



BENEFIT	MEDICARE A & B BENEFITS	MEDICARE SUPPLEMENTAL PLAN- 1
Calendar Year Deductible	Deductible: Part B - \$283 (Does not cover excess charges ¹)	Deductible: Does not cover Medicare Part B deductible (Does not cover excess charges ¹)
Coinsurance	Part B 80%	Covers Medicare Part B Coinsurance
Doctor Visits	80% of Medicare-Approved amount	Covers Medicare Part B Coinsurance
Preventive Care/ Immunization	No Charge. For a complete list of preventive care/immunizations visit: https://www.medicare.gov/coverage/preventive-screening-services	Covers Medicare Part B Coinsurance
Outpatient Laboratory	80% of Medicare-Approved amount for diagnostic tests and x-rays in doctor's office or testing facility 100% of Medicare-Approved lab services	Covers Medicare Part B Coinsurance
Outpatient Radiology	Part A covered chemo for cancer patients who are hospital inpatients. Part B varies by setting.	Covers Medicare Part B Coinsurance
Durable Medical Equipment	Varies by equipment	Covers Medicare Part B Coinsurance
Ambulance – Ground/Air	80% of Medicare-Approved amount	Covers Medicare Part B Coinsurance
Physical Therapy	80% of Medicare-Approved amount	Covers Medicare Part B Coinsurance
Chiropractic	80% of Medicare-Approved amount Only to correct subluxation	Covers Medicare Part B Coinsurance
Acupuncture	Not Covered	Not Covered

Hospital Inpatient	You pay: \$1,736 deductible for each benefit period Days 1-60: \$0 coinsurance for each benefit period Days 61-90: \$434 coinsurance per day of each benefit period Days 91 and beyond: \$868 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime) Beyond lifetime reserve days: all costs	Pays all deductible for days 1-150 Pays all costs above medical payments for additional 365 days per lifetime
Skilled Nursing Facility Benefit	■ \$0 for the first 20 days of each benefit period ■ \$217 per day for days 21–100 of each benefit period ■ All costs for each day after day 100 of the benefit period	Covers Medicare Part A coinsurance from the 21st to the 100th day
Hospital Emergency Room	80% of Medicare-Approved amount; a copayment may apply	Covers Medicare Part B Coinsurance
Home Health Care	100% of Medicare-Approved amount	Eight additional weeks of at-home help after skilled care is no longer needed (Up to \$40 / visit and \$1,600/ year)
Hospice	100% Hospice Care 95% of Medicare-approved amount for inpatient respite care.	100% of Medicare-approved amount
Telehealth	You pay 20% of the Medicare-Approved Amount for your doctor or other health care provider's services, and the Part B deductible applies. For most telehealth services, you'll pay the same amount that you would if you got the services in person.	MDLIVE- Paid at 100% Call 1-888-632-2738 or visit mdlive.com/CVT for non-emergency medical conditions.
Employee Assistance Program (EAP) through Carelon~	Not Covered	Paid at 100% - Visit carelonwellbeing.com/cvt or call 1-877-397-1032 to access benefit
Prescription Drugs (Co-Payments)	Not Covered	<u>30-Day Supply</u> Generic: \$7 Preferred Brand: \$25 Non-Preferred Brand: \$40 Specialty: \$40 <u>90-Day (Mail Order) Supply</u> Generic: \$15 Preferred Brand: \$60 Non-Preferred Brand: \$90 Specialty: N/A

¹ Benefits subject to change

² For GLP-1 information, visit www.cvtrust.org/glp1