



Medical Coverage Details

**Retiree Medical Plans A and D for Washington and Vermont Residents**

**Summary of Coverage**

Underwritten by: Hartford Life Insurance Company

Part A Services	Medicare Pays	Plan A Pays	You Pay	Plan D 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	\$0	100% of the 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	25% of Part A Deductible	\$0
91st through 150th day	All but 50% of Part A Deductible	50% of Part A Deductible	\$0	50% of Part A Deductible	\$0
Additional 365 days confinement per person	\$0	100% for additional 365 days	\$0 until 365 days	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. Semi-private room and board, general nursing and miscellaneous services and supplies:					
First 20 days	All approved amounts	\$0	\$0	\$0	\$0
21st through 100th day	All but 12.5% of Part A Deductible	\$0	All costs	12.5% of Part A Deductible	\$0
101st through 365th day	\$0	\$0	All costs	\$0	All costs



## Medical Plan Details (continued)

Part A Services	Medicare Pays	Plan A Pays	You Pay	Plan D Pays	You Pay
<b>Part A Services - Blood</b>					
First 3 pints	\$0	3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0	\$0	\$0
<b>Part A Services – Hospice Care</b>					
Available as long as your doctor certifies that you are terminally ill and you elect to receive these services	All but a very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance	\$0	Balance

Part B Services	Medicare Pays	Plan A Pays	You Pay	Plan D Pays	You Pay
Medicare Part B Deductible	\$0	\$0	Part B Deductible	\$0	Part B Deductible
Remainder of Medicare-approved amounts	Generally <sup>2</sup> 80%	Generally <sup>2</sup> 20%	\$0	Generally <sup>2</sup> 20%	\$0
Blood - First 3 pints - Next Medicare-Approved Amounts - Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$0 (after Part B deductible) \$0	All Costs \$0 20%	\$0 \$0 (after Part B deductible) \$0
Clinical Laboratory services, blood tests, etc.	100%	\$0	\$0	\$0	\$0

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

<sup>2</sup> Medicare handles claims for Mental Illness and Alcoholism treatment differently.



## Medical Plan Details (continued)

Parts A & B Services	Medicare Pays	Plan A Pays	You Pay	Plan D Pays	You Pay
Part B Excess Charges covers the difference between the actual Medicare Part B charge as billed and the Medicare-approved Part B charge	\$0	\$0	All Costs	\$0	All Costs
<b>Home Health Services – Medicare Approved Services</b>					
Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0
Durable Medical Equipment – First \$135	\$0	\$0	Part B Medicare deductible	\$0	Part B Medicare deductible
Durable Medical Equipment – Remainder	80%	20%	\$0	20%	\$0
<b>Home Health Services – At Home Recovery Services not covered by Medicare. Home Health Care certified by your doctor for personal care during recovery from an injury or sickness for which Medicare approved a home care treatment plan:</b>					
Benefit for each visit	\$0	\$0	All Costs	Actual charges to \$40 per visit	Balance
Number of visits covered (must be received within 8 weeks of last Medicare-approved visit)	\$0	\$0	All Costs	Up to the number of Medicare-approved visits, not to exceed 7 each week	Balance
Calendar year maximum	\$0	\$0	All Costs	\$1,600	Balance



## Medical Plan Details (continued)

Other Services	Medicare Pays	Plan A Pays	You Pay	Plan D Pays	You Pay
<b>Foreign Travel Emergency -</b>					
Medically necessary services during the first 60 days of each trip outside the United States	\$0	\$0	All Costs	\$0 of the first \$250, then 80% up to \$50,000 lifetime maximum	\$250, then 20% and amounts above the \$50,000 lifetime maximum