

COMPANIONCARE MEDICARE SUPPLEMENT PLAN

Benefit Summary

(As of 1/1/2024—Medicare benefits based on Calendar Year)

Services	Medicare 2024 Benefits	CompanionCare Based on 2024 Medicare Benefits
Inpatient Hospital (Part A)	<ul style="list-style-type: none"> Pays all but first \$1,632 for 1st 60 days Pays all but \$408 a day for the 61st–90th day Pays all but \$816 a day Lifetime Reserve for 91st to 150th day Pays nothing after Lifetime Reserve is used (refer to Evidence of Coverage) 	<ul style="list-style-type: none"> Pays \$1,632 Pays \$408 a day Pays \$816 a day Pays 100% after Medicare and Lifetime Reserve are exhausted, up to 365 days per lifetime
Skilled Nursing Facilities (must be approved by Medicare)	<ul style="list-style-type: none"> Pays 100% for 1st 20 days Pays all but \$204 a day for 21st to 100th day Pays nothing after 100th day 	<ul style="list-style-type: none"> Pays nothing Pays \$204 a day for 21st to 100th day Pays nothing after 100th day
Deductible (Part B)	<ul style="list-style-type: none"> \$240 Part B deductible per year 	<ul style="list-style-type: none"> Pays \$240
Basis of Payment (Part B)	<ul style="list-style-type: none"> 80% Medicare-approved (MA) charges after Part B deductible 	<ul style="list-style-type: none"> Pays 20% MA charges Including 100% of Medicare Part B deductible
Medical Services (Part B) <ul style="list-style-type: none"> Doctor, X-Ray, Appliances, and Ambulance Lab 	<ul style="list-style-type: none"> 80% MA charges 100% MA charges 	<ul style="list-style-type: none"> Pays 20% MA charges Pays nothing
Physical/Speech Therapy (Part B)	<ul style="list-style-type: none"> 80% MA charges up to the Medicare annual benefit amount 	<ul style="list-style-type: none"> Pays 20% MA charges up to the Medicare annual benefit amount (PT and ST combined)
Blood (Part B)	<ul style="list-style-type: none"> 80% MA charges after 3 pints 	<ul style="list-style-type: none"> Pays 1st 3 pints unreplaced blood and 20% MA charges
Travel Coverage (when outside the US for less than 6 consecutive months)	<ul style="list-style-type: none"> Not covered 	<ul style="list-style-type: none"> Pays 80% inpatient hospital, surgery, anesthetist and in-hospital visits for medically necessary services for 90 days of treatment per hospital stay. For details call Anthem customer service at 1-800-825-5541.

Outpatient Prescription Drugs	Medicare Part D Prescription Drug Plan Through Navitus Health Solutions
Retail Pharmacy Mail Order	<ul style="list-style-type: none"> 30-day supply \$9 Generic co-pay, \$35 Brand co-pay 90-day supply \$18 Generic co-pay, \$90 Brand co-pay
Due to Medicare restrictions the following programs are not available with CompanionCare: <ul style="list-style-type: none"> \$0 generic co-pay at Costco Diabetic supplies for generic co-pay 	<ul style="list-style-type: none"> Pharmacy benefits are administered through Navitus Health Solutions Medicare Rx using a Medicare D formulary. Some exclusions and prior authorizations may apply. Members that have questions regarding their medication coverage can call Navitus Health Solutions Medicare Rx at 1-866-270-3877 or TYY users please call 711.