



2017 GROUP RETIREE HEALTH PLAN





THE INSURANCE TRUST FOR DELTA RETIREES

GROUP RETIREE HEALTH INSURANCE PLAN

The Insurance Trust for Delta Retirees (ITDR) offers its Medicare-eligible retirees and their eligible spouses and survivors the Group Retiree Health Plan from The Hartford. This plan provides the flexibility needed to keep healthcare decisions in your hands, including what doctors to visit. Benefits are provided for covered health services received from any doctor or other licensed medical professional that accepts Medicare.

THE GROUP RETIREE HEALTH PLAN EXPLAINED.

The ITDR Group Retiree Health Plan is available to Medicare-eligible retirees and their eligible spouses and survivors. The plan is a supplement to your existing Medicare Part A (hospital) and Part B (doctor and outpatient care) coverage. It is designed to pay some or all of the expenses that Medicare does not cover.

The Group Retiree Health Plan is different from Medicare Advantage plans. With Medicare Advantage plans members receive their Medicare Part A and Part B benefits through the plan and use of a provider network may be required. With The Hartford's Group Retiree Health Plan, eligible Part A and Part B benefits are paid by Original Medicare first as the primary payor. Next, Medicare submits any charges remaining directly to ITDR's insurance carrier, The Hartford, as the secondary payor. **You may receive services from any doctor or licensed medical professional that accepts Medicare.**

FOUR GREAT FEATURES OF THE ITDR GROUP RETIREE HEALTH PLAN

1.

YOU GAIN GREATER CONTROL OF YOUR HEALTH CARE COSTS.

This plan can help you to reduce your annual healthcare spending by covering many of your out-of-pocket expenses above what Medicare covers. For example, an annual routine physical exam is not covered by Medicare, however your Preventive Medical Care benefit can be used to help pay for this exam.

2.

YOU CAN CHOOSE YOUR DOCTOR — NO NETWORKS.

This plan gives you the freedom to choose any doctor or hospital in the country that accepts Medicare.

3.

HELPFUL VALUE ADDED SERVICES.

This plan provides additional services that contribute to your health and wellness, and help to save you time and money. From travel assistance anywhere 100 miles or more from home, to creating a simple and legally binding will, these services are at your fingertips.

4.

FOCUSED ON MEETING YOUR NEEDS, YOUR WAY.

The Retiree Service Center provides dedicated customer service to meet the needs of retirees like you. Whether you like to use the telephone or access information online, we make it easy for you to find the answers to your questions.



PART A SERVICES

HOSPITAL CONFINEMENT BENEFIT:

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. Semi-private room and board, general nursing and miscellaneous services and supplies.

SERVICE	MEDICARE PAYS	ITDR PLAN PAYS	YOU PAY
First 60 days	All but Part A Deductible	100% of the Part A deductible	\$0
61 - 90 days	All but a daily coinsurance charge equal to 25% of the Part A Deductible	100% of Balance Remaining after Medicare	\$0
91 - 150 days (60 day lifetime reserve period)	All but a daily coinsurance charge equal to 50% of the Part A Deductible	100% of Balance Remaining after Medicare	\$0
Once Lifetime Reserve days are used (or would have ended if used) additional 365 days of confinement per person per lifetime	\$0	100% for additional 365 days	\$0 until 365 days
Beyond 365 days	\$0	\$0	All charges

SKILLED NURSING FACILITY CARE BENEFIT:

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. Semi-private room and board, general nursing and miscellaneous services and supplies.

SERVICE	MEDICARE PAYS	ITDR PLAN PAYS	YOU PAY
First 20 days	All approved amounts	\$0	\$0
21 - 100 days	All but a daily coinsurance charge equal to 12.5% of the Part A Deductible	100% of balance remaining after Medicare	\$0
101 - 365 days	\$0	\$0	All charges
Beyond 365 days	\$0	\$0	All charges

HOSPICE CARE BENEFIT:

Pain relief, symptom management, and support services for the terminally ill.

SERVICE	MEDICARE PAYS	ITDR PLAN PAYS	YOU PAY
As long as a physician certifies the need	All costs, but limited to coinsurance for outpatient drugs and inpatient respite care	100% of remaining coinsurance charges approved by Medicare	\$0

BLOOD DEDUCTIBLE BENEFIT:

Hospital Confinement expenses when furnished by a hospital or skilled nursing facility during a covered stay.

SERVICE	MEDICARE PAYS	ITDR PLAN PAYS	YOU PAY
First 3 pints	\$0	100%	\$0
Additional amounts	100%	\$0	\$0

PART B SERVICES

\$300 CALENDAR YEAR PLAN DEDUCTIBLE:

Applies to Part B services only and must be satisfied before Medicare Part B benefits are paid by The Hartford plan. **The Medicare Part B deductible counts toward this \$300 calendar year deductible.**

\$1500 ANNUAL OUT-OF-POCKET MAXIMUM:

Applies to Medicare Part B services only. Amounts you incur for covered expenses, such as your calendar year deductible and any Part B coinsurance, count toward meeting the annual out-of-pocket maximum for this plan.

OUTPATIENT MEDICAL EXPENSES:

Includes services such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, and durable medical equipment.

SERVICE	MEDICARE PAYS	ITDR PLAN PAYS	YOU PAY
Medicare Part B Deductible	\$0	0%	100%
Remainder of Medicare-approved amounts	Generally 80%	50% of the 20% coinsurance until your out-of-pocket expenses reach \$1,500 (including the calendar year deductible of \$300), then the Plan pays the full 20%	50% of the 20% coinsurance until your out-of-pocket expenses reach \$1,500 then you pay 0%
Clinical laboratory services, blood tests, urinalysis and more	100%	\$0	\$0
Part B Excess Charges: covers the difference between the Medicare Part B approved amount and Medicare's 115% limiting fee	\$0	100%	\$0

OTHER SERVICES

FOREIGN TRAVEL EMERGENCY:

Medically necessary emergency care services performed by a physician/hospital or other approved medical facility. Benefit includes only prescription drugs that are covered under Medicare Part B. (Refer to your Medicare D Plan for other prescription coverage information.)

SERVICE	MEDICARE PAYS	ITDR PLAN PAYS	YOU PAY
Services necessary during the first 60 days of each trip outside the United States	\$0	80% after \$250 deductible (to a lifetime maximum of \$100,000) 0% thereafter	\$250 deductible and then 20% of expenses incurred (to a lifetime maximum of \$100,000) 100% thereafter

OTHER SERVICES, CON'T

PREVENTIVE MEDICAL CARE:

Covers non-Medicare approved preventive medical services. For example, an annual routine physical exam is not a covered Medicare benefit. Your Preventive Medical Care benefit can be used to help pay for this exam.

Use this benefit
for your Annual
Physical Exam

SERVICE	MEDICARE PAYS	ITDR PLAN PAYS	YOU PAY
Coverage for expenses incurred for physical exams, preventive screening tests and services and any other tests or preventive measures determined to be appropriate by the attending physician, not otherwise covered by Medicare.	\$0	Maximum Benefit \$120 per Calendar Year	All expenses over the \$120 calendar year maximum

PREVENTIVE SCREENING TESTS AND PREVENTIVE SERVICES:

Includes examinations and screening tests tailored to an individual's age, health, and family history to prevent diseases (or injuries) rather than curing them or treating their symptoms.

SERVICE	MEDICARE PAYS	ITDR PLAN PAYS	YOU PAY
"Welcome to Medicare" Physical Exam: - Within first 12 months of Part B enrollment	100%	\$0	\$0
Annual Wellness Visit	100%	\$0	\$0
Vaccinations – covered by Medicare Part B only: - Pneumonia shot: one shot per lifetime - Flu shot: one per season - Hepatitis B shot: only for individuals of medium to high risk (Refer to your Medicare D Plan for other vaccine coverage information.)	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	100% for Fecal Occult Blood Test and Colonoscopy	\$0	\$0
Colon Cancer Screening: - Barium enema once every 4 years, or once every 2 years if at high risk	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	100% for PSA Test	\$0	\$0
Prostate Cancer Screening: - Digital Rectal exam once per year	80% after deductible for Digital Rectal exam	100%	\$0

HELPFUL VALUE ADDED SERVICES

TRAVEL WITH CONFIDENCE.

As a member of the Group Retiree Health Plan, you, your eligible spouse and survivors¹ get access to Travel Assistance Services to help you **anytime you're more than 100 miles from home** for 90 days or less.² This service provided by Europ Assistance USA³ can give you emergency medical and personal services, and pre-travel support. They have offices in 200 countries and territories around the world, and numerous 24/7 assistance centers.

NAVIGATE LIFE'S TWISTS AND TURNS.

The Group Retiree Health Plan offers you access to two great interactive services: GuidanceResources® Online, and EstateGuidance® Online Will Services; designed to help you have a happier and healthier retirement through an association with ComPsych.⁴ GuidanceResources® Online is an interactive service that provides expert content and easy-to-use tools.

Through GuidanceResources® Online you'll get access to content and resources such as:

- Expert-reviewed HelpSheetsSM on thousands of topics related to retirement.
- Directories and personalized content recommendations.
- Interactive online chats, online message boards, and confidential online one-on-one expert assistance and feedback.
- Multi-lingual and culturally specific global resources.
- Multimedia streaming video and audio clips.
- My Lifebook: A unique feature that allows you to create a personal area on the site to save articles that you choose. The area is secure so that only you have access to the articles you save.

Topics include:

- Estate planning checklist
- What women should know about retirement
- Understanding living trusts
- How much can I spend each month in retirement?
- Understanding Social Security
- Is a reverse mortgage for you?
- Durable power of attorney for finances
- Tips for a healthy and happy retirement

EstateGuidance® Online Will Services gives you access to content and resources to create a simple, legally binding will quickly and conveniently:

- Confidential online assistance from licensed attorneys to help answer your estate planning and will preparation questions.
- The ability to save drafts for up to six months. During this period, you can revise your will at no cost, as long as you haven't already printed or downloaded it.
- Additional estate planning services are also available for purchase, including the creation of living will, trust or designation of a power of attorney.

Both of these online services, which can be accessed safely and securely – day or night from anywhere in the world using your computer or smartphone, are designed to help you save time and money.

DON'T LET IDENTITY THEFT HAPPEN TO YOU.

As a member of the ITDR Plan, you have access to identity theft support from Europ Assistance USA while at home or traveling. You will receive prevention education, advice and help with administrative tasks related to resolution of an identity theft.



WE WANT YOU TO HAVE A HAPPY AND HEALTHY RETIREMENT

FREQUENTLY ASKED QUESTIONS

Will I have to change doctors if I select the plan?

With this plan you can go to any doctor or hospital that accepts Medicare. As long as your doctor accepts Medicare, you will not have to change doctors. There are no networks.

Do I need to call for prior authorization of a service?

No prior authorization or referral is required for any services covered under the plan.

Are pre-existing conditions covered?

Yes. Medicare-covered conditions are covered by the plan with no limitations for pre-existing conditions or waiting periods.

Do I have to be enrolled in Medicare to receive coverage under the Group Retiree Health Plan?

No. The medical plan supplements Medicare. If you are not enrolled in Medicare Part A or B, you will not receive payments from Medicare. The medical plan will provide supplemental benefit payments based on what Medicare has paid or would have paid had you been enrolled. You must be enrolled in Medicare to receive Medicare payments.

If I reside out of the United States, am I eligible to participate in the Group Retiree Health Plan?

The Hartford's Group Retiree Health Plan is designed to supplement Medicare. The plan will not cover expenses incurred by residents of a foreign country as Medicare does not cover people living outside of the U.S.

However, the Group Retiree Health Plan does provide emergency coverage for U.S. residents, traveling outside the U.S. for no more than 90 days. The Group Retiree Health Plan also provides you with Travel Assistance Services for all travel 100 miles or more from home, and this benefit is detailed elsewhere in other ITDR material.

NEXT STEPS

Please follow ITDR's instructions regarding how to enroll or make changes to your plan choices. You will receive your medical ID card directly from ITDR's Retiree Service Center on behalf of The Hartford within 6 weeks of receipt of your completed enrollment form. You can begin using your new Member ID card upon your effective date to begin enjoying all of the plan's benefits and services.

You will also receive a separate welcome kit from ITDR's Retiree Service Center on behalf of The Hartford. This kit will provide additional information to help you get to know your new plan.

MEDICAL BENEFITS EXCLUSION

This 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; any portion of a covered expense to the extent paid by Medicare; benefits payable under one benefit to the policy to the extent covered under another benefit of the policy; or expenses incurred after coverage terminates. The summary of program benefits described here is for illustrative purposes only. In case of differences or errors, the Group Policy governs.

For additional questions on your medical benefits, contact ITDR's Retiree Service Center toll free at **1-877-325-7265**, and select **OPTION 3**.



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Policy Number: AGP-006041 Policy Form Number: GBD-1500

¹ Coverage includes spouse (or domestic partner) and dependent children under age 26.

² Services are available in every country of the world. Depending on the current political situation in the country to which you are traveling, Europ Assistance USA may experience difficulties providing assistance, which may result in delays or even the inability to render certain services. It is your responsibility to inquire, prior to departure, whether assistance service is available in the countries where you are traveling.

³ Travel Assistance and Identity Theft services are provided by Europ Assistance USA. Europ Assistance USA is not affiliated with The Hartford and is not a provider of insurance services. Europ Assistance USA may modify or terminate all or any part of the service at any time without prior notice. None of the benefits provided to you by Europ Assistance USA as a part of the Travel Assistance and Identity Theft service are insurance. This brochure, the Travel Assistance and Identity Theft service Terms and Conditions of Use, and the Identity Theft Resolution Kit constitute your benefit materials and contain the terms, conditions, and limitations relating to your benefits. These services may not be used for business or commercial purposes or by any person other than the individual insured under The Hartford's group insurance policy. The Hartford is not responsible and assumes no liability for the goods and services described in these materials.

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