

CPS MEDICARE HEALTH PLAN COMPARISON CHART

(Reflects Member's Responsibility)

MEDICARE PARTS A AND B MEDICAL COVERAGE					
2026 Plan Name	CPS Advantage with Prescription Coverage (Rx)		CPS Supplement with Prescription Coverage (Rx)		CPS Supplement 2 with Prescription Coverage (Rx)
Monthly Cost Per Person	\$185.94		Age 65-66: \$281.40 Age 67-69: \$297.40 Age 70+: \$329.40		\$496.40
Medicare Plan Type	Medicare Advantage with Rx		Medicare Supplement with Rx		Medicare Supplement with Rx
Administered By	Advantage Plan: Humana Rx Plan: Express Scripts Medicare		Supplement Plan: The Hartford Life and Accident Insurance Company Rx Plan: Express Scripts Medicare		Supplement Plan: The Hartford Life and Accident Insurance Company Rx Plan: Express Scripts Medicare
Inpatient Hospital	\$0		\$0		\$0
Outpatient Medical Deductible	\$50		\$257*		\$257*
Outpatient Medical	Copay or coinsurance 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 (includes all medical costs you pay)		\$2,000 then \$0 (includes all medical costs you pay)		\$257 then \$0 (includes all medical costs you pay)
SilverSneakers	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)					
Annual Rx Deductible	CMS Standard: \$615				
Annual Rx Out-of-Pocket Maximum (OOP Max)	\$2,100 then \$0				
Pharmacy Network Access	The Rx plan uses a “preferred” and “standard” pharmacy network, featuring 64,000 +/- pharmacies nationwide. Using the “preferred” pharmacies (anchored by CVS) saves you \$5 per prescription.				
Amount Dispensed	Up to 31-Day Supply Retail ¹		Up to 90-Day Supply Retail		32-90-Day Supply Home Delivery
Preferred or Standard Pharmacy	Preferred	Standard	Preferred	Standard	Express Scripts Home Delivery
Tier 1: Preferred Generic	\$5	\$10	\$15	\$20	\$5
Tier 2: Non-Preferred Generic	\$10	\$15	\$30	\$35	\$10
Tier 3: Preferred Brand	20%	\$5 + 20%	20%	\$5 + 20%	20%
Tier 4: Non-Preferred Brand	45%	\$5 + 45%	45%	\$5 + 45%	45%
Tier 5: Specialty	25%	\$5 + 25%	25%	\$5 + 25%	25%
2026 COMBINED MEDICAL AND RX MAXIMUM OUT-OF-POCKET AMOUNT					
Maximum Amount You Pay	\$2,600		\$4,100		Part B Deductible + \$2,100

The above benefit chart represents the amounts you pay and is for illustrative purposes only. For additional plan details, please refer to the CPS Guide for Medicare Members located at www.ConcordiaPlans.org/Medicare

*The Medicare Part B Deductible shown is reflective of the 2025 amount. Your plan will automatically adjust to the 2026 amount as of January 1, 2026.

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

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