

## Schedule of Standard SHARP Benefits

January 1, 2024 - December 31, 2024

Service	Medicare Pays	SHARP Pays		You Pay	
		Base Option	MCx Option	Base Option	MCx Option
<b>Deductibles</b>	<b>Medicare pays on approved services after a deductible:</b> Medicare Part A (Inpatient): \$1,632 Medicare Part B (Outpatient): \$240	All Medicare approved services after member \$2,100 annual deductible	Balance of Medicare approved expenses	\$2,100 Annual Deductible	\$0
<b>Hospital Expenses</b>					
Semi-Private Room & Board, General Nursing & Miscellaneous Services & supplies**	days 1-60 -- 100%	\$0*	\$0	\$0*	\$0
	days 61-90 -- all but \$408/day	\$408*	\$408	\$0*	\$0
	days 91-150 -- all but \$816/day	\$816*	\$816	\$0*	\$0
	days over 150 -- \$0	\$0	\$0	all costs	all costs
<b>Skilled Nursing Facility***</b>					
Semi-Private Room & Board, General Nursing & Miscellaneous Services & supplies	days 1-20 -- 100%	\$0*	\$0	\$0*	\$0
	days 21-100 -- all but \$204/day	\$204*/day	\$204/day	\$0*	0
	days over 101 -- \$0	\$0*	\$0	all costs	all costs
<b>Outpatient Medical Services</b>					
Outpatient services	80%	20%*	20%	\$0*	\$0
Blood (first 3 pints)	\$0	100%	100%	\$0	\$0
Colostomy/Ileostomy Supplies	\$0	80%	80%	20%	20%
Medical Supplies	\$0	80% up to \$500/yr	80% up to \$500/yr	\$0	\$0
Mental Health	80%	20%*	\$0	\$0*	\$0
Hospice Care****	100%	\$0*	\$0	\$0*	\$0
Foreign Travel Emergency \$1000 deductible	Not Covered	80% up to \$50,000/yr	100% up to \$50,000/year	20%	\$0
Orthotics/Orthopedic Shoes	\$0	80% up to \$600/yr	80% up to \$600/yr	20%	20%

\* \$2,100 deductible applies.

\*\* Services not approved by Medicare will be denied by the Plan.

\*\*\* Custodial Care and Nursing Home expenses are not covered.

\*\*\*\* Physician must certify as a terminal illness.

Service	Annual SHARP Payment Limit	SHARP Pays		You Pay	
<b>DVH - Dental, Vision, Hearing</b>					
Dental	\$2,200 person/year*	80%		20%	
Vision	\$400 person/year*	80%		20%	
Hearing	\$2,200 person/year*	80%		20%	
<b>Rx</b>	<b>The Rx Option has a \$400/individual and \$800/family annual deductible</b>	<b>Retail</b>	<b>Mail Order</b>	<b>Retail 30 day</b>	<b>Mail 90 day</b>
Generic Drugs		cost of medication after deductible and/or copay		\$12*****	\$29*****
Preferred Brand Drugs		cost of medication after deductible and/or copay		\$29*****	\$70*****
Non-Preferred Brand Drugs		cost of medication after deductible and/or copay		\$45*****	\$110*****
Home IV Therapy		80%			20%
Shingles Vaccine		100%			0%

\*\*\*\*\* Plus costs resulting from non-compliance with plan rules

\* Note: refers to the payment rules as noted on pages