

2018 Medicare Supplement Plans




Benefits	Traditional Plan F	Consumer Driven Plan G*
Medicare Part A Coinsurance and hospital costs	✓	✓
Medicare Part B Coinsurance or copayment	✓	✓
Blood (First 3 pints)	✓	✓
Part A Hospice Care Coinsurance or copayment	✓	✓
Skilled Nursing Facility Care Coinsurance	✓	✓
Medicare Part A Deductible	✓	✓
Medicare Part B Deductible	✓	\$1,000*
Medicare Part B Excess Charges	✓	✓
Foreign Travel Emergency	✓	✓

Plan Costs	Traditional Plan F	Consumer Driven Plan G*
Medicare Supplement	\$208.00/month	\$136.00/month
Medicare Supplement with Prescription	\$427.08/month	\$284.98/month

*Consumer Driven Plan G is issued in all states except FL, MD, MN and WA

United American Customer Service: (800) 730-4648

2018 Prescription Plans

 EXPRESS SCRIPTS®	Traditional Plan	Consumer Driven Plan
Initial Coverage Stage (\$0 - \$3,750)	\$3,750	\$3,750
Deductible:	\$0	\$405
Generic: 30 Day Supply 90 Day Supply Mail Order 90 Day	\$7 \$21 \$10	25%
Brand Preferred: 30 Day Supply 90 Day Supply Mail Order 90 Day	\$25 \$75 \$35	25%
Brand Non-Preferred: 30 Day Supply 90 Day Supply Mail Order 90 Day	\$25 \$75 \$35	25%
Specialty: 30 Day Supply 90 Day Supply Mail Order 90 Day	10% 10% 10%	25%
Coverage Gap Stage (\$3,750 – \$5,000)	Member cost share for all drugs is the same as Initial Coverage stage	Member cost share for generic drugs is 44%, brand preferred/non-preferred is 35%, and specialty remains at 25%.
Non Part D Drugs	Covered	Not Covered
TrOOP Threshold Catastrophic Coverage Stage (>\$5,000)	\$5,000 Greater of 5% OR \$3.35 per Generic and \$8.35 co-pay all other drugs	\$5,000 Greater of 5% OR \$3.35 per Generic and \$8.35 co-pay all other drugs

Available beginning October 15, 2017, Express Scripts Dedicated
Customer Service for SCHOOLCARE: (866) 838-3932