care n care
Insurance Company, Inc.

2021

Care N' Care Choice MA-Only (PPO)

	IN-NETWORK	OUT-OF-NETWORK
Plan Premium	**$0**	
Out-Of-Pocket Maximum	$2,500	$5,100
DOCTOR OFFICE VISITS		
Primary Care Physician (PCP) Visits	$0 copay	$40 copay
Specialist Visits	$25 copay	$50 copay
PODIATRY	$20 copay	$50 copay
INPATIENT HOSPITAL CARE	Days 1-6: $100 copay per day. Days 7 and beyond: $0	20% of the cost
SKILLED NURSING FACILITY (SNF)	Days 1-5: $0 copay per day. Days 6-20: $20 copay per day. Days 21 - 100: $160 copay per day	20% of the cost
OUTPATIENT REHABILITATION SERVICES		
Occupational Therapy Visit	$10 copay	$20 copay
Physical / Speech / Language Visits	$10 copay	$20 copay
HOME HEALTH SERVICES	$15 copay	$40 copay
AMBULANCE • Ground Ambulance • Air Ambulance	$225 copay 20% of the cost	
EMERGENCY CARE	$100 copay	
OUTPATIENT SURGERY		
Ambulatory Surgical Center	$75 copay	$175 copay
Outpatient Hospital Facility	$100 copay	$225 copay
DIAGNOSTIC TESTS & LAB SERVICES		
Basic Diagnostic Tests and Procedures	$0-$6 copay	$10-$25 copay
Lab Services	$0-$5 copay	$10-$25 copay
OUTPATIENT X-RAYS	$0 copay	$10-$25 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.	

	IN-NETWORK	OUT-OF-NETWORK
DENTAL COVERAGE		
Preventive Dental Services Include: • Cleaning • Dental X-Ray(s) • Oral Exam • Fluoride	$0 copay	$0 copay
Limited Medicare Covered Services	$0 copay	$0 copay
VISION COVERAGE		
Routine Eye Exam (1 every year, includes refraction)	$0 copay	$35 copay
Eyeglasses or contact lenses after cataract surgery	$0 copay	$30 copay
Non-Medicare Prescription eyewear allowance	$150 every year	$150 every year
HEARING COVERAGE		
Exam to diagnose and treat hearing and balance issues	$20 copay	$45 copay
Routine Hearing Exam (for up to 1 every year)	$45 copay	$45 copay
Hearing Aid	Advanced Aids: $699 copay Premium Aids: $999 copay	

Optional Supplemental Coverage:

DENTAL RIDER	
Monthly Premium	**$20**

For more information about Care N' Care HMO or PPO plan 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.