MoreCare At Home (HMO IE-SNP) 2022 Benefits Overview



Benefits Snapshot	What You Pay / What's Covered
Monthly Plan Premium or Deductible	\$o
Maximum Out-of-Pocket	\$3,450
 Primary Care Office Visit At your residence 	\$o
Mental Health	\$o
Physician Specialist	20%
Telehealth	In-Network Providers Covered. Copays above apply
Urgent Care	\$25
Preventive Care Services	\$o
Emergency Room Visits	\$120 Copay waived if admitted within 3 days
Outpatient Hospital	20%
PT/OT/ST	20%
Outpatient Diagnostic Procedures, Tests, and Lab	\$o
 Foot Care (Podiatry Services) Medicare-covered Podiatry Routine Foot Care (Preventive Podiatry) 	20% \$0 (2 visits/year)
Durable Medical Equipment	20%
 Diabetic Services and Supplies¹ Diabetic Supplies, Preferred Brand (Abbott Freestyle) Diabetic shoes Diabeties self-management training 	\$0 \$0 \$0

Benefits Snapshot	What You Pay / What's Covered
Vision Services	
 Routine eye exam (not covered by Original Medicare) Medicare-covered diagnostic exam Plan Coverage for Glasses or Contacts 	\$0 \$0 \$300/year
Hearing Services	
 Routine hearing exam (not covered by Original Medicare) Medicare-covered diagnostic exam Plan coverage for Hearing Aids 	\$0 \$0 \$2,000/year
 Dental Services Preventive services (like cleanings or fluoride) Comprehensive services (like crowns or dentures) Plan coverage for dental services 	\$0 \$0 \$1,800/year
Healthy Food	1 box of healthy meals per month
Transportation	22 one-way trips
Caregiver Support Services	\$o
Over-the-Counter (OTC) Card	\$75 every 3 months
Grocery Card	\$25 every 3 months
Therapeutic Exercise Program	\$0 10 visits per year

Questions? We're here to help.

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

¹Preferred brand, Abbott Freestyle. 35% coinsurance for non-preferred brand.



