

# Senior Plan

Effective January 1, 2016

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.



*Do well. Do right.<sup>®</sup>*

<b>MEDICAL BENEFITS</b>			
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 \$1,288 deductible)</li> <li>Costs over \$322/day for days 61–90</li> <li>Costs over \$633/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>\$322/day for days 61–90</li> <li>\$644/day for days 91–150 (lifetime reserve days)</li> <li>100% after reserves are depleted</li> <li>All costs after 150 days</li> </ul>	\$644 (50% of the Part A deductible) <sup>2</sup>
<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>	Nothing	<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 \$161/day for days 21–100</li> </ul>	Not a covered benefit	<ul style="list-style-type: none"> <li>\$161/day for days 21–100</li> <li>100% after 100 days</li> </ul>
<b>Hospice care</b>  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	Nothing	Co-pay/co-insurance for outpatient drugs and inpatient respite care

<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> <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 supplies</li> </ul>	80% of Medicare-approved amounts for covered services	Not a covered benefit	<ul style="list-style-type: none"> <li>• \$166 (Part B deductible)<sup>3</sup></li> <li>• Remaining 20% of Medicare-approved amounts for covered services</li> </ul>
<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 service</b> 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
<b>Part B excess charges</b> 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
<b>Home health care</b> <ul style="list-style-type: none"> <li>• Medicare-approved services</li> <li>• Durable medical equipment</li> </ul>	<ul style="list-style-type: none"> <li>• 100% Medically necessary skilled care services and medical supplies</li> <li>• 80% Medicare-approved amounts (after deductible)</li> </ul>	<ul style="list-style-type: none"> <li>• Not a covered benefit</li> <li>• Not a covered benefit</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 for home health care services</li> <li>• Remaining 20% of Medicare-approved durable equipment</li> </ul>
Benefits <u>not</u> 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](http://medicare.gov).

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

## PRESCRIPTION BENEFITS

### Initial Coverage Stage

- Member pays co-pays for covered generic drugs.
- Member pays either 25% of drug costs for preferred drugs or 40% of drug costs for non-preferred drugs.
- Plan pays balance of drug costs.
- The total of these costs (member co-pays plus co-insurance plus plan payment for drugs) adds up toward the Coverage Gap.

**Total drug spend of \$3,310**

### Coverage Gap (“donut hole”)

- Member pays co-pays for covered generic drugs.
- Member pays either 25% of drug costs for preferred drugs or 40% of drug costs for non-preferred drugs.
- Plan pays balance of drug costs.
- The total of member co-pays plus co-insurance plus 50% of brand-name drug costs adds up toward the Catastrophic Coverage Stage.

**Total of year-to-date out-of-pocket costs plus 50% of brand-name drug costs equals \$4,850 (annual)**

### Catastrophic Coverage Stage

- Member pays the greater of \$2.95 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 \$7.40 or 5% of the total cost for a preferred or non-preferred drug.
- 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

	Quantity (days' supply)	31	60	90
Retail Pharmacy	Tier 1: Generic <sup>1</sup>	\$10	\$20	\$30
	Tier 2: Preferred	25%	25%	25%
	Tier 3: Non-preferred	40%	40%	40%
	Tier 4: Specialty	25%	25%	25%
Mail Order	Tier 1: Generic <sup>1</sup>	\$8	\$16	\$24
	Tier 2: Preferred	25%	25%	25%
	Tier 3: Non-preferred	40%	40%	40%
	Tier 4: Specialty	25%	25%	25%

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