

2023 Summary of Benefits

This is a summary of drug and health services covered by Banner Medicare Advantage Plus PPO, January 1, 2023 - December 31, 2023.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at www.BannerHealth.com/MA or you can call our Customer Care Center for help.

Hours of Operation

You can call us from 8 a.m. to 8 p.m., seven days a week.

How to Contact Us

If you are a member of this plan, call toll-free (844) 549-1859, TTY 711.

If you are not a member of this plan, call toll-free (844) 556-7685, TTY 711.

Our website: www.BannerHealth.com/MA.

Who Can Join?

To join Banner Medicare Advantage Plus, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Arizona: Maricopa, Pima, Pinal, Santa Cruz, and Yuma.

Which Doctors, Hospitals, and Pharmacies Can I Use?

Banner Medicare Advantage Plus has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider directory and pharmacy directory on our website: www.BannerHealth.com/MA. Or call us, and we will send you a copy of the provider directory and pharmacy directory.

What Do We Cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – *however, we cover even more.*

- Our plan members get all of the benefits covered by Original Medicare.
- Our plan members also get more than what is covered by Original Medicare.
- Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at www.BannerHealth.com/MA.
- Or call us, and we will send you a copy of the formulary.

Tips For Comparing Your Medicare Choices

This *Summary of Benefits* booklet gives you a summary of what Banner Medicare Advantage Plus covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their *Summary of Benefits* booklet, or use the Medicare Plan Finder on www.medicare.gov
- If you want to know more about the coverage and costs of Original Medicare, look in your current *Medicare & You* handbook. View it online at www.medicare.gov, or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

Banner Medicare Advantage Plus PPO has a contract with Medicare. Enrollment depends on contract renewal.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our Customer Care Center or see the Evidence of Coverage for more information.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

Premiums and Benefits	Maricopa & Pinal	Pima & Santa Cruz	Yuma
Monthly Plan Premium	\$25 per month. You must continue to pay your Medicare Part B premium.		
Deductible	\$0 plan deductible.		
Maximum Out-of-Pocket Responsibility	\$4,350 annual out-of-pocket limit for services you receive from in-network providers. \$8,700 combined annual out-of-pocket limit for services you receive from in-network and out-of-network providers.		
Inpatient Hospital Coverage**	Per benefit period*: <u>In-Network:</u> Days 1-5: \$275 copayment per day, Days 6-90: \$0 copayment per day. <u>Out-of-Network:</u> Days 1-90: 40% coinsurance per day.		
Outpatient Hospital Coverage (Medicare-covered)**	<u>In-Network:</u> \$250 copayment per visit. <u>Out-of-Network:</u> 40% coinsurance per visit.	<u>In-Network:</u> \$275 copayment per visit. <u>Out-of-Network:</u> 40% coinsurance per visit.	<u>In-Network:</u> \$250 copayment per visit. <u>Out-of-Network:</u> 40% coinsurance per visit.
Ambulatory Surgery Center Services (Medicare-covered)**	<u>In-Network:</u> \$250 copayment per visit. <u>Out-of-Network:</u> 40% coinsurance per visit.	<u>In-Network:</u> \$275 copayment per visit. <u>Out-of-Network:</u> 40% coinsurance per visit.	<u>In-Network:</u> \$250 copayment per visit. <u>Out-of-Network:</u> 40% coinsurance per visit.

Premiums and Benefits	Maricopa & Pinal	Pima & Santa Cruz	Yuma
<p>Doctor Visits (Medicare-covered)</p> <ul style="list-style-type: none"> ○ Primary care ○ Specialists** 	<p><u>In-Network:</u> \$0 copayment per visit.</p> <p><u>Out-of-Network:</u> \$35 copayment per visit.</p> <p><u>In-Network:</u> \$30 copayment per visit.</p> <p><u>Out-of-Network:</u> \$70 copayment per visit.</p>		
<p>Preventive Care (Medicare-covered)</p> <ul style="list-style-type: none"> ○ Annual physical exam 	<p><u>In-Network:</u> \$0 copayment per visit.</p> <p><u>Out-of-Network:</u> 40% coinsurance per visit.</p> <p>Our plan covers many preventive services. Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p><u>In-Network:</u> \$0 copayment per visit.</p> <p><u>Out-of-Network:</u> 40% coinsurance per visit.</p>		
<p>Emergency Care</p>	<p>\$90 copayment per visit.</p> <p>If you are admitted to the hospital within 24 hours, your copayment is waived.</p>		
<p>Urgently Needed Services</p>	<p>\$0 copayment per visit.</p>		

Premiums and Benefits	Maricopa & Pinal	Pima & Santa Cruz	Yuma
<p>Diagnostic Services/Labs/Imaging (Medicare-covered)**</p> <ul style="list-style-type: none"> ○ Diagnostic radiology service (such as MRI, CT scans) ○ Lab services ○ Diagnostic tests and procedures ○ Outpatient x-rays ○ Therapeutic radiology services (such as radiation treatment for cancer) 	<p><u>In-Network:</u> \$125 copayment per visit.</p> <p><u>Out-of-Network:</u> 40% coinsurance per visit.</p> <p><u>In-Network:</u> \$10 copayment per visit.</p> <p><u>Out-of-Network:</u> 40% coinsurance per visit.</p> <p><u>In-Network:</u> \$10 copayment per visit.</p> <p><u>Out-of-Network:</u> 40% coinsurance per visit.</p> <p><u>In-Network:</u> \$20 copayment per visit.</p> <p><u>Out-of-Network:</u> \$27 copayment per visit.</p> <p><u>In-Network:</u> \$60 copayment per visit.</p> <p><u>Out-of-Network:</u> 40% coinsurance per visit.</p>		

Premiums and Benefits	Maricopa & Pinal	Pima & Santa Cruz	Yuma
<p>Hearing Services</p> <ul style="list-style-type: none"> ○ Medicare-covered hearing exam ○ Routine hearing exam ○ Routine Hearing Aid Fitting/ Evaluation ○ Hearing aids 	<p><u>In-Network:</u> \$0 copayment per visit.</p> <p><u>Out-of-Network:</u> 40% coinsurance per visit.</p> <p><u>In-Network:</u> \$0 copayment per visit, once per calendar year.</p> <p><u>Out-of-Network:</u> 40% coinsurance per visit.</p> <p><u>In-Network:</u> \$0 copayment per visit, once per calendar year.</p> <p><u>Out-of-Network:</u> 40% coinsurance per visit.</p> <p><u>In-Network:</u> \$0 copayment for hearing aid(s).</p> <p><u>Out-of-Network:</u> 40% coinsurance for hearing aid(s).</p> <p>Hearing Aids (all types) – \$1,000 coverage limit every year, both ears combined.</p>		
<p>Dental Services</p> <ul style="list-style-type: none"> ○ Medicare-covered dental services ○ Preventive Dental Services 	<p><u>In-Network:</u> 0% coinsurance per visit.</p> <p><u>Out-of-Network:</u> 40% coinsurance per visit.</p> <p><u>In-Network:</u> \$0 copayment per visit.</p> <p><u>Out-of-Network:</u> 40% coinsurance per visit.</p> <ul style="list-style-type: none"> • Office visit includes combined exam and cleaning • Oral exam: up to exam 1 every 6 months • Cleaning: up to cleaning 1 every 6 months • Fluoride treatment: up to 1 treatment every year • Dental x-ray(s): up to 1 set of bitewing x-rays every year 		

Premiums and Benefits	Maricopa & Pinal	Pima & Santa Cruz	Yuma
Optional Supplemental Benefits – Comprehensive Dental**	<p>\$23.50 additional monthly premium.</p> <p>\$1,000 every year coverage limit for comprehensive dental services.</p> <p>See below for more details on the Optional Supplemental Dental Benefit.</p>		
<p>Vision Services</p> <ul style="list-style-type: none"> ○ Medicare-covered eye exam ○ Medicare-covered eyewear ○ Routine eye exam ○ Supplemental eyewear 	<p><u>In-Network:</u> \$0 copayment per visit (including annual glaucoma screening).</p> <p><u>Out-of-Network:</u> 50% coinsurance per visit.</p> <p><u>In-Network:</u> \$0 copayment for Medicare-covered eyeglasses or contact lenses after cataract surgery.</p> <p><u>Out-of-Network:</u> 40% coinsurance per pair.</p> <p><u>In-Network:</u> \$0 copayment for annual routine eye exam.</p> <p><u>Out-of-Network:</u> 40% coinsurance per visit.</p> <p><u>In-Network:</u> \$0 copayment for routine eyewear.</p> <p><u>Out-of-Network:</u> 40% coinsurance per pair.</p> <p>\$200 coverage limit every year for plan-covered routine eyewear (glasses or contact lenses), in-network and out-of-network combined.</p>		

Premiums and Benefits	Maricopa & Pinal	Pima & Santa Cruz	Yuma
Mental Health Services (Medicare-covered)** <ul style="list-style-type: none"> ○ Inpatient visit ○ Outpatient individual and group therapy visit 	Per benefit period*: <u>In-Network:</u> Days 1-5: \$275 copayment per day, Days 6-90: \$0 copayment per day. <u>Out-of-Network:</u> Days 1-90: 40% coinsurance per day. <u>In-Network:</u> \$30 copayment per individual or group visit. <u>Out-of-Network:</u> \$40 copayment per individual or group visit.		
Skilled Nursing Facility (Medicare-covered)**	Per benefit period*: <u>In-Network:</u> Days 1-20: \$0 copayment per day Days 21-100: \$178 copayment per day. <u>Out-of-Network:</u> Days 1-100: \$195 copayment per day.		
Rehabilitation Services (Medicare-covered)** <ul style="list-style-type: none"> ○ Occupational therapy visit ○ Physical therapy and speech and language therapy visit 	<u>In-Network:</u> \$40 copayment per visit. <u>In-Network:</u> \$40 copayment per visit.	<u>In-Network:</u> \$30 copayment per visit. <u>In-Network:</u> \$30 copayment per visit.	<u>In-Network:</u> \$40 copayment per visit. <u>In-Network:</u> \$40 copayment per visit.
Ambulance (Medicare-covered)	<u>Out-of-Network:</u> 40% coinsurance per visit. \$250 copayment for Medicare-covered ground or air transport. Cost sharing applies to each one-way trip.		

Premiums and Benefits	Maricopa & Pinal	Pima & Santa Cruz	Yuma
Transportation (non-emergent)	Not covered.		
Medicare Part B Drugs**	<p><u>In-Network:</u> 20% coinsurance for chemotherapy drugs.</p> <p><u>Out-of-Network:</u> 40% coinsurance.</p> <p><u>In-Network:</u> 20% coinsurance for other Part B drugs.</p> <p><u>Out-of-Network:</u> 40% coinsurance.</p>		

* A benefit period begins the day you go into a hospital or skilled nursing facility (SNF). The benefit period ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a skilled nursing facility after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods.

Services with ** may require your provider to obtain prior authorization from the plan.

Prescription Benefits

As shown below, there are “drug payment stages” for your Medicare Part D prescription drug coverage under Banner Medicare Advantage Plus. How much you pay for a drug depends on which of these stages you are in at the time you get a prescription filled or refilled. You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy. Please call us or access our Evidence of Coverage online at www.BannerHealth.com/MA.

PRESCRIPTION DRUG BENEFITS	
Prescription Drug Stages	Maricopa, Pima, Pinal, Santa Cruz & Yuma
Deductible Stage	There is no deductible for Banner Medicare Advantage Plus.
Initial Coverage Stage	Since this plan does not have a deductible, you begin in the Initial Coverage Stage. During the Initial Coverage Stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost until your total yearly drug costs reach \$4,660. Total yearly drug costs are the total drug costs paid by both you and Medicare Insurer. You may get your drugs at network retail pharmacies and mail order pharmacies.
Coverage Gap Stage	<p>You will pay a \$0 copay for Tier 1 drugs in this stage.</p> <p>Most Medicare drug plans have a coverage gap stage (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,660.</p> <p>After you enter the coverage gap, you pay 25% of the plan’s cost for covered brand name drugs and 25% of the plan’s cost for covered generic drugs until your costs total \$7,400, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>
Catastrophic Coverage Stage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,400, you pay the greater of:</p> <ul style="list-style-type: none"> • – <i>either</i> – coinsurance of 5% of the cost of the drug • – <i>or</i> – \$4.15 for a generic drug or a drug that is treated like a generic and \$10.35 for all other drugs. <p>Our plan pays the rest of the cost.</p>

Initial Coverage Stage – Banner Medicare Advantage Plus

Every drug on the plan's Drug List is in one of 5 cost-sharing tiers. In general, the higher the cost-sharing tier number, the higher your cost for the drug.

This chart shows your share of the cost when you get a **one-month supply** of a covered Part D prescription drug:

TIER	Maricopa, Pima, Pinal, Santa Cruz & Yuma		
	Standard retail cost sharing	Long-term care (LTC) cost sharing	Out-of-network cost sharing
Tier 1: Preferred Generic	\$0 copayment	\$0 copayment	\$0 copayment
Tier 2: Generic	\$5 copayment	\$5 copayment	\$5 copayment
Tier 3: Preferred Brand	\$47 copayment	\$47 copayment	\$47 copayment
Tier 4: Non-Preferred Brand	\$100 copayment	\$100 copayment	\$100 copayment
Tier 5: Specialty	33% coinsurance	33% coinsurance	33% coinsurance
Select Insulins	\$35 copayment	\$35 copayment	\$35 copayment

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Your share of the cost when you get a **long-term (90-day) supply** of a covered Part D prescription drug:

TIER	Maricopa, Pima, Pinal, Santa Cruz & Yuma	
	Standard retail cost sharing	Standard mail order cost sharing
Tier 1: Preferred Generic	\$0 copayment	\$0 copayment
Tier 2: Generic	\$15 copayment	\$10 copayment
Tier 3: Preferred Brand	\$141 copayment	\$141 copayment
Tier 4: Non-Preferred Brand	\$300 copayment	\$300 copayment
Tier 5: Specialty	A long-term supply is not available for drugs in Tier 5.	Mail order is not available for drugs in Tier 5.
Select Insulins	\$105 copayment	\$105 copayment

Coverage Gap Stage – Banner Medicare Advantage Plus

Standard Retail & Mail Order Cost-Sharing

MARICOPA, PIMA, PINAL, SANTA CRUZ & YUMA			
TIER	DRUGS COVERED	ONE-MONTH SUPPLY	THREE-MONTH SUPPLY
Tier 1: Preferred Generic	All	\$0 copayment	\$0 copayment
Select Insulins		\$35 copayment	\$105 copayment

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Part D Senior Savings Model Select Insulins

The Part D Senior Savings Model allows participating Part D plans to offer a broad set of Select Insulins at a maximum \$35 copayment for a one-month supply throughout the initial coverage and coverage gap stages of Part D drug coverage.

To find out which Select Insulins are part of this savings model, please visit www.BannerHealth.com/MA to review the most recent Drug List, or call (844) 549-1859, TTY 711, from 8 a.m. to 8 p.m., seven days a week, for a hard copy. Select Insulins are marked with the letters "SSM" in the Drug List.

OTHER BENEFITS

Premiums and Benefits	Maricopa & Pinal	Pima & Santa Cruz	Yuma
Outpatient Substance Abuse	<u>In-Network:</u> \$30 copayment per individual or group visit. <u>Out-of-Network:</u> \$70 copayment per individual or group visit.		
Cardiac Rehabilitation & Intensive Cardiac Rehabilitation	<u>In-Network:</u> \$20 copayment per visit. <u>Out-of-Network:</u> 40% coinsurance per visit.		
Foot Care (podiatry services)** <ul style="list-style-type: none"> ○ Medicare-covered foot exams and treatment 	<u>In-Network:</u> \$30 copayment per visit. <u>Out-of-Network:</u> 40% coinsurance per visit.		
Chiropractor Visits <ul style="list-style-type: none"> ○ Medicare-covered** ○ Routine 	<u>In-Network:</u> \$20 copayment per visit. <u>Out-of-Network:</u> \$70 copayment per visit. <u>In-Network:</u> \$35 copayment per visit. <u>Out-of-Network:</u> 40% coinsurance per visit. 6 routine visits per calendar year.		
Home Health Care	<u>In-Network:</u> \$0 copayment per visit. <u>Out-of-Network:</u> 50% coinsurance per visit.		

OTHER BENEFITS

Premiums and Benefits	Maricopa & Pinal	Pima & Santa Cruz	Yuma
<p>Medical Equipment/Supplies (Medicare-covered)**</p> <ul style="list-style-type: none"> ○ Durable Medical Equipment (e.g., wheelchairs, oxygen) ○ Prosthetics (e.g., braces, artificial limbs) ○ Diabetes supplies 	<p><u>In-Network:</u> 20% coinsurance.</p> <p><u>Out-of-Network:</u> 50% coinsurance.</p> <p><u>In-Network:</u> 20% coinsurance.</p> <p><u>Out-of-Network:</u> 50% coinsurance.</p> <p><u>In-Network:</u> 0% coinsurance for Medicare-covered diabetic supplies. 20% coinsurance for Medicare-covered therapeutic shoes.</p> <p><u>Out-of-Network:</u> 40% coinsurance for Medicare-covered diabetic supplies. 40% coinsurance for Medicare-covered therapeutic shoes.</p>		
<p>Diabetes Self-Management Training</p>	<p><u>In-Network:</u> \$0 copayment per visit.</p> <p><u>Out-of-Network:</u> 40% coinsurance per visit.</p>		
<p>Meals</p>	<p><u>In-Network:</u> \$0 copayment per meal.</p> <p><u>Out-of-Network:</u> 40% coinsurance per meal.</p> <p>For members discharged from an inpatient hospital or Skilled Nursing Facility (SNF) stay, up to 12 meals delivered to the member's home.</p>		

OTHER BENEFITS

Premiums and Benefits	Maricopa & Pinal	Pima & Santa Cruz	Yuma
Silver&Fit® Fitness Benefit	<p><u>In-Network:</u> \$0 copayment for fitness classes/kits.</p> <p><u>Out-of-Network:</u> 40% coinsurance for fitness benefits.</p> <p>Fitness classes/fitness kits provided by Silver&Fit.</p> <p>Silver&Fit is one of the largest and most diverse healthy aging and exercise programs nationally, which focuses on:</p> <ul style="list-style-type: none"> • Fitness center membership program • Digital fitness video program with home fitness tools • Healthy aging program. 		
Over-the-Counter (OTC) Health Items	<p>Plan covers up to \$50 every three months in and out of network combined.</p> <p>Unused amount rolls over to the next period.</p>		
Nurse Advice Line – Banner Nurse On-Call	<p><u>In-Network:</u> \$0 copayment for health care advice, 24 hours a day, 7 days a week, from a nursing professional to help answer your immediate health care questions.</p> <p><u>Out-of-Network:</u> 40% coinsurance for nurse advice line.</p>		
Worldwide Emergency Care	<p>\$90 copayment per visit.</p>		

OTHER BENEFITS			
Premiums and Benefits	Maricopa & Pinal	Pima & Santa Cruz	Yuma
Telehealth Services	<u>In-Network:</u> \$0-\$40 copayment per visit. <u>Out-of-Network:</u> PCP - \$35 copayment per visit Urgent Care - \$0 copayment per visit Specialists - \$70 copayment per visit Other Professionals - \$70 copayment per visit Mental Health - \$40 copayment per visit OT - 40% coinsurance per visit PT/ST - 40% coinsurance per visit	<u>In-Network:</u> \$0-\$30 copayment per visit. <u>Out-of-Network:</u> PCP - \$35 copayment per visit Urgent Care - \$0 copayment per visit Specialists - \$70 copayment per visit Other Professionals - \$70 copayment per visit Mental Health - \$40 copayment per visit OT - 40% coinsurance per visit PT/ST - 40% coinsurance per visit	<u>In-Network:</u> \$0-\$40 copayment per visit. <u>Out-of-Network:</u> PCP - \$35 copayment per visit Urgent Care - \$0 copayment per visit Specialists - \$70 copayment per visit Other Professionals - \$70 copayment per visit Mental Health - \$40 copayment per visit OT - 40% coinsurance per visit PT/ST - 40% coinsurance per visit
Colorectal Cancer Screening	\$25 OTC reward for annual completion during plan benefit year.		
Breast Cancer Screening	\$25 OTC reward for annual completion during plan benefit year.		

Banner Medicare Advantage Plus offers an opportunity to customize your care with an optional supplemental dental benefits package. You can enroll in this optional supplemental dental benefits package when you enroll in our plan or during the Annual Election Period. If you have questions, you can call us at (844) 549-1859, TTY 711, 8 a.m. to 8 p.m., seven days a week.

OPTIONAL SUPPLEMENTAL BENEFITS – COMPREHENSIVE DENTAL	
Premiums and Benefits	Maricopa, Pima, Pinal, Santa Cruz & Yuma
Additional Monthly Premium	\$23.50
Annual Benefit Maximum	\$1,000 every year
Annual Deductible	\$0

OPTIONAL SUPPLEMENTAL BENEFITS – COMPREHENSIVE DENTAL

Premiums and Benefits	Maricopa, Pima, Pinal, Santa Cruz & Yuma
Restorations – In & Out of Network**	<p>20% coinsurance - Amalgam and Resin fillings, resin infiltration of incipient smooth surface lesion, inlays or onlays, protective restorations, Recement or re-bond inlay, onlay, partial restoration, crown</p> <p>50% coinsurance - Crowns, core build-up, pin retention-per tooth, post and core, each additional post, crown repair necessitated by restorative material failure</p>
Endodontics – In & Out of Network**	50% coinsurance - Pulpotomy and gross pulpal debridement of tooth, root canals and retreatment of previous root canal; Apicoectomy/Periradicular surgery and retrograde filling
Periodontics - In & Out of Network**	50% coinsurance - Gingivectomy/gingivoplasty, gingival flap procedure, osseous surgery, clinical crown lengthening; Periodontal scaling and root planing, full mouth debridement
Extractions – In & Out of Network**	<p>20% coinsurance - Extractions and coronectomy</p> <p>50% coinsurance - Oralantral fistula closure, primary closure of a sinus perforation, Alveoplasty, Vestibuloplasty, Removal of lateral exostosis (maxilla or mandible), removal of Torus Palatinus, Reduction of osseous tuberosity, removal of torus mandibularis, Frenulectomy, frenuloplasty, excision of hyperplastic tissue, excision of pericornal gingiva</p>
Prosthetics, Other Oral/Maxillofacial Surgery, Other Services – In & Out of Network**	<p>20% coinsurance - Adjustments, repairs, repair base or framework or replace missing or broken tooth or clasp, add tooth, add clasp on dentures, rebase and reline dentures, tissue conditioning</p> <p>50% coinsurance - Removable dentures-complete, partial, immediate, overdentures, fixed partial dentures-pontics and retainers, retainer crowns</p>

Covered dental services are subject to conditions, limitations, exclusions, and maximums. Please see the Evidence of Coverage for details.

Network dentists have agreed to provide services at an in-network rate. If you see a network dentist, you can't be billed more than the in-network rate.

Please contact our Customer Care Center for benefit details, or go online to www.BannerHealth.com/MA.