part A and Part B services, you pay nothing for your covered Part A and Part B services for the rest of the calendar year.</p>
<p>Inpatient Hospital-Acute</p>	<p>In-Network \$0 Copay per day for a Medicare-covered inpatient hospital stay.</p>	<p>In-Network \$0 copay per day for days 1-10 for a Medicare-covered inpatient hospital stay.</p> <p>\$50 copay per day for days 11-20 for a Medicare-covered inpatient hospital stay;</p> <p>\$0 copay per day for all other days.</p>

Inpatient Hospital Psychiatric	<p>In-Network \$0 copay per day for a Medicare covered stay in a hospital</p>	<p>In-Network \$0 Copay per day for days 1-10 for a Medicare covered stay in a hospital.</p> <p>\$50 copay per day for days 11-20 for a Medicare covered stay in a hospital.</p> <p>\$0 copay per day for all other days.</p>
Emergency Care	<p>In-Network \$50 copay each Medicare covered emergency room visit</p> <p>Out-of-Network \$50 copay each Medicare covered emergency room visit in the U.S.</p>	<p>In-Network \$65 copay each Medicare covered emergency room visit.</p> <p>Out-of-Network \$65 copay each Medicare covered emergency room visit in the U.S.</p>
Primary Care Physician Services (PCP)	<p>Out-of-Network \$35 copay each PCP visit</p>	<p>Out-of-Network \$20 copay each PCP visit.</p>
Occupational Therapy	<p>In-Network \$20 copay for each Medicare covered occupational therapy visit.</p> <p>Out-of-Network \$45 copay each Medicare covered occupational therapy visit</p>	<p>In-Network \$25 copay each Medicare covered occupational therapy visit.</p> <p>Out-of-Network \$35 copay each Medicare covered occupational therapy visit.</p>

Physician Specialist Services	<p>In-Network \$20 copay each specialist visit for Medicare covered services.</p> <p>Out-of-Network \$45 copay each specialist visit for Medicare covered services</p>	<p>In-Network \$25 copay each specialist visit for Medicare covered services.</p> <p>Out-of-Network \$35 copay each specialist visit for Medicare covered services.</p>
Mental Health Specialty Services	<p>In-Network \$20 copay each Medicare covered visit</p> <p>Out-of-Network \$40 copay each Individual/group therapy visit for Medicare covered Mental Health services</p>	<p>In-Network \$25 copay each Medicare covered visit</p> <p>Out-of-Network \$45 copay each individual/group therapy visit for Medicare covered Mental Health services.</p>
Podiatry Services	<p>In-Network \$20 copay each Medicare covered visit.</p> <p>Out-of-Network \$45 copay each Medicare covered visit</p>	<p>In-Network \$25 copay each Medicare covered visit</p> <p>Out-of-Network \$35 copay each Medicare covered visit</p>
Other Health Care Professional	<p>In-Network \$20 copay each Medicare covered visit</p> <p>Out-of-Network \$45 copay each Medicare covered visit</p>	<p>In-Network \$25 copay each Medicare covered visit</p> <p>Out-of-Network \$35 copay each Medicare covered visit</p>

Psychiatric Services	In-Network \$20 copay each Medicare covered visit	In-Network \$25 copay each Medicare covered visit
	Out-of-Network \$40 copay each Medicare covered visit	Out-of-Network \$45 copay each Medicare covered visit
Physical Therapy & Speech Pathology Services	In-Network \$20 copay each Medicare covered physical therapy and/or speech/language therapy visit.	In-Network \$25 copay each Medicare covered physical therapy and/or speech/language therapy visit.
	Out-of-Network \$45 copay each Medicare covered physical therapy and/or speech/language therapy visit.	Out-of-Network \$35 copay each Medicare covered physical therapy and/or speech/language therapy visit.
Outpatient Diagnostic Procedures/Tests/Lab Services	Out-of-Network \$35 copay each Medicare covered clinical/diagnostic test/lab service	Out-of-Network \$3 copay each Medicare covered clinical/diagnostic test/lab service.
Outpatient Diagnostic/Therapeutic Radiology Services	In-Network \$15 copay each Medicare covered x-ray and/or therapeutic radiation therapy	In-Network \$20 copay each Medicare covered x-ray and/or therapeutic radiation therapy
Outpatient Hospital Services	In-Network \$30 copay each Medicare covered visit	In-Network \$40 copay each Medicare covered visit.
Ambulatory Surgical Center (ASC) Services	In-Network \$30 copay each Medicare covered visit	In-Network \$40 copay each Medicare covered visit.

Ambulance Services	<p>In-Network \$50 copay for Medicare covered ambulance services</p> <p>Out-of-Network \$50 copay for Medicare covered ambulance Services</p>	<p>In-Network \$75 copay for Medicare covered ambulance services</p> <p>Out-of-Network \$75 copay for Medicare covered ambulance services</p>
Durable Medical Equipment (DME)	<p>In-Network 15% of the cost for each Medicare covered DME</p> <p>Out-of-Network 25% of the cost for each Medicare covered DME</p>	<p>In-Network 20% of the cost for each Medicare covered DME</p> <p>Out-of-Network 30% of the cost for each Medicare covered DME</p>
Prosthetics/Medical Supplies	<p>In-Network 15% of the cost for each Medicare covered Item</p> <p>Out-of-Network 25% of the cost for each Medicare covered item.</p>	<p>In-Network 20% of the cost for each Medicare covered item.</p> <p>Out-of-Network 30% of the cost for each Medicare covered Item.</p>
Part B RX Drugs	<p>In-Network 10% for each Medicare covered Part B & Chemo RX.</p> <p>Out-of-Network 20% of the cost for each Medicare covered part B & Chemo RX</p>	<p>In-Network 15% for each Medicare covered Part B & Chemo RX.</p> <p>Out-of-Network 25% of the cost for each Medicare covered Part B & Chemo RX</p>
Comprehensive Dental	<p>In-Network \$20 copay each Medicare covered visit</p>	<p>In-Network \$25 copay each Medicare covered visit.</p>
Eye Exams	<p>In-Network \$20 maximum for each Medicare covered eye Exam</p>	<p>In-Network \$25 maximum for each Medicare covered eye exam.</p>
Hearing Exams	<p>In-Network \$20 copay for each Medicare covered visit.</p>	<p>In-Network \$25 copay for each Medicare covered visit.</p>

Section 4. What about changes to the plan's network of providers?

Will your doctors and other providers still be in the plan's network next year?

There are changes to the network of providers for 2012. In addition, it's possible for the network of plan providers to change at any time during the year.

- **Please check with your doctors and other providers you currently use** to make sure they will continue to be part of the provider network for Network Platinum*Plus* in 2012.
- For the most up-to-date information on the network of providers, check our website (<http://www.nppdrugplans.com/>) or call Customer Service (see phone numbers on the back cover of this booklet).

Section 5. Do I have drug coverage that is as good as Medicare's standard prescription drug coverage?

How do I know if I have drug coverage that is at least as good as Medicare's standard coverage?

Our plan does not include Medicare prescription drug coverage. If you haven't signed up for creditable prescription drug coverage, you may need to pay a late enrollment penalty if you join a Medicare drug plan later. ("Creditable" coverage means the coverage is expected to pay, on average, at least as much as Medicare's standard prescription drug coverage.) You will pay the penalty if you go without creditable coverage for a continuous period of 63 days or more. The longer you wait to enroll in a Medicare drug plan, the higher the penalty may be.

If you currently have other prescription drug coverage through your (or your spouse's) employer or retiree group, your employer or retiree group should send you a notice that tells if your prescription drug coverage is "creditable." If you received a notice this year that you no longer have creditable coverage, consider adding Medicare prescription drug coverage.

What are my options for getting Medicare prescription drug coverage?

If you would like to get Medicare prescription drug coverage, you have many plan options. You can get Medicare prescription drug coverage by joining a Medicare health plan that includes drug coverage. Our organization offers the following plans that include Medicare drug coverage: Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, and Network Platinum*Select*. Contact Customer Service at 1-800-378-5234 for more information.

To find other plans available in your area, visit <http://www.medicare.gov>. Click on the "Health & Drug Plans" button on the left and then choose "Compare Drug and Health Plans." Or, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If you join another Medicare health plan or a Medicare drug plan, you will be disenrolled from our plan when your enrollment in the new plan begins.

How much will Medicare prescription drug coverage cost?

Monthly plan premiums for Medicare prescription drug plans vary depending on the plan. You can find information about plan costs on the Medicare website (<http://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Here are some important things to keep in mind about the plan premiums:

- If you are required to pay a late enrollment penalty (because you went at least 63 days without Part D or other “creditable” prescription drug coverage anytime after the end of your Part D initial enrollment period), your monthly premium will be the plan’s premium amount *plus* the amount of your late enrollment penalty.
- Most people pay a standard monthly Part D premium. However, some people pay an extra amount because of their yearly income. If your income is \$85,000 or above for an individual (or married individuals filing separately) or \$170,000 or above for married couples, you must pay an extra amount for your Medicare Part D coverage. If you have to pay an extra amount, the Social Security Administration, not your Medicare plan, will send you a letter telling you what that extra amount will be. For more information about Part D premiums based on income, you can visit [medicare.gov](http://www.medicare.gov) on the web or call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. You may also call the Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778.

Section 6. Do you want to stay in the plan or make a change?

Do you want to stay with Network Platinum*Plus*?

If you want to keep your membership in Network Platinum*Plus* for 2012, it’s easy. You don’t need to tell us or fill out any paperwork. **You will automatically remain enrolled as a member if you do not sign up for a different plan or Original Medicare.**

Do you want to make a change?

If you decide to leave Network Platinum*Plus* you can switch to a different Medicare health plan (either with or without Medicare prescription drug coverage) or you can cancel your plan enrollment and switch to Original Medicare (either with or without a separate Medicare prescription drug plan).

If you want to change to a different plan, there are many choices. If you have access to the Internet, you can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <http://www.medicare.gov> and click on the “Health & Drug Plans” button on the left. Then choose

“Compare Drug and Health Plans.”) You can also get information about plans from Medicare or from your State Health Insurance Assistance Program. (For numbers to call, see Section 7 of this *Annual Notice of Changes*.) As a reminder, Network Health Insurance Corporation offers other Medicare health plans in addition to the plan you are now enrolled in. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

When can you change to a different plan?

- During the **yearly enrollment period (called the “annual coordinated election period”)** from **October 15 through December 7, 2011**, you can change to another Medicare health plan (either with or without Medicare prescription drug coverage) or you can cancel your plan enrollment and switch to Original Medicare (either with or without a separate Medicare prescription drug plan). Your new coverage will begin on January 1, 2012.
- You also have **another, more limited enrollment period from January 1 through February 14, 2012**. During this period (called the annual “Medicare Advantage Disenrollment Period”), you could switch from Network PlatinumPlus to Original Medicare. Your coverage will begin the first day of the month after we get your request to switch to Original Medicare.
 - If you choose to switch to Original Medicare during this annual disenrollment period, you have until February 14 to join a separate Medicare prescription drug plan to add drug coverage. Your drug coverage will begin the first day of the month after the drug plan gets your enrollment form.
 - For more information about your choices during the January 1 through February 14 annual disenrollment period, please see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

Are these the only times of the year to choose a different plan?

For most people, yes. Certain individuals, such as those with Medicaid or those who move out of the service area, can make changes at other times. There may be other situations in which you are allowed to change plans. For more information, see Chapter 8, Section 2.3 of the *Evidence of Coverage*.

How do you make a change?

See Chapter 8 of the *Evidence of Coverage*. It tells what you need to do to make a change from Network PlatinumPlus to another plan.

Check on this before you make a change

- **Are you a member of an employer or retiree group plan?** If you are, please check with the benefits administrator of your employer or retiree group *before you change your plan*. This is important because you may lose benefits you currently receive under your employer or retiree group coverage if you switch plans.

Section 7. Do you need some help? Would you like more information?

We have information and answers for you

To learn more, read the information we sent in the same package with this *Annual Notice of Changes*. This includes a copy of the *Evidence of Coverage*.

If you have any questions, we are here to help. Please call our Customer Service at 1-800-378-5234 (TTY only, call 1-800-947-3529). We are available for phone calls Monday through Friday, 8:00 am to 8:00 pm. Calls to these numbers are free.

You can get help and information from your State Health Insurance Assistance Program (SHIP)

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Wisconsin the SHIP is called The Board on Aging and Long Term Care.

The Board on Aging and Long Term Care is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. The Board on Aging and Long Term Care counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call The Board on Aging and Long Term Care at 1-800-242-1060 or 1-608-267-3201. You can learn more about The Board on Aging and Long Term Care by visiting their website (<http://longtermcare.wi.gov/>).

You can get help and information from Medicare

Here are three ways to get information directly from Medicare:

- **Call 1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
- **Visit the Medicare website** (<http://www.medicare.gov>).
- **Read *Medicare & You 2012***. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<http://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.



Network Platinum*Plus* Customer Service

CALL	1-800-378-5234 Calls to this number are free. Monday through Friday, 8:00 am to 8:00 pm Customer Service also has free language interpreter services available for non-English speakers.
TTY	1-800-947-3529 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. Monday through Friday, 8:00 am to 8:00 pm
FAX	1-920-720-1908
WRITE	Network Health Insurance Corporation Attn: Medicare Products P.O. Box 120 1570 Midway Place Menasha, WI 54952
WEBSITE	http://www.nppdrugplans.com/

The Board on Aging and Long Term Care

The Board on Aging and Long Term Care is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare.

CALL	1-800-815-0015 Ombudsman Program/Volunteer Program 1-800-242-1060 Medigap Helpline
WRITE	The Board on Aging and Long Term Care 1402 Pankratz Street Suite 111 Madison, WI 53704-4001
WEBSITE	http://longtermcare.wi.gov

