

# Senior Plus Plan

Effective January 1, 2018

Parts A and B costs are shown with 2017 amounts. The 2018 amounts were not available at time of print.



GuideStone's Medicare-coordinating plans include medical and Part D benefits. Part D benefits will be managed by Express Scripts. If you are currently enrolled in a Medicare supplement plan that includes a Part D benefit or a Part D stand-alone Prescription Drug Plan (PDP), it is your responsibility to verify that you are eligible to disenroll from that plan and enroll in a new plan at this time.

MEDICAL BENEFITS			
Part A services Hospital services per benefit period (as defined by Medicare)	Medicare pays	Plan pays	You pay <sup>1</sup>
<b>Hospital stays</b> <ul style="list-style-type: none"> <li>Semi-private room and board</li> <li>General nursing</li> <li>Other hospital services and supplies</li> </ul>	<ul style="list-style-type: none"> <li>100% days 1–60 (after \$1,316 deductible)</li> <li>Costs over \$329/day for days 61–90</li> <li>Costs over \$658/day for days 91–150 (lifetime reserve days)</li> </ul>	<ul style="list-style-type: none"> <li>50% of Part A deductible (for every benefit period)</li> <li>\$329/day for days 61–90</li> <li>\$658/day for days 91–150 (lifetime reserve days)</li> <li>100% after reserves are depleted</li> <li>All costs after 150 days</li> </ul>	\$658 (50% of the Part A deductible) <sup>2</sup>
<b>Blood</b> <ul style="list-style-type: none"> <li>First three pints</li> <li>Additional amounts</li> </ul>	<ul style="list-style-type: none"> <li>\$0</li> <li>100%</li> </ul>	Nothing	<ul style="list-style-type: none"> <li>100%</li> <li>\$0</li> </ul>
<b>Skilled nursing facility care</b>	<ul style="list-style-type: none"> <li>100% days 1–20</li> <li>Costs over \$164.50/day for days 21–100</li> </ul>	Not a covered benefit	<ul style="list-style-type: none"> <li>\$164.50/day for days 21–100</li> <li>100% after 100 days</li> </ul>
<b>Hospice care</b>  Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services	All but very limited co-pay/co-insurance for outpatient drugs and inpatient respite care	Nothing	Co-pay/co-insurance for outpatient drugs and inpatient respite care

<sup>1</sup> You are responsible for 100% of any charges not covered by Medicare or that are above the Medicare-approved amount.

<sup>2</sup> You must pay 50% of the Part A deductible for every benefit period, which begins when you are admitted and ends when you have not received hospital or skilled nursing facility treatment for 60 days in a row.

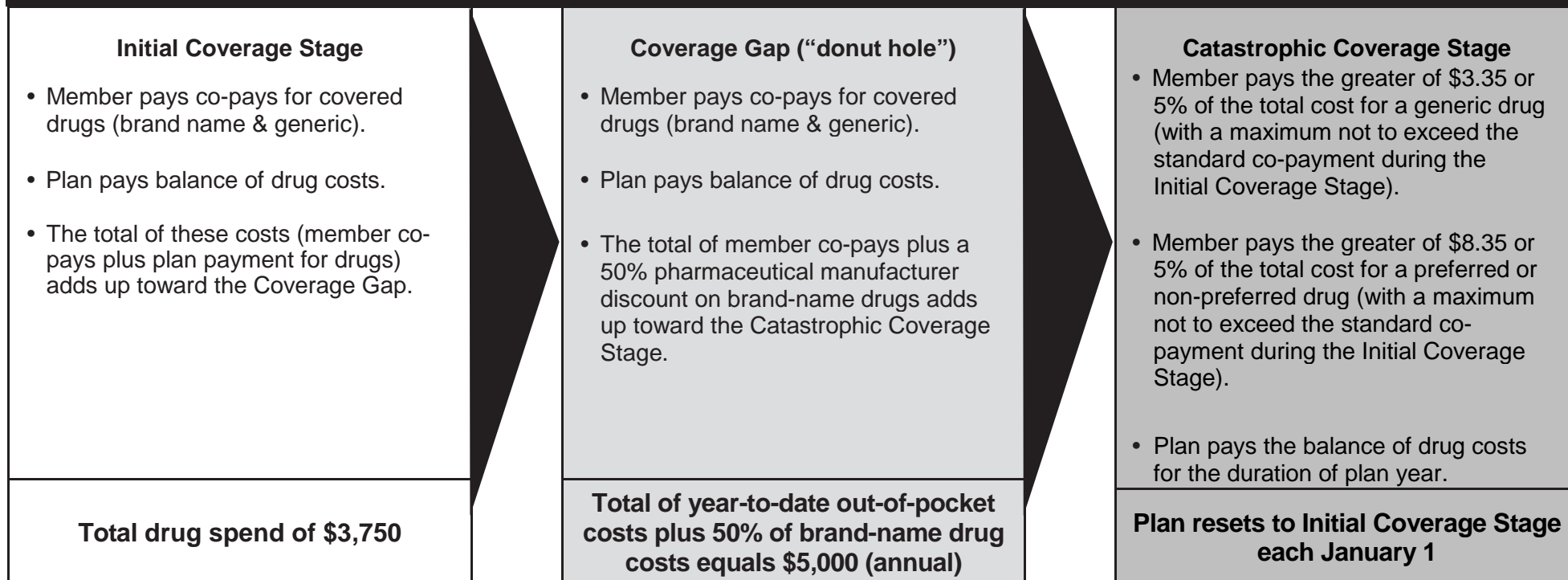
Part B services Medical services per calendar year (as defined by Medicare)	Medicare pays	Plan pays	You pay <sup>1</sup>
<b>Preventive care</b> <sup>2</sup> (for recommended preventive care services, including an annual wellness visit)	100%	Nothing	Nothing
<b>Medical services &amp; supplies</b> <ul style="list-style-type: none"> <li>Doctors' services</li> <li>Inpatient and outpatient medical and surgical services/supplies</li> <li>Physical and speech therapy</li> <li>Diagnostic tests</li> <li>Durable medical equipment and other supplies</li> </ul>	80% of Medicare-approved amounts for covered services	Remaining 20% of Medicare-approved amounts for covered services	\$183 (Part B deductible) <sup>3</sup>
<b>Outpatient mental health services</b>	80% of Medicare-approved amounts for covered services	Remaining 20% of Medicare-approved amounts for covered services	Part B deductible applies
<b>Clinical laboratory service</b> Tests for diagnostic services	100% of Medicare-approved amounts for covered services	Nothing	Nothing
<b>Part B excess charges</b> Up to 15% above Medicare-approved amounts	\$0	100%	Nothing
Parts A and B services	Medicare pays	Plan pays	You pay
<b>Home health care</b> <ul style="list-style-type: none"> <li>Medicare-approved services</li> <li>Durable medical equipment</li> </ul>	<ul style="list-style-type: none"> <li>100% medically necessary skilled care services and medical supplies</li> <li>80% Medicare-approved amounts (after deductible)</li> </ul>	<ul style="list-style-type: none"> <li>Nothing</li> <li>Remaining 20% of Medicare-approved amounts for covered services</li> </ul>	<ul style="list-style-type: none"> <li>\$0 for home health care services</li> <li>\$0 for Medicare-approved durable equipment</li> </ul>
Benefits <u>not</u> covered by Medicare	Medicare pays	Plan pays	You pay
<b>Foreign travel emergency</b> Medically necessary, emergency care services beginning during the first 60 days of each trip outside the USA	\$0	Not a covered benefit	100%

<sup>1</sup> You are responsible for 100% of any charges not covered by Medicare or that are above the Medicare-approved amount.

<sup>2</sup> For those enrolled in Medicare Part B, Medicare pays 100% of costs for recommended preventive care services (including an annual wellness visit), per *Your Guide to Medicare Preventive Services*. You may find a copy of this guide at [medicare.gov](https://www.medicare.gov).

<sup>3</sup> You pay the Part B deductible once a year.

## PRESCRIPTION BENEFITS



PRESCRIPTION DRUG CO-PAYS				
Pharmacy Retail Mail Order	Quantity (days' supply)	31	60	90
	Tier 1: Generic	\$10	\$20	\$30
	Tier 2: Preferred	\$40	\$80	\$120
	Tier 3: Non-preferred	\$65	\$130	\$195
	Tier 4: Specialty	\$75	\$150	\$225
	Tier 1: Generic	\$8	\$16	\$24
	Tier 2: Preferred	\$30	\$60	\$90
	Tier 3: Non-preferred	\$50	\$100	\$150
	Tier 4: Specialty	\$75	\$150	\$225