



Health Choice Generations 2017 Supplemental Benefits Description

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Dental - Preventive Coverage \$: No max per year	Preventive dental services have no coinsurance, no deductible, \$0 copay. Cost of preventive services will not be deducted from total coverage amount for comprehensive dental benefits. No authorization or referral required. Coverage is for: <ul style="list-style-type: none"> • Two Oral Exams per year • Two Prophylaxis (Cleanings) per year, one every 6 months • One Dental X-Rays per year
Dental - Comprehensive \$1,600 per year	Comprehensive dental services have no coinsurance (for dental services not covered by original Medicare), no deductible, \$0 copay. No authorization or referral required (as long as the service is not covered by original Medicare). Coverage is for: <ul style="list-style-type: none"> • non-routine Diagnostic Services • non-routine Restorative Services • non-routine Endodontics/Periodontics/Extractions NOT COVERED: Prosthodontics, meaning dental and facial restoration including cosmetics, dental implants, bridges, dentures, and temporomandibular restorative procedures.
Vision - Eye Wear \$175 every year	Eye Wear services have no coinsurance (for eyewear services not covered by original Medicare), no deductible, \$0 copay. No authorization or referral required (as long as the service is not covered by original Medicare, i.e. post cataract, intraocular lens implantation surgery). Coverage is for: <ul style="list-style-type: none"> • One pair of glasses (lenses plus frames) every year. NOT COVERED: Contacts.
Vision - Exams Coverage amount: No max per year	Eye exam service has no coinsurance (for eye exam services not covered by original Medicare), no deductible, \$0 copay. No authorization or referral required (as long as the service is not covered by original Medicare). Cost of annual routine eye exam will not be deducted from total coverage amount for vision related benefits. Coverage is for: <ul style="list-style-type: none"> • One routine eye exam per year.
Hearing - Hearing Aid \$500 per year	Hearing Aid service has no coinsurance, no deductible, \$0 copay. No authorization or referral required. Coverage is for: <ul style="list-style-type: none"> • One hearing aid for one ear + fitting, every year.
Hearing - Exams Coverage amount: No max per year	Hearing Exam service has no coinsurance (for hearing exam services not covered by original Medicare), no deductible, \$0 copay. Cost of exams will not be deducted from total coverage amount for hearing related benefits. No authorization or referral required. Coverage is for: <ul style="list-style-type: none"> • One routine hearing exam per year.
Over the Counter (OTC) \$60 every three months	OTC service has no coinsurance, no deductible, \$0 copay. No authorization or referral required. Unused quarterly amount does not roll over into following quarter. Coverage is for: <ul style="list-style-type: none"> • Items consistent with CMS guidance, as found in the OTC catalog provided to members.