

## 2025 CPS MEDICARE PLAN SUMMARY COMPARISON

(Reflects Member's Responsibility)

MEDICARE PARTS A AND B MEDICAL COVERAGE					
2025 NEW PLAN NAME	CPS ADVANTAGE w/PRESCRIPTION Rx		CPS SUPPLEMENT w/PRESCRIPTION Rx		CPS SUPPLEMENT 2 w/PRESCRIPTION Rx
MONTHLY COST PER PERSON	\$100.59		Age 65-66: \$191.43 Age 67-69: \$204.43 Age 70+: \$231.43		\$369.43
MEDICARE PLAN TYPE	Medicare Advantage Plan w/Rx		Medicare Supplemental Plan w/Rx		Medicare Supplemental Plan w/Rx
INSURED BY	Humana, Inc. and Express Scripts		The Hartford and Express Scripts		The Hartford and Express Scripts
INPATIENT HOSPITAL	\$0		\$0		\$0
OUTPATIENT MEDICAL DEDUCTIBLE	\$50		\$240*		\$240*
OUTPATIENT MEDICAL	Copay or Coins. to OOP Max, then \$0		Coinsurance to OOP Max, then \$0		Part B Deductible, then \$0
ANNUAL MEDICAL OUT-OF-POCKET MAXIMUM (OOP MAX)	\$500 then \$0 (incl. all Medical costs you pay)		\$2,000 then \$0 (incl. all Medical costs you pay)		\$240* then \$0 (incl. all Medical costs you pay)
SILVER SNEAKERS	Yes		Yes		Yes
NETWORK REQUIREMENTS	In- and Out-of-Network provisions apply**		Any Medicare Provider		Any Medicare Provider
MEDICARE PART D - PRESCRIPTION Rx COVERAGE (included with above Medical Plans)					
PRESCRIPTION PLAN NAME	CPS PRESCRIPTION COVERAGE PLAN				
ANNUAL Rx DEDUCTIBLE	CMS Standard: \$590 Deductible				
ANNUAL PRESCRIPTION Rx OUT-OF-POCKET MAXIMUM	\$2,000 then \$0				
PHARMACY NETWORK ACCESS	This Prescription Rx plan uses a "Preferred" and "Standard" pharmacy network, featuring 64,000+/- pharmacies nationwide. Using the "Preferred" retail pharmacies (anchored by CVS) saves you \$5 per script.				
AMOUNT DISPENSED	Up to 31-Day Supply Retail <sup>1</sup>		Up to 90-Day Supply Retail		32-90-Day Supply Home Delivery
PREFERRED OR STANDARD PHARMACY	Preferred	Standard	Preferred	Standard	Express Scripts Home Delivery
PREFERRED GENERIC	\$5	\$10	\$15	\$20	\$5
GENERIC TIER	\$10	\$15	\$30	\$35	\$10
PREFERRED BRAND	20%	\$5 + 20%	20%	\$5 + 20%	20%
NON-PREFERRED BRAND	45%	\$5 + 45%	45%	\$5 + 45%	45%
SPECIALTY TIER	25%	\$5 + 25%	25%	\$5 + 25%	25%
2025 COMBINED MEDICAL AND Rx MAXIMUM OUT-OF-POCKET AMOUNT					
MAXIMUM AMOUNT YOU PAY	\$2,500		\$4,000		Part B Deductible + \$2,000

The above benefit chart represents the amounts you pay and is for illustrative purposes only. For additional plan details please reference the CHP Guide for Medicare Members located at [www.ConcordiaPlans.org/Medicare](http://www.ConcordiaPlans.org/Medicare).

<sup>1</sup>If the cost of the drug is less than the copays listed, you will pay the lesser amount.

\*The Medicare Part B deductible amount shown is the 2024 amount. Your plan will automatically adjust to the changes to Medicare Part B amount for 2025.

\*\*In some cases an out-of-network provider will not bill Humana. If this occurs, you will need contact Humana for payment and reimbursement info.