

COMPANIONCARE MEDICARE SUPPLEMENT PLAN, NORTHERN REGION

Benefit Summary

(As of 1/1/20—Based on Calendar Year)

Services	Medicare 2020 Benefits	CompanionCare Based on 2020 Medicare Benefits
Inpatient Hospital (Part A)	<ul style="list-style-type: none"> • Pays all but first \$1,408 for 1st 60 days • Pays all but \$352 a day for the 61st–90th day • Pays all but \$704 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 \$1,408 • Pays \$352 a day • Pays \$704 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 \$170.50 a day for 21st to 100th day • Pays nothing after 100th day 	<ul style="list-style-type: none"> • Pays nothing • Pays \$170.50 a day for 21st to 100th day • Pays nothing after 100th day
Deductible (Part B)	<ul style="list-style-type: none"> • \$198 Part B deductible per year 	<ul style="list-style-type: none"> • Pays \$198
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
<p>Due to Medicare restrictions the following programs are not available with CompanionCare:</p> <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.

CompanionCare is a Medicare Supplement plan that pays for medically necessary services and procedures that are considered a Medicare Approved Expense. SISC will automatically enroll CompanionCare Members into Medicare Part D. No additional premium required. SISC plans are NOT subject to the "doughnut hole"

Eligibility: Member must be retired and enrolled in Medicare Part A (hospital) and Medicare Part B (medical) coverage. Retirees under age 65 with Medicare for the disabled (Parts A and B) may enroll in CompanionCare.