



A Comparison of Employer Options.



Many employers choose between Group Retiree Health (GRH) insurance and Medicare Advantage (MA) plans for their Medicare-eligible retirees. The table below summarizes how these plans generally compare. You'll notice that a group plan with The Hartford provides convenience, choice and customization that may not be available through MA plans.

A side by side comparison shows the differences.

30% of Medicare supplement policyholders indicate they rank the freedom to see doctors of their choice as the most valued part of their policy.¹

MEDICARE ADVANTAGE	GROUP RETIREE HEALTH PLAN FROM THE HARTFORD
Contracts with Medicare to provide a program of managed health care.	Helps retirees pay for out-of-pocket medical expenses that Medicare doesn't cover, like copayments and deductibles.
Replaces Medicare Parts A and B and assumes full administration of coverage. MA plans have their own provider networks, which create in- and out-of-network limitations as well as potentially limiting the providers available to members.	Integrates with Medicare Parts A and B. Medicare pays first; the group plan pays second. No provider networks. Works with any provider who can be reimbursed by Medicare.
Can offer their own Rx plan, which may not allow for customized plan designs and coverage amounts	Access to Rx Prescription Drug Plans (PDPs) through separate providers for combined billing with Retiree Plan.
May not allow for review of claim experience.	Ability to see claim experience on larger employer groups.
Often requires enrollment forms.	Typically does not require enrollment forms.
Regional coverage, sometimes on individual policies.	Group coverage countrywide coverage.

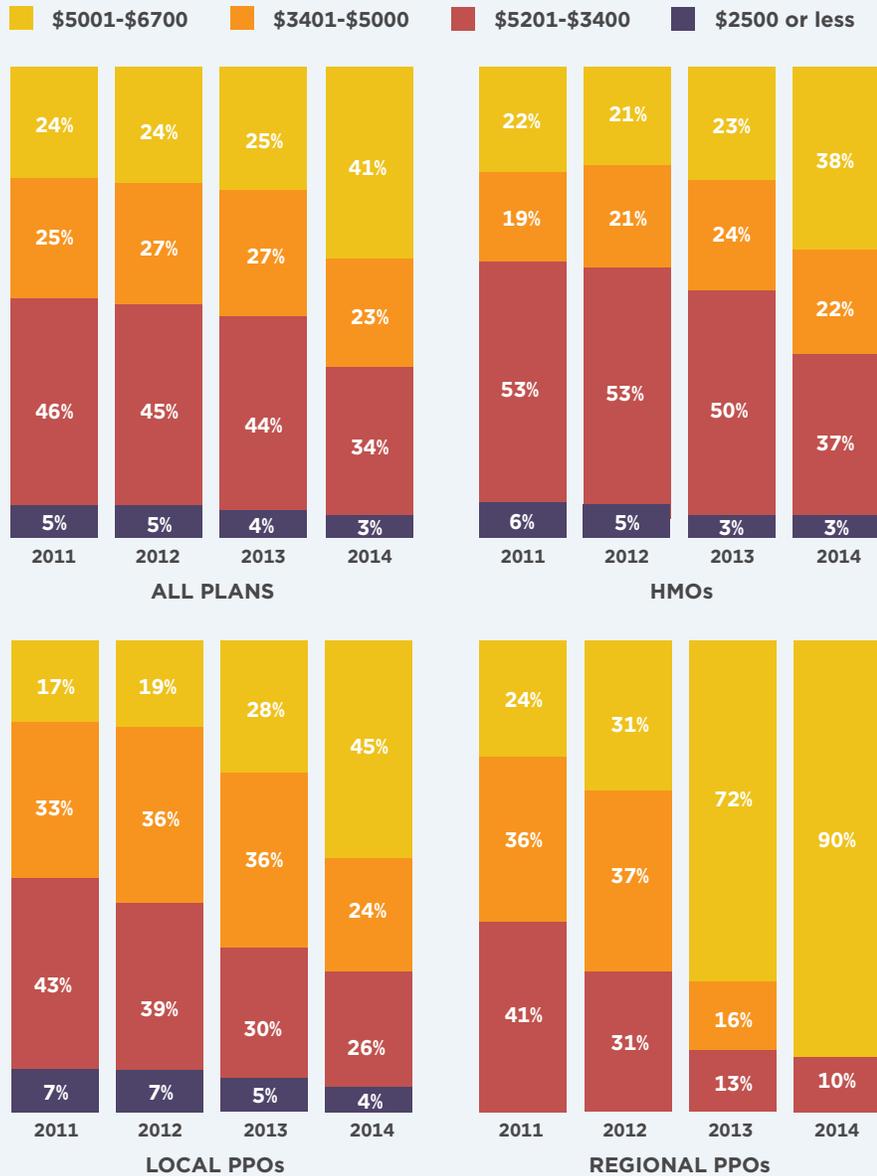


Hidden factors may cost the retiree.

Many retiree buying decisions are based on premium costs and deductibles. GRH plans are less likely than MA plans to fall subject to regulatory restrictions set by the Center for Medicare and Medicaid (CMS) regarding out-of-pocket costs.

Beginning in 2011, CMS required MA plans to include a limit on enrollees' out-of-pocket (OOP) expenses, set to no more than \$6,700. In addition, CMS encouraged plans to limit OOP expenses to no more than \$3,400 for enrollees. Still, average OOP costs rose to \$4,797 in 2014 (vs. \$4,333 in '13) providing less protection to enrollees.² The number of plans exceeding \$5,000 OOP is higher in '14 than in '13 (41% vs. 25% respectively) as indicated in the exhibit to the left.²

Distribution of MA Plans' Out-of-Pocket Spending Limits by Plan Type, 2011-2014.



NOTE: Excludes SNPs, employer-sponsored (i.e., group) plans, demonstrations, HCPPs, PACE plans, MSAs, and plans for special populations (e.g., Mennonites). Percentages are unweighted by enrollment. Totals may not add to 100% due to rounding. PFFS plans not shown because 98% of PFFS plans were missing limits in 2013 and 2014.

SOURCE: MPR/KFF analysis of CMS's Landscape Files for 2014.

Because GRH plans integrate with Medicare, the retiree's financial responsibility is clear. The bottom line: The Hartford GRH plans can help lower out-of-pocket costs when beneficiaries need to file a claim.

Something to watch: ongoing changes to Medicare Advantage plans.

- Each year MA plans may change or be eliminated
- Approximately 5% of MA enrollees need to change plans due to plan elimination²

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Medicare beneficiaries need sensible, cost-effective solutions. The Hartford also offers various payment options for both you and your retirees. Plus, because we work with Medicare, the beneficiary continues to be enrolled under Medicare.



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¹ Zirkelbach, Robert. "Overwhelming Majority of Seniors Satisfied with their Medigap Coverage." America's Health Insurance Plans. 26 March, 2014. Web. 19 Mar, 2015. <https://www.ahip.org/Medigap-Survey32614/>.

² "The Henry J. Kaiser Family Foundation/ Medicare Advantage 2014 Spotlight: Plan Availability and Premiums".



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