

## 2018 Electric Boat Retiree Medical Plan Options

| <b>Benefits</b>   | <b>Medicare A &amp; B<br/>Benefits Alone</b> | <b>The Hartford Group Retiree Insurance Plans</b> |   |   |
|---|--|---|---|---|
|   |  | <b>Option #1</b>                                  | <b>Option #2</b>                                | <b>Option #3</b>                            |
|   |  | <b>High Option Plan</b>                           | <b>Base Option Plan</b>                         | <b>Low Option Plan</b>                      |
|   | <b>Member Pays</b>                           | <b>Member Pays</b>                                | <b>Member Pays</b>                              | <b>Member Pays</b>                          |
| <b>2018 Monthly Medical Plan Cost</b>   |  | <b>\$233.60</b>                                   | <b>\$172.00</b>                                 | <b>\$142.00</b>                             |
| <b>2018 Monthly Plan Cost including Limited Rx</b>  |  | <b>\$322.99</b>                                   | <b>\$261.39</b>                                 | <b>\$231.39</b>                             |
| <b>2018 Monthly Plan Cost including Unlimited Rx</b>  |  | <b>\$398.88</b>                                   | <b>\$337.28</b>                                 | <b>\$307.28</b>                             |
| <b>Out-of-Pocket Plan Maximum (OOP Max)*</b>  |  | <b>\$0.00</b>                                     | <b>\$1,800</b>                                  | <b>\$1,000</b>                              |
| *The Out-of-Pocket Maximum is the most you will pay during the calendar year for Medicare covered services. **Medicare deductibles and cost shares noted below are for 2017 as Medicare had not yet released 2018 deductible or cost share information at the time of printing. |  |   |   |   |
| <b>Inpatient Services - for Medicare Covered and Approved Services</b>  |  |   |   |   |
| <b>Hospital - First 60 days</b>   | \$1,316 deductible**                         | No Cost for Medicare Covered Inpatient Stay       | \$200 Copay per Medicare Covered Inpatient Stay | No Cost for Medicare Covered Inpatient Stay |
| <b>61-90 days</b>   | \$329 per day**                              | No Cost for Medicare Covered Inpatient Stay       | No Cost for Medicare Covered Inpatient Stay     | No Cost for Medicare Covered Inpatient Stay |
| <b>91-150 lifetime reserve days</b>   | \$658 per day**                              | No Cost for Medicare Covered Inpatient Stay       | No Cost for Medicare Covered Inpatient Stay     | No Cost for Medicare Covered Inpatient Stay |
| <b>Part A benefits exhausted</b>  | Not covered                                  | No Cost for additional 365 days                   | No Cost for additional 365 days                 | No Cost for additional 365 days             |

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|  | <b>Member Pays</b>   | <b>Member Pays</b>   | <b>Member Pays</b>   | <b>Member Pays</b>  |
| <b>Mental Health Inpatient<br/>per stay</b>                            | 190 days lifetime max. -<br>subject to Inpatient deductible<br>and co-insurance        | No Cost for Medicare<br>Covered Inpatient Stay 190<br>Day Lifetime Max in a<br>psychiatric hospital                    | \$200 Copay per Medicare<br>Covered Inpatient Stay 190<br>Day Lifetime Max in a<br>psychiatric hospital                | No Cost for Medicare<br>Covered Inpatient Stay 190<br>Day Lifetime Max in a<br>psychiatric hospital |
| <b>Skilled Nursing Facility -<br/>100 days- per benefit<br/>period</b> | \$164.50 per day after the<br>20th day - 3 day prior hospital<br>stay required**       | No Cost for Medicare<br>Covered Skilled Nursing<br>Stay - 3 day prior hospital<br>stay required                        | No Cost for Medicare<br>Covered Skilled Nursing<br>Stay - 3 day prior hospital<br>stay required                        | No Cost for Medicare<br>Covered Skilled Nursing<br>Stay - 3 day prior hospital<br>stay required     |
| <b>Home Health Care</b>  | No Cost for Medicare<br>Covered and Approved Home<br>Health Care                       | No Cost for Medicare<br>Covered and Approved<br>Home Health Care   | No Cost for Medicare<br>Covered and Approved<br>Home Health Care   | No Cost for Medicare<br>Covered and Approved<br>Home Health Care                                    |
| <b>Hospice Care<br/>(Medicare Covered)</b>                             | All but limited coinsurance for<br>outpatient drugs and inpatient<br>respite care      | Limited coinsurance as<br>dictated by Medicare   | Limited coinsurance as<br>dictated by Medicare   | Limited coinsurance as<br>dictated by Medicare  |
| <b>Outpatient Services</b>   |  |  |  |   |
| <b>Part B deductible</b>   | \$183**  | \$0  | \$0  | \$183**   |
| <b>Pay Excess Charge</b>   | Member Pays Excess Charge<br>of 15% if provider does not<br>accept Medicare assignment | No Cost for 15% Excess<br>Charge - Excess Charge<br>Paid by Plan if provider<br>does not accept Medicare<br>assignment | No Cost for 15% Excess<br>Charge - Excess Charge<br>Paid by Plan if provider<br>does not accept Medicare<br>assignment | 15% Excess Charge after<br>Medicare pays until the<br>\$1,000 OOP Maximum is<br>satisfied           |
| <b>Primary Care Physician<br/>Visits</b>                               | 20% of Medicare covered &<br>approved services   | \$0 for Medicare covered &<br>approved services  | Up to a \$20 copay for<br>Medicare covered &<br>approved office visits   | 20% balance after<br>Medicare pays until the<br>\$1,000 OOP Maximum is<br>satisfied                 |

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|   |  | <b>High Option Plan</b>                           | <b>Base Option Plan</b>   | <b>Low Option Plan</b>   |
|   | <b>Member Pays</b>                           | <b>Member Pays</b>                                | <b>Member Pays</b>  | <b>Member Pays</b>   |
| <b>Specialist Visits</b>  | 20% of Medicare covered & approved services  | \$0 for Medicare covered & approved services      | Up to a \$20 copay for Medicare covered & approved office visits                              | 20% balance after Medicare pays until the \$1,000 OOP Maximum is satisfied |
| <b>Surgery-Outpatient Hospital Facility and Ambulatory Surgical Centers</b> | 20% of Medicare covered & approved services  | \$0 for Medicare covered & approved services      | Up to a \$20 copay if an office visit is charged. \$0 cost if an office visit is not charged. | 20% balance after Medicare pays until the \$1,000 OOP Maximum is satisfied |
| <b>Emergency Care</b>   | 20% of Medicare covered & approved services  | \$0 for Medicare covered & approved services      | \$50 copay  | 20% balance after Medicare pays until the \$1,000 OOP Maximum is satisfied |
| <b>Ambulance</b>  | 20% of Medicare covered & approved services  | \$0 for Medicare covered & approved services      | \$0 for Medicare-covered & approved services  | 20% balance after Medicare pays until the \$1,000 OOP Maximum is satisfied |
| <b>Urgent Care</b>  | 20% of Medicare covered & approved services  | \$0 for Medicare covered & approved services      | Up to a \$20 copay if an office visit is charged. \$0 cost if an office visit is not charged. | 20% balance after Medicare pays until the \$1,000 OOP Maximum is satisfied |
| <b>Physical Therapy, Speech Therapy and Occupational Therapy</b>            | 20% of Medicare covered & approved services  | \$0 for Medicare covered & approved services      | Up to a \$20 copay if an office visit is charged. \$0 cost if an office visit is not charged. | 20% balance after Medicare pays until the \$1,000 OOP Maximum is satisfied |

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|  |   | <b>High Option Plan</b>   | <b>Base Option Plan</b>   | <b>Low Option Plan</b>   |
|  |   | <b>Member Pays</b>  | <b>Member Pays</b>  | <b>Member Pays</b>   |
| <b>Annual Routine Vision Exam</b>            | Routine vision exams and eye refractions are not covered. Medicare will cover the non-routine office visit at 80%. Member pays 20% of Medicare approved services. | Routine vision exams and eye refractions are not covered. Medicare will cover the non-routine office visit and the plan will pick up the 20% balance after Medicare pays. | Routine vision exams and eye refractions are not covered. Medicare will cover the non-routine office visit and up to a \$20 copay will apply. | Routine vision exams and eye refractions are not covered. Medicare will cover the non-routine office visit and member pays the 20% balance after Medicare pays until \$1,000 OOP Maximum is satisfied. |
| <b>Annual Routine Hearing Exam</b>           | Routine hearing exams are not covered by Medicare.  | Routine hearing exams are not covered   | Routine hearing exams are not covered   | Routine hearing exams are not covered  |
| <b>Diagnostic Vision &amp; Hearing Exams</b> | Diagnostic vision & hearing exams are covered by Medicare at 80%. Member pays 20% of Medicare approved services.  | \$0 for Medicare covered & approved services  | Up to a \$20 copay if an office visit is charged. \$0 cost if an office visit is not charged.   | 20% balance after Medicare pays until the \$1,000 OOP Maximum is satisfied   |
| <b>Hearing aids</b>                          | Not Covered   | Not Covered   | Not Covered   | Not Covered  |
| <b>Podiatrist</b>                            | 20% of Medicare covered & approved services   | \$0 for Medicare covered & approved services  | Up to a \$20 copay for Medicare covered & approved office visits  | 20% balance after Medicare pays until the \$1,000 OOP Maximum is satisfied   |
| <b>Chiropractor</b>                          | 20% of Medicare covered & approved services   | \$0 for Medicare covered & approved services  | Up to a \$20 copay for Medicare covered & approved office visits  | 20% balance after Medicare pays until the \$1,000 OOP Maximum is satisfied   |

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|   | <b>Member Pays</b>                           | <b>Member Pays</b>                                | <b>Member Pays</b>  | <b>Member Pays</b>   |
| <b>DME/Prosthetics</b>  | 20% of Medicare covered & approved services  | \$0 for Medicare covered & approved services      | \$0 for Medicare covered & approved services  | 20% balance after Medicare pays until the \$1,000 OOP Maximum is satisfied |
| <b>Diabetic Supplies - Lancets &amp; Teststrips</b>                       | 20% of Medicare covered supplies             | \$0 for Medicare covered supplies                 | \$0 for Medicare covered supplies   | 20% balance after Medicare pays until the \$1,000 OOP Maximum is satisfied |
| <b>Medicare Part B drugs</b>  | 20% of Medicare approved Part B medications  | \$0 for Medicare approved Part B medications      | \$0 for Medicare approved Part B medications  | 20% balance after Medicare pays until the \$1,000 OOP Maximum is satisfied |
| <b>Outpatient Mental Health</b>   | 20% of Medicare covered & approved services  | \$0 for Medicare covered & approved services      | Up to a \$20 copay for Medicare covered & approved office visits                              | 20% balance after Medicare pays until the \$1,000 OOP Maximum is satisfied |
| <b>Outpatient Substance Abuse</b>   | 20% of Medicare covered & approved services  | \$0 for Medicare covered & approved services      | Up to a \$20 copay for Medicare covered & approved office visits                              | 20% balance after Medicare pays until the \$1,000 OOP Maximum is satisfied |
| <b>Lab and Xray - includes MRI, Catscans and other diagnostic testing</b> | 20% of Medicare covered & approved services  | \$0 for Medicare covered & approved services      | \$0 for Medicare covered and approved lab, x-ray and other diagnostic testing                 | 20% balance after Medicare pays until the \$1,000 OOP Maximum is satisfied |
| <b>Radiation therapy</b>  | 20% of Medicare covered & approved services  | \$0 for Medicare covered & approved services      | Up to a \$20 copay if an office visit is charged. \$0 cost if an office visit is not charged. | 20% balance after Medicare pays until the \$1,000 OOP Maximum is satisfied |

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|   | <b>Member Pays</b>  | <b>Member Pays</b>   | <b>Member Pays</b>   | <b>Member Pays</b>   |
| <b>Kidney Dialysis</b>                      | 20% of Medicare covered & approved services                       | \$0 for Medicare covered & approved services   | Up to a \$20 copay if an office visit is charged.<br>\$0 cost if an office visit is not charged. | 20% balance after Medicare pays until the \$1,000 OOP Maximum is satisfied                                       |
| <b>Blood</b>                                | Member pays for first 3 pints<br>20% thereafter                   | Plan pays for 1st three pints and member pays \$0 for Medicare covered & approved services | Plan pays for 1st three pints and member pays \$0 for Medicare covered & approved services       | Plan pays for 1st three pints and member pays 20% after Medicare pays until the \$1,000 OOP maximum is satisfied |
| <b>Preventive Care and Screening Tests</b>  |   |  |  |  |
| <b>Annual Wellness Visit</b>                | \$0 for Medicare covered & approved services once every 12 months | \$0 for Medicare covered & approved services once every 12 months                          | \$0 for Medicare covered & approved services once every 12 months                                | \$0 for Medicare covered & approved services once every 12 months  |
| <b>Bone Mass Measurement (Bone Density)</b> | \$0 copay every 24 months or more frequent if medically necessary | \$0 copay every 24 months or more frequent if medically necessary                          | \$0 copay every 24 months or more frequent if medically necessary                                | \$0 copay every 24 months or more frequent if medically necessary  |
| <b>Cardiovascular Disease Screening</b>     | \$0 for Medicare covered & approved services                      | \$0 for Medicare covered & approved services   | \$0 for Medicare covered & approved services   | \$0 for Medicare covered & approved services   |
| <b>Colorectal Screening</b>                 | \$0 for Medicare covered & approved services                      | \$0 for Medicare covered & approved services   | \$0 for Medicare covered & approved services   | \$0 for Medicare covered & approved services   |

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| <b>Cervical and Vaginal<br/>Cancer Screening (Pap<br/>test and pelvic exam)</b> | \$0 for Medicare covered & approved services once every two years unless high risk | \$0 for Medicare covered & approved services once every two years unless high risk                              | \$0 for Medicare covered & approved services once every two years unless high risk                              | \$0 for Medicare covered & approved services once every two years unless high risk                               |
| <b>Diabetes Screening</b>   | \$0 for Medicare covered & approved services                                       | \$0 for Medicare covered & approved services  | \$0 for Medicare covered & approved services  | \$0 for Medicare covered & approved services   |
| <b>Mammogram</b>  | \$0 for annual screening mammogram   | \$0 for annual screening mammogram  | \$0 for annual screening mammogram  | \$0 for annual screening mammogram   |
| <b>Prostate Cancer<br/>Screening Exam</b>                                       | \$0 for PSA test and 20% for digital rectal screening                              | \$0 for Medicare covered & approved services  | \$0 for Medicare covered & approved services  | No Cost for PSA; 20% after Medicare pays for digital rectal screening until the \$1,000 OOP Maximum is satisfied |
| <b>Flu Vaccination and<br/>Administration</b>                                   | \$0 for annual flu vaccine   | \$0 for annual flu vaccine  | \$0 for annual flu vaccine  | \$0 for annual flu vaccine   |
| <b>Emergency and Urgent Care Outside of the US - Foreign Travel</b>             |  |   |   |  |
| <b>Outpatient Services and<br/>Inpatient Care</b>                               | No Benefits under Original Medicare for Foreign Travel Claims                      | \$250 ded 20% to lifetime benefit max \$50,000; Services received within first 60 days of each trip outside USA | \$250 ded 20% to lifetime benefit max \$50,000; Services received within first 60 days of each trip outside USA | \$250 ded 20% to lifetime benefit max \$50,000; Services received within first 60 days of each trip outside USA  |

## ***2018 Electric Boat Retiree Medical Plan Options***

### ***Health & Wellness***

All of The Hartford Group Retiree Insurance Plans include access to the Silver&Fit® Fitness Program. The Silver&Fit® Fitness program, provided by American Specialty Health Fitness, Inc. (ASH Fitness), is a national fitness and health aging program for Medicare eligible retirees. Members have access to a national network of over 13,300 participating fitness centers. Some locations may include Silver&Fit Signature Series Class® options. In lieu of fitness center memberships, members have the option to choose up to 2 out of 24 home fitness kits each year through the Silver&Fit Home Fitness Program. SilverandFit.com is a member-centric, responsive design website that provides members access to fitness center locators, online classes, a Health Aging Program, and our Silver&Fit Connected! and rewards programs.

**Smoking Cessation - Medicare covers up to 8 face-to-face visits in a 12 month period if you use tobacco. These visits must be ordered by a doctor and provided by a qualified doctor or other Medicare-recognized practitioner. These visits are covered at no cost.**

### ***Important Note***

**If any conflict exists between this benefit summary comparison and The Hartford Group Retiree Insurance Plan Certificate of Coverage; the Certificate of Coverage takes precedence. To learn more about coverage under Medicare, you can go to the Medicare website at [www.Medicare.gov](http://www.Medicare.gov) or refer to your 2018 Medicare & You booklet. You may also contact Medicare by calling 1-800-MEDICARE (1-800- 633-4227). TTY users should call 1-877-486-2048.**

The Hartford Group Retiree Insurance Plan cost includes fees for the Silver&Fit program.

Underwritten by The Hartford Life and Accident Insurance Company.

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