

2025 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, 2024



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 Amount	This plan does not have a deductible.	YOU PAY: \$0
5		

MEDICARE PART – D STAGES

Stage 2	Costs	Plan Benefit
Initial Coverage Limit	Up to \$4,660 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	\$2,000 in True Out-of-Pocket costs.	YOU PAY: Once the true out of pocket cost has reached \$2,000, the retiree pays nothing for covered Part D drugs.



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

Benefit Period : January 1, 2025 - December 31, 2025

	Retail and Maintenance Drug	Pharmacy (up to 31 day supply)		
Retail and Maintenance Drug Pharmacy (up to 31 day supply) Preferred Pharmacy Standard Pharmacy			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)		
Preferre	d 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	e true out of pocket cost has reache	d \$2,000, 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, 2025, 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 (2024 amounts shown. 2025 TBA)

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION ⁽²⁾			
Semi-private room and board, general nu	ursing, and miscellaneous s	ervices and supplies:	
First 60 days	All but \$1,632	\$1,632	\$0
61 st through 90 th day	All but \$408 per day	\$408 per day	\$0
91 st through 150 th day			
(60 day Lifetime Reserve Period)	All but \$816 per day	\$816 per day	\$0
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 C	ARE ⁽²⁾		
Semi-private room and board, skilled nu Medicare's requirement which includes h 30 days after leaving the hospital:	· · · · · · Y . · · · · · · · · · · · · · · · · · · ·		
First 20 days	All approved amounts	\$0	\$0
21 st through 100 th day	All but \$204 per day	Up to \$204 per day	\$0
101 st through 365 day	\$0	\$0	All other charges

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

PART B SERVICES - Calendar Year Deductible: \$240

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 \$240 of Medicare-approved amounts.	\$0	\$0	\$240
Remainder of Medicare-approved amounts.	80%	Remaining balance after Medicare is payable at 20%	\$0
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	er Screenings ⁽³⁾		
Coverage for expenses incurred by a cover screenings, and any other tests or preventa			
Refer to your Medicare and You handbook			
"Welcome to Medicare" Physical Exam -within first 12 months of Part B enrollment	100%	\$0	\$0
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 -Digital rectal exam once per year	80% after deductible for Digital Rectal Exam	100%	\$0
Ovarian Cancer Surveillance Tests -Once per year if at high risk	80% after deductible	100%	\$0

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).

¹ Coverage amounts valid from January 1, 2025 to December 31, 2025. This chart describes coverage that is only available to persons who are at least 65 and Medicare-eligible.

² 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.

³ 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	\$617.06
70 to 74	\$654.94
75 to 79	\$702.71
80 to 84	\$746.63
85 and over	\$766.51



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, 2025 effective date.
- You will receive your Hartford Medical welcome packet (which will include your ID card) prior to your January 1, 2025 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!

