Calvert County Public Schools
Standard Group Over 65 (Traditional) Plan

Services	Medicare Pays	Standard Group 65+ Plan Pays
Inpatient Hospital Days 1–60	60 days of inpatient hospital care, except for $1,736 (your Medicare Part A deductible)	The first $1,736 of the inpatient hospital bill for the first 60 days of hospitalization
Inpatient Hospital Days 61–90	30 additional days of hospital inpatient care, except for a $434 per day copay	$434 per day copay for days 61–90
Inpatient Hospital **Lifetime** Reserve Days	60 additional "lifetime reserve" days of inpatient hospital care, except for a $868 per day copay	$868 per day copay for up to 60 "lifetime reserve" days
Skilled Nursing Facility	100 days of inpatient care, except for the $217 per day copay for days 21–100	$217 per day copay for days 21–100
Inpatient Medical/Surgery	80% of the Medicare-approved amount after the Medicare Part B deductible has been met	The first $283 (your Medicare Part B deductible) and 20% of the Medicare-approved amount
Outpatient Surgery **Hospital** visits and surgery for medical conditions*	80% of the Medicare-approved amount after the Medicare Part B deductible has been met	The first $283 (your Medicare Part B deductible) and 20% of the Medicare-approved amount
Emergency Services Minor surgery and emergency first aid provided in a physician's office or hospital outpatient department	80% of the Medicare-approved amount after the Medicare Part B deductible has been met	The first $283 (your Medicare Part B deductible) and 20% of the Medicare-approved amount
Diagnostic Services X-rays or pathology examinations provided in a physician's office or hospital outpatient department	80% of the Medicare-approved amount after the Medicare Part B deductible has been met Clinical laboratory services covered in full	For outpatient minor surgery or accidental injury: The first $283 (your Medicare Part B deductible) and 20% of the Medicare-approved amount For all other cases: Covered by Major Medical
Radiation/Chemotherapy Services Services provided in an office or hospital outpatient department	80% of the Medicare-approved amount after the Medicare Part B deductible has been met	The first $283 (your Medicare Part B deductible) and 20% of the Medicare-approved amount
Diabetic Self-Management	80% of the Medicare-approved amount for blood glucose monitors, testing strips, lancet devices, after the Medicare Part B deductible has been met	80% of Medicare Part B deductible and coinsurance
Annual Physical	One Annual Wellness visit every 12 months	Covered in full by Medicare
Routine GYN Pap Smears, Pelvic and clinical breast exams	Covered once every 2 years; covered once a year for women at high risk	100% of the Allowed Benefit the year Medicare does not pay
Prostate Cancer Screening Exam	80% of the Medicare-approved amount after the Medicare Part B deductible of $283 has been met; 100% for the PSA test; 80% for other related services. Covered once a year	100% of Medicare Part B deductible and coinsurance
Colorectal Cancer Screening Procedures	No coinsurance, copay or deductible to meet for screening colonoscopy or screening flexible sigmoidoscopy	Covered in full by Medicare
Mammography Screening	No coinsurance, copay or deductible to meet; One baseline between ages 35–39. Once every 12 months for age 40 and older	Covered in full by Medicare
Bone Mass Measurement	No coinsurance, copayment or deductible; Once every 24 months for persons at high risk for osteoporosis	Covered in full by Medicare

The Medicare deductibles and coinsurance amounts shown are based on 2026 figures. Your benefits will automatically adjust to meet any amounts that change in 2027.
CareFirst's allowed amount for services covered by Medicare and CareFirst will not exceed the Medicare approved amount/Medicare limiting charge.

In addition to the Standard Group 65+ Benefits, the Retirees of Calvert County Public Schools also have Major Medical benefits. Major Medical reimburses subscribers for out-of-pocket expenses not covered by Medicare, such as balances on office visits, durable medical equipment and hearing aids. Major Medical benefits are then reimbursed at 80% of Allowed Benefit up to $2,000 stop loss. Reimbursement is then 100% of Allowed Benefit for the remaining calendar year.

Prescription drug plan highlights

Here are your costs for prescription drugs from a participating pharmacy.

Services	Prescription Drugs
COSTS TO CONSIDER	
Prescription Plan Tier	3-Tier
Prescription Deductible	$0
UP TO 34-DAY SUPPLY	
Generic Drugs (Tier 1)	$8
Preferred Brand Drugs (Tier 2)	$15
Non-preferred Brand Drugs (Tier 3)	$30
90-DAY SUPPLY (CVS PHARMACY OR CVS MAIL SERVICE)	
Generic Drugs (Tier 1)	$8
Preferred Brand Drugs (Tier 2)	$15
Non-preferred Brand Drugs (Tier 3)	$30
90-DAY SUPPLY (ALL OTHER RETAILER PHARMACIES)	
Generic Drugs (Tier 1)	$16
Preferred Brand Drugs (Tier 2)	$30
Non-preferred Brand Drugs (Tier 3)	$60
Specialty Drugs through Prudent Rx	$0 (must be enrolled in Prudent Rx, or member will pay 30% of the cost of the medication)

Mandatory Generics

Generic drugs will be used for all your prescriptions. If you prefer the brand, you'll pay the non-preferred brand copay in addition to the difference between the generic and the brand drug. If a generic version is not available, or DAW (dispense as written) is noted by your doctor, you will only pay the copay.

CareFirst
Family of health care plans

The examples provided in this booklet are meant to help you evaluate the benefits we offer. They are not meant to convey the exact terms of any one particular plan and do not create rights not given through the benefit plan. The details of your plan may vary.

The policies may have exclusions, limitations or terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call CareFirst.

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ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-258-6518.
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 855-258-6518.

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