

Senior Plus 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 ¹
Hospital Stays			
<ul style="list-style-type: none"> Semiprivate room and board General nursing Other hospital services and supplies 	<ul style="list-style-type: none"> 100% days 1–60 (after \$1,600 deductible) Costs over \$400/day for days 61–90 Costs over \$800/day for days 91–150 (lifetime reserve days) 	<ul style="list-style-type: none"> 50% of Part A deductible (for every benefit period) \$400/day for days 61–90 \$800/day for days 91–150 (lifetime reserve days) 100% after reserves are depleted All costs after 150 days 	\$800 (50% of the Part A deductible) ²
Blood			
First three pints	\$0	Nothing	100%
Additional amounts	100%	Nothing	\$0
Skilled Nursing Facility Care			
	100% days 1–20	Not a Covered Benefit	\$200/day for days 21– 100
	Costs over \$200/day for days 21–100	Not a Covered Benefit	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	Nothing	Co-pay/co-insurance for outpatient drugs and inpatient respite care

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

² 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 care² (for recommended preventive care services, including an annual wellness visit.)	100%	Nothing	Nothing
Medical services & supplies <ul style="list-style-type: none"> • 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	\$226 (Part B deductible) ³
Outpatient mental health services	80% of Medicare-approved amounts for covered services	Remaining 20% of Medicare-approved amounts for covered services	Part B deductible applies
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%	Nothing
Parts A and B Services	Medicare Pays	Plan Pays	You Pay¹
Home health care <ul style="list-style-type: none"> • Medicare-approved services • Durable medical equipment 	<ul style="list-style-type: none"> • 100% medically necessary skilled care services and medical supplies • 80% Medicare-approved amounts (after deductible) 	<ul style="list-style-type: none"> • Nothing • Remaining 20% of Medicare approved amounts for covered services 	<ul style="list-style-type: none"> • \$0 for home health care services • \$0 for Medicare-approved durable medical equipment.
Benefits not covered by Medicare	Medicare Pays	Plan Pays	You Pay¹
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%

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

³You pay the Part B deductible once a year