



## Medical Coverage Details

Hartford, Connecticut 06104-2999

### **OUTLINE OF BASIC MEDICARE SUPPLEMENT GROUP COVERAGE**

### **THIS IS A NON QUALIFIED MEDICARE SUPPLEMENT PLAN**

The Commissioner of Insurance of the State of Minnesota has established two categories of Medicare Supplement insurance and minimum standards for each. The Extended Basic Medicare Supplement Plan is the most comprehensive and the Basic Medicare Supplement Plan is the least comprehensive.

THE GROUP POLICY DOES NOT COVER ALL MEDICAL EXPENSES BEYOND THOSE COVERED BY MEDICARE. THE POLICY DOES NOT COVER ALL SKILLED NURSING HOME EXPENSES AND DOES NOT COVER CUSTODIAL OR RESIDENTIAL NURSING CARE. READ YOUR CERTIFICATE CAREFULLY TO DETERMINE WHICH NURSING HOME FACILITIES AND EXPENSES ARE COVERED.

1. Read your Certificate Very Carefully - This outline of coverage provides a very brief description of the important features of your Certificate. This is not the insurance contract and only the actual Group Policy provisions will control. The Group Policy itself sets forth in detail the rights and obligations of both you and your Insurance Company. It is important, therefore, that you READ YOUR CERTIFICATE VERY CAREFULLY!

Additionally, this outline does not give all the details of Medicare Coverage. Contact your local Social Security office or consult the Medicare handbook for more details.

2. Medicare Supplement Coverage - Insurance of this category is designed to supplement Medicare by covering some hospital, medical and surgical services which are partially covered by Medicare. Coverage is provided for hospital inpatient charges and some physician charges, subject to any deductibles and copayment provisions which may be in addition to those provided by Medicare, and subject to other limitations which may be set forth. This coverage does not provide benefits for custodial care such as help in walking, getting in and out of bed, eating, dressing, bathing and taking medicine.

3. RIGHT TO RETURN CERTIFICATE. If you find that you are not satisfied with your certificate for any reason, you may return it to Hartford Life Insurance Company, Hartford, Connecticut 06104-2999.

### **Basic Medicare Supplement Coverage**

If you send the certificate back to us within 30 days after you receive it, we will treat the certificate as if it had never been issued and return all of your payments within ten days.

4. NOTICE: This certificate may not fully cover all of your medical costs.

5. Hartford Life Insurance Company is not connected with Medicare.

6. The Group Policy does not cover any expenses which result from:

- a) expenses which are not determined to be Medicare Eligible Expenses by the Federal Medicare Program, or its administrators.
- b) Pre-Existing Conditions: Pre-existing conditions (conditions for which medical advice or treatment has been received or recommended) in the past 90 days will not be covered until six consecutive months after the effective date of coverage.



## Medical Plan (continued)

7. a) The chart summarizing Medicare benefits only briefly describes such benefits.  
b) The Health Care Financing Administration or its Medicare publications should be consulted for further details and limitations.
  
  8. a) Your coverage under the Group Policy ends:
    - (1) if you fail to pay premiums;
    - (2) if the group Policy terminates;
    - (3) if you are no longer eligible.b) The Group Policy can be terminated:
    - (1) for non-payment of premium;
    - (2) by the Policyholder giving written notice 31 days in advance.c) Premiums may be changed on any premium due date or at the beginning of each year to coincide with changes in Medicare, but only if changed for all insureds under the Group Policy.
9. Review the enrollment form carefully before you sign it. Be certain that all information has been properly recorded.

### 10. TOTAL MONTHLY PREMIUM

Premiums are based on each person's geographic location and status as a smoker or non-smoker. Premiums may change when you move to another state. Smoker means a person who has smoked cigarettes, cigars, or used a pipe or chewing tobacco, nicotine chewing gum, or snuff during the 12 months prior to the date he or she applied for coverage.

11. The Group Policy provides an anticipated loss ratio of 75%. This means that, on the average, insureds may expect that \$75 of every \$100 in premium will be returned as benefits to insureds over the life of the Group Policy.

**IN ADDITION TO THIS OUTLINE OF COVERAGE, HARTFORD LIFE INSURANCE COMPANY WILL SEND AN ANNUAL NOTICE TO YOU 30 DAYS PRIOR TO THE EFFECTIVE DATE OF MEDICARE CHANGES WHICH WILL DESCRIBE THESE CHANGES AND THE CHANGES IN YOUR MEDICARE SUPPLEMENT INSURANCE.**

Following is a brief description of what Medicare pays, this plan pays and what you pay as of the date of issue of your Certificate.



# Medical Plan (continued)

## Basic Medicare Supplement Coverage

Part A Services	Medicare Pays	Basic Medicare Supplement Plan Pays	You Pay
<b>Part A Services - Hospital Confinement Benefit</b> 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:			
First 60 days	All but Part A Deductible	100% of the Part A Deductible	\$0
61st through 90th day	All but 25% of Part A Deductible	25% of Part A Deductible	\$0
91st through 150th day	All but 50% of Part A Deductible	50% of Part A Deductible	\$0
Additional 365 days confinement per person	\$0	100% for additional 365 days	\$0 until 365 days
<b>Part A Services - Skilled Nursing Facility Care</b> 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. You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. Semi-private room and board, general nursing and miscellaneous services and supplies:			
First 20 days	All approved amounts	\$0	\$0
21st through 100th day	All but 12.5% of Part A Deductible	12.5% of Part A Deductible in addition, the plan pays 80% for Covered Services and Supplies as stated under the Qualified Plan Benefits	\$0
101st through 365th day	\$0	\$0	All costs
<b>Part A Services - Blood Deductible</b> Hospital confinement and outpatient medical expenses when furnished by a hospital or skilled nursing facility during a covered stay.			
First 3 pints	\$0	100% for 3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>Part A Services - Hospice Care</b> Pain relief, symptom management, and support services for the terminally ill.			
As long as Physician certifies the need	All costs, limited to costs for out-patient and in-patient respite care.	Co-insurance charges for in-patient respite care, drugs and biologicals approved by Medicare.	All other charges.

Part B Services	Medicare <sup>1</sup> Pays	Basic Medicare Supplement Plan Pays	You Pay
<b>Part B Services - Outpatient Medical Expenses</b> *Once you have been billed the Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year. In or out of the hospital and outpatient treatment, such as physician services, inpatient and outpatient medical and surgical services, physical and speech therapy, diagnostic tests, durable medical equipment:			

<sup>1</sup> Payment of the Medicare Part B Deductible goes toward satisfying the Calendar Year Deductible requirement.



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## Basic Medicare Supplement Coverage

Part B Services	Medicare <sup>1</sup> Pays	Basic Medicare Supplement Plan Pays	You Pay
Medicare Part B Deductible:	\$0	\$0	100% of Part B Deductible
Remainder of Medicare-approved amounts	Generally <sup>2</sup> 80%	50% of the 20% coinsurance until your out-of-pocket expenses reach \$1,000 (including the calendar year deductible of \$500) has been satisfied, then 20%.	50% of the 20% coinsurance until your out-of-pocket expenses reach \$1,000 then 0%.
Blood: First 3 pints	\$0	All Costs	\$0
Next Medicare Approved Amounts*	\$0	\$0	100%
Remainder of Medicare Approved Amounts	80%	20%	\$0
Clinical Laboratory services, blood tests, etc.	100%	\$0	\$0
Home Health Care Medicare Approved Services Medically necessary skilled care, services and medical supplies	100%	\$0	\$0
Durable Medical equipment First Medicare Approved Amounts*	\$0	\$0	100%
Remainder of Medicare Approved Amounts	80%	20%	\$0
Other Services	Medicare <sup>1</sup> Pays	Basic Medicare Supplement Plan Pays	You Pay
Covers billed expenses which would have been considered Medicare eligible expenses, had the care been provided in the United States.	\$0	80% of the Usual and Customary Expenses incurred for medically necessary Hospital, Physician, or medical care while in a foreign country	Balance
Immunization Benefit	\$0	100%	\$0
ALCOHOLISM, CHEMICAL DEPENDENCY, OR DRUG ADDICTION Treatment in a licensed hospital or residential treatment program	\$0	Actual expenses for 73 days, to the extent not covered by Medicare, in a 365 day period	Balance
Treatment in a licensed non-residential treatment program	\$0	Actual expenses for 130 hours, to the extent not covered by Medicare in a 365 day period	Balance



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<b>MENTAL OR NERVOUS DISORDER</b> Expenses for mental or nervous disorder diagnosis and treatment received as an outpatient in a hospital or mental health clinic or center or from a licensed psychologist or psychiatrist	\$0	80% of expenses for 10 hours of treatment in a 365 day period, plus 75% of the next 30 hours	Balance
<b>OUTPATIENT MEDICAL &amp; SURGICAL SERVICES</b> Expenses incurred for health care treatment or surgery on an outpatient basis at a facility equipped to perform these services, whether or not the facility is part of a hospital.	\$0	\$0	All Costs
<b>RECONSTRUCTIVE SURGERY</b> Expenses for reconstructive surgery, provided such surgery is incidental to or follows surgery due to Sickness or Injury of the same body part	\$0	Usual and Customary Expenses Incurred	Balance
<b>CANCER SCREENING</b> Expenses for routine diagnostic procedures performed or ordered by a Physician	\$0	100% of expenses	Balance
<b>AMBULATORY SURGICAL SERVICES CENTER</b> Health care treatment rendered in an Ambulatory Surgical Center	\$0	Part A or Part B Medicare Eligible Expense incurred, to the extent not covered by Medicare	Balance
<b>Other Services</b>	<b>Medicare<sup>1</sup> Pays</b>	<b>Basic Medicare Supplement Plan Pays</b>	<b>You Pay</b>
<b>JOINT DISORDER</b> Temporomandibular joint disorder or craniomandibular disorder. Surgical or non-surgical treatment covers medical charges in Excess of Medicare Eligible expenses	\$0	Usual and Customary Expenses Incurred	Balance
<b>SCALP HAIR PROSTHESIS</b> For hair loss due to alopecia areata	\$0	Actual expenses up to \$350, to the extent not covered by Medicare, in a 365 day period	Balance