



Sample Plan Coverage with The Hartford.



If you have fewer than 100 employees, we offer a wide range of predetermined plan designs under a trust arrangement. If you have 100 employees or more, we'll work with you to custom-build a supplemental health plan tailored to your requirements for the benefit of your retirees.

Here's how a sample Group Retiree Health plan from The Hartford coordinates with Medicare.

SERVICES	MEDICARE PAYS:	SAMPLE HARTFORD PLAN PAYS:
Hospitalization¹		
First 60 days	All but the Medicare Part A deductible amount	100% of the Medicare Part A deductible amount
Day 61-90	All but the Medicare Part A deductible amount	100% of the Medicare Part A deductible
Day 91-150 (lifetime reserve)	All but the Medicare Part A deductible amount	100% of the Medicare Part A deductible amount
Once lifetime reserve days are used (or would have ended if used), add'l 365 days of confinement per person per lifetime	\$0	100% of Medicare eligible expenses
Skilled Nursing Facility Care		
First 20 days	All approved amounts	\$0
Day 21-100	All but Medicare skilled nursing facility copayment	Medicare skilled nursing facility copayment
Day 101-365	\$0	\$100 a day room/board charges
Blood (Part A & B)		
First 3 pints when administered by a hospital/skilled nursing facility during a covered stay	\$0	First 3 pints
Additional amounts	100%	\$0

SERVICES	MEDICARE PAYS:	SAMPLE HARTFORD PLAN PAYS:
Hospice Care		
Hospice charges	All but limited coinsurance for outpatient drugs and inpatient respite care	Coinsurance charges for inpatient respite care, drugs, biologicals for all Medicare-approved hospice care
Outpatient Medical Expenses		
Medicare-approved amounts ² (within Medicare Part B deductible)	\$0	100% of the Medicare Part B deductible
Remainder of Medicare-approved amounts ³ after Medicare Part B deductible	Generally 80% ³	100% of the remaining balance, after Medicare pays
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%
Foreign Travel Emergency		
Calendar-year deductible	\$0	80% coinsurance after \$250 deductible; up to \$50,000 lifetime maximum
At Home Recovery Services		
Benefit for each visit	\$0	\$40/per visit
Number of visits covered (must be received within 8 weeks of last Medicare-approved visit)	\$0	Up to number of Medicare-approved visits, not to exceed 7/week
Calendar-year maximum	\$0	\$1,600
Private Duty Nursing		
	\$0	\$75 per 8-hour shift. Maximum number of shift options: 70 shifts per calendar year

Preventive Services.

Medicare pays 100 percent for most preventive services, but may charge for services identified below. The Hartford's plan helps cover these costs.

SERVICES	MEDICARE PAYS:	SAMPLE HARTFORD PLAN PAYS:
Colon Cancer Screening	Barium enema once every 48 months, or once every 24 months if at high risk. Subject to Part B deductible/ coinsurance.	100% of the remaining balance after Medicare pays
Prostate Cancer Screening	Digital rectal exam covered once per year. Subject to Part B deductible/coinsurance.	100% of the remaining balance after Medicare pays
Ovarian Cancer Surveillance Tests	Covered once per year if at high risk. Subject to Part B deductible/ coinsurance.	100% of the remaining balance after Medicare pays
Glaucoma Screening	Covered once per year if at high risk. Subject to Part B deductible/ coinsurance.	Balance is subject to plan deductible/coinsurance

continued

The Hartford Difference.

You can rely on our 25-plus years of group retiree health experience.
Put our knowledge and flexibility to work for you.



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Prepare. Protect. Prevail.[®]

To learn more about our Group Retiree Health solutions, call your local Hartford representative or The Hartford Group Retiree Health Sales contact line **(877-223-9782)**, and visit our website at **THEHARTFORD.COM/GROUPBENEFITS**.

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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.

NOT CONNECTED WITH OR ENDORSED BY THE U.S. GOVERNMENT OR THE FEDERAL MEDICARE PROGRAM.

This brochure 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.

¹ A benefit period begins on the first day the covered person receives services as an inpatient in a hospital and ends after the covered person has been out of the hospital or has not received skilled care in any other facility for 60 consecutive days. 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.

² Once the covered person has been billed \$147 of Medicare-approved amounts for covered services, the Part B deductible will have been met for the calendar year.

³ Medicare may treat mental health and alcoholism treatment claims differently.



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HARTFORD**

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