CommuniCare Advantage - 2024 ISNP Benefit Highlights

Benefits	*	Description	In-Network Costs
	Transportation	Non-emergent medical transportations are included.	\$0 cost to member Benefit varies by state
TELL	Immunizations	Vaccines for COVID-19, pneumonia, influenza, and Hepatitis B	\$0 cost to member
Å	Preventive services	Many preventive services are covered, including an annual wellness visit, breast cancer screening, colorectal cancer screening, diabetes screening	\$0 cost to member
	Dental services	Preventive & comprehensive dental services include oral exams, dentures, X-rays, extractions, fillings, and deep cleanings	\$0 cost to member \$2,000 benefit annually
69	Vision services	Routine vision screening, lenses, frames, and/or contacts	\$0 cost to member Benefit varies by state
	Flex Card	Healthcare dollars to spend on over-the-counter products and benefits	\$0 cost to member Benefit varies by state
D ")	Hearing services	Routine hearing exams, hearing aids, and hearing aid services (including evaluation and fitting, repair, and batteries)	\$0 cost to member for \$1,500 benefit annually

^{*}This is not a complete description of benefits. See the plan Evidence of Coverage for more information or call Member Services toll-free at (855) 969-5861, TTY 711, 8:00 a.m. – 8:00 p.m. seven days a week October 1 through March 31 (8:00 a.m. – 8:00 p.m. Monday through Friday April 1 through September 30). CommuniCare Advantage is an HMO with a Medicare contract. Enrollment in this plan depends on contract renewal.

