



AGP-3777
IBEW LOCAL 332 HEALTH & WELFARE PLAN
GROUP RETIREE INSURANCE PLAN
SUMMARY OF COVERAGE⁽¹⁾
 UNDERWRITTEN BY: HARTFORD LIFE & ACCIDENT INSURANCE COMPANY

PART A SERVICES

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY ⁽²⁾
HOSPITALIZATION ⁽³⁾			
Semi-private room and board, general nursing, and miscellaneous services and supplies:			
First 60 days	All but \$1,340	\$1,340	\$0
61 st through 90 th day	All but \$335 per day	\$335 per day	\$0
91 st through 150 th day (60 day Lifetime Reserve Period)	All but \$670 per day	\$670 per day	\$0
Once Lifetime Reserve days are used (or would have ended if used) additional 365 days of confinement per person per lifetime.	\$0	100%	\$0
SKILLED NURSING FACILITY CARE ⁽³⁾			
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
21 st through 100 th day	All but \$167.50 per day	Up to \$167.50 per day	\$0

GROUP RETIREE INSURANCE PLAN – SUMMARY OF COVERAGE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY ⁽²⁾
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%	\$0
Additional amounts	100%	\$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	Co-insurance charges for in-patient respite care, drugs and biologicals approved by Medicare	All other charges

PART B SERVICES

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY ⁽²⁾
OUT-PATIENT MEDICAL EXPENSES			
In or Out of the Hospital and Out-Patient Hospital Treatment, such as Physician's services, In-Patient and Out-Patient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
Medicare Part B Deductible	\$0	\$183	\$0
First \$183 of Medicare-approved amounts.			
Remainder of Medicare-approved amounts.	80%	20%	\$0
Clinical Laboratory services, blood tests, urinalysis and more.	100%	\$0	\$0
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%	\$0

GROUP RETIREE INSURANCE PLAN – SUMMARY OF COVERAGE

ADDITIONAL SERVICES

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY ⁽²⁾
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
Annual Wellness Visit	100%	\$0	\$0
Vaccinations	100%	\$0	\$0
Breast Cancer Screening - Mammogram once per year; - Breast exam once every 2 years, or once per year if at high risk	100%	\$0	\$0
Colon Cancer Screening - Fecal occult blood test once per year; - Colonoscopy once every 10 years, or every two years if high risk - Barium enema once every 4 years, or once every 2 years if at high risk	100% for Fecal Occult Blood Test and Colonoscopy	\$0	\$0
	80% after deductible for Barium Enema	100%	\$0
Cervical Cancer Screening - Pap Smear and Pelvic exam once every 2 years, or once per year if high risk	100%	\$0	\$0
Prostate Cancer Screening - PSA Test once per year - Digital Rectal exam once per year	100% for PSA Test	\$0	\$0
	80% after deductible for Digital Rectal exam	100%	\$0
Ovarian Cancer Surveillance Tests -once per year if at high risk	80% after deductible	100%	\$0

GROUP RETIREE INSURANCE PLAN – SUMMARY OF COVERAGE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY ⁽²⁾
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).	\$250 Deductible and then 20% of expenses incurred (to a lifetime maximum of \$50,000, 100% thereafter).

¹ Coverage amounts valid from January 1, 2018 to December 31, 2018. This chart describes coverage that is only available to persons who are at least 65 and Medicare-eligible.

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.

³ If any of the cancer screening tests are not covered by Medicare, the plan will pay the usual and customary charges incurred.

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Policies sold in New York are underwritten by Hartford Life Insurance Company. Home Office of both companies is Simsbury, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the issuing companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This brochure/presentation 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 brochure 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.