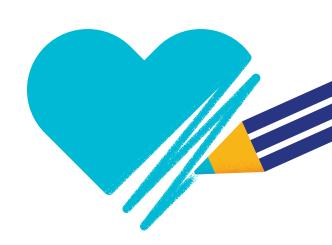
## Compare your Compass Rose plan options

Review this side by side plan comparison and learn more about your High Option Compass Rose Health Plan and Compass Rose Medicare Advantage plan options.



| Medical benefits   | High Option with<br>Medicare Parts A and B | Compass Rose<br>Medicare Advantage                |
|--|--|---|
| Annual medical deductible                                  | \$0  | \$0   |
| Annual medical out-of-pocket maximum                       | \$0  | \$0   |
| Preventive services  | \$0  | \$0   |
| Physician office visits (primary, specialist and virtual)  | \$0  | \$0   |
| Hospital visits (inpatient and outpatient)                 | \$0  | \$0   |
| Emergency room or urgent care                              | \$0  | \$0   |
| Ambulance services   | \$0  | \$0   |
| Physical, speech and occupational therapy                  | \$0/90 visits combined per year            | \$0/unlimited visits per year                     |
| Durable medical equipment                                  | \$0  | \$0   |
| Prosthetics  | \$0  | \$0   |
| Diabetic supplies (test strips, lancets, glucose monitors) | \$0  | \$0   |
| Massage therapy  | Up to \$75 per visit 12 visits per year    | Up to \$60 per visit Unlimited visits per year    |
| Routine podiatry   | N/A  | \$0/6 visits per year                             |
| Hearing aids — every 3 years                               | \$0 copay<br>up to \$2,400 allowance       | \$0 copay<br>up to \$1,500 allowance <sup>1</sup> |

| <b>Pharmacy benefits</b>    | High Option with Medicare Parts A and B* | Compass Rose<br>Medicare Advantage |
|-----------------------------|--|------------------------------------|
| Deductible                  | \$0                                      | \$0                                |
| Out-of-pocket max           | \$6,000                                  | \$2,100                            |
| Retail pharmacy             |  |                                    |
| Tier 1: Generic             | \$5                                      | \$3                                |
| Tier 2: Preferred brand     | \$50                                     | \$25                               |
| Tier 3: Non-preferred brand | \$75 or 40% (whichever is greater)       | \$75                               |
| Tier 4: Specialty tier      | N/A                                      | 25% up to max of \$100             |
| Mail order pharmacy         |  |                                    |
| Tier 1: Generic             | \$10                                     | \$6                                |
| Tier 2: Preferred brand     | \$100                                    | \$50                               |
| Tier 3: Non-preferred brand | \$150 or 40%<br>(whichever is greater)   | \$150                              |
| Tier 4: Specialty tier      | Up to a max of \$500                     | Up to max of \$100                 |

<sup>\*</sup>If your prescription benefits are covered by the Compass Rose Medicare Prescription Drug Plan EGWP, your costs may vary from what is listed above.

| Extras   | High Option with Medicare Parts A and B | Compass Rose<br>Medicare Advantage |
|--|---|------------------------------------|
| National network <sup>2</sup>                    | <b>~</b>                                | <b>~</b>                           |
| Dental coverage <sup>3</sup>                     | Limited                                 | <b>~</b>                           |
| Foreign travel coverage                          | <b>✓</b>                                | <b>✓</b>                           |
| Remain a Compass Rose member in the FEHB program | <b>✓</b>                                | <b>✓</b>                           |
| Aging Well program                               | <b>✓</b>                                | <b>✓</b>                           |
| Free gym membership                              |   | <b>✓</b>                           |
| Digital exercise therapy                         | <b>✓</b>                                |                                    |

# Plus, these extras that only come with Compass Rose Medicare Advantage

**\$125** 

Monthly Medicare Part B premium reduction



Allowance for glasses or contacts



Access to at-home workouts



Optum® HouseCalls<sup>4</sup>



Post-discharge home-delivered meals

**\$40** 

Quarterly credit for over-the-counter items

You must continue to pay the High Option Compass Rose Health Plan premium if you elect to enroll in the Medicare Advantage plan. There is no additional premium for the Medicare Advantage plan.

You must contact UHC Hearing and use a UHC Hearing provider for hearing aid coverage. UHC Hearing gives you access to one of the widest selections of prescription and non-prescription hearing aids at significant savings. 

You have access to our national coverage. Unlike most PPO plans, with this plan, you pay the same share of cost in and out of network as long as providers are eligible to participate in the Medicare Program and accept the plan. 
Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Benefits, features and/or devices may vary by plan/area. Limitations, exclusions and/or network restrictions may apply. Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

<sup>&</sup>lt;sup>3</sup>Limited dental coverage under Compass Rose Health Plan with Medicare Parts A and B. Check the FEHB Plan brochure for additional details.

<sup>&</sup>lt;sup>4</sup>HouseCalls may not be available in all areas.

This information is not a complete description of benefits. Contact the plan for more information.

## **Important information**

#### **Medicare Part B enrollment**

Being enrolled in Medicare and Compass Rose Medicare Advantage can help decrease your out-of-pocket health care expenses. Even though enrolling in Medicare Part B is not required in the Federal Employees Health Benefits (FEHB) Program, there are some advantages to having it. The decision to enroll in Medicare is entirely yours, but if you do choose to enroll, it is best to act quickly. You must enroll in Medicare Part B if you wish to enroll in Compass Rose Medicare Advantage.

### Medicare Part B Enrollment Penalty (LEP)

If you didn't get Medicare Part B when you were first eligible, your monthly premium may be higher. In most cases, you'll have to pay the penalty each time you pay your premiums, for as long as you have Medicare Part B. You must continue paying your Medicare Part B premium to be eligible for coverage under Compass Rose Medicare Advantage. If you stop paying your Medicare Part B premium, you may be disenrolled from Compass Rose Medicare Advantage.

#### **Medicare Part D Late Enrollment Penalty (LEP)**

Once you become a Compass Rose Medicare Advantage member, you will receive a letter to confirm you have had continuous prescription drug coverage.

If you had coverage through the Compass Rose Health Plan or another FEHB plan since you became Medicare eligible, you had what is known as "creditable coverage" and a penalty will not apply. You simply need to respond to the letter as quickly as possible to avoid an unnecessary penalty.

### **Income-Related Monthly Adjustment Amount (IRMAA)**

IRMAA is an amount Social Security determines you may need to pay in addition to your monthly Part B and Part D premium if your modified adjusted gross income on your IRS tax return from 2 years ago is above a certain limit. The Compass Rose Medicare Advantage plan includes prescription drug coverage, which is considered a Part D plan. This means that, in addition to any Part B IRMAA you may already pay, you could also be responsible for a Part D IRMAA when enrolling in this plan.

#### Call Social Security to see if you qualify for Extra Help

If you have a limited income, you may be able to get Extra Help to pay for your prescription drug costs. Many people qualify and don't know it. There's no penalty for applying, and you can re-apply every year.

Call toll-free at **1-800-772-1213**, TTY **1-800-325-0778**, 8 a.m.-7 p.m., Monday-Friday.