

	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)	
Plan Premium	\$0	\$0		\$55		\$200		\$0	
	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Out-Of-Pocket Maximum	\$3,200	\$3,900	\$7,500	\$3,500	\$7,000	\$3,500	\$10,000	\$2,500	\$5,100
DOCTOR OFFICE VISITS									
Primary Care Physician (PCP) Visits	\$0 copay	\$15 copay	\$50 copay	\$10 copay	\$40 copay	\$0 copay	30% of the cost	\$0 copay	\$40 copay
Specialist Visits	\$25 copay	\$35 copay	\$70 copay	\$25 copay	\$50 copay	\$0 copay	30% of the cost	\$25 copay	\$50 copay
PODIATRY	\$25 copay	\$35 copay	\$60 copay	\$20 copay	\$40 copay	\$0 copay	30% of the cost	\$20 copay	\$50 copay
INPATIENT HOSPITAL CARE	Day 1: \$250 Days 2-5: \$100 copay per day. Days 6 and beyond: \$0	Day 1: \$250 copay per day Days 2-6: \$125 copay per day. Days 7 and beyond: \$0	35% of the cost	Days 1-6: \$250 copay per day. Days 7 and beyond: \$0	25% of the cost	\$0 copay	30% of the cost	Days 1-6: \$100 copay per day. Days 7 and beyond: \$0	20% of the cost
SKILLED NURSING FACILITY (SNF)	Days 1-20: \$0 copay per day Days 21-100: \$184 copay per day	Days 1-20: \$0 copay per day. Days 21-100: \$167.50 copay per day	40% of the cost	Days 1-20: \$0 copay per day. Days 21-100: \$184 copay per day	35% of the cost	\$0 copay	30% of the cost	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	\$20 copay	\$40 copay	\$60 copay	\$15 copay	\$30 copay	\$0 copay	30% of the cost	\$10 copay	\$20 copay
Physical / Speech / Language Visits	\$20 copay	\$40 copay	\$60 copay	\$25 copay	\$45 copay	\$0 copay	30% of the cost	\$10 copay	\$20 copay
HOME HEALTH SERVICES	\$0 copay	\$0 copay	\$30 copay	\$0 copay	\$40 copay	\$0 copay	30% of the cost	\$15 copay	\$40 copay
AMBULANCE • Ground Ambulance • Air Ambulance	\$275 copay 20% of the cost	\$200 copay 20% of the cost		\$225 copay 20% of the cost		\$0 copay	35% of the cost	\$225 copay 20% of the cost	
EMERGENCY CARE	\$120 copay	\$90 copay		\$90 copay		\$0 copay		\$100 copay	
OUTPATIENT SURGERY									
Ambulatory Surgical Center	\$180 copay	\$200 copay	\$275 copay	\$175 copay	\$275 copay	\$0 copay	35% of the cost	\$75 copay	\$175 copay
Outpatient Hospital Facility	\$200 copay	\$250 copay	\$350 copay	\$200 copay	\$350 copay	\$0 copay	30% of the cost	\$100 copay	\$225 copay
DIAGNOSTIC TESTS & LAB SERVICES									
Basic Diagnostic Tests and Procedures	\$0 copay	\$10 copay	\$25 copay	\$5-\$10 copay	\$15-\$25 copay	\$0 copay	30% of the cost	\$0-\$6 copay	\$10-\$25 copay
Lab Services	\$0 copay	\$10 copay	\$25 copay	\$5-\$10 copay	\$15-\$25 copay	\$0 copay	30% of the cost	\$0-\$5 copay	\$10-\$25 copay
OUTPATIENT X-RAYS	\$0 copay	\$10 copay	\$25 copay	\$5 copay	\$30 copay	\$0 copay	30% of the cost	\$0 copay	\$10-\$25 copay
THERAPEUTIC RADIOLOGY SERVICES (such as radiation treatment for cancer)	20% of the cost	20% of the cost	30% of the cost	20% of the cost	30% of the cost	\$0 copay	30% of the cost	20% of the cost	30% of the cost
DURABLE MEDICAL EQUIPMENT	20% of the cost	20% of the cost	30% of the cost	20% of the cost	30% of the cost	\$0 copay	35% of the cost	20% of the cost	20% of the cost
ADDITIONAL BENEFITS									
FITNESS BENEFIT	Unlimited number of visits to a SilverSneakers® participating fitness facility.	Unlimited number of visits to a SilverSneakers® participating fitness facility.		Unlimited number of visits to a SilverSneakers® participating fitness facility.		Unlimited number of visits to a SilverSneakers® participating fitness facility.		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.	\$30 Every quarter (3 months) to spend on Plan-approved OTC items.		\$30 Every quarter (3 months) to spend on Plan-approved OTC items.		\$30 Every quarter (3 months) to spend on Plan-approved OTC items.		\$30 Every quarter (3 months) to spend on Plan-approved OTC items.	

For more information on

Care N' Care (HMO/PPO)

Health Plans, please 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.

a part of

Southwestern Health Resources



2021 Plan Benefit Highlights

- 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)

	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)					
	IN-NETWORK			IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK				
DENTAL COVERAGE															
Preventive Dental Services Include: • Cleaning • Dental X-Ray(s) • Oral Exam	\$0 copay			\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay			
Limited Medicare Covered Services	\$0 copay			\$0 copay	\$0 copay	\$0 copay	\$40 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay			
VISION COVERAGE															
Routine Eye Exam (1 every year, includes refraction)	\$0 copay			\$35 copay	\$50 copay	\$25 copay	\$40 copay	\$0 copay	\$35 copay	\$0 copay	\$35 copay	\$35 copay			
Eyeglasses or contact lenses after cataract surgery	\$0 copay			\$0 copay	\$30 copay	\$0 copay	\$30 copay	\$0 copay	\$30 copay	\$0 copay	\$30 copay	\$30 copay			
Non-Medicare Prescription eyewear allowance	\$150 every year			\$100 every year	\$100 every year	\$100 every year	\$100 every year	\$150 every year	\$150 every year	\$150 every year	\$150 every year	\$150 every year			
HEARING COVERAGE															
Exam to diagnose and treat hearing and balance issues	\$25 copay			\$20 copay	\$45 copay	\$25 copay	\$45 copay	\$0 copay	30% of the cost	\$20 copay	\$45 copay	\$45 copay			
Routine Hearing Exam (for up to 1 every year)	\$45 copay			\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$45 copay			
Hearing Aid	Advanced Aids:\$599 copay Premium Aids:\$899 copay			Advanced Aids:\$699 copay Premium Aids:\$999 copay		Advanced Aids:\$699 copay Premium Aids:\$999 copay		Advanced Aids:\$699 copay Premium Aids:\$999 copay		Advanced Aids:\$699 copay Premium Aids:\$999 copay		Advanced Aids:\$699 copay Premium Aids:\$999 copay			
PRESCRIPTION DRUG BENEFIT															
	INITIAL COVERAGE PERIOD			INITIAL COVERAGE PERIOD			INITIAL COVERAGE PERIOD			INITIAL COVERAGE PERIOD			INITIAL COVERAGE PERIOD		
	One-Month Supply	Two-Month Supply	Three-Month Supply	One-Month Supply	Two-Month Supply	Three-Month Supply	One-Month Supply	Two-Month Supply	Three-Month Supply	One-Month Supply	Two-Month Supply	Three-Month Supply	Not Covered		
In-Network Retail	\$0 copay	\$0 copay	\$0 copay	\$5 copay	\$10 copay	\$10 copay	\$2 copay	\$4 copay	\$4 copay	\$0 copay	\$0 copay	\$0 copay			
Tier 1 - Preferred Generics	\$0 copay	\$0 copay	\$0 copay	\$5 copay	\$10 copay	\$10 copay	\$2 copay	\$4 copay	\$4 copay	\$0 copay	\$0 copay	\$0 copay			
Tier 2 - Generics	\$10 copay	\$20 copay	\$20 copay	\$15 copay	\$30 copay	\$30 copay	\$12 copay	\$24 copay	\$24 copay	\$10 copay	\$20 copay	\$20 copay			
Tier 3 - Preferred Brand	\$40 copay	\$80 copay	\$80 copay	\$47 copay	\$94 copay	\$94 copay	\$45 copay	\$90 copay	\$90 copay	\$40 copay	\$80 copay	\$80 copay			
Tier 4 - Non-Preferred Drugs	\$95 copay	\$190 copay	\$190 copay	\$100 copay	\$200 copay	\$200 copay	\$90 copay	\$180 copay	\$180 copay	\$85 copay	\$170 copay	\$170 copay			
Tier 5 - Specialty Drugs	33% of the cost	33% of the cost	33% of the cost	33% of the cost	33% of the cost	33% of the cost	33% of the cost	33% of the cost	33% of the cost	33% of the cost	33% of the cost	33% of the cost			

Optional Supplemental Coverage:

DENTAL RIDER	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)
Monthly Premium	\$20	\$20	\$20	\$20	\$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 1-877-665-2622 (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. Paid endorsement. 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.