



Transportation assistance

36 one-way rides every year

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



Vision coverage

\$200 every year for lenses, frames and contacts

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



Health products

\$150 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

BENTON

CLARK

COWLITZ

FRANKLIN

KING

KITSAP

PIERCE

SKAGIT

SNOHOMISH

SPOKANE

THURSTON

WHATCOM

YAKIMA

Washington

PPO IE-SNP

H0710-030

\$41

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.

\$500

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



Transportation assistance

36 one-way rides every year

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



Vision coverage

\$300 every year for lenses, frames and contacts

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



Health products

\$325 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

\$3,500 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

8 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

BENTON

CLARK

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KING

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PIERCE

SKAGIT

SNOHOMISH

SPOKANE

THURSTON

WHATCOM

YAKIMA

Washington

HMO IE-SNP

H5253-064

\$43.10

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.

\$500

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