



AGP-3896
GROUP RETIREE INSURANCE PLAN (GRIP)
THROUGH BENISTAR EMPLOYER SERVICES TRUST (BEST)

SPONSORED BY: *CITY OF BAY CITY*

SUMMARY OF COVERAGE¹

UNDERWRITTEN BY: HARTFORD LIFE & ACCIDENT INSURANCE COMPANY

PART A SERVICES

SERVICES	MEDICARE PAYS	PLAN 5 PAYS	YOU PAY
HOSPITALIZATION ⁽²⁾			
Semi-private room and board, general nursing, and miscellaneous services and supplies:			
First 60 days	All but \$1,288	\$1,288	\$0
61 st through 90 th day	All but \$322 per day	\$322 per day	\$0
91 st through 150 th day • (60 day Lifetime Reserve Period)	All but \$644 per day	\$644 per day	\$0
Once Lifetime Reserve days are used (or would have ended if used) additional 365 days of confinement per person per lifetime.	\$0	100%	\$0
SKILLED NURSING FACILITY CARE ⁽²⁾			
Semi-private room and board, skilled nursing and rehabilitative services and other services and supplies. You must meet Medicare's requirements which includes hospitalization of at least 3 days. You must enter a Medicare-approved facility within 30 days after leaving the hospital:			
First 20 days	All approved amounts	\$0	\$0
21 st through 100 th day	All but \$161.00 per day	Up to \$161.00 per day	\$0

GROUP RETIREE INSURANCE PLAN – SUMMARY OF COVERAGE

SERVICES	MEDICARE PAYS	PLAN 5 PAYS	YOU PAY
HOSPICE CARE			
Pain relief, symptom management and support services for terminally ill.			
As long as Physician certifies the need.	All costs, but limited to costs for out-patient drug and in-patient respite care	Co-insurance charges for in-patient respite care, drugs and biologicals approved by Medicare	All other charges
BLOOD DEDUCTIBLE – Hospital Confinement and Out-Patient Medical Expenses			
When furnished by a hospital or skilled nursing facility during a covered stay.			
First 3 pints	\$0	100%	\$0
Additional amounts	100%	\$0	\$0

PART B SERVICES

SERVICES	MEDICARE PAYS	PLAN 5 PAYS	YOU PAY
OUT-PATIENT MEDICAL EXPENSES - In or Out of the Hospital and Out-Patient Hospital Treatment , such as Physician's services, In-Patient and Out-Patient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
Medicare Part B Deductible	\$0	\$166	\$0
First \$166 of Medicare-approved amounts.	80%	100%	\$0
Remainder of Medicare-approved amounts.	100%	\$0	\$0
Clinical Laboratory services, blood tests, urinalysis and more.	100%	\$0	\$0
Part B Excess Charges for Non-Participating Medicare providers covers the difference between the 115% Medicare limiting fee and the Medicare-approved Part B charge.	\$0	100%	0%

GROUP RETIREE INSURANCE PLAN – SUMMARY OF COVERAGE

ADDITIONAL SERVICES

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
PREVENTIVE MEDICAL CARE & CANCER SCREENINGS⁽³⁾			
Coverage for expenses incurred by a covered person for physical exams, preventive screening tests and services, cancer screenings, and any other tests or preventive measures determined to be appropriate by the attending Physician. Refer to your Medicare and You handbook for more information on Preventive services.			
“Welcome to Medicare” Physical Exam -within first 12 months of Part B enrollment	100%	\$0	\$0
Annual Wellness Visit	100%	\$0	\$0
Vaccinations	100%	\$0	\$0
Breast Cancer Screening - Mammogram once per year; - Breast exam once every 2 years, or once per year if at high risk	100%	\$0	\$0
Colon Cancer Screening - Fecal occult blood test once per year; - Colonoscopy once every 10 years, or every two years if high risk - Barium enema once every 4 years, or once every 2 years if at high risk	100% for Fecal Occult Blood Test and Colonoscopy	\$0	\$0
	80% after deductible for Barium Enema	100%	\$0
Cervical Cancer Screening - Pap Smear and Pelvic exam once every 2 years, or once per year if high risk	100%	\$0	\$0
Prostate Cancer Screening - PSA Test once per year - Digital Rectal exam once per year	100% for PSA Test	\$0	\$0
	80% after deductible for Digital Rectal exam	100%	\$0
Ovarian Cancer Surveillance Tests -once per year if at high risk	80% after deductible	100%	\$0

SERVICES	MEDICARE PAYS	PLAN 5 PAYS	YOU PAY
FOREIGN TRAVEL EMERGENCY Medically necessary emergency care services.			
Emergency services needed due to Injury or Sickness of sudden and unexpected onset during the first 60 days while traveling outside the United States.	\$0	80% after \$250 Deductible (to a lifetime maximum of \$50,000).	\$250 Deductible and then 20% of expenses incurred (to a lifetime maximum of \$50,000, 100% thereafter).

¹ Coverage amounts valid from January 1, 2016 to December 31, 2016.

² A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

³ If any of the cancer screening tests are not covered by Medicare, the plan will pay the usual and customary charges incurred.

The summary of program benefits described herein is for illustrative purposes only. In case of differences or errors, the Group Policy governs.

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CITY OF BAY CITY PLAN DESIGN AND BENEFITS

JANUARY 1, 2016 – DECEMBER 31, 2016

MEDICARE PART D PRESCRIPTION DRUG BENEFITS PROVIDED BY EXPRESS SCRIPTS

DEDUCTIBLE STAGE	Deductible: \$0.00	Because this plan does not have a deductible, this stage does not apply to you.		
INITIAL COVERAGE STAGE	During this stage the plan pays its share of the cost of your covered drugs and you will pay your share. For 2016 you stay in this stage until the total cost of your drugs reaches \$3,310. Once you reach this limit you move on to the Coverage Gap Stage.			
MEMBER CO-PAYS	Retail and Maintenance Drug Pharmacy			Express Scripts Home Delivery
		1 Month Supply	2 Month Supply	3 Month Supply
	4 Tier Co-Pay			
	Generic	\$0	\$0	\$0
	Preferred Brand	\$5	\$10	\$15
	Non-Preferred Brand	\$5	\$10	\$15
	Specialty Drugs	\$5	\$10	\$15
	<ul style="list-style-type: none"> • If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily cost-sharing rate based on the actual number of days of the drug that you receive. • Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply. To find out if your pharmacy is a Maintenance Drug Pharmacy (MDP) that has agreed to provide up to 90-day supply (with no co-pay savings) call the Express Scripts number on the back of your ID card. 			<p style="text-align: center;">3 Month/90 Day Supply</p> <p>4 Tier Co-Pay</p> <p>Generic \$0</p> <p>Preferred Brand \$10</p> <p>Non-Preferred Brand \$10</p> <p>Specialty \$10</p> <p>You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long term basis) by mail through Express Scripts Home Delivery. There is no charge for standard shipping.</p>
COVERAGE GAP STAGE	<p>After your total yearly drug costs reach \$3,310, you will continue to pay the same cost-sharing amount as in the Initial Coverage stage, until you qualify for the Catastrophic Coverage Stage.</p> <p>You stay in this stage until your out-of-pocket costs reach \$4,850. This is the amount you must pay out-of-pocket to leave the Coverage Gap Stage and qualify for the Catastrophic Coverage.</p>			
CATASTROPHIC COVERAGE STAGE	<p>During the Catastrophic Stage you will pay the greater of 5% coinsurance or:</p> <ul style="list-style-type: none"> • \$2.95 copayment for covered generic drugs (including brand drugs treated as generics). • \$7.40 copayment for all other covered drugs. 			