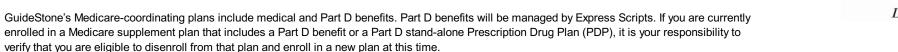
# **Care Basic Plan**

# Effective January 1, 2022

Medicare Parts A and B amounts for 2021 were used for this overview. 2022 amounts were not yet available.





MEDICAL BENEFITS						
Part A services Hospital services per benefit period (as defined by Medicare)	Medicare pays	Plan pays	You pay <sup>1</sup>			
Semi-private room and board     General nursing     Other hospital services and supplies	<ul> <li>100% days 1–60 (after \$1,484 deductible)</li> <li>Costs over \$371/day for days 61–90</li> <li>Costs over \$742/day for days 91–150 (lifetime reserve days)</li> </ul>	<ul> <li>50% of Part A deductible (for every benefit period)</li> <li>\$371/day for days 61–90</li> <li>\$742/day for days 91–150 (lifetime reserve days)</li> <li>100% after reserves are depleted</li> <li>All costs after 150 days</li> </ul>	• \$742 (50% of the Part A deductible) <sup>2</sup>			
First three pints     Additional amounts	• \$0 • 100%	Not a covered benefit	• 100% • \$0			
Skilled nursing facility care	<ul><li>100% days 1–20</li><li>Costs over \$185.50/day for days 21–100</li></ul>	Not a covered benefit	<ul> <li>\$185.50/day for days 21–100</li> <li>100% after 100 days</li> </ul>			
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	All but very limited co-pay/co-insurance for outpatient drugs and inpatient respite care	Not a covered benefit	Co-pay/co-insurance for outpatient drugs and inpatient respite care			

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

<sup>&</sup>lt;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 pay1	
Preventive care <sup>2</sup> (for recommended preventive care services, including an annual wellness visit)	• 100%	Nothing	Nothing	
Medical services & supplies				
<ul> <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	Not a covered benefit	<ul> <li>\$203 (Part B deductible)<sup>3</sup></li> <li>Remaining 20% of Medicare-approved amountsfor covered services</li> </ul>	
Outpatient mental health services	80% of Medicare-approved amounts for covered services	Not a covered benefit	Remaining 20% of Medicare-approved amountsfor covered services	
Clinical laboratory service Tests for diagnostic services	100% of Medicare-approved amounts for covered services	Not a covered benefit	Costs above Medicare-approved amounts or services not covered by Medicare	
Part B excess charges Up to 15% above Medicare- approved amounts	• \$0	Not a covered benefit	100% of Part B charges	
Parts A and B services	Medicare pays	Plan pays	You pay	
Medicare-approved services     Durable medical equipment	<ul> <li>100% medically necessary skilled care services and medical supplies</li> <li>80% Medicare-approved amounts</li> </ul>	Not a covered benefit	\$0 for home health care services     Remaining 20% of 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	• \$0	Not a covered benefit	• 100%	

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

<sup>&</sup>lt;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*.

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

# PRESCRIPTION BENEFITS

#### **Initial Coverage Stage**

- 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.

# Total drug spend of \$4,430

# Coverage Gap ("donut hole")

- Member pays the same co-pay as in the Initial Coverage Stage for Tier 1 generics. Member pays 25% of all other covered generic drugs.
- Member pays 25% of preferred and non-preferred drug costs. The plan pays 5%. The drug manufacturer covers the remaining 70%.
- Member out-of-pocket costs plus the 70% discount on brand-name drugs adds up toward the Catastrophic Coverage Stage.

Total of year-to-date out-of-pocket costs plus 70% of brand-name drug costs equals \$7,050 (annual)

# **Catastrophic Coverage Stage**

- Member pays the greater of 5% of drug cost for \$3.95 for generic/\$9.85 for brand name.
- Plan pays the balance of drug costs for the duration of plan year.

Plan resets to Initial Coverage Stage each January 1

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

<sup>&</sup>lt;sup>1</sup>Generic drug co-pays apply in both the Initial Coverage Stage and the Coverage Gap.

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