

ADDITIONAL BENEFITS		
Hearing exams	\$15	Each visit for routine diagnostic hearing exams
Hearing aids	Total less credit	You receive \$500 credit per ear every 3 years
Vision services	\$15	Each visit for eye exams
Optical hardware (lenses, frames)	Charges over \$200 benefit	You can use this benefit once every 2 years; you cannot carry over unused benefit
One annual routine physical exam	No charge	If you receive care during that visit beyond what your benefit covers, you may incur additional charges for that care provided

Health and well3 691.54 i12 Tf1 C

This information is not a complete description of benefits. Call Member Services toll-free at **1-800-476-2167 (TTY: 711)**, from 8:00 a.m. - 8:00 p.m., seven days a week, for more information.

The out-of-pocket maximum for certain covered services each calendar year is \$2,500 per individual. After you reach the out-of-pocket maximum, you are not charged further for these services that year. Outpatient Part D prescription drugs do not apply to the out-of-