SCHOOLCARE Retiree Plan Options 2024 Comparison Chart



A custom, group Medicare Advantage plan

A traditional Medicare Supplement plan

Description	You Pay	You Pay
Carrier	UnitedHealthcare	United American
Medicare Part A Deductible	\$0	\$0
Medicare Part A Services Hospitalization (up to 515 consecutive days) Skilled Nursing Facility (up to 100 days) Skilled Nursing Prior Hospital Stay Req.	\$0 \$0 Waived	\$0 \$0 3 Days
Medicare Part B Deductible	\$0	\$240*
Medicare Part B Services Medical Expenses, Lab Services	\$0	\$240*
Part A & B Services Home Health Care Durable Medical Equipment Podiatry Physical Therapy Hearing Aids	\$0 \$0 \$0, 6 visits \$0 \$500 allowance	\$0 \$240* \$240* \$240* Not covered
Foreign Travel	Emergency or Urgent Care Unlimited benefit \$0	Emergency Only \$50,000 lifetime max benefit \$250 deductible plus 20%
Prescriptions (Part D)	Included, see Summary of Benefits	Not included
Additional Benefits and Programs Routine Physical Exam Routine Hearing Exam Routine Eye Exam Vision Eyewear Healthy at Home Personal Emergency Response System Rally Coach Programs Renew Active® Fitness Program	\$0; 1 per plan year \$0; 1 per plan year \$0; 1 every 12 months Plan pays \$100 for eyeglasses or contacts every 12 months \$0 for 28 meals, 12 rides and 6 hours of in-home personal care up to 30 days following inpatient stay. Referral required. \$0 (Lifeline) \$0 \$0 for standard gym membership at participating locations	Not covered
Monthly Cost (per person)	\$318.00	\$187.00

^{*}Once you have been billed \$240 of Medicare-approved amounts for covered services, your Medicare Part B deductible will have been met for the calendar year.