



# TACGO AGP-3734

## GROUP RETIREE INSURANCE PLAN SUMMARY OF COVERAGE

UNDERWRITTEN BY: HARTFORD LIFE & ACCIDENT INSURANCE COMPANY

**Calendar Year Deductible: \$500<sup>(1)</sup> Applies to Part B Services Only.**

### PART A SERVICES

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION <sup>(2)</sup></b>			
Semi-private room and board, general nursing, and miscellaneous services and supplies:			
First 60 days	All but Medicare Part A Deductible	Part A Deductible	<b>\$0</b>
61 <sup>st</sup> through 90 <sup>th</sup> day	All but 25% of Part A Deductible per day	25% of Part A Deductible per day	<b>\$0</b>
91 <sup>st</sup> through 150 <sup>th</sup> day (60 day Lifetime Reserve Period)	All but 50% of Part A Deductible per day	50% of Part A Deductible per day	<b>\$0</b>
Once Lifetime Reserve days are used (or would have ended if used) additional 365 days of confinement per person per lifetime.	\$0	100%	<b>\$0</b>
<b>SKILLED NURSING FACILITY CARE <sup>(2)</sup></b>			
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	<b>\$0</b>
21 <sup>st</sup> through 100 <sup>th</sup> day	All but 12.5% of Part A Deductible per day	Up to 12.5% of Part A Deductible per day	<b>\$0</b>
101 <sup>st</sup> through 365 day	\$0	\$0	<b>All other charges</b>

## GROUP RETIREE INSURANCE PLAN – SUMMARY OF COVERAGE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>BLOOD DEDUCTIBLE – Hospital Confinement and Out-Patient Medical Expenses</b> When furnished by a hospital or skilled nursing facility during a covered stay.			
First 3 pints	\$0	100%	<b>\$0</b>
Additional amounts	100%	\$0	<b>\$0</b>
<b>HOSPICE CARE</b> 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	<b>All other charges</b>

### PART B SERVICES

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY <sup>(1)</sup>
<b>OUT-PATIENT MEDICAL EXPENSES</b> <b>In or Out of the Hospital and Out-Patient Hospital Treatment</b> , 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	\$0	<b>Medicare Part B Deductible</b>
Remainder of Medicare-approved amounts.	80%	Remaining balance after Medicare is payable at 10% until out-of-pocket expenses reach \$1,000, then plan pays 100%	<b>Remaining balance after Medicare and Hartford Plan until your out-of-pocket expenses reach \$1,000, then you pay \$0</b>
Clinical Laboratory services, blood tests, urinalysis and more.	100%	\$0	<b>\$0</b>
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%	<b>0%</b>

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### ADDITIONAL SERVICES

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>PREVENTIVE MEDICAL CARE &amp; CANCER SCREENINGS<sup>(3)</sup></b> 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	<b>\$0</b>
Annual Wellness Visit	100%	\$0	<b>\$0</b>
Vaccinations	100%	\$0	<b>\$0</b>
Breast Cancer Screening - Mammogram once per year; - Breast exam once every 2 years, or once per year if at high risk	100%	\$0	<b>\$0</b>
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	<b>\$0</b>
	80% after deductible for Barium Enema	100%	<b>\$0</b>
Cervical Cancer Screening - Pap Smear and Pelvic exam once every 2 years, or once per year if high risk	100%	\$0	<b>\$0</b>
Prostate Cancer Screening - PSA Test once per year - Digital Rectal exam once per year	100% for PSA Test	\$0	<b>\$0</b>
	80% after deductible for Digital Rectal exam	100%	<b>\$0</b>
Ovarian Cancer Surveillance Tests -once per year if at high risk	80% after deductible	100%	<b>\$0</b>

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SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>FOREIGN TRAVEL EMERGENCY</b>			
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 <sup>(4)</sup> Deductible (to a lifetime maximum of \$50,000).	<b>\$250<sup>(4)</sup> Deductible and then 20% of expenses incurred</b> (to a lifetime maximum of \$50,000, 100% thereafter).
SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>PRIVATE DUTY NURSING</b>			
Service provided to a person while covered under this benefit and charged directly to the covered person by the nurse and not the hospital			
Up to a maximum of 3 shifts per day consisting of at least 3 consecutive hours of nursing care per shift.	\$0	Maximum benefit amount - \$50 per 8 hour shift. Maximum of 40 shifts per calendar year.	<b>Any remaining balance after Plan pays</b>

<sup>1</sup> The \$500 Calendar Year Deductible applies to Medicare B Services, and must be met before the Plan will pay.

<sup>2</sup> 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.

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

<sup>4</sup> The \$250 Foreign Travel Deductible is a separate deductible, and does not apply towards the \$500 Calendar Year Deductible.

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