

YOUR GUIDE TO ACCESSING YOUR CLAIM INFORMATION

Under The Hartford Group Retiree Insurance Plans, most of your medical claims are processed electronically so the system is virtually paperless. However, you will receive a Medicare Summary Notice (MSN) from CMS (the Centers for Medicare and Medicaid Services) on a quarterly basis illustrating all of the services or supplies that providers and suppliers billed to Medicare on your behalf. The MSN will show you what Medicare paid and the balance owed to the provider.

If you want to see your claims sooner, you can access your **Original Medicare claims** on-line at www.MyMedicare.gov. You can usually see a claim within 24 hours after Medicare processes it.

In general, all of your hospital charges, skilled nursing care, some home health care and hospice care fall under Medicare Part A. All of your outpatient services and other physician services fall under Medicare Part B. This would include visits to your internist or specialists, most medical and surgical procedures, physical therapy and other outpatient rehabilitation, lab and x-ray, diagnostic testing, preventive screenings and exams and many other outpatient services and supplies.

Once your claims are processed by Medicare, they are electronically transmitted to The Hartford for processing. You will only receive an Explanation of Benefits (EOB) from The Hartford in the event you may have some cost share or a balance due to the provider. The Hartford will also release an EOB if any claim submitted was denied by Medicare. We have included a sample of The Hartford Explanation of Benefits (EOB) for your reference on the following page of this Benefits Guide. WebTPA is the company that processes claims on behalf of The Hartford.

You can register on-line with The Hartford to access your claim information as well. You will be able to register at www.WebTPA.com and view your eligibility information, claim status and claim history. Please refer to page 30 of this Benefits Guide for instructions on how to register with WebTPA.

If an item or service is ever denied, you can contact Beacon Retiree Benefits Group for assistance. We will assist you in contacting your provider on your behalf to ensure that the provider's office submitted the claim correctly to Medicare first and with the proper information or coding.

Each time you receive a Medicare Summary Notice, it will include information on how to handle denied claims or how to file an appeal. We find most often a claim is denied because it was not submitted properly.

WEBTPA ON BEHALF OF THE HARTFORD
 P. O. BOX 1928
 GRAPEVINE, TX 76099-1808

THE HARTFORD

EXPLANATION OF BENEFITS:

201512233309



1 OF 2
 ENV 24752

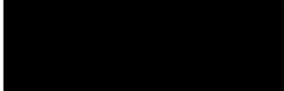
Electronic Service Requested



24752 0.5234 AT 0.413 3-DIGIT 342



GROUP # RET-FARBR
 DATE 12/22/2015
 EMPLOYEE
 MEMBER
 MEMBER ID



PAGE 1 of 2



THE HARTFORD

This Is Not A Bill

LINE	PROVIDER/DESCRIPTION OF SERVICE	CLAIM NUMBER/DATE OF SERVICE FROM TO	CHARGES SUBMITTED	DISCOUNT	NON-COVERED OR PENDING	COPAY	DEDUCT APPLIED	COINS	WITHHOLD*	OTHER COVERAGE	TOTAL BENEFIT PAYABLE
1	99215-OFFICE OUTPATIENT VISIT	12212015E004790-11/30/2015-11/30/2015	145.44	116.93	0.00	0.00	0.00	2.85		114.02	25.66
TOTAL AMOUNTS			145.44	116.93	0.00	0.00	0.00	2.85		114.02	25.66

REMARKS
 LINE 1:
 229 MEDICAREASSIGN PROVIDER ACCEPTED MEDICARE ASSIGNMENT
 618 INDIVIDUAL DEDUCTIBLE HAS BEEN MET. TYPE 1 CY DEDUCTIBLE
 RETIREEPH2 FOR CUSTOMER SERVICE, MEMBERS PLEASE CALL 844-380-4556; PROVIDERS PLEASE CALL 800-342-5248 FOR ASSISTANCE.

Notice of Appeal Rights

The Employee Retirement Income Security Act of 1974 ("ERISA") gives you the right to appeal our decision and receive a full and fair review. You may appeal our decision even if you do not have new information to send us. You are entitled to receive, upon request and free of charge reasonable access to, and copies of, all documents, records and other information relevant to your claim. If you do not agree with our denial, in whole or in part, and you wish to appeal our decision, you or your authorized representative must write to us within one hundred eighty (180) days from the date of this letter. Your appeal should be signed, dated and clearly state your position. Along with your appeal letter, you may submit written comments, documents, records and other information related to your claim. Please send your appeal letter to: WebTPA P.O. Box 1928 Grapevine, TX 76099. Once we receive your appeal, we will again review your entire claim, including any information previously submitted and any additional information received with your appeal. Upon completion of this review, we will advise you of our determination. After your appeal, and if we again deny your claim, you then have the right to bring a civil action under Section 502(a) of ERISA.

*Withhold amounts are not the responsibility of the member

SHADED AREA BELOW IS THE MEMBER SUMMARY FOR THIS EXPLANATION OF BENEFITS

DEDUCTIBLE	0.00
CO-PAY	0.00
MEMBER'S CO-INSURANCE	2.85
TOTAL	2.85

Para ayudar en este idioma, llame al número anterior
 對於這種語言的幫助，請撥打上述號碼
 Para sa tulong sa wikang ito, tawagan ang numero sa itaas
 D77 saad bee shik1'1adoowo[n7n7zingo, k0j8' h0d77lnih Customer Service]9 47 binumber w0da'di bik11'.

WebTPA GRH Explanation of Benefits Explained

P108022010

WEBTPA ON BEHALF OF THE HARTFORD
 P. O. BOX 1928
 GRAPEVINE, TX 76099-1808

THE HARTFORD

EXPLANATION OF BENEFITS:

Electronic Service Requested

20151223309

24752 0.5234 AT 0.413
 3-DIGIT 342
 [Barcode]
 65

GROUP # [REDACTED]
 DATE RET-FARBR 12/22/2015
 EMPLOYEE MEMBER [REDACTED]
 MEMBER ID [REDACTED]
 PAGE 1 of 2

1 OF 2

ENV 24752

LINE	PROVIDER/ DESCRIPTION OF SERVICE	CLAIM NUMBER/ DATE OF SERVICE FROM TO	CHARGES SUBMITTED	DISCOUNT	NON-COVERED OR PENDING	COPAY	DEDUCT APPLIED	COINS	WITHHOLD*	OTHER COVERAGE	TOTAL BENEFIT PAYABLE
1	[REDACTED] OFFICE OUTPATIENT VISIT	12212015E004790-11/30/2015-11/30/2015	145.44	116.93	0.00	0.00	0.00	2.85		114.02	25.66
TOTAL AMOUNTS			145.44	116.93	0.00	0.00	0.00	2.85		114.02	25.66

REMARKS
 LINE 1:
 229 MEDICAREASSIGN PROVIDER ACCEPTED MEDICARE ASSIGNMENT
 \$18 INDIVIDUAL DEDUCTIBLE HAS BEEN MET. TYPE 1 CY DEDUCTIBLE
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1. **Charges Submitted** = Charges Billed by the provider
2. **Discount** = The amount of the Medicare discount (insured is not responsible and cannot be balanced billed for this amount)
3. **Non-Covered or Pending** = Any denied amounts or, in the instance of a reprocessed claim, previously paid amounts
4. **Copay** = Hartford Plan Copay (if any)
5. **Ded applied** = Hartford Plan Deductible (if any)
6. **Coinsurance** = Hartford Plan Coinsurance (if any)
7. **Withhold** or **W/H**= Any payments available to but being withheld from a provider due to state or federal regulations
8. **Other Coverage**= Medicare paid amount
9. **Total Benefit Payable** = HIG liability paid to the provider if benefits are assigned
10. **Total** = Insured Out of Pocket responsibility