

GROUP RETIREE INSURANCE PLAN

SUMMARY OF COVERAGE



PLAN FOR RETIREES OF:
THE CITY OF LAKE FOREST
THROUGH BENISTAR EMPLOYER SERVICES TRUST (BEST)

UNDERWRITTEN BY: HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

¹Calendar Year Deductible: \$250 ¹Calendar Year Maximum: \$2,000

PART A SERVICES

| SERVICES | MEDICARE PAYS ⁽¹⁾ | PLAN PAYS ⁽¹⁾ | YOU PAY |
|--|------------------------------|--|--------------------------|
| HOSPITALIZATION ⁽²⁾ | | | |
| Semi-private room and board, general nursing, and miscellaneous services and supplies: | | | |
| First 60 days | All but \$1,364 | 100% of Medicare Part A Deductible | \$0 |
| 61 st through 90 th day | All but \$341 per day | 100% of Medicare Part A Coinsurance | \$0 |
| 91 st through 150 th day (60 day Lifetime Reserve Period) | All but \$682 per day | 100% of Medicare Part A Coinsurance | \$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 | | | |
| Semi-private room and board, skilled nursing and rehabilitative services and other services and supplies. You must meet Medicare's requirement 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 \$170.50 per day | Up to 100% of Medicare SNF Coinsurance | \$0 |
| 101 st through 365 day | \$0 | \$0 | All other charges |

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| 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 |
| HOSPICE CARE – Hospital Confinement and Out-Patient Medical Expenses | | | |
| 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 |

PART B SERVICES

| SERVICES | MEDICARE PAYS ⁽¹⁾ | PLAN PAYS ⁽¹⁾ | YOU PAY |
|--|------------------------------|--------------------------|---------|
| OUT-PATIENT MEDICAL EXPENSES | | | |
| The Policy may cover the following Medicare Part B Benefits: | | | |
| <ul style="list-style-type: none"> • <i>Physician Services Benefit</i> • <i>Specialist Services Benefit</i> • <i>Outpatient Hospital Services and Ambulatory Surgical Care Benefit</i> • <i>Outpatient Diagnostic and Radiology Services Benefit</i> • <i>Outpatient Mental Health and Substance Abuse Services Benefit</i> • <i>Outpatient Rehabilitative and Cardiac Rehabilitative Services Benefit</i> • <i>Emergency Care Benefit</i> • <i>Urgent Care Benefit</i> • <i>Ambulance Services Benefit</i> • <i>Durable Medical Equipment and Prosthetics Benefit</i> | | | |
| All Medicare Part B Benefits are based on per vist, except Ambulance Services Benefit, which is based on per trip, and Durable Medical Equipment and Prosthetics Benefit, which is based on per device. | | | |
| Medicare Part B Deductible | | | |
| First \$185 of Medicare-approved amounts | \$0 | \$0 | \$185 |

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| Remainder of Medicare-approved amounts | 80% | Remaining balance after Medicare is payable at 50% until out-of-pocket expenses reach \$2,000, then plan pays 100% | Remaining balance after Medicare and Hartford Plan until your out-of-pocket expenses reach \$2,000, then you pay \$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 |

ADDITIONAL SERVICES

| SERVICES | MEDICARE PAYS ⁽¹⁾ | PLAN PAYS ⁽¹⁾ | 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 |
| Preventive Care Cancer Screening Benefits ⁽³⁾ | Generally 100% for most preventive screenings. Some screenings subject to the Medicare Part B Deductible and Coinsurance | 100% of remaining covered expenses Incurred not covered by Medicare | \$0 |

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| 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 ¹ \$250 Deductible (to a lifetime maximum of \$50,000) | ¹ \$250 Deductible and then 20% of expenses incurred (to a lifetime maximum of \$50,000, then 100% thereafter) |

¹ The Calendar Year Deductible applies to Medicare Part A and Medicare Part B Services. The Calendar Year Deductible must be met before the Plan will pay and applies toward the out of pocket expense maximum. The Calendar Year Maximum applies to Medicare Part A and Medicare Part B out of pocket expenses. The plan pays the remaining Medicare Part B coinsurance, if any, after your copayment until your Medicare Part B expenses reach the calendar year maximum stated, then the plan pays 100%. The Foreign Travel Emergency deductible is a separate deductible.

¹ Coverage amounts are valid from the policy effective date to December 31, 2019. This chart describes coverage that is only available to persons who are at least 65 and Medicare-eligible. Medicare amounts typically change January 1 of each year.

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. Hospital does not include any institution or part thereof that is used primarily as a nursing home, convalescent home, or Skilled Nursing Facility; a place for rest, custodial, educational or rehabilitative care; a place for the aged; or, a place for alcoholism or drug addiction.

³ If any of the cancer screening tests are not covered by Medicare, the plan will pay the usual and customary charges incurred. Please refer to your certificate for a full description of preventive screenings.

Please note this policy also may cover certain benefits mandated by the state where the employer is situated or the state where you reside. Refer to your certificate for a description of any additional benefits.

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The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the issuing companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This brochure/presentation explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this brochure and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability.

Not connected with or endorsed by the U.S. Government or the federal Medicare program.

Limitations & Exclusions: The Hartford's Insurance Plan does not cover any expense that is not a Medicare Eligible Expense or beyond the limits imposed by Medicare for such expenses or excluded by name or specific description by Medicare, except as specifically provided in the policy. The plan does not cover: Any part of a covered expense to the extent paid by Medicare; benefits payable under one benefit of the policy to the extent covered under another benefit of the policy; or expense incurred after coverage terminates, except as stated in the Extension-of-Benefits provision of the policy.