



Discharge Planning Benefits Resource

2026 Group Medicare Advantage Plan Benefits

SUPPLEMENTAL BENEFITS BY PLAN

See reverse for details on how to access different benefits

	Core (PPO)	Core Plus (PPO)	Cornerstone (PPO)	Cornerstone 1001 (PPO)	Cornerstone 1002 (PPO)	Cornerstone 1003 (PPO)	Cornerstone 1004 (PPO)	Foundation 1005 (PPO)*	Foundation Ultimate (PPO)*
Over-the-counter catalog allowance		X							X
Up to 24, one-way rides to and from dialysis for members with ESRD.**	X	X	X	X	X	X	X	X	X
Up to 12 one-way rides per year to and from approved locations up to 30-days following a discharge from a qualified inpatient hospital stay, hospital observation stay or a skilled nursing facility stay.				X			X		
28 home delivered meals for eligible members who have been recently discharged from a qualified inpatient hospital stay, hospital observation stay or a skilled nursing facility stay.				X	X		X		
Up to six hours of non-medical in-home support services. Support includes help with meal preparation, companionship, light housekeeping and more, up to 30 days following a discharge from a qualified inpatient hospital stay, hospital observation stay or a skilled nursing facility stay.				X	X		X		
Telehealth virtual visits	X	X	X	X	X	X	X	X	X
Dental services	X	X	X	X		X	X	X	X
Annual routine vision exam	X	X	X	X	X	X	X	X	X
Routine hearing exam	X	X	X	X	X	X	X	X	X
Fitness benefit	X	X	X	X	X	X	X	X	X

*Members with these plans have a higher cost share for out-of-network

** This is a Special Supplemental Benefit for the Chronically Ill (SSBCI) benefit. In addition to an eligible chronic condition, members must also meet additional eligibility requirements to receive the SSBCI benefit.



DETERMINING WHICH PLAN TYPE A MEMBER HAS

- A. Determine which Network Health Group Medicare Advantage plan a member has. Benefits vary by plan type.
- B. The plan name is located on the front of the member ID card, at the top, next to the Network Health logo.



GENERAL BENEFITS

All Network Health Group Medicare Advantage members have the following benefits. Home health care, outpatient physical, occupational and speech therapy and DME coverage. (Prior authorization may be required for some services)

Members can view extra benefit information on their Group's Network Health web page.

CONTACTS

Member Experience	For benefits and eligibility	855-580-9935 or 920-720-1460	Monday-Friday from 8 a.m. to 5 p.m.
Utilization Management and Care Management	For prior authorization and coordination	866-709-0019 or 920-720-1602	Monday-Friday from 8 a.m. to 5 p.m.

SPECIFIC REQUIREMENTS

In-Home Support	This is arranged through the Network Health Population Health department. Contact Network Health Population Health at 866-709-0019 to start a referral. Must notify Network Health within seven days of discharge
Meal Delivery	Network Health partners with Mom's Meals to provide this benefit. To take advantage, contact Network Health Population Health at 866-709-0019, Monday-Friday from 8 a.m. to 5 p.m. Must notify Network Health within seven days of discharge.
Non-Emergency Transportation	Contact Network Health Population Health at 866-709-0019 to start a referral. Must notify Network Health within seven days of discharge.
Over-the-Counter Catalog Allowance	Can place two orders per quarter. Unused amounts do not roll over to the next quarter. Allowed amounts vary by plan. Details can be found in the plan-specific <i>Evidence of Coverage</i> (EOC) document.
MDLIVE® Telehealth Virtual Visits	Call 877-958-5455 and an MDLIVE customer service representative will walk through the process of setting up an account. MDLIVE can assist with conditions such as acne, allergies, cold and flu, constipation, cough, diarrhea, ear problems, fever, nausea and vomiting, pink eye, rash, respiratory problems, sore throats, urinary problems and more.