

# Compare Your Care Plan Options



Effective January 1, 2025

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

<b>Part A Services</b> Hospital services per benefit period (as defined by Medicare)	Medicare Pays	Care Basic Plan Pays	Care Plus Plan Pays
<b>Hospital Stays</b>			
<ul style="list-style-type: none"> <li>Semiprivate 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 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 reserve days are depleted</li> <li>All costs after 150 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 reserve days are depleted</li> <li>All costs after 150 days</li> </ul>
<b>Blood</b>			
First three pints	\$0	Not a covered benefit	Not a covered benefit
Additional amounts	100%	Not a covered benefit	Not a covered benefit
<b>Skilled Nursing Facility Care</b>			
	100% days 1–20	Not a covered benefit	Not a covered benefit
	Costs over \$209.50/day for days 21–100	Not a covered benefit	Not a covered benefit
<b>Hospice Care</b>			
Available if you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive those services	All but very limited co-pay/co-insurance for outpatient drugs and inpatient respite care	Not a covered benefit	Not a covered benefit

**Medical Benefits, continued**

<b>Part B Services</b> Medical services per calendar year (as defined by Medicare)	<b>Medicare Pays</b>	<b>Care Basic Plan Pays</b>	<b>Care Plus Plan Pays</b>
<b>Preventive Care</b>			
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 services</li></ul>	80% of Medicare-approved amounts for covered services	Not a covered benefit	Remaining 20% of Medicare-approved amounts
<b>Outpatient Mental Health Services</b>			
	80% of Medicare-approved amounts for covered services	Not a covered benefit	Remaining 20% of Medicare-approved amounts for covered services
<b>Clinical Laboratory Services</b> <b>Tests for Diagnostic Services</b>			
	100% of Medicare-approved amounts for covered services	Not a covered benefit	Nothing
<b>Part B Excess Charges</b>			
Up to 15% above Medicare-approved amounts	\$0	Not a covered benefit	100%

Medical Benefits, continued

Parts A & B Services	Medicare Pays	Care Basic Plan Pays	Care Plus Plan Pays
Home Health Care			
Medicare-approved services	100% of medically necessary, skilled care services and medical supplies	Not a covered benefit	Not a covered benefit
Durable medical equipment	80% of Medicare-approved amounts (after deductible)	Not a covered benefit	Remaining 20% of Medicare-approved amounts for covered services
Other Benefits Not Covered by Medicare			
Foreign travel emergency not covered by Medicare			
Medically necessary, emergency care services beginning during the first 60 days of each trip outside the USA	\$0	Not a covered benefit	Not a covered benefit

Prescription Drug Benefits

	Care Basic Plan Pays	Care Plus Plan Pays
<b>Initial Coverage Stage</b> (Total drug spend of \$2,000)	<ul style="list-style-type: none"><li>Member pays co-pays for covered drugs (brand name and 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 Catastrophic Coverage Stage.</li></ul>	<ul style="list-style-type: none"><li>Member pays co-pays for covered drugs (brand name and 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 Catastrophic Coverage Stage.</li></ul>
<b>Catastrophic Coverage Stage</b> (Plan resets to Initial Coverage Stage each January 1)	<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>	<ul style="list-style-type: none"><li>Member pays 0% of drug cost generic or brand name.</li><li>Plan pays 100% of the drug costs for the duration of the plan year.</li></ul>

Prescription Drug Co-pays (you pay) (if applicable)			
Retail (days' supply)	31-day Retail	90-day Retail	90-day Home Delivery
Tier 1: Generic	\$10	\$30	\$24
Tier 2: Preferred	\$40	\$120	\$90
Tier 3: Non-preferred	\$65	\$195	\$150
Tier 4: Specialty	\$75	\$225	\$225

- Per the Inflation Reduction Act, member cost share is capped at \$35 for a one-month supply of each insulin covered by the plan.
- Member cost share is \$0 for Part D vaccines covered by the plan.