

## DENTAL, VISION, AND HEARING BENEFITS INCLUDED

When it comes to needing the little extra to care for your dental, hearing and vision needs, Care N' Care (HMO/PPO) Health Plan has you covered! As a Care N' Care member, you will receive these benefits at no additional cost.

COVERED DENTAL BENEFITS					
Benefit	Care N' Care Classic (HMO)	Care N' Care Choice (PPO)	Care N' Care Choice Plus (PPO)	Care N' Care Choice Premium (PPO)	Care N' Care Choice MA-Only (PPO)
Member Copay (Per Visit)	\$0	\$25	\$20	\$10	\$10

PPO Products only: Copayment for in or out-of-network providers

Diagnostic		
Clinical Oral Evaluations		
D0120	Periodic Oral Evaluation	1/6 months
D0150	Comprehensive Oral Evaluation - new or established	1/12 months (new) 1/36 months (established)
<i>*Either two (2) D0120 or one (1) D0120 &amp; D0150 per year</i>		
Radiographs / Diagnostic Imaging		
D0210	Intraoral, complete series (includes bitewings)	1/36 months
D0220	Intraoral, periapical first film	1/12 months
D0270	Bitewing, single film	1/12 months
D0272	Bitewings, two films	1/12 months
D0273	Bitewings, three films	1/12 months
D0274	Bitewings, four films	1/12 months
<i>*Choose one (1) per year D0120/D0220 or D0220, D0270, D0272, D0273, D0274</i>		
Preventative		
Dental Prophylaxis		
D1110	Prophylaxis - Adult	1/6 months
Periodontics (Up to 2 quadrants per year)		
D4341	Periodontal Scaling and Root Planing, per quadrant	1/12 months
D4342	Periodontal Scaling and Root Planing, 1-3 teeth	1/12 months
Adjustments to Dentures (Total of 2 per year)		
D5410	Adjust complete denture - maxillary	
D5411	Adjust complete denture - mandibular	
D5421	Adjust partial denture - maxillary	
D5422	Adjust partial denture - mandibular	
<i>*Lab fees are the member's responsibility</i>		

**COVERED VISION BENEFITS - HMO**

Benefit	Care N' Care Classic (HMO)
Routine Eye Exam	\$0 copay
Glasses, Lenses and Frames	\$0 copay with a maximum benefit amount of \$150

**COVERED VISION BENEFITS - PPO**

Benefit	Care N' Care Choice (PPO)		Care N' Care Choice Plus (PPO)		Care N' Care Choice Premium (PPO)		Care N' Care Choice MA-Only (PPO)	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Routine Eye Exam	\$0 copay	\$50 Copay <sup>1</sup>	\$0 copay	\$40 copay <sup>1</sup>	\$0 copay	\$35 copay <sup>1</sup>	\$0 copay	\$35 Copay <sup>1</sup>
Glasses, Lenses and Frames	\$0 copay <sup>3</sup>	\$30 copay <sup>2</sup>	\$0 copay <sup>3</sup>	\$30 copay <sup>2</sup>	\$0 copay <sup>4</sup>	\$30 copay <sup>2</sup>	\$0 copay <sup>4</sup>	\$30 copay <sup>2</sup>

<sup>1</sup> 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.

<sup>2</sup> You will be reimbursed up to a maximum amount of 50% of the Maximum Benefit, lenses/glasses with submission of paid receipt and completed reimbursement form.

<sup>3</sup> With a maximum benefit amount of \$100

<sup>4</sup> With a maximum benefit amount of \$150

All vision benefits provided by EyeMed.

**COVERED HEARING BENEFITS - HMO**

Benefit	Care N' Care Classic (HMO)
Routine hearing exam	\$45 copay
Hearing aid	\$599 copay <sup>1</sup> \$899 copay <sup>2</sup>

**COVERED HEARING BENEFITS - PPO**

Benefit	Care N' Care Choice (PPO)	Care N' Care Choice Plus (PPO)	Care N' Care Choice Premium (PPO)	Care N' Care Choice MA-Only (PPO)
Routine Hearing Exam	\$45	\$45	\$45	\$45
Hearing Aid	\$699 copay <sup>1</sup> \$999 copay <sup>2</sup>	\$699 copay <sup>1</sup> \$999 copay <sup>2</sup>	\$699 copay <sup>1</sup> \$999 copay <sup>2</sup>	\$699 copay <sup>1</sup> \$999 copay <sup>2</sup>

<sup>1</sup> Advanced Hearing Aids

<sup>2</sup> Premium Hearing Aids

PPO Products only: All hearing benefits provided through TruHearing™ at in-network copays  
Routine Hearing Exam and Hearing Aid Copays do not count towards Maximum Out-of-Pocket.

Care N' Care Insurance is an HMO and PPO plan with a Medicare contract. Enrollment in Care N' Care depends on contract renewal. This information is not a complete description of benefits. Call 1-877-665-2622 (TTY 711) from 8am-8pm, CST, seven days a week for more information.

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