



**THE
HARTFORD**

2011 AGP-3957

GROUP RETIREE INSURANCE PLAN (GRIP)

THROUGH BENISTAR EMPLOYER SERVICES TRUST (BEST)

SPONSORED BY: *BALDWIN WALLACE COLLEGE*

SUMMARY OF COVERAGE¹

UNDERWRITTEN BY: HARTFORD LIFE & ACCIDENT INSURANCE COMPANY

PART A SERVICES

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SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION⁽²⁾			
Semi-private room and board, general nursing, and miscellaneous services and supplies:			
First 60 days	All but \$1,132	\$1,132	\$0
61 st through 90 th day	All but \$283 per day	\$283 per day	\$0
91 st through 150 th day • (60 day Lifetime Reserve Period)	All but \$566 per day	\$566 per day	\$0
Once Lifetime Reserve days are used (or would have ended if used) additional 365 days of confinement per person per lifetime.	\$0	100%	\$0
SKILLED NURSING FACILITY CARE⁽²⁾			
Semi-private room and board, skilled nursing and rehabilitative services and other services and supplies. You must meet Medicare's requirements 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	\$0
21 st through 100 th day	All but \$141.50 per day	Up to \$141.50 per day	\$0

GROUP RETIREE INSURANCE PLAN – SUMMARY OF COVERAGE

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

PART B SERVICES

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
OUT-PATIENT MEDICAL EXPENSES - In or Out of the Hospital and Out-Patient Hospital Treatment , 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	\$162	\$0
First \$162 of Medicare-approved amounts.			
Remainder of Medicare-approved amounts.	80%	20%	Remaining balance after Medicare and Hartford Plan , then you pay \$0
Clinical Laboratory services, blood tests, urinalysis and more.	100%	\$0	\$0
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%	Balance

GROUP RETIREE INSURANCE PLAN – SUMMARY OF COVERAGE

ADDITIONAL SERVICES

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
PREVENTIVE CARE CANCER SCREENING³			
Coverage for expenses incurred by a covered person for cancer screenings listed below.			
Pap Test and Pelvic Examination (Includes Clinical Breast Exam) Once during a Calendar Year	100% of Pap lab test, 80% for Pap test collection and pelvic and breast exam	Any remaining usual and customary charges incurred after Medicare has paid	\$0
Prostate Cancer Screening Once during a Calendar Year	For men 50 and older, 80% of the Medicare-approved amount for the digital rectal exam after the yearly Part B Deductible.	100% of the remaining usual and customary charges incurred after Medicare has paid	\$0
Mammogram Screening Once during a Calendar Year	80% of the Medicare-approved amount.	100% of the remaining usual and customary charges incurred after Medicare has paid.	\$0
SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL EMERGENCY			
Medically necessary emergency care services.			
Emergency services needed due to Injury or Sickness of sudden and unexpected onset while traveling outside the United States.	\$0	80% after \$250 Deductible (to a lifetime maximum of \$50,000).	\$250 Deductible and then 20% of expenses incurred (to a lifetime maximum of \$50,000, 100% thereafter).

¹ Coverage amounts valid from January 1, 2012 to December 31, 2012.

² 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.

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

The summary of program benefits described herein is for illustrative purposes only. In case of differences or errors, the Group Policy governs.

Monthly Unisex Total Cost* Per Person

UNISEX	
65-69	\$165.80
70-74	\$195.31
75-79	\$232.52
80-84	\$266.73
85+	\$282.22

***An \$8.75 Administrative fee is included in the above monthly per person cost**

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SAMPLE Baldwin Wallace College Plan Design and Benefits

MEDICARE PART D PRESCRIPTION DRUG BENEFITS PROVIDED BY EXPRESS SCRIPTS

January 1, 2012 through December 31, 2012

PRESCRIPTION DRUG BENEFIT

Deductible	None				
Member Co-pays	Retail and Maintenance Drug Pharmacy			Express Scripts Home Delivery	
		Up to a 1 Month Supply	Up to a 2 Month Supply	Up to a 3 Month Supply	
	Generic	\$5	\$10	\$15	Generic Up to a 3 month supply \$10
	Preferred Brand	\$40	\$80	\$120	Preferred Brand Up to a 3 month supply \$80
	Non-Preferred Brand	\$75	\$150	\$225	Non-Preferred Brand Up to a 3 month supply \$180
	<p>Co-pays for Generic and Brand are unchanged in the coverage gap, net of the Medicare Coverage Gap Discount Program.</p> <p>All retail pharmacies in the Express Scripts network can provide you with up to a one-month or 31-day supply of your prescription.</p> <p>To find out if your pharmacy is a Maintenance Drug Pharmacy (MDP) that has agreed to provide a three month or up to 90-day supply (with no co-pay savings) contact Express Scripts at the number listed on the back of the ID card.</p>				<p>Specialty Up to a 3 month supply \$180</p> <p>You may receive up to a three-month or 90-day supply of maintenance drugs (drugs you take for a chronic condition, such as asthma) through our Express Scripts Home Delivery service.</p> <p>Note: The only way to obtain a three-month supply at the above co-pay savings is to use Express Scripts Home Delivery.</p>
Specialty Medications	Covered at CuraScript, Retail Pharmacies and MDP (when available)				
	Specialty				
		Up to a 1 month supply		\$75	
		Up to a 2 month supply		\$150	
		Up to a 3 month supply		\$225	
Catastrophic Coverage	Once the true out of pocket cost has reached \$4,700, the retiree will pay the following co-pay values: for generic drugs the greater of 5% or \$2.56 and for all other brand drugs the greater of 5% or \$6.50.				

PREScription DRUG BENEFIT SUMMARY

This coverage, offered to you by Kalkaska County Road Commission, is considered to be Medicare Part D coverage and is provided to you through Express Scripts Insurance Company, who contracts with the federal government. This benefit summary document includes information concerning your service area, pharmacy network, low income subsidy and cost sharing programs, your rights and responsibilities as a member of our Plan, and our Medication Therapy Management program.

Express Scripts Insurance Company Service Area includes:

All 50 states, the District of Columbia, and Puerto Rico.

Participating in your group's prescription drug coverage:

This coverage is available to Baldwin Wallace College's Medicare-eligible retirees, or those retirees who qualify for Medicare Part A and/or are enrolled in Medicare Part B. If you are eligible for Medicare, you will be automatically group enrolled into Baldwin Wallace College's prescription drug benefit, effective January 1, 2012 – December 31, 2012 unless you have opted out of the Plan.

Drugs covered under your group's Medicare Part D Plan

This Plan uses a formulary, or a list of drugs covered by your Plan to meet patient needs. We may periodically add, remove, make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made.

Pharmacy Network:

When your coverage begins, you should start using Express Scripts network pharmacies to fill your prescriptions. If you use an out-of-network pharmacy and there is not an emergency, your Plan may not pay for your prescriptions. The new enrollee packet includes your ID card and a list of the 12 closest Express Scripts pharmacies in the network. If you don't see your neighborhood pharmacy listed or would like to receive a full pharmacy directory, please call the Express Scripts Customer Service phone number, included in this document.

Qualifying for Low Income Subsidy and Cost Sharing:

If you qualify for extra help this year, you will receive a document entitled "Important Information for those who Receive Extra Help Paying for their Prescription Drugs" that has more specific information on your premiums and cost-sharing for 2012. Read this important information carefully. If you don't know what level of extra help you qualify for, you can call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Your Rights and Responsibilities as a Member of the Plan

Since you have Medicare, you have certain rights to help protect you. In this section, we explain your Medicare rights and protections as a member of our Plan and we explain what you can do if you think you are being treated unfairly or your rights are not being respected. You have the right to get information from us about our Plan. This includes information about our financial condition, and how our Plan compares to other health plans. To get any of this information, call Customer Service. You have the right to make a complaint if you have concerns or problems related to your coverage. You have the right to get a summary of information about the appeals and grievances that members have filed against our Plan in the past.

PRESCRIPTION DRUG BENEFIT SUMMARY

Medication Therapy Management (MTM):

CMS requires that all Part D plan sponsors have a MTM program that is designed to improve the therapeutic outcomes associated with the use of medications. Express Scripts operates a CMS-approved MTM program that is managed by licensed pharmacists to optimize therapeutic outcomes for targeted individuals. To achieve this goal, Express Scripts focuses on improving medication use and reducing the risk of adverse drug events and drug interactions for selected Medicare beneficiaries. If you qualify for the Medication Therapy Management Program described above a letter will be sent to you that explains the program and asks if you would like to participate. If you would like to participate you will be asked to fill out a short questionnaire/survey on your medication use habits and send it back in the envelope provided. Once a survey is returned you will be considered enrolled in the program.

Evidence of Coverage:

You will receive the Evidence of Coverage (EOC) in a separate document. The Evidence of Coverage explains your rights, benefits, and responsibilities as a member of our Plan and is in effect from January 1, 2012 - December 31, 2012.

The EOC will explain:

- What is and what isn't covered by our Plan
- How to get your prescriptions filled, including some rules you must follow
- What to do if you are unhappy about something related to getting your prescriptions filled
- How to leave our Plan, and other Medicare options that are available, including your options for continuing Medicare prescription drug coverage

The EOC has important information about:

- Eligibility requirements
- The geographic service area of our Plan
- Keeping the retiree membership record up-to-date
- Materials that you will receive from our Plan
- Extra help available from Medicare to help pay your plan costs

Formulary

You will receive a copy of the formulary in a separate document.