

# 2018 GROUP RETIREE HEALTH PLAN







# POWERFUL, AFFORDABLE PROTECTION

Group Retiree Health Insurance Plan – a supplement to Original Medicare for the Insurance Trust for Delta Retirees

As a Medicare-eligible retiree, spouse, or survivor, you are offered this Group Retiree Health Plan from The Hartford and the Insurance Trust for Delta Retirees (ITDR).

This plan offers an affordable supplement to your existing Medicare Part A (hospital) and Part B (doctor and outpatient care) coverage. With a low out-of-pocket maximum designed to help keep your overall costs down, and with flexible physician choice, you can preserve your financial and physical wellness while helping maintain control over your healthcare decisions.

### The Hartford plan:

- Limits your annual out-of-pocket to \$1500
- Covers all of your Part A deductible and half of your Part B expenses after Medicare pays

Other plans can have out of pocket maximum limits as high as \$6,700, as allowed by Medicare.



Supporting Wellness While Keeping Costs Down

## HOW IT WORKS

With The Hartford's Group Retiree Health Plan, your Part A and Part B benefits continue to be paid by Original Medicare first as the primary payor. Medicare submits any charges remaining directly to your insurance carrier, The Hartford, as the secondary payor.



### GAIN GREATER CONTROL OF YOUR HEALTH CARE COSTS

- Your Group Retiree Health 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, the plan will cover
- your Part A deductible, your Medicare approved
- Part A coinsurance costs, and half of your Part B
- coinsurance after the plan deductible. The plan
- deductible goes toward your annual out-of-pocket
- maximum of \$1500 so you know upfront what your
- total potential costs will be for the year.



### HELPFUL VALUE ADDED SERVICES

This plan also provides additional services that contribute to your health and wellness, and help to save you time and money. Services such as travel assistance services anytime you are more than 100 miles away from home, creating a simple and legally

- binding will, ID theft resolution and funeral planning
- are at your fingertips.

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## 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. Covers 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
<b>91 - 150 days</b> (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. Covers 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	\$O	\$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:**

Covers 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 for all services approved by Medicare.	\$0

### **BLOOD DEDUCTIBLE BENEFIT:**

Covers 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.* 

### \$1,500 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, telehealth\* 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

\* Telehealth means office visits and consultations provided using an interactive 2-way telecommunications system by a doctor or certain other health care provider who isn't at your location. Services are subject to Part B deductible and coinsurance. Originating site must be in a county outside of a Metropolitan Statistic Area (MSA) or a rural Health Professional Shortage Area (HPSA) located in a rural census tract. Refer to Medicare's publication ICN 901705 November 2016 for additional CMS guidelines on telehealth.

## 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.

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
<ul> <li>Vaccinations - covered by Medicare Part B only:</li> <li>Pneumonia shot: one shot per lifetime</li> <li>Flu shot: one per season</li> <li>Hepatitis B shot: only for individuals of medium to high risk (<i>Refer to your Medicare D Plan for</i> <i>other vaccine coverage information.</i>)</li> </ul>	100%	\$0	\$0
<ul> <li>Breast Cancer Screening:</li> <li>Mammogram once per year</li> <li>Breast exam once every 2 years, or once per year if at high risk</li> </ul>	100%	\$0	\$0
Colon Cancer Screening: - Fecal occult blood test once per year; - Colonoscopy once every 10 years, or every 2 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% of balance remaining after Medicare pays	\$0
Cervical Cancer Screening: - Pap Smear and Pelvic exam once every 2 years, or once per year if high risk	100%	\$0	\$0
<b>Prostate Cancer Screening:</b> - PSA Test once per year	100% for PSA Test	\$0	\$0
<b>Prostate Cancer Screening:</b> - Digital Rectal exam once per year	80% after deductible for Digital Rectal exam	100% of balance remaining after Medicare pays	\$0
<b>Bone Mass Measurement</b> - Every 2 years for those at risk of osteoporosis	100%	\$0	\$0
<b>Diabetes Self-Management Training</b> - 10 hours of training your first year - 2 hours of training every year afterwards	100% Generally 80%	\$0 50% of the 20% coinsurance until your out- of-pocket expenses reach \$1,500 (including the calendar year deductible of \$300), then Plan pays the full 20%	\$0 50% of the 20% coinsurance until your out-of-pocket expenses reach \$1,500 then you pay 0%
Other Preventive Care Cancer Screenings Refer to Medicare's list of screenings for details on what is covered and whether the screening is subject to the Part B deductible and coinsurance.	Generally 100% for most preventive screenings. Some screenings subject to the Calendar Year Deductible and Coinsurance	100% of remaining covered expenses incurred not covered by Medicare subject to the Calendar Year Deductible and Coinsurance	Calendar Year Deductible and Coinsurance if applicable



# **VALUE ADDED SERVICES**

## WELCOME TO OUR FAMILY

As an Insurance Trust for Delta Retirees Medical Plan Member, The Hartford provides you with access to helpful services that contribute to your health and wellness. These programs take advantage of The Hartford's comprehensive network of partnering companies, and they are designed to help you live your retirement to the fullest.

- Everest Funeral Services (New for 2018)
- Online Will Services

• Travel Assistance Services

• Identity Theft Support Services



# ADDED PEACE OF MIND WHEN IT'S NEEDED THE MOST

### **NEW FOR 2018** FUNERAL PLANNING AND CONCIERGE SERVICES<sup>6</sup>

The death of a loved one is one of life's most stressful situations. Quick, often costly decisions must be made while emotions are at their peak. Yet, how many people know how to plan a funeral? Now, you have access to a funeral planning and concierge service through The Hartford.

Everest's advisors help families understand all of their options and put them into action while staying within their budget. Here are the services they offer you, your spouse/partner and dependent children.

EVEREST SERVICES	
24/7 Advisor Assistance	<ul><li>Round-the-clock access to Everest Advisors</li><li>Assistance with all funeral planning issues</li></ul>
PriceFinder™ Research Reports	<ul> <li>The only nationwide database of funeral home prices</li> <li>Detailed local funeral home price comparisons</li> <li>Unlimeted access to reports available on demand via the Web site.</li> </ul>
Online Planning Tools	<ul> <li>Unlimited use of Everest's online planning, research, and knowledge tools.</li> <li>Create simple or detailed funeral plans using various reference materials, including 10 key decisions everyone should make.</li> <li>Information can be stored, updated, retrieved and printed on demand.</li> </ul>
At-Need Family Support	<ul> <li>Concierge services at or near the time of death provided by Everest's licensed funeral directors, who offer as much or as little assistance as the family desires.</li> <li>Communication of the plan with the funeral home of hoice, removing the family from a sales-focused environment.</li> <li>Pricing information presented to the family in an easy-to-understand format.</li> <li>Negotiation of the funeral costs with the funeral home, often resulting in significant financial savings.</li> </ul>



### A TRUSTED ADVISOR DURING THE WORST OF TIMES

We can't always predict, but we can prepare. Find out more about The Hartford's Funeral and Concierge Services by calling **1-866-854-5429**.

Or visit WWW.EVERESTFUNERAL.COM/HARTFORD and use this code: HFEVLC.

### **PROTECT YOUR LEGACY - PUT YOUR INTENTIONS INTO ACTION**

### **Online Will Services**

Good intentions aren't enough. Without a will, they aren't legally binding. Put your intentions into action. **ESTATEGUIDANCE**<sup>®</sup> online will services can help you quickly and conveniently create a simple, legally binding will online.<sup>5</sup> You'll get access to content and resources such as:

- 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.

## QUICK ANSWERS TO KEY QUESTIONS



### Isn't will preparation complicated?

Not with EstateGuidance. You'll be asked a series of questions online that are used to compose your will. In many states, you need only add your signature to make the will valid.



# What if I have questions as I'm creating my will?

The online education center provides answers regarding family law. You can also access fully licensed attorneys who'll respond to you online.

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#### What about my privacy?

All information is kept secure and confidential with the latest encryption technology.

### 1. Visit WWW.ESTATEGUIDANCE.COM/WILLS

- 2. Sign in to the secure site by entering the access code: ITDR15
- 3. Follow the instructions and create your will
- 4. Download the final will to your computer and print
- 5. Obtain signatures and determine if your will should be notarized

If you have any questions or need assistance, please contact the Trust's Retiree Service Center toll free at **1-877-325-7265**, and select **OPTION 3**.

### TRAVEL WITH CONFIDENCE

### **Travel Assistance Services**

The best laid travel plans can go awry, leaving you vulnerable and possibly unable to communicate your needs. If the unexpected happens, we can help you get the assistance you need. Through The Hartford Group Retiree Health Insurance Plan, you have access to Travel Assistance Services **anytime you are more than 100 miles away from home** for 90 days or less.<sup>1</sup> This service, provided by EuropAssistance USA<sup>2</sup>, can give you, your eligible spouse and survivors<sup>3</sup>, up to \$1 million in covered services<sup>4</sup>, as long as you contact EuropAssistance USA at the time of need. With a local presence in 200 countries and territories around the world, and multilingual 24/7 assistance centers, EuropAssistance USA is available to help. Travel Assistance begins even before you embark, with pre-trip information, and continues throughout your trip. See the list of services in the chart below for examples of how to utilize your EuropAssistance USA services.

TRAVEL ASSISTANCE SERVICES			
Emergency Medical Assistance	<ul> <li>Medical referrals</li> <li>Medical monitoring</li> <li>Medical evacuation</li> <li>Repatriation</li> <li>Traveling companion assistance</li> </ul>	<ul> <li>Dependent children assistance</li> <li>Visit by a family member or friend</li> <li>Emergency medical payments</li> <li>Return of mortal remains</li> </ul>	
Pre-trip Information	<ul> <li>Visa and passport requirements</li> <li>Inoculation and immunization requirements</li> </ul>	<ul><li>Foreign exchange rates</li><li>Embassy and consular referrals</li></ul>	
Emergency Personal Services	<ul> <li>Medication and eyeglass prescription assistance</li> <li>Emergency travel arrangements</li> </ul>	<ul><li>Emergency cash</li><li>Locating lost items</li><li>Bail advancement</li></ul>	

### PROTECT YOURSELF FROM IDENTITY THEFT

### **Identity Theft Support Services**

You have access to Identity Theft Support Services from EuropAssistance USA2 24/7, at home and when you travel. In addition to prevention education, this service provides advice and help with administrative tasks resulting from identity theft. Don't be another victim of this growing trend.

IDENTITY THEFT SUPPORT SERVICES	
Prevention Services	<ul><li>Education</li><li>Identity Theft Resolution Kit</li></ul>
Detection Services	• Fraud alert to three credit bureaus
Resolution Guidance and Assistance	<ul> <li>Credit information review</li> <li>ID Theft Affidavit Assistance</li> <li>Card replacement</li> </ul>
Personal Services	<ul><li>Translation</li><li>Emergency cash advance</li></ul>



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Cut out this resource card and keep it in your wallet.

## TRAVEL ASSISTANCE SERVICES AND IDENTITY THEFT ASSISTANCE THROUGH EUROP ASSISTANCE USA

What to have ready:

- 1. Your group name:
- INSURANCE TRUST FOR DELTA RETIREES
- 2. A phone number where you can be reached.
- 3. Nature of the problem, a brief description of your situation.
- 4. Your group policy number: AGP-006041

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Cut out this resource card and keep it in your wallet.

## TRAVEL ASSISTANCE SERVICES AND IDENTITY THEFT ASSISTANCE THROUGH EUROP ASSISTANCE USA

Serious medical emergency while traveling?

Please obtain emergency medical services first (contact the local "911"), and then contact Europ Assistance USA to alert them to your situation.

Call toll free **1-877-243-4133** or collect from other locations **240-330-1527**.



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

#### Prepare. Protect. Prevail. With The Hartford.\*

The Hartford<sup>®</sup> is The Hartford Financial Services Group, Inc. and its subsidiaries including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. Policies underwritten by the issuing companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued.

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

- <sup>1</sup> 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 diffculties 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.
- <sup>2</sup> Travel Assistance and Identity Theft services are provided by Europ Assistance USA. Europ Assistance USA is not affliated 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 are insurance. This brochure, 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 benefits materials and contain the terms, conditions 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.
- <sup>3</sup> Coverage includes spouse (or domestic partner) and dependent children under age 26.
- <sup>4</sup> The Combined Single Limit (CSL), or amount of money available to the insured under the Travel Assistance Program, is \$1 million. One service or a combination of the services may exceed the CSL. The insured is responsible for payment of any expenses that exceed the CSL. Note: Certain Accidental Death and Dismemberment programs may offer different CSLs. Please consult with your Human Resources Manager for more details.
- <sup>5</sup> EstateGuidance<sup>®</sup> is offered through The Hartford by ComPsych<sup>®</sup> Corporation. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. A simple will does not cover credit shelter trust, printing or certain other features. These features are available at an additional cost to you.
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