



AGP-3886
GROUP RETIREE INSURANCE PLAN (GRIP)
THROUGH BENISTAR EMPLOYER SERVICES TRUST (BEST)

SPONSORED BY: *CITY OF REEDLEY*

SUMMARY OF COVERAGE¹

UNDERWRITTEN BY: HARTFORD LIFE & ACCIDENT INSURANCE COMPANY

PART A SERVICES

SERVICES	MEDICARE PAYS	PLAN 3 PAYS	YOU PAY
HOSPITALIZATION ⁽²⁾			
Semi-private room and board, general nursing, and miscellaneous services and supplies:			
First 60 days	All but \$1,316	\$1,316	\$0
61 st through 90 th day	All but \$329 per day	\$329 per day	\$0
91 st through 150 th day • (60 day Lifetime Reserve Period)	All but \$658 per day	\$658 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 \$164.50 per day	Up to \$164.50 per day	\$0
101 st through 365 day	\$0	\$0	All other charges

GROUP RETIREE INSURANCE PLAN – SUMMARY OF COVERAGE

SERVICES	MEDICARE PAYS	PLAN 3 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 3 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 First \$183 of Medicare-approved amounts. Remainder of Medicare-approved amounts.	\$0 80%	\$0 Remaining balance after Medicare is payable at 50%, until out-of-pocket expenses reach \$2,000, then plan pays 100%	\$183 Remaining balance after Medicare and Hartford Plan until your out-of-pocket expenses reach \$2,000, then you pay \$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 3 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, 2017 to December 31, 2017.

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.

***A \$19.80 per person per month administrative fee for services which include but are not limited to claims payment and customer service.**

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