

Retiree Medical and Prescription Drug Plan

Effective January 1, 2023

Social Security Administration: Hartford, CT Office (877) 619-2851 or toll-free 1-800-772-1213

Medical Benefit Summary:	Medicare Supplement Plan N
Contact Information	Toll-free Member Service- 1-800-392-7537 www.AARPMedSuppRetirees.com
Basic Design:	Medicare Supplement Plan N requires that participants are enrolled in Medicare Parts A and B. Medicare is the primary payor for all Medicare-eligible expenses. Medicare Supplement Plan N is the secondary payor.
Dependent Eligibility:	Spouse age 65 or over who is enrolled in Medicare Parts A & B.
Calendar Year Deductible:	2023 Medicare Part B Deductible - \$226
Coinsurance Provision:	Plan pays Medicare Parts A deductible and the balance of Medicare-eligible expenses after Medicare payment. This plan works in concert with any Medicare-approved providers. Please recognize that there is no coverage if services are rendered through a provider who does not participate in the Medicare program.
Part B Excess Charges	If your doctor does not accept Medicare assignment, federal law allows him or her to charge up to 15% above Medicare's approved amount. Plan N does not pay for Part B Excess Charges.
Lifetime Maximum:	No maximum.
Physician Services:	(For medically necessary expenses)
Chiropractic Care:	Your Cost: Up to \$20 after Part B Deductible
Gynecological Exams:	Your Cost: Up to \$20 after Part B Deductible
Occupational Therapy:	Your Cost: Up to \$20 after Part B Deductible
Office Visits:	Your Cost: Up to \$20 after Part B Deductible
Outpatient Surgery	Your Cost: Up to \$20 after Part B Deductible
Physical Therapy:	Your Cost: Up to \$20 after Part B Deductible
Routine Physical Exams:	Your Cost: Up to \$20 after Part B Deductible
Speech Therapy:	Your Cost: Up to \$20 after Part B Deductible
Vision Care:	Your Cost: Up to \$20 after Part B Deductible
Walk In Center:	Your Cost: Up to \$20 after Part B Deductible
X-Ray/ Laboratory Exams:	Your Cost: Up to \$20 after Part B Deductible

Hospital Services:	
Emergency Services:	Your Cost: Up to \$50 after Part B Deductible (waived if admitted)
Inpatient Coverages:	
Room and Board	Plan pays Medicare Part A deductible and all co-insurance, plus an additional 365 days of Medicare-eligible expenses after Medicare benefits are exhausted.
Surgery	Plan pays the balance after Medicare payment for Medicare-approved expenses.
Anesthesia	Plan pays the balance after Medicare payment for Medicare-approved expenses.
Skilled Nursing Facility	Medicare pays days 1-20 in full. Plan pays all co-insurance for days 21-100. No benefit after day 100 of an Medicare-eligible stay. (For covered stays only per Medicare rules.)
Mental Health:	
Inpatient	Paid the same as any other hospital stay. Medicare limits stays in free-standing facilities to a 190-day lifetime maximum.
Outpatient	Your Cost: Up to \$20 after Part B Deductible is met
Substance Abuse (Alcohol and Drug):	
Inpatient	Paid the same as any other hospital stay. Medicare limits stays in free-standing facilities to a 190-day lifetime maximum.
Outpatient	Your Cost: Up to \$20 after Part B Deductible
Out of Country Benefits:	
Emergency	After a \$250 calendar year deductible, plan pays 80% of emergency medical expenses up to a lifetime maximum benefit of \$50,000.
Non-emergency	Routine or planned non-emergency medical expenses are not covered out of the United States.
Prescription (Rx) Benefit Summary:	
	Express Scripts (ESI)
Contact Information	Local: 860.931.7333 Toll Free: 844.672.8029
Calendar Year Deductible	\$0
Your Cost: Retail: 30 day supply / Mail Order: 90 day supply	
Tier 1 (Generic)	\$10 / \$20
Tier 2 (Pref. Brand)	25% to Max of \$40 / \$80
Tier 3: (Non Pref. Brand)	35% to Max of \$60 / \$120
Tier 4: (Specialty)	33% to Max of \$60 / \$120

Where differences exist between this benefit summary and the plan document, the plan document prevails. Please consult the plan document for complete details.