

Comparison of Benefits for the High and Low Option Medicare Supplement Plans

Medicare Part A (Hospitalization) Services

All Benefits are Based on Medicare-Approved Amounts

Part A Network Services	HealthChoice SilverScript
<p>Hospitalization Includes semiprivate room, meals, drugs as part of your inpatient treatment, and other hospital services and supplies</p> <p>First 60 days</p> <p>Days 61 through 90</p> <p>Days 91 and after while using Medicare's 60 lifetime reserve days</p> <p>The plan's additional lifetime reserve days</p> <p>Beyond the plan's lifetime reserve days</p>	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0 for additional lifetime reserve days Limited to 365 days</p> <p>You pay 100%</p>
<p>Skilled Nursing Facility Care Must meet Medicare requirements, including inpatient hospitalization for at least 3 days and entering a Medicare-approved facility within 30 days of leaving the hospital; limited to 100 days per calendar year</p> <p>First 20 days</p> <p>Days 21 through 100</p> <p>Days 101 and after</p>	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay 100%</p>
<p>Hospice Care Your doctor and hospice provider must certify you are terminally ill and you elect hospice Includes physical care, counseling, equipment, supplies, respite care, inpatient care and drugs for pain and symptom control</p>	<p>You pay up to \$5 per prescription for palliative drugs or biologicals You also pay 5% of Medicare amounts for inpatient respite care</p>
<p>Blood Limited to the first 3 pints unless you or someone else donates blood to replace what you use</p>	<p>You pay \$0</p>

Providers who do not accept Medicare assignment cannot charge a Medicare beneficiary more than 115% of the Medicare-approved amount.

Medicare Part B (Medical) Services

All Benefits are Based on Medicare-Approved Amounts

Part B Network Services	HealthChoice SilverScript
Medical Expenses Medically necessary outpatient services and supplies Includes doctor's visits, outpatient hospital treatment, surgical services, physical and speech therapy and diagnostic tests	You pay the Part B deductible
Clinical Diagnostic Laboratory Services Blood tests, urinalysis and tissue pathology	You pay \$0
Home Health Care Intermittent skilled care and medical supplies	You pay \$0
Durable Medical Equipment Items such as nebulizers, wheelchairs and walkers	You pay the Part B deductible
Diabetes Monitoring Supplies Glucose monitors, test strips and lancets for those with diabetes Must be requested by your doctor	You pay the Part B deductible
Ostomy Supplies Includes ostomy bags, wafers and other ostomy supplies for those who have a need based on their condition	You pay the Part B deductible
Blood Includes amounts in addition to the coverage under Part A unless you or someone else donates blood to replace what you use	You pay the Part B deductible
Outpatient Prescriptions Includes infused, oral end-stage renal disease drugs and some cancer and transplant drugs	You pay the Part B deductible

Providers who do not accept Medicare assignment cannot charge a Medicare beneficiary more than 115% of the Medicare-approved amount.

Coverage for Additional Medical Services

Service	HealthChoice SilverScript
Foreign Travel Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.A.	You pay the first \$250 each calendar year, then 20% and all amounts over the \$50,000 lifetime maximum

Medicare Preventive Services

Medicare Part B covers many preventive services, such as your annual flu vaccination, wellness visit or screening mammogram, at 100 percent when you use a doctor or other health care provider who accepts Medicare assignment; however, certain preventive services may still require the Part B deductible or coinsurance. Coinsurance can apply depending on where you receive certain services.

For Medicare to cover preventive services, you must follow their guidelines for each service. Guidelines can include criteria for age, frequency and disease risk.

For a list of preventive services and details on Medicare coverage, go to www.cms.gov or www.medicare.gov. You can also refer to the 2017 *Medicare & You* handbook.

High Option Medicare Supplement Plans

Pharmacy Copay Structure for Part D Network Benefits

General Information	HealthChoice SilverScript High Option
<p>These plans use a formulary</p> <p>Mandatory generic and brand medications you get at a network pharmacy</p> <p>Some drugs require prior authorization</p> <p>Quantity limits apply to certain drugs</p> <p>Only copays for covered drugs purchased at network pharmacies count toward out-of-pocket maximums</p> <p>Pharmacy benefits must meet the minimum requirements for benefits as outlined in the <i>Medicare Modernization Act of 2003</i></p> <p>You will be notified before any changes are made to your plan's formulary</p>	<p>Pharmacy Deductible You pay the first \$100 in medication costs before the copays listed below apply.</p> <p>No Coverage Gap. There is an annual out-of-pocket maximum.</p> <p>30-Day Supply Generic (Tier 1) Drugs Up to \$10 copay Preferred (Tier 2) Drugs Up to \$45 copay Non-Preferred (Tier 3) Drugs Up to \$75 copay Specialty (Tier 4) Drugs Up to \$100 copay Preferred Tobacco Cessation (Tier 5) Drugs \$0 copay</p> <p>31- to 90-Day Supply Generic (Tier 1) Drugs Up to \$25 copay Preferred (Tier 2) Drugs Up to a \$90 copay Non-Preferred (Tier 3) Drugs Up to \$150 copay Specialty (Tier 4) Drugs Specialty drugs are available in only a 30-day supply Preferred Tobacco Cessation (Tier 5) Drugs \$0 copay</p> <p>Once you reach the \$4,950 out-of-pocket maximum, you pay 0% for covered prescription drugs at network pharmacies for the remainder of the calendar year.</p>

Plan changes are indicated by **bold text**.

Low Option Medicare Supplement Plans

Pharmacy Copay Structure for Part D Network Benefits

General Information	HealthChoice SilverScript Low Option
<p>These plans use a formulary</p> <p>Mandatory generic and brand medications you get at a network pharmacy</p> <p>Some drugs require prior authorization</p> <p>Quantity limits apply to certain drugs</p> <p>Only copays for covered drugs purchased at network pharmacies count toward the out-of-pocket maximums</p> <p>Pharmacy benefits must meet the minimum requirements for benefits as outlined in the <i>Medicare Modernization Act of 2003</i></p> <p>You will be notified before any changes are made to your plan's formulary</p>	<p>Pharmacy Deductible You pay the first \$400 in medication costs.</p> <p>Initial Coverage Limit After the deductible, you and HealthChoice share prescription drug costs. You pay 25% (\$825) and HealthChoice pays 75% (\$2,475) until total drug spending reaches \$3,700.</p> <p>Coverage Gap You pay 100% of your prescription drug costs at discounted rates – 51% of the cost of generic drugs and 40% of the cost of brand-name drugs. What you pay for brand-name drugs plus the 50% manufacturer discount payment applies to your out-of-pocket to get out of the Coverage Gap. For generic drugs, only what you pay applies.</p> <p>Catastrophic Coverage Once you reach the \$4,950 out-of-pocket maximum, you pay \$0 for covered prescription drugs purchased at network pharmacies for the remainder of the calendar year.</p>

Plan changes are indicated by **bold text**.