

# Care Basic Plan

Effective January 1, 2025



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 \$1,676 deductible)</li> <li>Costs over \$419/day for days 61–90</li> <li>Costs over \$838/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>\$419/day for days 61–90</li> <li>\$838/day for days 91–150 (lifetime reserve days)</li> <li>100% after reserves are depleted</li> <li>All costs after 150 days</li> </ul>	<ul style="list-style-type: none"> <li>\$838 (50% of the Part A deductible)<sup>2</sup></li> </ul>
<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>	<ul style="list-style-type: none"> <li>Not a covered benefit</li> </ul>	<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 \$209.50/day for days 21–100</li> </ul>	<ul style="list-style-type: none"> <li>Not a covered benefit</li> </ul>	<ul style="list-style-type: none"> <li>\$209.50/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	<ul style="list-style-type: none"> <li>All but very limited co-pay/co-insurance for outpatient drugs and inpatient respite care</li> </ul>	<ul style="list-style-type: none"> <li>Not a covered benefit</li> </ul>	<ul style="list-style-type: none"> <li>Co-pay/co-insurance for outpatient drugs and inpatient respite care</li> </ul>

<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<sup>2</sup></b> (for recommended preventive care services, including an annual wellness visit)	<ul style="list-style-type: none"> <li>100%</li> </ul>	<ul style="list-style-type: none"> <li>Nothing</li> </ul>	<ul style="list-style-type: none"> <li>Nothing</li> </ul>
<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>	<ul style="list-style-type: none"> <li>80% of Medicare-approved amounts for covered services</li> </ul>	<ul style="list-style-type: none"> <li>Not a covered benefit</li> </ul>	<ul style="list-style-type: none"> <li>\$257 (Part B deductible)<sup>3</sup></li> <li>Remaining 20% of Medicare- approved amounts for covered services</li> </ul>
<b>Outpatient mental health services</b>	<ul style="list-style-type: none"> <li>80% of Medicare-approved amounts for covered services</li> </ul>	<ul style="list-style-type: none"> <li>Not a covered benefit</li> </ul>	<ul style="list-style-type: none"> <li>Remaining 20% of Medicare- approved amounts for covered services</li> </ul>
<b>Clinical laboratory service</b> <ul style="list-style-type: none"> <li>Tests for diagnostic services</li> </ul>	<ul style="list-style-type: none"> <li>100% of Medicare-approved amounts for covered services</li> </ul>	<ul style="list-style-type: none"> <li>Not a covered benefit</li> </ul>	<ul style="list-style-type: none"> <li>Costs above Medicare-approved amounts or services not covered by Medicare</li> </ul>
<b>Part B excess charges</b> Up to 15% above Medicare- approved amounts	<ul style="list-style-type: none"> <li>\$0</li> </ul>	<ul style="list-style-type: none"> <li>Not a covered benefit</li> </ul>	<ul style="list-style-type: none"> <li>100% of Part B charges</li> </ul>
<b>Parts A and B services</b>	<b>Medicare pays</b>	<b>Plan pays</b>	<b>You pay</b>
<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</li> </ul>	<ul style="list-style-type: none"> <li>Not a covered benefit</li> </ul>	<ul style="list-style-type: none"> <li>\$0 for home health care services</li> <li>Remaining 20% of Medicare- approved durable medical equipment</li> </ul>
<b>Benefits not covered by Medicare</b>	<b>Medicare pays</b>	<b>Plan pays</b>	<b>You pay</b>
<b>Foreign travel emergency</b> Medically necessary, emergency care services beginning during the first 60 days of each trip outside the USA	<ul style="list-style-type: none"> <li>\$0</li> </ul>	<ul style="list-style-type: none"> <li>Not a covered benefit</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> </ul>

<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](http://medicare.gov).

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

**PRESCRIPTION BENEFITS**

Initial Coverage Stage	Catastrophic Coverage Stage
<ul style="list-style-type: none"> <li>Member pays co-pays for covered drugs (brand name &amp; generic).</li> <li>Plan pays balance of drug costs.</li> <li>The total of these costs (member co-pays plus plan payment for drugs) adds up toward the Coverage Gap.</li> </ul>	<ul style="list-style-type: none"> <li>Member pays 0% of drug cost for generic or brand name.</li> <li>Plan pays 100% of the drug costs for the duration of the plan year.</li> </ul>
<b>Total drug spend of \$2,000</b>	<b>Plan resets to Initial Coverage Stage each January 1</b>

PRESCRIPTION DRUG CO-PAYS FOR INITIAL COVERAGE STAGE				
	Quantity (days' supply)	31	60	90
Retail Pharmacy	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
Mail Order	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