Care Today No Rx Plan

Effective 01/01/2025



MEDICAL BENEFITS				
Part A Services Hospital services per benefit period (as defined by Medicare)	Medicare pays	Plan pays	You pay ¹	
 Hospital stays Semi-private room and board General nursing Other hospital services and supplies 	 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) 	 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 	• Nothing	
Blood First three pints Additional amounts 	• \$0 • 100%	• 100% • \$0	• Nothing	
Skilled nursing facility care	• 100% days 1-20 • Costs over \$209.50/day for days 21–100	 Nothing for days 1-20 \$209.50/day for days 21–100 	 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 	 All but very limited co-pay/co-insurance for outpatient drugs and inpatient respite care 	• Medicare co-pay/co-insurance	• Nothing	

¹You 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 pay¹
Preventive care ² (For recommended preventive care services, including an annual wellness visit)	• 100%	• Nothing	• Nothing
 Medical services & supplies Doctors' services Inpatient and outpatient medical and surgical services/supplies Physical and speech therapy Diagnostic tests Durable medical equipment and other supplies 	80% of Medicare-approved amounts for covered services	 100% Part B deductible Remaining 20% of Medicare-approved amounts for covered services 	• Nothing
Outpatient mental health services	80% of Medicare-approved amounts for covered services	 Remaining 20% of Medicare-approved amounts for covered services 	Nothing
Clinical laboratory service Tests for diagnostic services 	 100% of Medicare-approved amounts for covered services 	• Nothing	Nothing
Part B excess charges Up to 15% above Medicare-approved amounts	• \$0	• 100%	• \$0
Parts A and B services	Medicare pays	Plan pays	You pay
Home health careMedicare-approved servicesDurable medical equipment	 100% medically necessary skilled care services and medical supplies 80% Medicare-approved amounts (after deductible) 	 Nothing Remaining 20% of Medicare-approved amounts for covered services 	 \$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	• \$0	 \$50,000 lifetime maximum 80% co-insurance after \$250 overseas deductible 	20% coinsurance after \$250 deductible

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

²For 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 <u>medicare.gov</u>.