care n care
Insurance Company, Inc.

2023

Benefit Highlights

Care N' Care Choice MA-Only (PPO) H6328-005

Premiums and Benefits	Care N' Care Choice MA-Only (PPO) H6328-005	
	In-Network	Out-Of-Network
Monthly Plan Premium	You pay $0 You must continue to pay your Medicare part B Premium	
Part B premium reduction	CNC will reduce your Monthly Part B premium by $10	
Deductible	No Deductible	
Maximum Out-of-Pocket	You pay no more than $2,500 annually for in-network services unless specifically excluded.	You pay no more than $5,100 annually for combined in and out-of-network services unless specifically excluded.
Inpatient Hospital[1]	Days 1-5: $50 per day Days 6 and beyond: $0 per day	You pay 10% of the cost
Outpatient Surgery[1] • Outpatient Hospital • Ambulatory Surgical Center	 You pay a $100 copay You pay a $50 copay	 You pay a $225 copay You pay a $50 copay
Doctor Visits • Primary • Specialist	 You pay a $0 copay You pay a $10 copay	 You pay a $20 copay You pay a $20 copay
Preventive Care (e.g.Flu Vaccine, Diabetic Screenings) Medicare-covered Zero Dollar Preventive Services COVID-19 Vaccine	You pay a $0 copay You pay a $0 copay You pay a $0 copay	You pay a $30 copay You pay a $30 copay You pay a $0 copay
Emergency Care	You pay $100 per visit Emergency copay is waived if you are admitted to the hospital within 3 days due to the same condition.	You pay $100 per visit Emergency copay is waived if you are admitted to the hospital within 3 days due to the same condition.
Urgently Needed Services	You pay a $25 copay per visit	You pay a $25 copay per visit
Diagnostic Services/ Labs/Imaging[1] • Basic diagnostic tests and procedures • Sleep Study • Lab Services • MRI, CAT Scan • X-Rays	 You pay a $0 copay at a Dr. Office You pay a $5 copay at an outpatient facility. You pay $0 copay for home based and $25 copay for other locations You pay a $0 copay at a Dr. Office or a stand-alone lab facility. You pay a $5 copay at an outpatient facility. You pay a $150 You pay a $0 copay	 You pay a $10 copay at a Dr. Office You pay a $25 copay at an outpatient facility. You pay $150 copay You pay a $10 copay at a Dr. Office or a stand-alone lab facility. You pay a $25 copay at an outpatient facility. You pay a $200 copay You pay a $10 copay at a Dr. Office or a stand-alone lab facility. You pay a $25 copay at an outpatient facility.

Hearing Services • Routine hearing exam • Hearing aid	You pay a $45 copay* You pay a $699 copayment per aid for Advanced Aids* You pay a $999 copayment per aid for Premium Aids* *Does not count towards Maximum Out-of-Pocket	You pay a $45 copay* You pay a $699 copayment per aid for Advanced Aids* You pay a $999 copayment per aid for Premium Aids* *Does not count towards Maximum Out-of-Pocket
Dental Services • Oral exam & Cleaning • X-Ray • Fluoride Treatments • Comprehensive Services	You pay a $0 copay You pay a $0 copay You pay a $0 copay Covered with additional Premium, see Optional Supplemental Benefits.	You pay a $0 copay You pay a $0 copay You pay a $0 copay Covered with additional Premium, see Optional Supplemental Benefits.
Vision Services • Routine Eye Exam • Glasses, Lenses and Frames	You pay a $0 copay You pay a $0 copay with a maximum benefit amount of $150.	You pay a $35 copay You pay a $30 copay with a maximum benefit amount of $150
Mental Health Services[1] • Outpatient group therapy/individual therapy visit	You pay a $25 copay	You pay a $50 copay
Telehealth Services • Primary Care Physician Services • Mental Health Specialty Services • Allergy & Immunology, Cardiology, Dermatology, Endocrinology, ENT/Otolaryngology, Gynecology, OB/GYN, Infectious Diseases, Nephrology, Neurology, Ophthalmology	You pay a $0 copay You pay a $25 copay You pay a $10 copay	Not covered
Nursing Hotline	You pay a $0 copay	$0 copay, must use preferred vendors for this benefit
Home Health Services	You pay a $15 copay	You pay a $40 copay
Texas Health Care at Home	Days 1-5: $50 copay Days 6 and beyond: $0 copay per day	You pay 10% of the cost
	Hospital services in the home allows for certain health care services to be provided outside of a traditional hospital setting and within your home. Care begins after you're evaluated, determined to be eligible, and a hospitalist refers you. The hospitalist will consider your eligibility criteria including your medical conditions and your geographic location. If you are approved by the hospitalist, the Intake Employee will conduct a Safety Screening with you to ensure your home is safe for yourself and for providers who deliver patient care in your home. The Safety Screening assesses for safety issues such as presence of a caregiver in the home, potential fall risks, running water, reliable cell phone coverage, etc. If you pass the Safety Screening, you can be admitted into the program contingent on the patient providing consent. You will receive treatment and monitoring at home from a team of providers. Conditions which are eligible to be treated with this benefit can include: asthma, bronchitis, and other respiratory systems diagnosis; heart failure and shock; simple pneumonia and pleurisy; chronic obstructive pulmonary disease (COPD); cellulitis; kidney and urinary tract infections (UTI).	
Skilled Nursing Facility[1]	Days 1-5: $0 copay Days 6-20: $10 copay per day Days 21-100: $100 copay per day	You pay 10% of the cost
Physical Therapy	You pay a $10 copay	You pay a $20 copay

Ambulance[2] • Ground Ambulance • Air Ambulance	You pay a $275 copay You pay 20% of the cost	You pay a $275 copay You pay 20% of the cost
Transportation	Not Covered	Not Covered
Over-the counter	You pay a $0 copay Maximum benefit amount $40 every three months	You pay a $0 copay, must use preferred vendor for this benefit
Meal Benefit for Chronic Illness[1]	You pay a $0 copay	You pay a $0 copay
	Members under Care Management with eligible chronic conditions include AIDS, asthma, chronic obstructive pulmonary disease (COPD), congestive health failure, coronary artery disease, diabetes, hypertension, and chronic kidney disease (CKD); Beneficiaries may receive a maximum of 3 healthy meals per day for up to 2 weeks per year per condition. Must Use Preferred Vendor for this benefit	
Meal Benefit Post Discharge[1]	You pay a $0 copay	You pay a $0 copay
	Immediately following surgery or inpatient hospitalization; beneficiaries may receive 3 meals per day for up to 2 weeks, up to 2 discharges per year. Must Use Preferred Vendor for this benefit	
Chiropractic services	You pay a $20 copay	You pay a $40 copay
Acupuncture Services	You pay a $15 copay	You pay $40 copay
Medicare Part B Drugs[1]	You pay 20% of the cost	You pay 30% of the cost

Supplemental Dental Rider
Members who choose to add the Supplemental Dental Rider to their plan will receive comprehensive dental services for an additional $25 monthly premium. The rider provides coverage on dental services most often used without the need for a referral or preauthorization. HMO Supplemental Dental Rider In-Network coverage only.
Additional Benefits Include*:
• Fillings • Extractions • Root Canals • Dentures (full and partial) and denture adjustments • Crowns • Oral Surgery • Implants

*For full benefit detail, refer to the Evidence of Coverage. Detailed dental codes can also be found on the Care N' Care website, at cnchealthplan.com/our-plans-2023/our-benefits-2023/

Y0107_23_H6328_005_091S_M ACCEPTED