

| Benefits | What You Pay With Silver Rx | What You Pay With Silver Rx With Medicare And Full Medicaid |
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| Vision Services: <ul style="list-style-type: none"> • Routine Eye Exam (1) per year • Annual Glaucoma Screening • Diagnosis and Treatment for diseases/conditions of the eye • Contact lenses, eyeglasses (lenses and frames) | 0% coinsurance in-network/20% coinsurance out-of-network \$0 copayment 20% coinsurance \$200 yearly allowance | \$0 copayment in-network/20% coinsurance out-of-network \$0 copayment 0% coinsurance \$200 yearly allowance |
| Preventive Dental covers: Up to (1) of each of the following <ul style="list-style-type: none"> • Office Visit (1) per year • Oral Exam (1) per year • Cleaning (1) per year • Dental x-rays (1) per year | \$15 copayment | \$0 copayment |
| Dentures – 2 dental plates, full or partial once every 3 years | 0% coinsurance/20% coinsurance out-of-network | 0% coinsurance/20% coinsurance out-of-network |