

Senior Plus Plan

Effective January 1, 2021



Do well. Do right.®

Medicare Parts A and B amounts for 2019 were used for this overview. 2020 amounts were not yet available.

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 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 \$1,408 deductible) Costs over \$352/day for days 61–90 Costs over \$704/day for days 91–150 (lifetime reserve days) 	<ul style="list-style-type: none"> 50% of Part A deductible (for every benefit period) \$352/day for days 61–90 \$704/day for days 91–150 (lifetime reserve days) 100% after reserves are depleted All costs after 150 days 	<ul style="list-style-type: none"> \$704 (50% of the Part A deductible)²
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"> Nothing 	<ul style="list-style-type: none"> 100% \$0
Skilled nursing facility care	<ul style="list-style-type: none"> 100% days 1–20 Costs over \$176/day for days 21–100 	<ul style="list-style-type: none"> Not a covered benefit 	<ul style="list-style-type: none"> \$176/day 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"> Nothing 	<ul style="list-style-type: none"> Co-pay/co-insurance for outpatient drugs and inpatient respite care

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

² 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 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"> • Remaining 20% of Medicare-approved amounts for covered services 	<ul style="list-style-type: none"> • \$198 (Part B deductible)³
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"> • Part B deductible applies
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"> • Nothing
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"> • Not a covered benefit 	<ul style="list-style-type: none"> • 100%

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.

³ You pay the Part B deductible once a year.

PRESCRIPTION BENEFITS

Initial Coverage Stage	Coverage Gap (“donut hole”)	Catastrophic Coverage Stage
<ul style="list-style-type: none"> Member pays co-pays for covered drugs (brand name & generic). Plan pays balance of drug costs. The total of these costs (member co-pays plus plan payment for drugs) adds up toward the Coverage Gap. 	<ul style="list-style-type: none"> Member pays co-pays for covered drugs (brand name & generic). Plan pays balance of drug costs. The total of member co-pays plus a 70% pharmaceutical manufacturer discount on brand-name drugs adds up toward the Catastrophic Coverage Stage. 	<ul style="list-style-type: none"> Member pays the greater of \$3.70 or 5% of the total cost for a generic drug (with a maximum not to exceed the standard co-payment during the Initial Coverage Stage). Member pays the greater of \$9.20 or 5% of the total cost for a preferred or non-preferred drug (with a maximum not to exceed the standard co-payment during the Initial Coverage Stage). Plan pays the balance of drug costs for the duration of plan year.
Total drug spend of \$4,130	Total of year-to-date out-of-pocket costs plus 70% of brand-name drug costs equals \$6,550 (annual)	Plan resets to Initial Coverage Stage each January 1

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