



**We are
Wisconsin.
Just like you.**

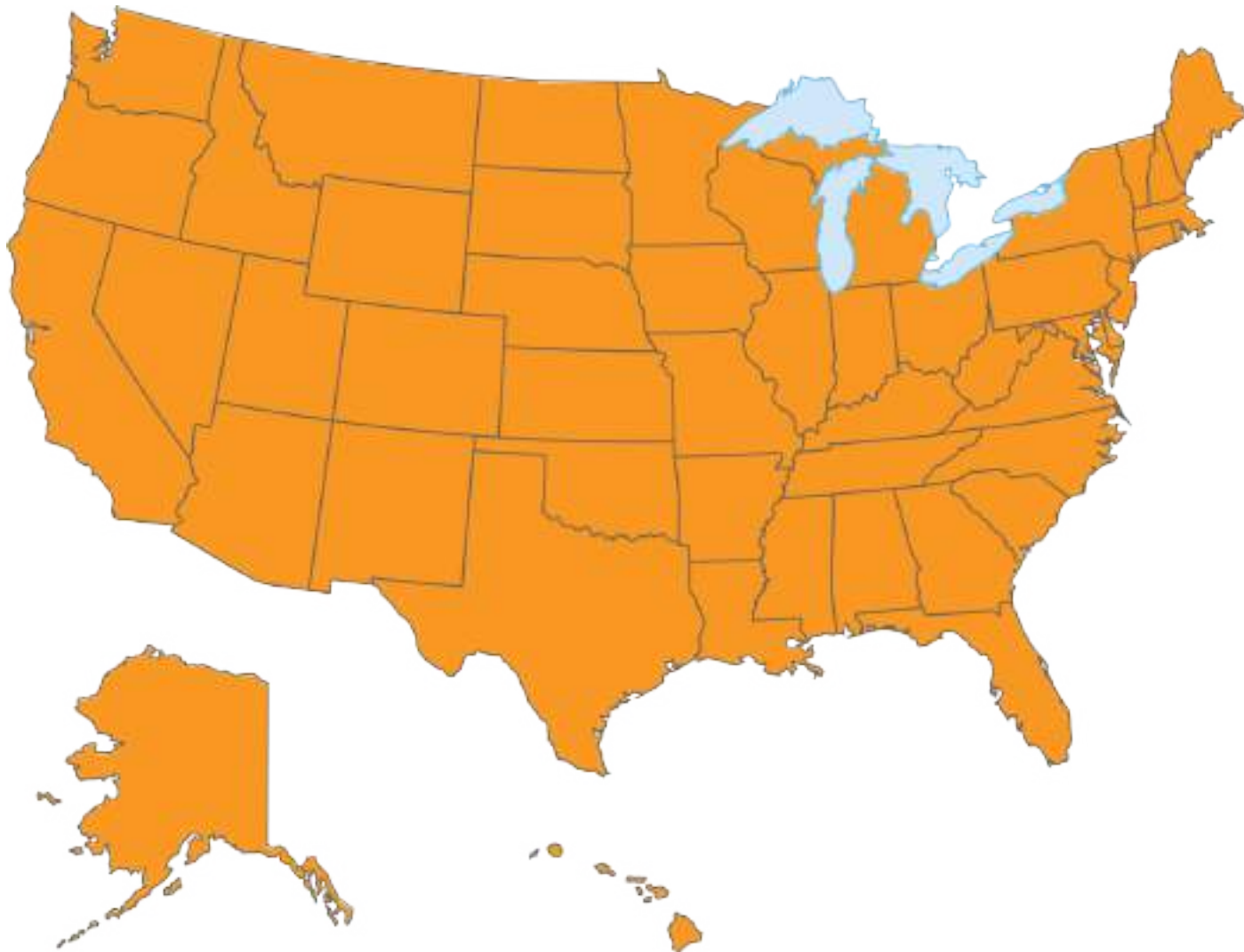
2026 Summary of Benefits

**Group Medicare Advantage PPO Plans
City of Racine**

2026 NETWORK HEALTH GROUP MEDICARE ADVANTAGE PLANS (PPO)

SERVICE AREA AND ELIGIBILITY

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SUMMARY OF BENEFITS

WHAT IS A SUMMARY OF BENEFITS?

A Summary of Benefits (SOB) is a document that provides information about the health plan. It includes details about the plan's coverage, including the types of services covered, the amount of coverage, and the rules for using the plan. The SOB also includes information about the plan's network of providers and the plan's cost-sharing arrangements, such as deductibles, copayments, and coinsurance. The SOB is an important document for plan members and should be read carefully to understand the plan's terms and conditions.

WHAT IS A PREFERRED PROVIDER (PPO) PLAN?

A Preferred Provider Organization (PPO) plan is a type of health plan that allows members to see any doctor, including those who are not in the plan's network. However, the plan typically provides higher coverage for services received from in-network providers. PPO plans also typically allow members to receive care from out-of-network providers, but at a higher cost. PPO plans are often preferred by members who want the flexibility to see any doctor they choose.

CONTACT NETWORK HEALTH

By Phone	gu y hyu 877-780-6722 a y vy R y y wy hyu 855-232-2814 hhm3hPP i y 711	
Online	networkhealth.com/city-of-racine	
By Mail or In Person	Network Health 1570 Midway Pl. Menasha, WI 54952	Network Health 16960 W. Greenfield Ave., Suite 5 Brookfield, WI 53005
Hours of Operation	<ul style="list-style-type: none"> • b u zz-wy " u ya xu S-xu 0Cu2 2 9 2 2 • by Uyu " - w yx by nyu * Pu Oa y u Pu 0Vxy y xy wy Pu 0_uv Pu 0 h"u '---' Pu 0"yxu uzy h"u '---'00" - u R y Pu u x 0" - u Pu 2 • m wu wu "y uy yu u x "y y vy y y y wy yu a xu S-xu 0z Cu2 2 9 2 20y u h- y2 	
Additional Resources	Medicare – Available 24 hours a day, seven days a week S w y u'y u x w zc -u ayx-wuy0 - w y ayx-wuy) m "u xv 2j y - -yu yx-wuy2 'y uw v wu -' 51C441a RPVOM R,51C441A771866B- ,hbm51CBB18CA1648C-068 " uxu 0 y y xu u yy 2	

2026 NETWORK HEALTH GROUP MEDICARE ADVANTAGE PLANS (PPO)

Your Costs	
Cornerstone 1002	
YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS	
Monthly Premium	\$0
Annual Medical Deductible	\$0
Annual Medical Maximum Out-of-Pocket	\$6,000
Hospital Services	
Inpatient Hospital Services ¹	\$0
Outpatient Hospital Services ¹	\$0
Ambulatory Surgical Center ¹	\$0
General Services	
Primary Care Provider Visit	\$0
Specialist Visit	\$0
Preventive Care	
Preventive Care Visits*	\$0
Annual Routine Physical	\$0
Physician Telehealth Services	\$0
Medicare-Covered Vaccines S000jP15D	\$0
Medicare-Covered Vaccines Uy u -- N ⁵ Ou “y du N	\$0
Emergency Care	
Emergency Room Visit “ -u -“ - 68”	\$0
Urgent Care	
Urgent Care Visit Syy1 u x- ' ziw--	\$0
Diagnostic Services	
Diagnostic Tests ¹ g w ^u u xORYTO y y	\$0

¹ . Vw xy uvx - u u wu y wyy - 'Ou w “ - y wyy - 'u x w y - 'Ou u y y --Ov y u yu y y Ov yu wu wyy - 'Ou x- u w u x-yu y wyy - 'Ou x- u w u x-yu y - yx w- --Ow wu u x u'-u wu wyy wyy - 'Ow ywu wu wyy wyy - ' , wyy - 'w w Qzyw wv x y Qzy v y ' x w -Oxy y - wyy - 'Ox v y y wyy - 'O' u w u wyy - 'OUY wyy - 'O ' wu wyy wyy - 'O yx wu -- “y u y w Oayx wu y P-vvy y d y y - d ' u O vy - wyy - 'u x “y u O u y wu wyy wyy - 'O wyy - 'z y u u -yx-zyw- u x w y - 'O - 'u x vuw w y w u - w y - 'O y - ykyw y ayx wu y y y -y --2

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⁶j -- networkhealth.com/city-of-racine z y -z u - 0“ - - u yx wu vy yz-2

SUMMARY OF BENEFITS

Your Costs		Cornerstone 1002
		YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS
Labs k "u u u vyvu yx "y y w ywy-yx u x3 "y y u y yu yx		64(z "y u yx u
Diagnostic Radiology Services¹ Mk u wyx V u' - ' ,dRHOmQa f VQa f MObi O gWu -		64(z "y u yx u
X-rays		64(z "y u yx u
Hearing Services		
Routine Hearing Exam²		' 4 - 1 y ' 84 1 z1 y
Diagnostic Hearing Exam R u x u' y u x yu "yu - ' - y		64(z "y u yx u
Hearing Aids² a u - z "yu - ' u x y yu f y -yx "yu - ' u x y u u - -" h Uyu - ' Oz - ' - w xyx		' 944 u u w y0 vy w"u yx " ' " h Uyu - ' b w y u'y 1 z1 y
Dental Services		
Medicare-Covered Dental Services P y - w xy y w - w yw - -" wu y0 yu y Oz - ' O y u y uwy y z yy "		64(z "y u yx u
Vision Services		
Annual Routine Vision Exam²		' 4 - 1 y ' 84 y- v y y 1 z1 y
Diagnostic Eye Exam h x u' y u x yu x-yu y u x w x-- z "yy y		64(z "y u yx u
Post-Cataract Eyewear c y u- zy y' u y w uw y y uzy yuw" wu u uw 'y		' 4
Mental Health/Substance Abuse		
Outpatient Mental Health Vx-x u ' "y u		64(z "y u yx u

⁵gy w u y -y - u " -u- 2

⁶j -- networkhealth.com/city-of-racine z y -z u - 0 " - - u yx w vy yz-2

2026 NETWORK HEALTH GROUP MEDICARE ADVANTAGE PLANS (PPO)

Cornerstone 1002	
Your Costs	
YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS	
Inpatient Mental Health¹ dy ux - -	64(z “y u yx u
Opioid Treatment Services	64(z “y u yx u
Substance Abuse Services c u y -x-x u ' “y u	64(z “y u yx u
Continued Care Services	
Skilled Nursing Facility¹ dy ux - -	64(z “y u yx u
Outpatient Physical¹, Occupational¹, Speech Therapy	64(z “y u yx u
Transportation Services	
Air and Ground Ambulance Services	64(z “y u yx u
Non-Emergency Transportation³ 68 y1 u - 'y u x z x-u -z y vy x-u' yx -“ Rgf P	0 y yx
Drug Coverage	
Medicare Part B Drugs¹ d u - u “y Oa g v -“yx ux” yx vy yz-wu w - u w y u y -yx xy “y Vzu - fyx w- Mw2	64(z “y u w
Medicare Part D Drugs¹ gyy m P 'O uv yz ywzwx ' y w	0 y yx
Additional Benefits	
Meal Delivery² S -' u u zyx “ -u v y u - u 0 - u y “ -u u -yx -' zuw-- u	6C yu
In-Home Support² S -' u u zyx “ -u v y u - u 0 - u y “ -u u -yx -' zuw-- u	A “
Fitness with One Pass™ 2	V w xyx
MDLIVE® Virtual Visit² S yx-wu y w y	' 4
Travel Coverage	
Travel within the United States	f yw-y -1 y w y u' y “y yy u -xy -xy k -w -Ou “y y - “yi -yx g u y 2

⁵gy w y u y -y - u “ -u - 2

⁶j -- networkhealth.com/city-of-racine z y -z u - 0“- - u yx-wu vy yz-2

⁷h“ - - u g ywu g y y u Ny yz-z “y 0” w V ,ggNOV vy yz-2V uxx-- u y -' y y w' w w x-- 0 y vy u yy uxx-- u
y -' y-- y -y y yw-y “y ggNOW y yz-2

SUMMARY OF BENEFITS

Cornerstone 1002

Your Costs

YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS

International Emergency Coverage

International Emergency Coverage
 j y "yR xy wy z0 yu'yv "'-' -
 y vy u u '-2y "yu "2v

' 569 y -wxy
 ' 544044 u - vy yz-

Recovery and Rehabilitation Services

Durable Medical Equipment

Durable Medical Equipment
 g w' u ux-- u - - 500dMd
 uw' -y 0 "y wx y wy 50y w2

64(z "y u yx u

Durable Medical Equipment for Home Infusion

4(z "y u yx u

Medicare-Covered Chiropractic Services

Medicare-Covered Chiropractic Services
 a u - u - z "y -y w yw -u' y z
 y y z "yv y z -y

64(z "y u yx u

Medicare-Covered Acupuncture

Medicare-Covered Acupuncture
 S w' w vuw u- 0 56 -- - D4
 xu u x y "u 64 -- y yu

64(z "y u yx u

Medicare-Covered Home Health Care Visits¹

64(z "y u yx u

Cancer Services

Chemotherapy¹

64(z "y u yx u

Radiation Therapy¹

dy y wy

64(z "y u yx u

Acupuncture³

Acupuncture³
 i 56 -- y yu uyw yxz y vy "
 u y xy ' -' w'y "yu u x "u y y y y
 u yuu x3 --'

' 4

Diabetic Services

Diabetes Monitoring Supplies and Test Strips

Diabetes Monitoring Supplies and Test Strips
 d zy yx y -
 d zy yx w - ' w y - -'
 xy wy u x y 5 v u-yx " ' "
 "u uw
 a "u yx uv y wx u' -2
 M "y v u x u y w y yx

' 4 z u D4xu
 Pyx w-v yx y u

Diabetic Shoe Inserts

O u y y u-

64(z "y u yx u

Diabetes Management

Diabetes Management
 P-vy y yz1 u u'y y u--' yuw'y
 w y -" u x u u'y x-vy y

' 4

Part B Insulin¹

c y "

64(z "y u w 0 ' 79
 Pyx w-v yx y u

Renal Services

Dialysis

dy yu y

64(z "y u yx u

⁵gy wy u y -y - u " -u- 2

⁶j -- networkhealth.com/city-of-racine z y -z u - 0" - - u yx-wu vy yz-2

⁷h" - - u g ywu g y y u Ny yz-z "y 0" wu V,ggNOV-vy yz-2V uxx-- u y -' v y w' ww x-- 0 y vy u yy uxx-- u y -' v-- y -y y yw-y "y ggNOV yz-

2026 NETWORK HEALTH GROUP MEDICARE ADVANTAGE PLANS (PPO)

Your Drug Costs		Cornerstone 1002
Yearly Drug Deductible m u “yz u z w y yx du P x ' - “y yx w v y - y		' 4
INITIAL COVERAGE – Amount shown is the maximum you will pay. You may pay less.		
PREFERRED	30-Day Supply d yz y x f y u - d “ u uw	' 6z hy 5 ' Cz hy 6 64(z hy 7 69(z hy 8 69(z hy 9
STANDARD	30-Day Supply g u x u x f y u - d “ u uw	' Bz hy 5 ' 59z hy 6 64(z hy 7 69(z hy 8 69(z hy 9
PREFERRED	3-Month Supply d yz y x f y u - d “ u uw 544Pu g z hy 5 D4Pu g z hy 6 ¹⁸	' 4z hy 5 ' 4z hy 6 64(z hy 7 69(z hy 8 hy 9 - u u - uv y
STANDARD	3-Month Supply g u x u x f y u - d “ u uw 544Pu g z hy 5 D4Pu g z hy 6 ¹⁸	' 5Bz hy 5 ' 7Bz hy 6 64(z hy 7 69(z hy 8 hy 9 - u u - uv y
PREFERRED	3-Month Supply d yz y x a u - c x y d “ u uw 544Pu g z hy 5 D4Pu g z hy 6 ¹⁸	' 4z hy 5 ' 4z hy 6 64(z hy 7 69(z hy 8 hy 9 - u u - uv y
STANDARD	3-Month Supply g u x u x a u - c x y d “ u uw 544Pu g z hy 5 D4Pu g z hy 6 ¹⁸	' 5Bz hy 5 ' 7Bz hy 6 64(z hy 7 69(z hy 8 hy 9 - u u - uv y
Part D Insulin and Vaccines		
Part D Insulin¹ c y “		h “ y y y z 69(z “ y u w ' 79
Part D Vaccines g “ - ' - Of g j Ou “ y ux MO d yw y y x y u w w - y		' 4
CATASTROPHIC COVERAGE		
m y y w u “ w w y u ' y “ y u 1 z 1 w y w y u w ' 6 5 4 4 2 m u ' 4 2 ⁵ gy w y u y - y - u “ - u - 2		

Discrimination is Against the Law

Network Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes. Network Health does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Network Health:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Network Health's Compliance Officer.

If you believe that Network Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Network Health
Attn: Compliance Officer
1570 Midway Place
Menasha, WI 54952
Phone: 855-232-2814
(TTY users should call 711)

Email: compliance@networkhealth.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Network Health's compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the

Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at Network Health's website: networkhealth.com.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 855-232-2814 (TTY: 711) or speak to your provider.

Albanian: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shpesh për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 855-232-2814 (TTY: 711) ose bisedoni me ofruesin tuaj të shërbimit.

Arabic: إذا كنت تتحدث اللغة العربية، فستتوفر لك تنبيه: كما تتوفر وسائل مساعدة خدمات المساعدة اللغوية المجانية. وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها أو تحدث إلى 711 (855-232-2814) اتصل على الرقم مجاناً. مقدم الخدمة.

Chinese: 如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 855-232-2814（文本电话：711）或咨询您的服务提供商。

French: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 855-232-2814 (TTY : 711) ou parlez à votre fournisseur.

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 855-232-2814 (TTY : 711) an oder sprechen Sie mit Ihrem Provider.

Hindi: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध 855-232-2814 (TTY : 711) पर कॉल करें या अपने प्रदाता से बात करें।

Hmong: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 855-232-2814 (TTY : 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

Korean: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 855-232-2814 (TTY : 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Laotian: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີຕົວອັກສອນ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນ ຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 855-232-2814 (TTY : 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

Pennsylvania Dutch: Wann du Druwwel hoscht fer Englisch verschtehe, kenne mer epper beigriege fer dich helfe unni as es dich ennich eppes koschte zeelt. Mir kenne dich helfe aa wann du Druwwel hoscht fer heere odder sehne. Mir kenne Schtofft lauder mache odder iesier fer lese un sell koscht dich aa nix. Ruf 855-232-2814 (TTY: 711) uff odder schwetz mit dei Provider.

Polish: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 855-232-2814 (TTY : 711) lub porozmawiaj ze swoim dostawcą.

Russian: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 855-232-2814 (TTY : 711) или обратитесь к своему поставщику услуг.

Spanish: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 855-232-2814 (TTY : 711) o hable con su proveedor.

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga librang serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 855-232-2814 (TTY : 711) o makipag-usap sa iyong provider.

Vietnamese: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 855-232-2814 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.




network 877-780-6722 • TTY 711
health networkhealth.com/city-of-racine

by Uyu " a yx wu yMk u u'y du -w xy ddc u -" u a yx wu y w uw2R y - by Uyu "
 a yx wu yMk u u'y du xy y x w uw y y u2c 1z1y 3 1w uwyx xy uy xy v 'u -
 yu by Uyu " y vy Oy wy -y y 'y w - u - 2dyu ywu y vy y y y wy vy yy
 z y -z u - 0-w x -' "yw 1"u -' "u u y 1z1y y w y 2

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