

| Benefits   | What You Pay With Original Medicare  | What You Pay With Our Medicare Advantage Plan   |
|--|--|---|
| <p><b>Vision (includes glasses and contact lenses)</b></p> | <p>You pay 20% coinsurance for Medicare-approved amounts<br/>                     Routine eye exams not covered<br/>                     Medicare pays for 1 pair of eyeglasses or contact lenses after cataract surgery</p> | <p>\$40 for Medicare-covered benefits; \$25 copayment for routine eye exam<br/>                     \$0 copayment; \$150 annually towards eyewear</p>   |
| <p><b>Dental Care</b></p>                                  | <p>You pay 20% coinsurance for Medicare-approved amounts<br/>                     Routine dental not covered<br/>                     Dentures not covered</p>   | <p>\$0 copayment for Medicare-covered benefits<br/>                     \$10 copayment for a routine preventive office visit<br/>                     \$0 copayment for denture adjustments (any 2 of the 4 denture adjustments per year)</p> |