

Care N' Care Classic (HMO)

Plan Premium	\$0
	IN-NETWORK
Out-Of-Pocket Maximum	\$3,200
DOCTOR OFFICE VISITS	
Primary Care Physician (PCP) Visits	\$0 copay
Specialist Visits	\$25 copay
PODIATRY	\$25 copay
INPATIENT HOSPITAL CARE	Day 1: \$250 Days 2-5: \$100 copay per day. Days 6 and beyond: \$0
SKILLED NURSING FACILITY (SNF)	Days 1-20: \$0 copay per day Days 21-100: \$184 copay per day
OUTPATIENT REHABILITATION SERVICES	
Occupational Therapy Visit	\$20 copay
Physical / Speech / Language Visits	\$20 copay
HOME HEALTH SERVICES	\$0 copay
AMBULANCE	\$275 copay 20% of the cost
<ul style="list-style-type: none"> • Ground Ambulance • Air Ambulance 	
EMERGENCY CARE	\$120 copay
OUTPATIENT SURGERY	
Ambulatory Surgical Center	\$180 copay
Outpatient Hospital Facility	\$200 copay
DIAGNOSTIC TESTS & LAB SERVICES	
Basic Diagnostic Tests and Procedures	\$0 copay
Lab Services	\$0 copay
OUTPATIENT X-RAYS	\$0 copay
ADDITIONAL BENEFITS	
FITNESS BENEFIT	Unlimited number of visits to a SilverSneakers® participating fitness facility.
OVER-THE-COUNTER (OTC)	\$30 Every quarter (3 months) to spend on Plan-approved OTC items.

DENTAL COVERAGE	
Preventive Dental Services Include: • Cleaning • Dental X-Ray(s) • Oral Exam • Fluoride	\$0 copay
Limited Medicare Covered Services	\$0 copay
VISION COVERAGE	
Routine Eye Exam (1 every year, includes refraction)	\$0 copay
Eyeglasses or contact lenses after cataract surgery	\$0 copay
Non-Medicare Prescription eyewear allowance	\$150 every year
HEARING COVERAGE	
Exam to diagnose and treat hearing and balance issues	\$25 copay
Routine Hearing Exam (for up to 1 every year)	\$45 copay
Hearing Aid	Advanced Aids: \$599 copay Premium Aids: \$899 copay

PRESCRIPTION DRUG BENEFIT	INITIAL COVERAGE PERIOD		
	One-Month Supply	Two-Month Supply	Three-Month Supply
In-Network Retail			
Tier 1 - Preferred Generics	\$0 copay	\$0 copay	\$0 copay
Tier 2 - Generics	\$10 copay	\$20 copay	\$20 copay
Tier 3 - Preferred Brand	\$40 copay	\$80 copay	\$80 copay
Tier 4 - Non-Preferred Drugs	\$95 copay	\$190 copay	\$190 copay
Tier 5 - Specialty Drugs	33% of the cost	33% of the cost	33% of the cost

Optional Supplemental Coverage

DENTAL RIDER	
Monthly Premium	\$20

For more information about Care N' Care HMO or PPO plan benefits, call 877-905-9208 (TTY 711) October 1 - March 31, 8am to 8pm, CST, seven days a week or April 1 - September 30, 8am to 5pm, CST, Monday through Friday.

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 1-877-905-9208 (TTY 711) October 1 - March 31, 8am to 8pm, CST, seven days a week or April 1 - September 30, 8am to 5pm, CST, Monday through Friday for more information. Out-of-Network/non-contracted providers are under no obligation to treat Care N' Care members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. Y0107_H2171_21_585_M