

## Senior 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 <sup>1</sup>
<b>Hospital stays</b> <ul style="list-style-type: none"> <li>Semi-private 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 \$1,676 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 reserves are depleted</li> <li>All costs after 150 days</li> </ul>	<ul style="list-style-type: none"> <li>\$838 (50% of the Part A deductible)<sup>2</sup></li> </ul>
<b>Blood</b> <ul style="list-style-type: none"> <li>First three pints</li> <li>Additional amounts</li> </ul>	<ul style="list-style-type: none"> <li>\$0</li> <li>100%</li> </ul>	<ul style="list-style-type: none"> <li>Nothing</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> <li>\$0</li> </ul>
<b>Skilled nursing facility care</b>	<ul style="list-style-type: none"> <li>100% days 1-20</li> <li>Costs over \$209.50/day for days 21–100</li> </ul>	<ul style="list-style-type: none"> <li>Nothing</li> </ul>	<ul style="list-style-type: none"> <li>\$209.50/day for days 21–100</li> <li>100% after 100 days</li> </ul>
<b>Hospice Care</b> <ul style="list-style-type: none"> <li>Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services</li> </ul>	<ul style="list-style-type: none"> <li>All but very limited co-pay/co-insurance for outpatient drugs and inpatient respite care</li> </ul>	<ul style="list-style-type: none"> <li>Nothing</li> </ul>	<ul style="list-style-type: none"> <li>Co-pay/co-insurance for outpatient drugs and inpatient respite care</li> </ul>

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

<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 pay <sup>1</sup>
<b>Preventive care<sup>2</sup></b> (For recommended preventive care services, including an annual wellness visit)	• 100%	• Nothing	• Nothing
<b>Medical services &amp; supplies</b> • 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	• Remaining 20% of Medicare-approved amounts for covered services	• \$257 (Part B annual deductible)
<b>Outpatient mental health services</b>	• 80% of Medicare-approved amounts for covered services	• Remaining 20% of Medicare-approved amounts for covered services	• Part B deductible applies
<b>Clinical laboratory service</b> • Tests for diagnostic services	• 100% of Medicare-approved amounts for covered services	• Nothing	• Nothing
<b>Part B excess charges</b> Up to 15% above Medicare-approved amounts	• \$0	• 100%	• Nothing
Parts A and B services	Medicare pays	Plan pays	You pay
<b>Home health care</b> • Medicare-approved services • Durable 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
<b>Foreign travel emergency</b> Medically necessary, emergency care services beginning during the first 60 days of each trip outside the USA	• \$0	• Not a covered benefit	• 100%

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

<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](https://www.medicare.gov).