

2020 Plan Year - Schedule of Benefits

What does ARBenefits cover for Medicare Primary Retirees?

Medicare Does Not Pay	ARBenefits Retiree Plan Covers
Part A Hospital Services	
Inpatient hospital deductible each benefit period	ARBenefits pays the deductible
Copayment per day for days 61-90 in a hospital	ARBenefits pays the copayment per day
Copayment per day for days 91-150 (Lifetime Reserve)	ARBenefits pays the copayment per day
100% of Medicare - Allowable expenses for additional 365 days after Medicare hospital benefits stop completely	ARBenefits pays
Calendar year blood deductible (First 3 Pints of Blood) If deductible is not met by the replacement of blood	ARBenefits pays
Copayment per day for days 21-100 in a Skilled Nursing Facility	ARBenefits pays the copayment per day
Part B Physician and Medical Services	
Part B deductible	ARBenefits pays the deductible
Normally 20% of Medicare-approved amount (Part B Coinsurance) and 20% of Medicare-approved charges for Durable Medical Equipment (After Part B Deductible Is Met)	ARBenefits pays 20% of the Medicare-approved amount
Medicare Part B excess charges 100% (<i>This benefit would apply when you receive services from a physician that does not accept Medicare assignment.</i>)	Coverage will be determined based on the level of coverage outlined in the SPD for active and non-Medicare members. Services paid at 100% will be no charge. Plan will pay 80% for Medicare Part B excess charges not paid by Medicare, but will be paid according to the deductible, copay and coinsurance when applicable.

Coordination of Benefits with Medicare

- **The ARBenefits Medicare Premium Plan for Retirees will coordinate as if Medicare Part A and Part B are both in force at the time of service. If the member does not have Medicare Part B, the Plan will pay as though the member does have Part B and the member will have full financial responsibility for incurred claims.**
- **The Plan will cover services for our Medicare Primary members as for our active and non-Medicare members. If Medicare does not cover a particular vaccine/service/etc., the plan will cover the service at the Premium plan level if coverage is provided for our active and non-Medicare members.**
- **Coverage will be determined based on the level of coverage outlined in the SPD for active and non-Medicare members - services paid at 100% will be no-charge. For all other services deductible, copay and coinsurance will apply when applicable.**
- **All physician, hospital, and medical services offered to Medicare Primary Retirees on the ARBenefits Plan are subject to the provisions of the Schedule of Benefits listed in the Summary Plan Description. The ARBenefits Plan does not allow all services allowed by Medicare. Please review the SPD carefully to determine if a service is covered.**

Prescription Drug Benefit for Medicare Primary Retirees	
State Retiree	Medications eligible for coverage will fall into one of three categories: <ul style="list-style-type: none">• Tier I Generic -- \$15 Copayment• Tier II Formulary Brand (Preferred) -- \$40 Copayment• Tier III Non-Formulary Brand (Non-Preferred) -- \$80 Copayment• Tier IV Specialty -- \$100 Copayment• Reference Pricing• Brand to Generic Incentive