

Benefit Highlights

SOUTHWESTERN HEALTH SELECT (HMO)

¹Services may require prior authorization ²Prior Authorization is required for Non-Emergency transportation

Premiums and Benefits	Southwestern Health Select (HMO)
Monthly Plan Premium	You pay \$0 You must continue to pay your Medicare part B Premium
Deductible	No Deductible
Maximum Out-of-Pocket	You pay no more than \$2,900 Annually Includes copays and other costs for medical services for the year unless specifically excluded.
Inpatient Hospital ¹	Day 1: \$225 per day Days 2-5: \$75 per day Days 6 and beyond: \$0 per day
Outpatient Surgery ¹ <ul style="list-style-type: none"> • Outpatient Hospital • Ambulatory Surgical Center 	You pay a \$200 copay You pay a \$150 copay
Doctor Visits ¹ <ul style="list-style-type: none"> • Primary • Specialist 	You pay a \$0 copay You pay a \$10 copay. Referral is required for specialist visits.
Preventive Care (e.g. Flu Vaccine, Diabetic Screenings)	You pay nothing.
Emergency Care	You pay \$90 per visit
Urgently Needed Services	You pay a \$30 copay per visit
Diagnostic Services/Labs/Imaging ¹ <ul style="list-style-type: none"> • Basic Diagnostic tests and Procedures • Sleep Study • Lab Services • MRI, CAT Scan • X-Rays 	You pay a \$0 copay You pay a \$100 copay You pay a \$0 copay You pay a \$200 copay You pay a \$0 copay
Hearing Services <ul style="list-style-type: none"> • Routine hearing exam • Hearing aid 	You pay a \$45 copay You pay a \$599 copayment per aid for Advanced Aids You pay a \$899 copayment per aid for Premium Aids
Dental Services <ul style="list-style-type: none"> • Oral exam & Cleaning • X-Ray • Fluoride Treatments • Comprehensive Services 	You pay a \$0 copay You pay a \$0 copay You pay a \$0 copay You pay a \$0 copay

Premiums and Benefits	Southwestern Health Select (HMO)
Vision Services <ul style="list-style-type: none"> Routine Eye Exam Glasses, Lenses and Frames 	You pay a \$0 copay You pay a \$0 copay with a maximum benefit amount of \$150 (same as HMO classic)
Telehealth Services <ul style="list-style-type: none"> Primary Care Physician Services Mental Health Specialty Services 	You pay a \$0 Copay You pay a \$40 Copay
Mental Health Services ¹ <ul style="list-style-type: none"> Outpatient group therapy/ individual therapy visit 	You pay a \$40 copay
Skilled Nursing Facility ¹	Days 1-20: \$0 copay Days 21-100: \$184 copay per day
Physical Therapy	You pay a \$10 copay
Ambulance ² <ul style="list-style-type: none"> Ground Ambulance Air Ambulance 	You pay a \$275 copay You pay 20% of the cost
Transportation	Not Covered
Medicare Part B Drugs ¹	You pay 20% of the cost

Outpatient Prescription Drugs

Deductible	You pay \$0
------------	-------------

Initial Coverage

In-Network Pharmacy	Retail 30-day supply	Retail 90-day Supply	Mail Order 30-day supply	Mail Order 90-day supply
Tier 1: Preferred Generics	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2: Generics	\$10 copay	\$20 copay	\$0 copay	\$0 copay
Tier 3: Preferred Brands	\$40 copay	\$80 copay	\$40 copay	\$80 copay
- <i>Select Insulins*</i>	\$35 copay	\$70 copay	\$35 copay	\$70 copay
Tier 4: Non-Preferred Drugs	\$100 copay	\$200 copay	\$100 copay	\$200 copay
Tier 5: Specialty Drugs	33% of the cost	33% of the cost	33% of the cost	33% of the cost

*To find out which drugs are Select Insulins, review the most recent Drug List we provided electronically on our website at www.cnchealthplan.com. You can identify Select Insulins by the abbreviation "SSM" found in the "Requirements/Limits" column in the Drug List.

Note: This cost-sharing only applies to beneficiaries who do not qualify for a program that helps pay for your drugs ("Extra Help").

If you reside in a long-term health care facility, you pay the same as a standard retail pharmacy.

Cost-Sharing may change depending on the pharmacy you choose and when you enter a new phase of the Part D benefit. For more information on the additional pharmacy specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.

Coverage Gap

During the Coverage Gap stage, your out-of-pocket costs for Select Insulins will be no more than \$35 for a retail or mail order 30-day supply or \$70 for a retail or mail order 90-day supply. To find out which drugs are Select Insulins, review the most recent Drug List we provided electronically on our website at www.cnchealthplan.com. You can identify Select Insulins by the abbreviation “SSM” found in the “Requirements/Limits” column in the Drug List.

For Tier 1 and select Tier 2 and 3 generic drugs, you pay either your Tier 1, 2, or 3 copayment or 25% of the costs, whichever is lower. For all other covered generic drugs, you pay 25% of the costs. For select Tier 3 brand drugs, you pay no more than the Tier 3 copayment. For all other brand name drugs, you pay 25% of the cost (plus a portion of the dispensing fee). You stay in this stage until your year-to-date “out-of-pocket costs” (your payments) reach a total of \$7,050. This amount and rules for counting costs toward this amount have been set by Medicare.

If you reside in a long-term health care facility, you pay the same as a standard retail pharmacy.

Note: This cost-sharing only applies to beneficiaries who do not qualify for a program that helps pay for your drugs (“Extra Help”).

Catastrophic Coverage

During this stage, the plan will pay most of the cost of your drugs for the rest of the calendar year (through December 31, 2022). Your share of the cost for a covered drug will be either coinsurance or a copayment, whichever is the larger amount (either coinsurance for 5% of the cost of the drug, or \$3.95 for a generic drug or a drug that is treated like a generic and \$9.85 for all other drugs).

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 that require a preauthorization and coinsurance for each dental service.

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-2022/our-benefits-2022/

Questions? Call Care N' Care!

Toll-free at 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 8pm, Monday through Friday.