

# MoreCare For You (HMO) 2022 Benefits Overview

MoreCare®

A Medical Home Network Affiliate

Benefits Snapshot	What You Pay / What's Covered
Monthly Plan Premium or Deductible	\$0
Part D Deductible	\$0
Maximum Out-of-Pocket	\$3,450
Office Visit <ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Mental Health</li> <li>• Physician Specialist</li> </ul>	\$0 \$0 \$25
Telehealth	Always Covered <sup>1</sup> <i>Office visit copays apply</i>
Urgent Care	\$25
Preventive Care Services	\$0
Emergency Room Visits	\$120 <i>Copay waived if admitted</i>
Worldwide Emergency/Urgent Care Services	\$120 <i>Covered up to \$10k</i>
Outpatient Hospital	\$150
Ground Ambulance	\$200
PT/OT/ST	\$25
Outpatient Diagnostic Procedures, Tests, and Lab	\$0
Diagnostic Radiological Services (MRI, etc)	\$150
X-Rays	\$25
Foot Care (Podiatry Services) <ul style="list-style-type: none"> <li>• Medicare-covered Podiatry</li> <li>• Routine Foot Care (Preventive Podiatry)</li> </ul>	\$25 \$0 (2 visits/year)
Durable Medical Equipment	20%

<sup>1</sup>Applies to in-network providers.

Benefits Snapshot	What You Pay / What's Covered
<b>Vision Services</b> <ul style="list-style-type: none"> <li>• Routine eye exam (not covered by Original Medicare)</li> <li>• Medicare-covered diagnostic exam</li> <li>• <b>Plan Coverage for Glasses or Contacts</b></li> </ul>	\$0 \$25 <b>\$300/year</b>
<b>Hearing Services</b> <ul style="list-style-type: none"> <li>• Routine hearing exam (not covered by Original Medicare)</li> <li>• Medicare-covered diagnostic exam</li> <li>• <b>Plan coverage for Hearing Aids</b></li> </ul>	\$0 \$25 <b>\$2,000/year</b>
<b>Dental Services</b> <ul style="list-style-type: none"> <li>• Preventive services (like cleanings or fluoride)</li> <li>• Comprehensive services (like crowns or dentures)</li> <li>• <b>Plan coverage for dental services</b></li> </ul>	\$0 \$0 <b>\$1,800/year</b>
<b>Transportation</b>	20 one-way trips
<b>Caregiver Support Services</b>	\$0
<b>Digital Health Education Assistant</b>	\$0
<b>Over-the-Counter (OTC) Card</b>	\$75 every 3 months
<b>Grocery Card<sup>1</sup></b>	\$25 every 3 months
<b>Gym Membership</b>	\$0
<b>Diabetic Services and Supplies<sup>2</sup></b> <ul style="list-style-type: none"> <li>• Diabetic Supplies, Preferred Brand (Abbott Freestyle)</li> <li>• Diabetic shoes</li> <li>• Diabetics self-management training</li> </ul>	\$0 \$0 \$0

**Questions?**  
**We're here to help.**

**844-480-8528 (TTY 711)**  
**Or visit: MyMoreCare.com**

<sup>1</sup>For eligible members based on certain chronic conditions.  
<sup>2</sup>35% coinsurance for non-preferred brand.