Health Choice Generations (HCG) CY2018 Supplemental Benefits

For Medicare Non-Standard Benefits (benefits not covered under Original Medicare)

		Amount + Length	Service Description
Dental Related	**Dental (Preventive)**	$2,000 per calendar year (for all dental services combined)	Preventive dental services have no coinsurance, no deductible, $0 copay. No authorization or referral required. Cost of all preventive services will be deducted from total coverage amount for dental benefit. Coverage is for: - Two Oral Exams per year, one every 6 months. - Two Prophylaxis (Cleanings) per year, one every 6 months. - One x-ray per year, which can consist of: - One of either bitewing x-rays or single x-rays OR - One complete aka full mouth (fmx) aka panoramic set. Complete/panoramic only allowed once every 36 months. Exam and cleaning must be performed in the same office visit. X-Rays must be taken during office visit.
	Dental (Comprehensive)		Comprehensive dental services (for services not covered by Original Medicare) have no coinsurance , no deductible, $0 copay. Authorization and referral only required for services covered under Original Medicare. Coverage is for: - 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 Related	**Eye Wear (Glasses / Contacts)**	$300 per calendar year	Eye Wear services (for services not covered by Original Medicare) have no coinsurance , no deductible, $0 copay. Authorization and referral only required for services covered under Original Medicare (EX: post cataract, intraocular lens implantation surgery). Coverage is for: - One pair of glasses (lenses plus frames) every year. Upgrades to frames and lenses allowed. - Contact lenses.
	Eye Exams	Coverage Amt.: No max per year	Eye exam service (for services not covered by Original Medicare) has no coinsurance, no deductible, $0 copay. Authorization and referral only required for services covered under Original Medicare. Cost of annual routine eye exam will **not** be deducted from total coverage amount for vision related benefits. Coverage is for: - One routine eye exam per year.
Hearing Related	**Hearing Aid**	$1,500 per 3 years	Hearing Aid service has no coinsurance, no deductible, $0 copay. No authorization or referral required. Coverage is for: - One hearing aid for one ear + fitting, every three years.
	Hearing Exam	Coverage Amt.: No max per year	Hearing Exam service (for hearing exam services not covered by Original Medicare) has no coinsurance , no deductible, $0 copay. Authorization and referral only required for services covered under Original Medicare. Cost of exams will **not** be deducted from total coverage amount for hearing related benefits. Coverage is for: - One routine hearing exam per year.
	Over the Counter (OTC)	$100 every three months	No coinsurance , no deductible, $0 copay. No authorization or referral required. Shipping is free. Unused quarterly amount does not roll over into following quarter. Coverage is for: - $100 credit per quarter for purchasing designated OTC items. - OTC items are consistent with CMS guidance, as found in the OTC catalog provided to members. See OTC catalogue or OTC website for purchase rules and directions.
	Podiatry	4 visits per year	Podiatry service (for services not covered by Original Medicare) has no coinsurance , no deductible, $0 copay. Authorization and referral only required for services covered under Original Medicare. Routine foot care includes cutting or removal of corns and calluses trimming, cutting, and clipping of nails hygienic or other preventive maintenance, including cleaning and soaking the feet. Coverage is for: - One routine care visit per quarter.
	Chiropractic	12 visits per year	Chiropractic service (for services not covered by Original Medicare) has no coinsurance, no deductible, $0 copay. Authorization and referral only required for services covered under Original Medicare. Routine chiropractic office visits are all inclusive of treatment modalities and x-rays. Coverage is for: - One routine care visit per month.