

	Care N' Care Classic (HMO)	Southwestern Health Select (HMO)
Plan Premium	\$0	\$0
Out-Of-Pocket Maximum	\$3,900	\$2,900
DOCTOR OFFICE VISITS		
Primary Care Physician (PCP) Visits	\$0 Copay	\$0 Copay
Specialist Visits	\$20 Copay	\$10 Copay
PODIATRY	\$25 Copay	\$25 Copay
INPATIENT HOSPITAL CARE	Day 1: \$275 Days 2-6: \$125 Days 7 and beyond \$0	Day 1: \$225 Days 2-5: \$75 Days 6 and beyond \$0
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: \$184 copay per day
TELEHEALTH SERVICES <ul style="list-style-type: none">Primary Care Physician ServicesMental Health Specialty Services	\$0 Copay \$40 Copay	\$0 Copay \$40 Copay
OUTPATIENT REHABILITATION SERVICES		
Occupational Therapy Visit	\$20 Copay	\$20 Copay
Physical / Speech / Language Visits	\$20 Copay	\$10 Copay
HOME HEALTH SERVICES	\$0 Copay	\$0 Copay
AMBULANCE <ul style="list-style-type: none">Ground AmbulanceAir Ambulance	\$275 Copay 20% of the cost	\$275 Copay 20% of the cost
EMERGENCY CARE	\$90 Copay	\$90 Copay
OUTPATIENT SURGERY		
Ambulatory Surgical Center	\$200 Copay	\$150 Copay
Outpatient Hospital Facility	\$250 Copay	\$200 Copay
DIAGNOSTIC TESTS & LAB SERVICES		
Basic Diagnostic Tests and Procedures	\$0 Copay	\$0 Copay
Lab Services	\$0 Copay	\$0 Copay
OUTPATIENT X-RAYS	\$0 Copay	\$0 Copay
THERAPEUTIC RADIOLOGY SERVICES (such as radiation treatment for cancer)	20% of the cost	20% of the cost
DURABLE MEDICAL EQUIPMENT	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.



For more information on Care N’ Care (HMO/ PPO), 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 8pm, 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 more information. 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_H2I7L22_058_M

	Care N' Care Classic (HMO)	Southwestern Health Select (HMO)
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.
DENTAL COVERAGE		
Preventive Dental Services Include: <ul style="list-style-type: none"> Cleaning Dental X-Ray(s) Oral Exam Floride Treatment 	\$0 Copay	\$0 Copay
Limited Medicare Covered Services	\$0 Copay	\$0 Copay
VISION COVERAGE		
Routine Eye Exam (1 every year, includes refraction)	\$0 Copay	\$0 Copay
Eyeglasses or contact lenses after cataract surgery	\$0 Copay	\$0 Copay
Non-Medicare Prescription eyewear allowance	\$150 Maximum Benefit	\$150 Maximum Benefit
HEARING COVERAGE		
Exam to diagnose and treat hearing and balance issues	\$25 Copay	\$25 Copay
Routine Hearing Exam (for up to 1 every year)	\$45 Copay	\$45 Copay
Hearing Aid	Advanced Aids:\$599 copay Premium Aids:\$899 copay	Advanced Aids:\$599 copay Premium Aids:\$899 copay

PRESCRIPTION DRUG BENEFIT	Care N' Care Classic (HMO)				Southwestern Health Select (HMO)			
Pharmacy Deductible	No Deductible				No Deductible			
INITIAL COVERAGE PERIOD In-Network Pharmacy	Retail 30-day Supply	Retail 90-day Supply	Mail Order 30-day Supply	Mail Order 90-day Supply	Retail 30-day Supply	Retail 90-day Supply	Mail Order 30-day Supply	Mail Order 90-day Supply
<ul style="list-style-type: none"> Tier 1 - Preferred Generics 	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<ul style="list-style-type: none"> Tier 2 - Generics 	\$12 copay	\$24 copay	\$12 copay	\$24 copay	\$10 copay	\$20 copay	\$0 copay	\$0 copay
<ul style="list-style-type: none"> Tier 3 - Preferred Brand -Select Insulins* 	\$45 copay \$35 copay	\$90 copay \$70 copay	\$45 copay \$35 copay	\$90 copay \$70 copay	\$40 copay \$35 copay	\$80 copay \$70 copay	\$40 copay \$35 copay	\$80 copay \$70 copay
<ul style="list-style-type: none"> Tier 4 - Non-Preferred Drugs 	\$100 copay	\$200 copay	\$100 copay	\$200 copay	\$100 copay	\$200 copay	\$100 copay	\$200 copay
<ul style="list-style-type: none"> Tier 5 - Specialty Drugs 	33% of cost	33% of cost	33% of cost	33% of cost	33% of cost	33% of cost	33% of cost	33% of cost
Gap Coverage*	T1 drugs; Partial gap coverage for Select T2 and T3 drugs				T1 drugs; Partial gap coverage for Select T2 and T3 drugs			

*For further coverage details please review the Comprehensive Formulary (Drug List) we provided electronically on our website at www.cnchealthplan.com.

Optional Supplemental Coverage:

DENTAL RIDER		
Monthly Premium	\$25	\$25

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 8pm, CST, Monday through Friday



2022 Plan Benefit Highlights

CARE N' CARE CLASSIC (HMO)
SOUTHWESTERN HEALTH SELECT (HMO)

care@care
Insurance Company, Inc.

Southwestern Health Resources

