

ENHANCED GROUP RETIREE HEALTH INSURANCE PLANS.



Our Enhanced Group Retiree Insurance Plans are flexible, fully insured group indemnity plans that supplement Medicare. They offer your retirees access to any provider or hospital that accepts Medicare.

PLAN DESIGN & BENEFIT INFORMATION		OPTIONS AVAILABLE
Eligibility Basics	<ul style="list-style-type: none"> Retirees 65+ and Medicare eligible Dependents 65+ and Medicare eligible Minimum group size is two retirees (can be a retiree and their spouse) 	
Funding Options	<ul style="list-style-type: none"> Non-contributory (100% ER paid) Contributory (1-99% Retiree paid) Voluntary (100% Retiree paid) 	
UNDERWRITING GUIDELINES		OPTIONS AVAILABLE
Preferred Info to Quote	<ul style="list-style-type: none"> Employer: name, address, effective date Retiree Census: name, address (with zip code), DOB, gender and indicate Retiree vs. Dependent/Spouse 	Census information: <ul style="list-style-type: none"> Show age in lieu of DOB Show state of residence in lieu of full address with zip code
Participation	<ul style="list-style-type: none"> Non-contributory 100% participation Contributory 75% participation Voluntary 25% participation 	
Rate Structure	<ul style="list-style-type: none"> Composite 5-year age bands 	
Rate Guarantee Period	1 year	2 years
STANDARD BENEFIT PROVISIONS		OPTIONS AVAILABLE
Benefits	Payment based on Medicare approved amounts	
Maximums, Deductibles and OOP Expense Max	<ul style="list-style-type: none"> No Lifetime or CY policy maximum No CY policy deductible or up to \$500 which can apply to Part A or Part B or both and reduces any OOP max OOP expense maximum unlimited or up to \$2,000 and applies to Part B only 	<ul style="list-style-type: none"> Lifetime or CY maximum up to \$2,000,000 CY policy deductible does not reduce OOP max OOP expense maximum up to \$5,000 and can apply to Part A and Part B
Part A - Hospital Inpatient Benefits	<ul style="list-style-type: none"> 100% - 0% coverage of the Medicare Part A deductible 100% - 50% coverage of the Medicare Part A coinsurance gaps 	<ul style="list-style-type: none"> A minimum of 50% coverage of the Medicare Part A coinsurance gaps Copay options
Part A - Skilled Nursing Facility	100-0% coverage of the SNF coinsurance gap	<ul style="list-style-type: none"> Copay options Extended Skilled Nursing coverage



STANDARD BENEFIT PROVISIONS		OPTIONS AVAILABLE
Part B - Physician Outpatient Benefits	<ul style="list-style-type: none"> • 100% - 0% coverage of the Medicare Part B deductible • 100% - 50% coverage of the Medicare Part B coinsurance gaps Part B Services: <ul style="list-style-type: none"> • Physician Services • Specialist Services • Outpatient & Ambulatory Surgical Care • Outpatient Diagnostics & Radiology • Outpatient Mental Health & Substance Abuse • Outpatient Rehab & Cardiac Rehab • Emergency Care • Urgent Care • Ambulance Services • Durable Medical Equipment & Prosthetics 	<ul style="list-style-type: none"> • A minimum of 50% coverage of the Medicare Part B coinsurance gaps • Copay options • Excess coverage on Part B for amounts over Medicare approved
OPTIONAL BENEFIT PROVISIONS		OPTIONS AVAILABLE
Foreign Travel Emergency	<ul style="list-style-type: none"> • \$250 deductible • 80% coinsurance • \$50,000 max 	<ul style="list-style-type: none"> • \$0-500 deductible • 0-100% coinsurance • \$5,000-\$150,000 maximum
Private Duty Nursing At Home Recovery	\$0-100 copay <ul style="list-style-type: none"> • 30-100 shifts/year • \$500-2000 CY max \$0-100 copay <ul style="list-style-type: none"> • 1-7 visits/week • \$500-2000 CY max 	
Preventive Care Cancer Screening Hospice Care Blood Deductible	<ul style="list-style-type: none"> • 100% of all charges not covered by Medicare • Included in all policies • Included in all policies 	
Hearing Benefit	<ul style="list-style-type: none"> • \$20 copay per annual exam • \$50 copay per pair of hearing aids every 3 years • \$500 CY max 	<ul style="list-style-type: none"> • \$0-100 copay per annual exam • \$0-100 copay per pair of hearing aids every 3 years • \$500-2500 CY max
Vision Benefit	<ul style="list-style-type: none"> • \$20 copay per annual exam • \$50 copay per pair of glasses or 12-month supply of contacts per year • \$500 CY max 	<ul style="list-style-type: none"> • \$0-100 copay per annual exam • \$0-100 copay per pair of glasses or 12-month supply of contacts per year • \$500-2500 CY max
Chiropractic Benefit Acupuncture Benefit Annual Physical Exam	<ul style="list-style-type: none"> • \$10 copay per visit • \$500 CY max • \$10 copay per visit • \$500 CY max • \$10 copay per visit • \$500 CY max 	<ul style="list-style-type: none"> • \$0-100 copay per visit • \$500 - 2500 CY max • \$0-100 copay per visit • \$500 - 2500 CY max • \$0-100 copay per visit • \$500 - 2500 CY max
ENROLLMENT		OPTIONS AVAILABLE
Enrollment Type	<ul style="list-style-type: none"> • Roll-over • Opt-out 	Full enrollment

To learn more about our Group Retiree Health solutions, contact:

Your local representative
from The Hartford
TheHartford.com/groupbenefits



National Seniors Coalition
Brad Hill
312-642-4520
nationalseniors.com



Business Insurance
Employee Benefits
Auto
Home

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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 any Extension-of-Benefits provision of the policy.

Group Retiree Health Form Series includes GBD-2400, GBD-2500, or state equivalent.

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