Benefit Highlights

CARE N' CARE CHOICE MA-ONLY (PPO)

Premiums and Benefits	Care N' Care Choice MA-Only (PPO)	
	In-Network	Out-Of-Network
Monthly Plan Premium	You pay $0 You must continue to pay your Medicare part B Premium	
Deductible	No Deductible	
Maximum Out-of-Pocket	You pay no more than $2,500 annually for in-network services unless specifically excluded.	You pay no more than $5,100 annually for combined in and out-of-network services unless specifically excluded.
Inpatient Hospital[1]	Days 1-6: $50 per day Days 7 and beyond: $0 per day	You pay 10% of the cost
Outpatient Surgery[1] • Outpatient Hospital • Ambulatory Surgical Center	 You pay a $100 copay You pay a $50 copay	 You pay a $225 copay You pay a $50 copay
Doctor Visits • Primary • Specialist	 You pay a $0 copay You pay a $10 copay	 You pay a $20 copay You pay a $20 copay
Preventive Care (e.g. Flu Vaccine, Diabetic Screenings)	You pay nothing.	You pay a $30 copay
Emergency Care	You pay $100 per visit Emergency copay is waived if you are admitted to the hospital within 3 days due to the same condition.	You pay $100 per visit Emergency copay is waived if you are admitted to the hospital within 3 days due to the same condition.
Urgently Needed Services	You pay a $30 copay per visit	You pay a $30 copay per visit
Diagnostic Services/Labs/ Imaging[1] • Basic diagnostic tests and procedures • Sleep Study • Lab Services • MRI, CAT Scan • X-Rays	 You pay a $0 copay at a Dr. Office. You pay a $6 copay at an outpatient facility. You pay a $100 copay You pay a $0 copay at a Dr. Office or a stand-alone lab facility. You pay a $5 copay at an outpatient facility. You pay a $150 You pay a $0 copay	 You pay a $10 copay at a Dr. Office. You pay a $25 copay at an outpatient facility. You pay a $150 copay You pay a $10 copay at a Dr. Office or a stand-alone lab facility. You pay a $25 copay at an outpatient facility. You pay a $200 copay You pay a $10 copay at a Dr. Office or a stand-alone lab facility. You pay a $25 copay at an outpatient facility.

[1]Services may require prior authorization [2]Prior Authorization is required for Non-Emergency transportation

Hearing Services • Routine hearing exam • Hearing aid	You pay a $45 copay* You pay a $699 copayment per aid for Advanced Aids* You pay a $999 copayment per aid for Premium Aids* *Does not count towards Maximum Out-of-Pocket	You pay a $45 copay* You pay a $699 copayment per aid for Advanced Aids* You pay a $999 copayment per aid for Premium Aids* *Does not count towards Maximum Out-of-Pocket
Dental Services • Oral exam & Cleaning • X-Ray • Fluoride Treatments • Comprehensive Services	You pay a $0 copay You pay a $0 copay You pay a $0 copay Covered with additional Premium, see Optional Supplemental Benefits.	You pay a $0 copay You pay a $0 copay You pay a $0 copay Covered with additional Premium, see Optional Supplemental Benefits.
Vision Services • Routine Eye Exam • Glasses, Lenses and Frames	You pay a $0 copay You pay a $0 copay with a maximum benefit amount of $150.	You pay a $35 Copay. You will be reimbursed up to a maximum amount of $30 for a routine eye exam with submission of paid receipt and completed reimbursement form. You pay a $30 copay with a maximum benefit amount of $150.
Telehealth Services • Primary Care Physician Services • Mental Health Specialty Services	$0 Copay $35 Copay	$20 Copay $50 Copay
Mental Health Services[1] • Outpatient group therapy/individual therapy visit	You pay a $35 copay	You pay a $50 copay
Skilled Nursing Facility[1]	Days 1-5: $0 copay Days 6-20: $10 copay per day Days 21-100: $100 copay per day	You pay 10% of the cost
Physical Therapy	You pay a $10 copay	You pay a $20 copay
Ambulance[2] • Ground Ambulance • Air Ambulance	You pay a $225 copay You pay 20% of the cost	You pay a $225 copay You pay 20% of the cost

Transportation	Not Covered	Not Covered
Medicare Part B Drugs[1]	You pay 20% of the cost	You pay 30% of the cost

Supplemental Dental Rider

Members who choose to add the Supplemental Dental Rider to their plan will receive comprehensive dental services for an additional $26 monthly premium. The rider provides coverage on dental services that require a preauthorization and coinsurance for each dental service.

Additional Benefits Include*:

- Fillings
- Extractions
- Root Canals
- Dentures (full and partial) and denture adjustments
- Crowns
- Oral Surgery
- Implants

*For full benefit detail, refer to the Evidence of Coverage. Detailed dental codes can also be found on the Care N' Care website, at cn-chealthplan.com/our-plans-2022/our-benefits-2022/

Questions? Call Care N' Care!

Toll-free at 1-877-665-2622 (TTY 711) October 1 - March 31, 8am to 8pm, CST, seven days a week or April 1 - September 30, 8am to 8pm, Monday through Friday.