

# SCHOOLCARE

## Retiree Plan Options 2025

### Comparison Chart

**SCHOOLCARE 65<sup>+</sup>**  
**ADVANTAGE**  
A custom, group Medicare Advantage plan

**SCHOOLCARE 65<sup>+</sup>**  
**TRADITIONAL**  
A traditional Medicare Supplement plan

Description	You Pay	You Pay
<b>Carrier</b>	UnitedHealthcare	United American
<b>Medicare Part A Deductible</b>	\$0	\$0
<b>Medicare Part A Services</b>		
Hospitalization (up to 515 consecutive days)	\$0	\$0
Skilled Nursing Facility (up to 100 days)	\$0	\$0
Skilled Nursing Prior Hospital Stay Req.	Waived	3 Days
<b>Medicare Part B Deductible</b>	\$0	\$257*
<b>Medicare Part B Services</b>		
Medical Expenses, Lab Services	\$0	\$257*
<b>Part A &amp; B Services</b>		
Home Health Care	\$0	\$0
Durable Medical Equipment	\$0	\$257*
Podiatry	\$0, 6 visits	\$257*
Physical Therapy	\$0	\$257*
Hearing Aids	\$500 allowance	Not covered
<b>Foreign Travel</b>	Emergency or Urgent Care Unlimited benefit \$0	Emergency Only \$50,000 lifetime max benefit \$250 deductible plus 20%
<b>Prescriptions (Part D)</b>	Included, see Summary of Benefits	Not included
<b>Additional Benefits and Programs</b>		Not covered
Routine Physical Exam	\$0; 1 per plan year	
Routine Hearing Exam	\$0; 1 per plan year	
Routine Eye Exam	\$0; 1 every 12 months	
Vision Eyewear	Plan pays \$100 for eyeglasses or contacts every 12 months	
Healthy at Home	\$0 for 28 meals, 12 rides and 6 hours of in-home personal care up to 30 days following inpatient stay. Referral required.	
Personal Emergency Response System	\$0 (Lifeline)	
Let's Move	\$0	
Renew Active® Fitness Program	\$0 for standard gym membership at participating locations	
<b>Monthly Cost (per person)</b>	\$398.00	\$192.00

\*Projected Part B Deductible of \$257 subject to finalization by CMS. Once you have been billed \$257 of Medicare-approved amounts for covered services, your Medicare Part B deductible will have been met for the calendar year.