



Transportation assistance

36 one-way rides every year

Enjoy transportation to your doctor's office or pharmacy available at no additional cost.



Vision coverage

\$250 every year for lenses, frames and contacts

Connect with routine vision care plus eyeglasses and contact lens coverage.



Health products

\$210 benefit per quarter for items in the health products catalog

Use your benefit credits to purchase over-the-counter products and health care essentials such as canes, eye drops and sanitizing wipes.



Dental coverage

\$2,400 toward dental services

You can apply your credit to dentures, fillings, crowns, periodontal services, extractions, bridges, root canals and more. This benefit also includes regular exams and cleanings every 6 months.



Routine foot care

6 routine visits every year

Receive routine nail trimmings and upkeep provided by a licensed podiatrist.



Hearing coverage

\$2,000 credit every year to spend on hearing aid devices

One routine hearing exam every year

2023

CUYAHOGA

FRANKLIN

HAMILTON

MIAMI

MONTGOMERY

STARK

SUMMIT

Ohio

PPO IE-SNP

H0710-057

\$34.70

Monthly plan premium

The amount you pay each month for the plan (in addition to the Part B premium, which you must continue to pay). Note: You may qualify for a reduced or \$0 plan premium.

\$1,600

Out-of-pocket max

The most you'll ever have to pay for covered services in a plan year. After you pay this maximum (on deductibles, copayments and coinsurance network care and services), your plan will pay 100% of the costs of covered benefits.

Additional plan benefits Included*

- **Part D Prescription Drug Coverage:** Medicare Part D
- **Coverage of many preventive services**
- **\$0 copay** influenza vaccine
- **\$0 copay** annual wellness visit
- **\$0 copay** primary care office visit