SCHOOLCARE
2026 Retiree Plan Options Comparison Chart

SCHOOLCARE 65+ ADVANTAGE
A custom, group Medicare Advantage plan

SCHOOLCARE 65+ TRADITIONAL
A traditional Medicare Supplement plan

	Advantage	*Traditional With Rx*	*Traditional No Rx*
Description	**You Pay**	**You Pay**	**You Pay**
Carrier	UnitedHealthcare	United American	United American
Medicare Part A Deductible	$0	$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	 $0 $0 3 Days
Medicare Part B Deductible	$0	$283*	$283*
Medicare Part B Services Medical Expenses, Lab Services	 $0	 $283*	 $283*
Part A & B Services Home Health Care Durable Medical Equipment Podiatry Physical Therapy Hearing Aids	 $0 $0 $0, 6 visits $0 $500 allowance	 $0 $283* $283* $283* Not covered	 $0 $283* $283* $283* Not covered
Foreign Travel	Emergency or Urgent Care Unlimited benefit $0	Emergency Only $50,000 lifetime max benefit $250 deductible plus 20%	Emergency Only $50,000 lifetime max benefit $250 deductible plus 20%
Prescriptions (Part D)	Included, see Summary of Benefits	With Express Scripts See Summary of Benefits	Not included
Prescription Benefits **Tier 1: Preferred Generic Retail 30-day/ Mail 90-day** **Tier 2: Preferred Brand Retail 30-day/ Mail 90-day** **Tier 3: Non-preferred Brand Retail 30-day/ Mail 90-day** **Tier 4: Specialty Drug** **Out of pocket maximum** *Prescription Benefits Continued:*	 $10/ $15 $30/ $45 $40/ $60 12% Coinsurance $2,100	 $10/ $15 $30/ $45 $40/ $60 12% Coinsurance $2,100	 N/A

*Once you have been billed $283*of Medicare-approved amounts for covered services, your Medicare Part B deductible will have been met for the calendar year.

Catastrophic coverage stage: Once you reach this stage, you won't pay anything for your Medicare-covered Part D drugs for the rest of the year.			
Additional Benefits and Programs Routine Physical Exam Routine Hearing Exam Routine Eye Exam Vision Eyewear Healthy at Home Let's Move 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 $0 for standard gym membership at participating locations	Not covered	Not covered
Monthly Cost (per person)	**$586.00**	**$502.80**	**$206.00**

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