#### Post-65 Group Retiree Solutions



#### 2026 Retiree Benefit Information

# TOWNSHIP HIGH SCHOOL DISTRICT #211

### TOWNSHIP HIGH SCHOOL DISTRICT 211 GROUP RETIREE HEALTH

- Open Enrollment Period: Right now
- Deadline to submit enrollment forms to Benistar: December 1, 2025

#### EXPRESS SCRIPTS MEDICARE PART – D

- How do Medicare Part D plans work?
- When you sign up for a Part D plan, you and the plan share the costs of your prescription drugs. Exactly how much you pay can vary depending on the plan you are enrolled in. All Part D plans now follow 3 stages:
- Stage 1: Deductible
- Stage 2: Initial Coverage Limit
- Stage 3: Catastrophic Coverage ("Donut Hole" is gone)

#### MEDICARE PART - D STAGES

Stage 1 Costs Plan Benefit

Annual Deductible This plan does not have a deductible.

YOU PAY: \$0 have a deductible.

#### **MEDICARE PART - D STAGES**

Stage 2

Costs

Plan Benefit

Initial Coverage Limit

Up to \$2,100 in total drug costs.

YOU PAY: Applicable copay for each covered drug.

PLAN PAYS: The remainder of the costs for each covered drug.

#### **MEDICARE PART - D STAGES**

Stage 4

Costs

Plan Benefit

Catastrophic Coverage \$2,100 in True Out-of-Pocket costs.

YOU PAY: Once the true out of pocket cost has reached \$2,100, the retiree pays nothing for covered Part D drugs.

### MEDICARE PART-D PRESCRIPTION DRUG PLAN COVERAGE PROVIDED BY EXPRESS SCRIPTS

Benefit Period : January 1, 2026 - December 31, 2026				
	Retail and Maintenance Drug Pharmacy (up to 31 day supply)			
Preferred	Pharmacy	Standard	Pharmacy	
Preferred Generic	\$0	Preferred Generic	\$5	
Generic	\$0	Generic	\$5	
Preferred Brand	\$10	Preferred Brand	\$15	
Non-Preferred Brand	\$25	Non-Preferred Brand	\$30	
Specialty	25%	Specialty	30%	
	Retail Copayments (61 to 90 day supply)			
Preferred	Preferred Pharmacy		Standard Pharmacy	
Preferred Generic	\$0	Preferred Generic	\$5	
Generic	\$0	Generic	\$5	
Preferred Brand	\$30	Preferred Brand	\$35	
Non-Preferred Brand	\$75	Non-Preferred Brand	\$80	
Specialty	25%	Specialty	30%	
	Home Delivery Copayments			
	(1-31 days mirrors retail copayment; 32-90 days supply copayments)			
Preferred Generic		\$0		
Generic		\$0		
Preferred Brand		\$20		
Non-Preferred Brand		\$50		
Specialty		25%		
Coverage GAP – Coverage Gap: Removed. No longer applies.				
Utilization Management - Standard Part D				
Includes Non-Part D Drugs – Covered; Excluding Lifestyle				
Coverage Gap: Removed. No longer applies.				
Catastrophic: Once the true out of pocket cost has reached \$2,100, the retiree pays nothing for covered Part D drugs.				

#### IMPORTANT EXPRESS SCRIPTS INFORMATION

- > You may obtain prescriptions one of two ways
  - Retail pharmacy
    - Existing 31 day retail prescriptions will remain valid
    - > One copay per 31 day supply, up to 90 days.
  - Express Scripts Mail Order
    - > 90 Day supply at the Mail Order copay price
      - > If filling a 31 day supply, copay reverts to retail amounts.
    - You will need to get new 90 supply prescriptions from your doctor and send them in on or after January 1, 2026, not before, if you want to use the mail order service

### EXPRESS SCRIPTS MPVN (MEDICARE PREFERRED VALUE NETWORK)

- MPVN The Medicare Preferred Value Network offers Medicare members the choice of going to a Medicare preferred pharmacy, or to a non-preferred pharmacy at a higher copay.
  - > You are still able to fill your prescriptions at your current pharmacy, however, you may pay more for them.
- The MPVN is anchored by an estimated 28K national preferred pharmacies such as CVS along with the Express Scripts mail order pharmacies and regional and independent pharmacies.
  - Please reference your benefit summary to see the cost savings when using home delivery.
- You may contact Benistar to confirm whether the pharmacy you are currently utilizing is a preferred pharmacy.

#### MEDICARE SUPPLEMENT INFORMATION

### Hartford / Benistar

#### WHATS A MEDICARE SUPPLEMENT PLAN?

- > In general, Medicare Supplement Plans:
  - Help fill in the cost-sharing gaps within Medicare Parts A and B (deductibles, coinsurance, etc.)
  - A Medicare Supplement plan pays after Medicare pays their portion
  - Offer the freedom to choose any doctor, specialist and hospital that accepts Medicare

#### MEDICARE SUPPLEMENT REQUIREMENTS

> Retiree must be age 65 or older

Spouse (if applicable) must also be age 65 or older

Must be enrolled/eligible to enroll in Medicare Part A and Part B

#### HARTFORD MEDICARE SUPPLEMENT- PLAN G

PART A SERVICES - Calendar Year Deductible: \$0 (2025 amounts shown. 2026 TBA)

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION (2)		<b>.</b>	
Semi-private room and board, general n	ursing, and miscellaneous se	ervices and supplies:	
First 60 days	All but \$1,676	\$1,676	\$0
61 <sup>st</sup> through 90 <sup>th</sup> day	All but \$419 per day	\$419 per day	\$0
91 <sup>st</sup> through 150 <sup>th</sup> day			
(60 day Lifetime Reserve Period)	All but \$838 per day	\$838 per day	<b>\$0</b>
Once Lifetime Reserve days are used (or would have ended if used) additional 365 days of confinement per person per lifetime.	\$0	100%	\$0
SKILLED NURSING FACILITY O	ARE (2)		
Semi-private room and board, skilled nu Medicare's requirement which includes t 30 days after leaving the hospital:	rsing and rehabilitative servi		
First 20 days	All approved amounts	\$0	\$0
	All but \$200 50 per day	Up to \$209.50 per day	\$0
21 <sup>st</sup> through 100 <sup>th</sup> day	All but \$209.50 per day	Op to \$209.50 per day	ΦU

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
BLOOD DEDUCTIBLE – Hos	pital Confinement and	Out-Patient Medical Exp	enses
When furnished by a hospital or sk	illed nursing facility dur	ing a covered stay.	
First 3 pints	\$0	100%	\$0
Additional amounts	100%	\$0	<b>\$0</b>
HOSPICE CARE Pain relief, symptom management	and support services fo	or terminally ill.	
As long as Physician certifies the need.	All costs, but limited to costs for out- patient drug and in- patient respite care	Co-insurance charges for in-patient respite care, drugs and biologicals approved by Medicare	All other charges

PART B SERVICES - Calendar Year Deductible: \$257 (2025...2026 is TBA)

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
OUT-PATIENT MEDICAL EXF In or Out of the Hospital and Out-I Out-Patient medical and surgical ser medical equipment:	Patient Hospital Treatm		
Medicare Part B Deductible First \$257 of Medicare-approved amounts.	\$0	\$0	\$257
Remainder of Medicare-approved amounts.	80%	Remaining balance after Medicare is payable at 20%	<b>\$0</b>
Clinical Laboratory services, blood tests, urinalysis and more.	100%	\$0	\$0
Part B Excess Charges for Non- Participating Medicare providers covers the difference between the 115% Medicare limiting fee and the Medicare-approved Part B charge.	\$0	100%	0%

#### **Additional Services**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Preventative Medical Care & Cano	cer Screenings <sup>(3)</sup>		
Coverage for expenses incurred by a covere screenings, and any other tests or preventa	tive measures determined to be	e appropriate by the attending	
Refer to your Medicare and You handbook		ative services.	
"Welcome to Medicare" Physical Exam -within first 12 months of Part B enrollment	100%	\$0	<b>\$0</b>
Annual Wellness Visit	100%	\$0	\$0
Vaccinations	100%	\$0	\$0
Breast Cancer Screening -Mammogram once per year, -Breast exam once every 2 years, or once per year if at high risk	100%	\$0	\$0
Colon Cancer Screening -Fecal occult blood test once per year, -Colonoscopy once every 10 years, or	100% for Fecal Occult Blood Test and Colonoscopy	\$0	\$0
every 2 years if at high risk -Barium enema once every 4 years, or once every 2 years if at high risk	80% after deductible for Barium Enema	100%	\$0
Cervical Cancer Screening -Pap Smear and Pelvic exam once every 2 years, or once per year if at high risk	\$0	\$0	0%
Prostate Cancer Screening	100% for PSA test	\$0	\$0
-PSA Test once per year	80% after deductible for	100%	\$0
-Digital rectal exam once per year	Digital Rectal Exam		
Ovarian Cancer Surveillance Tests -Once per year if at high risk	80% after deductible	100%	\$0

FOREIGN TRAVEL EMERGENCY			
Medically necessary emergency care services.			
Emergency services needed due to Injury or Sickness of sudden and unexpected onset during the first 60 days while traveling outside the .	\$0	80% after \$250 Deductible (to a lifetime maximum of \$50,000).	\$250 Deductible and then 20% of expenses incurred (to a lifetime maximum of \$50,000, 100% thereafter).

<sup>&</sup>lt;sup>3</sup> If any of the cancer screening tests are not covered by Medicare, the plan will pay the usual and customary charges incurred.

AGE	Rate
65 to 69	\$678.87
70 to 74	\$722.74
75 to 79	\$778.06
80 to 84	\$828.91
85 and over	\$851.94

<sup>&</sup>lt;sup>1</sup> Coverage amounts valid from January 1, 2026 to December 31, 2026. This chart describes coverage that is only available to persons who are at least 65 and Medicare-eligible.

<sup>&</sup>lt;sup>2</sup> A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

## IMPORTANT TAKEAWAY INFORMATION

#### **NEED TO KNOW INFORMATION**

- Review the materials provided to you
  - You will receive your Express Scripts welcome packet (which will include your ID card) prior to your January 1, 2026 effective date.
  - You will receive your Hartford Medical welcome packet (which will include your ID card) prior to your January 1, 2026 effective date.
- Please call BENISTAR with any questions at 1-800-236-4782
- > BENISTAR HOURS:
  - Monday Thursday 8:30am 5:30pm
  - Friday 8:00am 5:00pm

### **QUESTIONS?**

### THANK YOU!