

# Care Plus Plan

Effective January 1, 2023



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.

| <b>MEDICAL BENEFITS</b>  |  |  |   |
|--|--|--|---|
| Part A services<br>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 \$1,600 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> | <ul style="list-style-type: none"> <li>• \$800 (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 \$200/day for days 21–100</li> </ul>   | <ul style="list-style-type: none"> <li>• Not a covered benefit</li> </ul>  | <ul style="list-style-type: none"> <li>• \$200/day for days 21– 100</li> <li>• 100% after 100 days</li> </ul>           |
| <b>Hospice care</b><br>Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services               | <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<br>Medical services per calendar year<br>(as defined by Medicare)  | Medicare pays   | Plan pays   | You pay <sup>1</sup>   |
|--|---|---|--|
| <b>Preventive care<sup>2</sup></b><br>(for recommended preventive care services,<br>including an annual wellness visit)  | <ul style="list-style-type: none"> <li>• 100%</li> </ul>  | <ul style="list-style-type: none"> <li>• Nothing</li> </ul>   | <ul style="list-style-type: none"> <li>• Nothing</li> </ul>  |
| <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> | <ul style="list-style-type: none"> <li>• 80% of Medicare-approved amounts for covered services</li> </ul>   | <ul style="list-style-type: none"> <li>• Remaining 20% of Medicare-approved amounts for covered services</li> </ul>           | <ul style="list-style-type: none"> <li>• \$226 (Part B deductible)<sup>3</sup></li> </ul>  |
| <b>Outpatient mental health services</b>   | <ul style="list-style-type: none"> <li>• 80% of Medicare-approved amounts for covered services</li> </ul>   | <ul style="list-style-type: none"> <li>• Remaining 20% of Medicare-approved amounts for covered services</li> </ul>           | <ul style="list-style-type: none"> <li>• Part B deductible applies</li> </ul>  |
| <b>Clinical laboratory service</b><br>Tests for diagnostic services  | <ul style="list-style-type: none"> <li>• 100% of Medicare-approved amounts for covered services</li> </ul>  | <ul style="list-style-type: none"> <li>• Nothing</li> </ul>   | <ul style="list-style-type: none"> <li>• Nothing</li> </ul>  |
| <b>Part B excess charges</b><br>Up to 15% above Medicare- approved amounts   | <ul style="list-style-type: none"> <li>• \$0</li> </ul>   | <ul style="list-style-type: none"> <li>• 100%</li> </ul>  | <ul style="list-style-type: none"> <li>• Nothing</li> </ul>  |
| <b>Parts A and B services</b>  | <b>Medicare pays</b>  | <b>Plan pays</b>  | <b>You pay</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</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</b>   |
| <b>Foreign travel emergency</b><br>Medically necessary, emergency care services beginning during the first 60 days of each trip outside the USA  | <ul style="list-style-type: none"> <li>• \$0</li> </ul>   | <ul style="list-style-type: none"> <li>• Not a covered benefit</li> </ul>   | <ul style="list-style-type: none"> <li>• 100%</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> 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  | Coverage Gap (“donut hole”)   | Catastrophic Coverage Stage  |
|---|---|--|
| <ul style="list-style-type: none"> <li>Member pays co-pays for covered drugs (brand name &amp; generic).</li> <li>Plan pays balance of drug costs.</li> <li>The total of these costs (member co-pays plus plan payment for drugs) adds up toward the Coverage Gap.</li> </ul> | <ul style="list-style-type: none"> <li>Member pays the same co-pay as in the Initial Coverage Stage for Tier 1 generics. Member pays 25% of all other covered generic drugs.</li> <li>Member pays 25% of preferred and non-preferred drug costs. The plan pays 5%. The drug manufacturer covers the remaining 70%.</li> <li>Member out-of-pocket costs plus 70% discount on brand-name drugs adds up toward the Catastrophic Coverage Stage.</li> </ul> | <ul style="list-style-type: none"> <li>Plan pays the balance of drug costs for the duration of plan year.</li> </ul> |
| <b>Total drug spend of \$5,030</b>  | <b>Total of year-to-date out-of-pocket costs plus 70% of brand-name drug costs equals \$8,000 (annual)</b>  | <b>Plan resets to Initial Coverage Stage each January 1</b>  |

| PRESCRIPTION DRUG CO-PAYS FOR INITIAL COVERAGE STAGE |                              |           |           |           |
|--|------------------------------|-----------|-----------|-----------|
|  | Quantity (days' supply)      | <b>31</b> | <b>60</b> | <b>90</b> |
| Retail Pharmacy                                      | Tier 1: Generic <sup>1</sup> | \$10      | \$20      | \$30      |
|  | Tier 2: Preferred            | \$40      | \$80      | \$120     |
|  | Tier 3: Non-preferred        | \$65      | \$130     | \$195     |
|  | Tier 4: Specialty            | \$75      | \$150     | \$225     |
| Mail Order   | Tier 1: Generic <sup>1</sup> | \$8       | \$16      | \$24      |
|  | Tier 2: Preferred            | \$30      | \$60      | \$90      |
|  | Tier 3: Non-preferred        | \$50      | \$100     | \$150     |
|  | Tier 4: Specialty            | \$75      | \$150     | \$225     |

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