

**January 1, 2026**  
**Summary of Benefits – Traditional Plan G**

**MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

Note: Benefits will be paid for only those expenses that are determined to be Medicare Eligible by the Federal Medicare Program or its administrators, except as otherwise specified. For complete details, please see the Master Policy.

Services	Medicare Pays	SCHOOLCARE 65 <sup>+</sup> Traditional Pays	You Pay
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies: First 60 days 61st thru 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days  Beyond the Additional 365 days	All but <b>\$1,716</b> All but <b>\$419</b> a day  All but <b>\$838</b> a day  \$0  \$0	<b>\$1,716</b> (Part A Ded.) <b>\$419</b> a day  <b>\$838</b> a day  100% of Medicare Eligible Expenses \$0	\$0 \$0  \$0  \$0†  All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital: First 20 days 21st thru 100th day 101st day and after	All approved amounts All but <b>\$209.50</b> a day \$0	\$0 Up to <b>\$209.50</b> a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	Balance

\* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

† When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provide in the policy's "Core Benefits." During this time the hospital is prohibited from billing you the balance based on any difference between its billed charges and the amount Medicare would have paid.

(over)

## MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

Services	Medicare Pays	SCHOOLCARE 65+ Traditional Pays	You Pay
<b>MEDICAL EXPENSES - In or Out of the Hospital and Outpatient Hospital Treatment</b> , such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment: First \$288* of Medicare Approved Amounts Remainder of Medicare Approved Amounts Part B Excess Charges (Above Medicare Approved Amounts)	\$0 Generally 80% \$0	\$0 until you reach \$288* Part B Ded., then 100%	\$288* Part B Ded., then \$0
<b>BLOOD</b> First 3 pints Next \$288* of Medicare Approved Amounts Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 until you reach \$288* Part B Ded., then 100%	\$0 \$288* Part B Ded., then \$0
<b>CLINICAL LABORATORY SERVICES</b> Tests for Diagnostic Services	100%	\$0	\$0

## MEDICARE PARTS A & B

<b>HOME HEALTH CARE</b> Medicare Approved Services Medically necessary skilled care services and medical supplies Durable medical equipment: First \$288* of Medicare Approved Amounts Remainder of charges	100%   \$0 80%	\$0   \$0 until you reach \$288* Part B Ded., then 100%	\$0   \$288* Part B Ded., then \$0
---	----------------------------	---	---

## OTHER BENEFITS

<b>FOREIGN TRAVEL</b> Not covered by Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA: First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
---	------------	--	---

Once you have been billed \$288.\* of Medicare-approved amounts for covered services, your Medicare Part B deductible will have been met for the calendar year.

\* Indicates amounts that reflect the 2026 Medicare Part B deductible, which has not yet been finalized. These amounts are subject to change once the deductible is confirmed.

# EXPRESS SCRIPTS



Deductible		You pay a \$0 yearly deductible		
		Retail (31-day supply)	Retail (90-day supply)	Home Delivery (90-Day Supply)
<b>1</b>	<b>Preferred Generic</b> All covered generic drugs	\$10 copay	\$30 copay	\$15 copay
<b>2</b>	<b>Preferred Brand</b> Many common brand-name drugs, called preferred brands	\$30 copay	\$90 copay	\$45 copay
<b>3</b>	<b>Non-preferred Drug</b> Non-preferred brand-name drugs.	\$40 copay	\$120 copay	\$60 copay
<b>4</b>	<b>Specialty Tier</b> Unique and/or very-high-cost brand-name drugs	12% coinsurance	12% coinsurance	12% coinsurance
<b>Non-Medicare Part D Drugs</b>		Covered		
<b>Catastrophic Stage</b>		After your out-of-pocket costs reach \$2,100, you pay \$0* for the remainder of the plan year *Except for non-Medicare Part D drugs		