

# Care Basic Plan

Effective January 1, 2020

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.®*

| <b>MEDICAL BENEFITS</b>  |  |  |  |
|--|--|--|--|
| Part A services<br>Hospital services per benefit period<br>(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 \$1,408 deductible)</li> <li>Costs over \$352/day for days 61–90</li> <li>Costs over \$704/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>\$352/day for days 61–90</li> <li>\$704/day for days 91–150 (lifetime reserve days)</li> <li>100% after reserves are depleted</li> <li>All costs after 150 days</li> </ul> | \$704 (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>  | Not a covered benefit  | <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 \$176/day for days 21–100</li> </ul>   | Not a covered benefit  | <ul style="list-style-type: none"> <li>\$176/day for days 21–100</li> <li>100% after 100 days</li> </ul> |
| <b>Hospice care</b><br><br>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   | Not a covered benefit  | 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<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, including an annual wellness visit)  | 100%   | Nothing               | Nothing  |
| <b>Medical services &amp; supplies</b><br>• Doctors' services<br>• Inpatient and outpatient medical and surgical services/supplies<br>• Physical and speech therapy<br>• Diagnostic tests<br>• Durable medical equipment and other supplies | 80% of Medicare-approved amounts for covered services  | Not a covered benefit | <ul style="list-style-type: none"> <li>• \$198 (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><br>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><br>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><br>• Medicare-approved services<br>• Durable medical equipment  | <ul style="list-style-type: none"> <li>• 100% medically necessary skilled care services and medical supplies</li> <li>• 80% Medicare-approved amounts</li> </ul> | Not a covered benefit | <ul style="list-style-type: none"> <li>• \$0 for home health care services</li> <li>• Remaining 20% of Medicare-approved durable medical equipment</li> </ul>        |
| <b>Benefits <u>not</u> covered by Medicare</b>  | Medicare pays  | Plan pays             | You pay  |
| <b>Foreign travel emergency</b><br>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 drugs (brand name & generic).
- Plan pays balance of drug costs.
- The total of these costs (member co-pays plus plan payment for drugs) adds up toward the Coverage Gap.

**Total drug spend of \$4,020**

### Coverage Gap (“donut hole”)

- 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.
- Member pays 25% of preferred and non-preferred drug costs. The plan pays 5%. The drug manufacturer covers the remaining 70%.
- Member out-of-pocket costs plus the 70% discount on brand-name drugs adds up toward the Catastrophic Coverage Stage.

**Total of year-to-date out-of-pocket costs plus 70% of brand-name drug costs equals \$6,350 (annual)**

### Catastrophic Coverage Stage

- Member pays the greater of 5% of drug cost or \$3.60 for generic/\$8.95 for brand name.
- 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            |                         | \$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.