

GROUP RETIREE INSURANCE PLAN

SUMMARY OF COVERAGE



PLAN FOR UFCW99

UNDERWRITTEN BY: HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

PLAN PROVISIONS	Option 1	Option 2	Option 3
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Calendar Year Deductible	\$0	\$0	\$0
Calendar Year Out-of-pocket Maximum	N/A	\$1,000	\$2,000

*Coverage is not available to Florida or Washington residents.

PART A SERVICES

SERVICES	MEDICARE PAYS ⁽¹⁾	Option 1 Pays	Option 2 Pays	Option 3 Pays
HOSPITALIZATION ⁽²⁾				
Semi-private room and board, general nursing, and miscellaneous services and supplies:				
First 60 days	All but the Part A Deductible	100% of Medicare Part A Deductible	100% of Medicare Part A Deductible	100% of Medicare Part A Deductible
61 st through 90 th day	All but 25% of Medicare Part A Deductible per day	100% of Medicare Part A Coinsurance	100% of Medicare Part A Coinsurance	100% of Medicare Part A Coinsurance
91 st through 150 th day (60 day Lifetime Reserve Period)	All but 50% of Medicare Part A Deductible per day	100% of Medicare Part A Coinsurance	100% of Medicare Part A Coinsurance	100% of Medicare Part A Coinsurance
Once Lifetime Reserve days are used (or would have ended if used) additional 365 days of confinement per person per lifetime	\$0	100%	100%	100%
SKILLED NURSING FACILITY (SNF) CARE				
Semi-private room and board, skilled nursing and rehabilitative services and other services and supplies. You must meet Medicare's requirement 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	\$0
21 st through 100 th day	All but 12.5% of Medicare Part A Deductible per day	Up to 100% of Medicare SNF Coinsurance	Up to 100% of Medicare SNF Coinsurance	Up to 100% of Medicare SNF Coinsurance

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SERVICES	MEDICARE PAYS ⁽¹⁾	Option 1 Pays	Option 2 Pays	Option 3 Pays
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%	100%	100%
Additional amounts	100%	\$0	\$0	\$0
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	100% Co-insurance charges for in-patient respite care, drugs and biologicals approved by Medicare	100% Co-insurance charges for in-patient respite care, drugs and biologicals approved by Medicare	100% Co-insurance charges for in-patient respite care, drugs and biologicals approved by Medicare

PART B SERVICES

SERVICES	MEDICARE PAYS ⁽¹⁾	Option 1 Pays	Option 2 Pays	Option 3 Pays
OUT-PATIENT MEDICAL EXPENSES				
The Policy may cover the following Medicare Part B Benefits:				
<ul style="list-style-type: none"> • <i>Physician Services and Specialist Services</i> • <i>Outpatient Hospital Services and Ambulatory Surgical Care</i> • <i>Outpatient Diagnostic and Radiology Services</i> • <i>Outpatient Mental Health and Substance Abuse Services</i> • <i>Outpatient Rehabilitative and Cardiac Rehabilitative Services</i> • <i>Emergency Care, Urgent Care, and Ambulance Services</i> • <i>Durable Medical Equipment and Prosthetics</i> 				
<i>All Medicare Part B Benefits are based on per visit, except Ambulance Services, which is based on per trip, and Durable Medical Equipment and Prosthetics Benefit, which is based on per device.</i>				
Medicare Part B Deductible	\$0	100% of Deductible	\$0	\$0
Remainder of Medicare-approved amounts	80%	100% coverage	\$15 copay for all services except Emergency Care which is \$50 copay	\$25 copay for all services except Emergency Care which is \$100 copay

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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%	100%	100%

ADDITIONAL SERVICES

SERVICES	MEDICARE PAYS ⁽¹⁾	Option 1 Pays	Option 2 Pays	Option 3 Pays
PREVENTIVE MEDICAL CARE & CANCER SCREENINGS⁽³⁾				
Coverage for expenses incurred by a covered person for physical exams, preventive screening tests and services, cancer screenings, and any other tests or preventive measures determined to be appropriate by the attending Physician. Refer to your Medicare and You handbook for more information on Preventive services.				
“Welcome to Medicare” Physical Exam -within first 12 months of Part B enrollment	100%	\$0	\$0	\$0
Annual Wellness Visit	100%	\$0	\$0	\$0
Vaccinations	100%	\$0	\$0	\$0
Preventive Care Cancer Screening Benefits ⁽³⁾	Generally 100% for most preventive screenings. Some screenings subject to Medicare Part B Deductible & Coinsurance	100% of remaining covered expenses Incurred not covered by Medicare	100% of remaining covered expenses Incurred not covered by Medicare	100% of remaining covered expenses Incurred not covered by Medicare

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SERVICES	MEDICARE PAYS ⁽¹⁾	Option 1 Pays	Option 2 Pays	Option 3 Pays
FOREIGN TRAVEL EMERGENCY				
Medically necessary emergency care services				
Emergency services needed due to Injury or Sickness of sudden and unexpected onset during the first 60 days while traveling outside the United States.	\$0	80% after \$250 Deductible (to a lifetime maximum of \$50,000)	80% after \$250 Deductible (to a lifetime maximum of \$50,000)	80% after \$250 Deductible (to a lifetime maximum of \$50,000)
CHIROPRACTIC SERVICES				
Services performed by a licensed chiropractor to correct structural alignment	\$0 ⁽⁴⁾	100% of remaining covered expenses incurred after \$20 copay up to the benefit maximum of \$500 per calendar year	100% of remaining covered expenses incurred after \$20 copay up to the benefit maximum of \$500 per calendar year	100% of remaining covered expenses incurred after \$20 copay up to the benefit maximum of \$500 per calendar year
ACUPUNCTURE SERVICES				
Services performed by a licensed acupuncturist to treat pain	\$0 ⁽⁴⁾	100% of remaining covered expenses incurred after \$20 copay up to the benefit maximum of \$500 per calendar year	100% of remaining covered expenses incurred after \$20 copay up to the benefit maximum of \$500 per calendar year	100% of remaining covered expenses incurred after \$20 copay up to the benefit maximum of \$500 per calendar year
ANNUAL PHYSICAL EXAM				
The exam may include a review of medical history and a discussion of risk factor reductions and other services performed as part of an annual exam which are not covered by Medicare or under another benefit in the policy	After the "Welcome to Medicare Physical Exam" \$0	100% of remaining covered expenses incurred after \$20 copay up to the benefit maximum of \$500 per calendar year	100% of remaining covered expenses incurred after \$20 copay up to the benefit maximum of \$500 per calendar year	100% of remaining covered expenses incurred after \$20 copay up to the benefit maximum of \$500 per calendar year

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- ¹ The Calendar Year Maximum applies to Medicare Part B out of pocket expenses. The plan pays the remaining coinsurance, if any, after your copayment, until your OOP maximum has been met, then the plan pays 100%. The Foreign Travel Emergency deductible is a separate deductible.
- ¹ This chart describes coverage that is only available to persons who are at least 65 and Medicare-eligible. Medicare amounts typically change January 1 of each year.
- 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. Hospital does not include any institution or part thereof that is used primarily as a nursing home, convalescent home, or Skilled Nursing Facility; a place for rest, custodial, educational or redhibitory care; a place for the aged; or, a place for alcoholism or drug addiction.
- ³ If any of the cancer screening tests are not covered by Medicare, the plan will pay the usual and customary charges incurred. Please refer to your certificate for a full description of preventive screenings.
- ⁴ Medicare only covers chiropractic for spinal manipulations and acupuncture for chronic low back pain. This plan will cover any non-Medicare covered service up to the annual benefit maximum.

Please note this policy also may cover certain benefits mandated by the state where the employer is situated or the state where you reside. Refer to your certificate for a description of any additional benefits. The Premium Plus plan is not available to residents of Florida.

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All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This chart explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this chart and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability.

Group Retiree Health Form Series includes GBD-2400, GBD-2500, or state equivalent.

NOT CONNECTED WITH OR ENDORSED BY THE U.S GOVERNMENT OR THE FEDERAL MEDICARE PROGRAM.

Limitations & Exclusions: The Hartford's Insurance Plan does not cover any expense that is not a Medicare Eligible Expense; or beyond the limits imposed by Medicare for such expenses; or excluded by name or specific description by Medicare, except as specifically provided in the policy. Any part of a covered expense to the extent paid by Medicare; benefits payable under one benefit of the policy to the extent covered under another benefit of the policy; or expense incurred after coverage terminates, except as stated in the Extension-of-Benefits provision of the policy.