

Care Today No Rx Plan

Effective January 1, 2025



| MEDICAL BENEFITS | | | |
|--|--|--|--|
| Part A services Hospital services per benefit period (as defined by Medicare) | Medicare pays | Plan pays | You pay ¹ |
| Hospital stays <ul style="list-style-type: none"> • Semi-private room and board • General nursing • Other hospital services and supplies | <ul style="list-style-type: none"> • 100% days 1–60 (after \$1,676 deductible) • Costs over \$419/day for days 61–90 • Costs over \$838/day for days 91–150 (lifetime reserve days) | <ul style="list-style-type: none"> • 100% of Part A deductible • \$419/day for days 61–90 • \$838/day for days 91–150 (lifetime reserve days) • 100% after reserves are depleted • All costs after 150 days | <ul style="list-style-type: none"> • Nothing |
| Blood <ul style="list-style-type: none"> • First three pints • Additional amounts | <ul style="list-style-type: none"> • \$0 • 100% | <ul style="list-style-type: none"> • 100% • \$0 | <ul style="list-style-type: none"> • Nothing |
| Skilled nursing facility care | <ul style="list-style-type: none"> • 100% days 1–20 • Costs over \$209.50/day for days 21–100 | <ul style="list-style-type: none"> • Nothing for days 1–20 • \$209.50/day for days 21–100 | <ul style="list-style-type: none"> • Nothing for days 21–100 • 100% after 100 days |
| Hospice care 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"> • All but very limited co-pay/co-insurance for outpatient drugs and inpatient respite care | <ul style="list-style-type: none"> • Medicare co-pay/co-insurance | <ul style="list-style-type: none"> • Nothing |

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

| Part B services Medical services per calendar year (as defined by Medicare) | Medicare pays | Plan pays | You pay ¹ |
|--|---|---|--|
| Preventive care² (for recommended preventive care services, including an annual wellness visit) | <ul style="list-style-type: none"> • 100% | <ul style="list-style-type: none"> • Nothing | <ul style="list-style-type: none"> • Nothing |
| Medical services & supplies <ul style="list-style-type: none"> • Doctors' services • Inpatient and outpatient medical and surgical services/supplies • Physical and speech therapy • Diagnostic tests • Durable medical equipment and other supplies | <ul style="list-style-type: none"> • 80% of Medicare-approved amounts for covered services | <ul style="list-style-type: none"> • 100% Part B deductible • Remaining 20% of Medicare-approved amounts for covered services | <ul style="list-style-type: none"> • Nothing |
| Outpatient mental health services | <ul style="list-style-type: none"> • 80% of Medicare-approved amounts for covered services | <ul style="list-style-type: none"> • Remaining 20% of Medicare-approved amounts for covered services | <ul style="list-style-type: none"> • Nothing |
| Clinical laboratory service Tests for diagnostic services | <ul style="list-style-type: none"> • 100% of Medicare-approved amounts for covered services | <ul style="list-style-type: none"> • Nothing | <ul style="list-style-type: none"> • Nothing |
| Part B excess charges Up to 15% above Medicare- approved amounts | <ul style="list-style-type: none"> • \$0 | <ul style="list-style-type: none"> • 100% | <ul style="list-style-type: none"> • \$0 |
| Parts A and B services | Medicare pays | Plan pays | You pay |
| Home health care <ul style="list-style-type: none"> • Medicare-approved services • Durable medical equipment | <ul style="list-style-type: none"> • 100% medically necessary skilled care services and medical supplies • 80% Medicare-approved amounts (after deductible) | <ul style="list-style-type: none"> • Nothing • Remaining 20% of Medicare-approved amounts for covered | <ul style="list-style-type: none"> • \$0 for home health care services • \$0 for Medicare-approved durable medical equipment |
| Benefits not covered by Medicare | Medicare pays | Plan pays | You pay |
| Foreign travel emergency Medically necessary, emergency care services beginning during the first 60 days of each trip outside the USA | <ul style="list-style-type: none"> • \$0 | <ul style="list-style-type: none"> • \$50,000 lifetime maximum • 80% co-insurance after \$250 overseas deductible | <ul style="list-style-type: none"> • 20% co-insurance after \$250 deductible |

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

² 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.

PRESCRIPTION BENEFITS

Initial Coverage Stage

- No Rx benefits

Catastrophic Coverage Stage

- No Rx benefits