

# Care Today No Rx Plan

Effective January 1, 2025



Medicare deductible and co-pay figures for Part A and Part B are based on 2024 amounts. 2025 figures are not available at this time. 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

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>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 \$1,600 deductible)</li> <li>Costs over \$400/day for days 61–90</li> <li>Costs over \$800/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>\$400/day for days 61–90</li> <li>\$800/day for days 91–150 (lifetime reserve days)</li> <li>100% after reserves are depleted</li> <li>All costs after 150 days</li> </ul>	Nothing
<b>Blood</b>			
First three pints	\$0	100%	Nothing
Additional amounts	100%	\$0	Nothing
<b>Skilled Nursing Facility Care</b>			
	100% days 1–20	Nothing for days 1–20	Nothing for days 21– 100
	Costs over \$200/day for days 21–100	\$200/day for days 21– 100	100% after 100 days
<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	Medicare co-pay/co-insurance	Nothing

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

<b>Part B Services</b> Medical services per calendar year (as defined by Medicare)	<b>Medicare Pays</b>	<b>Plan Pays</b>	<b>You Pay<sup>1</sup></b>
<b>Preventive care<sup>2</sup></b> (for recommended preventive care services, including an annual wellness visit.)			
<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	<ul style="list-style-type: none"> <li>100% Part B deductible</li> <li>Remaining 20% of Medicare approved amounts for covered services</li> </ul>	Nothing
<b>Outpatient mental health services</b>	80% of Medicare-approved amounts for covered services	Remaining 20% of Medicare-approved amounts for covered services	Nothing
<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%	\$0
<b>Parts A and B Services</b>	<b>Medicare Pays</b>	<b>Plan Pays</b>	<b>You Pay<sup>1</sup></b>
<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>Nothing</li> <li>Remaining 20% of Medicare approved amounts for covered services</li> </ul>	<ul style="list-style-type: none"> <li>\$0 for home health care services</li> <li>\$0 for Medicare-approved durable medical equipment.</li> </ul>
<b>Benefits not covered by Medicare</b>	<b>Medicare Pays</b>	<b>Plan Pays</b>	<b>You Pay<sup>1</sup></b>
<b>Foreign travel emergency</b> Medically necessary, emergency care services beginning during the first 60 days of each trip outside the USA	\$0	<ul style="list-style-type: none"> <li>\$50,000 lifetime maximum</li> <li>80% co-insurance after \$250 overseas deductible</li> </ul>	20% co-insurance after \$250 deductible

<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).