

COMPARISON OF BENEFITS FOR THE MEDICARE SUPPLEMENT PLANS

Medicare Part A (hospitalization) services

All benefits are based on Medicare-approved amounts.

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

This is only a sample summary of each plan's network services. For all plan benefits/limitations, contact each plan. Refer to Contact Information at the end of this guide.

Medicare Part B (medical) services

All benefits are based on Medicare-approved amounts

Part B Network Services	HealthChoice SilverScript High and Low Options
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 \$0 after meeting 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 \$0 after meeting 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 \$0 after meeting the Part B deductible
Ostomy Supplies Includes ostomy bags, wafers and other ostomy supplies for those with a need based on their condition	You pay \$0 after meeting 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 \$0 after meeting the Part B deductible
Outpatient Prescriptions Includes infused, oral end-stage renal disease drugs and some cancer and transplant drugs	You pay \$0 after meeting the Part B deductible

This is only a sample summary of each plan's network services. For all plan benefits/limitations, contact each plan. Refer to Contact Information at the end of this guide.



Coverage for additional medical services

Service	HealthChoice SilverScript High and Low Options
Foreign Travel Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.	You pay the first \$250 each calendar year, then 20% and all amounts over the \$50,000 lifetime maximum
Bariatric Surgery	You pay \$0 after meeting the Part B deductible
National Diabetes Prevention Program	You pay \$0

This is only a sample summary of each plan's network services. For all plan benefits/limitations, contact each plan. Refer to Contact Information at the end of this guide.

Medicare preventive services

Medicare Part B covers many preventive services, such as your annual flu vaccination, wellness visit and screening mammogram, at 100% 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 [CMS.gov](https://www.cms.gov) or [Medicare.gov](https://www.medicare.gov). You can also refer to the 2027 Medicare & You handbook.

Pharmacy copay structure for Part D network benefits

General information	HealthChoice SilverScript High Option
This plan uses a formulary Some drugs require prior authorization Quantity limits and step therapy apply to certain drugs Only copays for covered drugs purchased at network pharmacies count toward out-of-pocket maximum Pharmacy benefits must meet the minimum requirements for benefits as outlined in the Medicare Modernization Act of 2003 You will be notified before any changes are made to your plan's formulary	Pharmacy Deductible You pay the first \$100 in medication costs before the copays listed below apply No Coverage Gap. There is an annual out-of-pocket maximum 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 \$0 copay Insulin No more than \$35 copay 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 30-day copay applies to additional 30-day supply Preferred Tobacco Cessation \$0 copay Once you reach the \$2,400 out-of-pocket maximum, you pay \$0 for covered prescription drugs at network pharmacies for the remainder of the calendar year Non-network pharmacy will reimburse at an allowed amount

Bold text indicates significant plan changes. This is only a sample summary of each plan's network services. For all plan benefits/limitations, contact each plan. Refer to Contact Information at the end of this guide.



Pharmacy copay structure for Part D network benefits

General information	HealthChoice SilverScript Low Option
This plan uses a formulary Some drugs require prior authorization Quantity limits and step therapy apply to certain drugs Only the coinsurance amount for covered drugs purchased at network pharmacies counts toward the out-of-pocket maximum Pharmacy benefits must meet the minimum requirements for benefits as outlined in the Medicare Modernization Act of 2003 You will be notified before any changes are made to your plan's formulary	Pharmacy Deductible
	You pay the first \$700 in medication costs No Coverage Gap. There is an annual out-of-pocket maximum
	Initial Coverage
	After the deductible, you and HealthChoice share prescription drug costs You pay 25% and HealthChoice is responsible for 75%* until you reach the \$2,400 annual out-of-pocket maximum (includes the deductible) *HealthChoice pays 65% and manufacturer pays 10%
	Catastrophic Coverage
	Once you reach the \$2,400 out-of-pocket maximum, you pay \$0 for covered prescription drugs purchased at network pharmacies for the remainder of the calendar year

Bold text indicates significant plan changes. This is only a sample summary of each plan's network services. For all plan benefits/limitations, contact each plan. Refer to Contact Information at the end of this guide.