



CHARTER TOWNSHIP OF PLAINFIELD
KENT COUNTY, MICHIGAN
6161 BELMONT AVENUE NE; BELMONT, MICHIGAN 49306

REGULAR BOARD MEETING
October 20, 2014

DRAFT

Regular Board Meeting – 7:00 p.m.

1. The regular meeting of the Plainfield Charter Township Board was called to order at 7:00 p.m. by Supervisor Jay Spencer. Members present: Supervisor Jay Spencer, Clerk Ruth Ann Karnes, Treasurer Bill Brinkman, Trustees Vic Matthews, Dave Grant, Jon Rathbun, and Dale Pomeroy. Members absent: None. Also present: Superintendent Cameron Van Wyngarden.
2. A moment of silence was observed.
3. The Pledge of Allegiance was led by Dave Grant.
4. There were no public comments.
5. The consent agenda was reviewed.
 - a. Approve the October 6, 2014 regular meeting minutes
 - b. Approve the Contractor's Application for Payment No. 2 for MC Sandblasting & Painting, Inc. for the Kroes Water Tank project totaling \$43,440.00
 - c. Approve the Contractor's Application for Payment No. 1 for Shoreline Sprinkling for irrigation installation at Premier Park totaling \$20,256.00
 - d. Approve the Consumers Energy Authorization for Change in the Standard Lighting Contract and Resolution for the installation of a light at Brewer/Cannonsburg
 - e. Adopt a resolution to exempt Plainfield Charter Township from Public Act 152 of 2011 for the year 2015
 - f. Approve the quote from Lowe's Home Centers, LLC for the purchase of smoke alarms totaling \$9,743.40 (cost to Township is 5% or \$487.17) for the Smoke Alarm & Home Safety Program
 - g. Adopt the West Michigan Baseball Water Extension Special Assessment District Resolution No. 5 to amend Resolution No. 4
 - h. Schedule a special township board meeting for October 27, 2014 at 6:30 PM to review the 2015 Budget
 - i. Receive the Fire, Passport, Building, Ordinance Enforcement, Investment, and Financial Reports for September 2014
 - j. Approve the Accounts Payable in the amount of \$1,757,637.22
6. Matthews moved, with support by Brinkman, to approve the agenda including the consent agenda and Accounts Payable in the amount of \$1,757,637.22. Ayes: Spencer, Matthews, Karnes, Grant, Pomeroy, Rathbun, and Brinkman. Nays: 0. Motion carried.
7. Presentation
 - a. Josh Zuiderveen of South Peat Environment, LLC and Pete Miller, Conservation Chair of Schrems West Michigan Trout Unlimited, gave an update on the Rogue River Clean Up Project; Childsdale site. Zuiderveen showed slides of the site and explained the details of the project which is now completed.
8. There was no old business.

9. New business

- a. Consider Exhibit F of the Personnel Policy Manual for 2015
- b. Consider the 2015 health insurance plan for current full-time employees and dependents
- c. Consider the 2015 Benistar Plan for retirees

Grant moved, with support by Pomeroy, to approve items 9a, 9b, and 9c as presented. Ayes: Pomeroy, Rathbun, Karnes, Spencer, Grant, Matthews, and Brinkman. Nays: 0. Motion carried. The three items are attached as Attachment A, Attachment B, and Attachment C.

10. Board discussion

The Historical Preservation Committee requested that the Board provide some direction on what the committee should be working on over the next two years. Committee Chair Norm Van Soest presented a number of project areas the committee members are interested in focusing on. Board members asked questions and the general consensus was that the projects and goals were worthy of the committee's efforts.

11. The Superintendent shared comments.

12. Board members shared comments.

13. The meeting adjourned at 8:27 p.m.

Ruth Ann Karnes
Plainfield Charter Township Clerk

Date

Jay D. Spencer
Plainfield Charter Township Supervisor

Date

CERTIFICATION

The undersigned, as the duly elected clerk of the township, hereby certifies that the foregoing is a true and accurate copy of the regular meeting minutes of October 20, 2014 as approved by the Township Board of Plainfield Charter Township, at which a quorum was present.

Plainfield Charter Township Clerk

Date

ATTACHMENT A

Personnel Policy Manual
Exhibit F

PLAINFIELD CHARTER TOWNSHIP POLICY HEALTH CARE INSURANCE PREMIUMS CONTRIBUTIONS & OTHER HEALTH CARE RELATED BENEFITS

The following determinations were made concerning Township and Employee contributions to health care coverage premiums, co-pays, and Flexible Spending Accounts for the year 2015:

1. The Township will pay 80% of the premiums for single, two-person and family coverage for those full time employees participating in one of the Priority Health plans offered through the Township.
2. The Township will contribute \$1300 plus an employee's applicable deductible to each employee's Health Savings Account for those on one of the Township-offered Priority Health High Deductible/HSA health insurance plans. The Township's annual designated contribution to an eligible newly hired employee's account will be prorated to the month of hire. (E.g., if an eligible employee were hired on June 16, he/she would receive 7/12ths of the Township's designated annual contribution.)
3. The Township will contribute \$1300 to an employee's Flexible Savings Account. This is only applicable to full time employees who opt out of the Township's Plan. The Township's annual designated contribution to an eligible newly hired employee's account will be prorated to the month of hire. (E.g., if an eligible employee were hired on June 16, he/she would receive 7/12ths of the Township's designated annual contribution.)
4. For those employees who have health insurance available through their spouse, the Township will pay \$4,062 per year, either in taxable payments to the employee biweekly, or pre-tax bi-weekly payments in the employees Flexible Spending Account.

ATTACHMENT B

9
5

Plainfield Charter Township Priority Health Renewal and Options 2015

	Current	Renewal	Current	Renewal
Deductible	H.S.A.	H.S.A.	H.S.A.	H.S.A.
Individual	\$1,250.00	\$1,250.00	\$2,000.00	\$2,000.00
Family	\$2,500.00	\$2,500.00	\$4,000.00	\$4,000.00
Coinsurance	0%	0%	0%	0%
Preventive Care	100%	100%	100%	100%
Out of pocket Copay max	\$2000/4000	\$2000/4000	\$4000/8000	\$4000/8000
Office Visit Copay	100% after deduct	100% after deduct	100% after deduct	100% after deduct
Chiro When Referred	100% after deduct	100% after deduct	100% after deduct	100% after deduct
DME & PO	80% after deduct	80% after deduct	50% after deduct	50% after deduct
Emergency Room Copay (waived if admitted)	100% after deduct	100% after deduct	100% after deduct	100% after deduct
Advanced Radiology	100% after deduct	100% after deduct	100% after deduct	100% after deduct
Ambulance	100% after deduct	100% after deduct	100% after deduct	100% after deduct
Prescription Drugs				
Generic	\$10	\$10	\$10	\$10
Brand Name	\$40	\$40	\$40/80	\$40/80
Mail Order	1 for 3	1 for 3	2 for 3	2 for 3
Single	\$531.72	\$540.38	\$466.40	\$473.48
2-Person	\$1,169.78	\$1,188.84	\$1,026.08	\$1,041.66
Family	\$1,542.04	\$1,567.16	\$1,352.61	\$1,373.14
Student	Included	Included	Included	Included
Monthly	\$21,162.96	\$21,507.72	\$35,447.20	\$35,985.30
Yearly	\$253,955.52	\$258,092.64	\$425,366.40	\$431,823.60
Taxes		1.62%		1.50%

Rate Exhibit



Employer Group: PLAINFIELD CHARTER TOWNSHIP

Quote No: 12018

Agent Name: DEAN MYERS

Effective Date: 01/01/2015

Group No: 783923

Commission: PEPM

Rating Segment: ACTIVE - HSA

Agent/Authorized Employer Representative: _____ Date: _____

Priority Health Account Representative: _____ Date: _____

Notes:

- 1. Final premium rates will vary slightly due to rounding.
- 2. Rates and benefits may be pending and subject to approval by the Michigan Department of Insurance and Financial Services.
- 3. All released quotes are based on enrollment provided by the group or agent (proposals) or extracted from the Priority Health system (renewals). Re-rating may be required if actual enrollment as of the effective date differs by 10% or more.

Other restrictions apply. Please contact your Priority Health Sales Representative for plan design approval and actual rates prior to finalizing the proposal or renewal. Priority Health is not liable for agent or employer group errors.

Please note rates, fees, and/or claims projections do not include "Michigan claims tax", PPACA fees and assessments, or similar fees or taxes that may be imposed by the Federal Government or the State of Michigan. Rates and fees will be adjusted as necessary to incorporate such assessments or taxes and will be communicated to you as soon as they are known.

Rate Exhibit



Employer Group: PLAINFIELD CHARTER TOWNSHIP
 Plan: HSA HMO MIN Renewal (COPY)
 Effective Date: 01/01/2015
 Rating Segment: ACTIVE - HSA

Quote No: 12018
 Agent Name: DEAN MYERS
 Commission: PEPM
 Group No: 783923

Product [NonGrandfathered HCR]	HMO HSA	Riders
Copay Type	Standard	DME/P&O Coins: 80%
Hospital Coinsurance		Early Retiree Coverage
In Network	100%	Surviving Spouse Coverage: Spouse & Dependents
Out of Network	0%	Rx Mail Order: 1.0 times
Deductible		Rx includes Contraceptives
Individual - In Network	\$1,250	
Family - In Network	\$2,500	
Individual - Out of Network	\$0	
Family - Out of Network	\$0	
Total Cost Sharing Out of Pocket Annual Limit		
Individual - In Network	\$2,000	
Family - In Network	\$4,000	
Individual - Out of Network	\$0	
Family - Out of Network	\$0	

The following services are subject to the deductible and coinsurance.

- Office Visit (PCP) Copay
- Specialist Copay
- Urgent Care Copay
- Emergency Room Copay
- Ambulance Copay
- High Tech Imaging Copay

Rx Deductible (Individual/Family): The Prescription Drugs are subject to the medical deductible prior to applicable copay.

	Copay	Coinsurance	Max
Rx Generic	\$10	100%	\$10
Rx Preferred Brand	\$40	100%	\$40
Rx Non-preferred Brand	\$40	100%	\$40
Rx Preferred Specialty	\$40	100%	\$40
Rx Non-preferred Specialty	\$40	100%	\$40

	Single	Double	Family
Premium	\$540.38	\$1,188.84	\$1,567.16
Participants	2	4	10

Summary	Participants	16
	Monthly Cost	\$21,507.72
	Annual Cost	\$258,092.64
	PEPM	\$1,344.23

This benefit plan includes federally mandated benefits for the following: \$0 copay preventive care and women's preventive care services.

Rate Exhibit

Employer Group: PLAINFIELD CHARTER TOWNSHIP

Quote No: 12018

Plan: HSA HMO MID Renewal (COPY)

Agent Name: DEAN MYERS

Effective Date: 01/01/2015

Group No: 783923

Commission: PEPM

Rating Segment: ACTIVE - HSA

Product	[NonGrandfathered HCR]	HMO HSA	Riders
Copay Type		Standard	DME/P&O Coins: 50%
Hospital Coinsurance			Early Retiree Coverage
In Network		100%	Surviving Spouse Coverage: Spouse & Dependents
Out of Network		0%	Rx Mail Order: 2.0 times
Deductible			Rx includes Contraceptives
Individual - In Network		\$2,000	
Family - In Network		\$4,000	
Individual - Out of Network		\$0	
Family - Out of Network		\$0	
Total Cost Sharing Out of Pocket Annual Limit			
Individual - In Network		\$4,000	
Family - In Network		\$8,000	
Individual - Out of Network		\$0	
Family - Out of Network		\$0	

The following services are subject to the deductible and coinsurance.

- Office Visit (PCP) Copay
- Specialist Copay
- Urgent Care Copay
- Emergency Room Copay
- Ambulance Copay
- High Tech Imaging Copay

Rx Deductible (Individual/Family): The Prescription Drugs are subject to the medical deductible prior to applicable copay.

	Copay	Coinsurance	Max
Rx Generic	\$10	100%	\$10
Rx Preferred Brand	\$40	100%	\$40
Rx Non-preferred Brand	\$80	100%	\$80
Rx Preferred Specialty	\$40	100%	\$40
Rx Non-preferred Specialty	\$80	100%	\$80

	Single	Double	Family
Premium	\$473.48	\$1,041.66	\$1,373.14
Participants	1	13	16

Summary	Participants	30
	Monthly Cost	\$35,985.30
	Annual Cost	\$431,823.60
	PEPM	\$1,199.51

This benefit plan includes federally mandated benefits for the following: \$0 copay preventive care and women's preventive care services.

Rate Exhibit



Employer Group: PLAINFIELD CHARTER TOWNSHIP

Quote No: 13691

Agent Name: DEAN MYERS

Effective Date: 01/01/2015

Group No: 783923

Commission: PEPM

Rating Segment: ACTIVE - HSA

Agent/Authorized Employer Representative: _____ Date: _____

Priority Health Account Representative: _____ Date: _____

Notes:

- 1. Final premium rates will vary slightly due to rounding.
- 2. Rates and benefits may be pending and subject to approval by the Michigan Department of Insurance and Financial Services.
- 3. All released quotes are based on enrollment provided by the group or agent (proposals) or extracted from the Priority Health system (renewals). Re-rating may be required if actual enrollment as of the effective date differs by 10% or more.

Other restrictions apply. Please contact your Priority Health Sales Representative for plan design approval and actual rates prior to finalizing the proposal or renewal. Priority Health is not liable for agent or employer group errors.

Please note rates, fees, and/or claims projections do not include "Michigan claims tax", PPACA fees and assessments, or similar fees or taxes that may be imposed by the Federal Government or the State of Michigan. Rates and fees will be adjusted as necessary to incorporate such assessments or taxes and will be communicated to you as soon as they are known.

Rate Exhibit



Employer Group: PLAINFIELD CHARTER TOWNSHIP
 Plan: HMO HSA 80 M1
 Effective Date: 01/01/2015
 Rating Segment: ACTIVE - HSA

Quote No: 13691
 Agent Name: DEAN MYERS
 Commission: PEPM
 Group No: 783923

Product [NonGrandfathered HCR]	HMO HSA	Riders
Copay Type	Standard	DME/P&O Coins: 50%
Hospital Coinsurance		Early Retiree Coverage
In Network	80%	Surviving Spouse Coverage: Spouse & Dependents
Out of Network	0%	Rx Mail Order: 2.0 times
Deductible		Rx includes Contraceptives
Individual - In Network	\$1,250	
Family - In Network	\$2,500	
Individual - Out of Network	\$0	
Family - Out of Network	\$0	
Total Cost Sharing Out of Pocket Annual Limit		
Individual - In Network	\$2,000	
Family - In Network	\$4,000	
Individual - Out of Network	\$0	
Family - Out of Network	\$0	

The following services are subject to the deductible and coinsurance.

- Office Visit (PCP) Copay
- Specialist Copay
- Urgent Care Copay
- Emergency Room Copay
- Ambulance Copay
- High Tech Imaging Copay

Rx Deductible (Individual/Family): The Prescription Drugs are subject to the medical deductible prior to applicable copay.

	Copay	Coinsurance	Max
Rx Generic	\$10	100%	\$10
Rx Preferred Brand	\$40	100%	\$40
Rx Non-preferred Brand	\$80	100%	\$80
Rx Preferred Specialty	\$40	100%	\$40
Rx Non-preferred Specialty	\$80	100%	\$80

	Single	Double	Family
Premium	\$467.66	\$1,028.85	\$1,356.26
Participants	2	4	10

Summary	Participants	16
	Monthly Cost	\$18,613.32
	Annual Cost	\$223,359.84
	PEPM	\$1,163.33

This benefit plan includes federally mandated benefits for the following: \$0 copay preventive care and women's preventive care services.

Rate Exhibit



Employer Group: PLAINFIELD CHARTER TOWNSHIP
 Plan: HMO HSA 100 M3
 Effective Date: 01/01/2015
 Rating Segment: ACTIVE - HSA

Quote No: 13691
 Agent Name: DEAN MYERS
 Commission: PEPM
 Group No: 783923

Product [NonGrandfathered HCR]	HMO HSA	Riders
Copay Type	Standard	DME/P&O Coins: 50%
Hospital Coinsurance		Early Retiree Coverage
In Network	100%	Surviving Spouse Coverage: Spouse & Dependents
Out of Network	0%	Rx Mail Order: 2.0 times
Deductible		Rx includes Contraceptives
Individual - In Network	\$3,000	
Family - In Network	\$6,000	
Individual - Out of Network	\$0	
Family - Out of Network	\$0	
Total Cost Sharing Out of Pocket Annual Limit		
Individual - In Network	\$5,000	
Family - In Network	\$10,000	
Individual - Out of Network	\$0	
Family - Out of Network	\$0	

The following services are subject to the deductible and coinsurance.

- Office Visit (PCP) Copay
- Specialist Copay
- Urgent Care Copay
- Emergency Room Copay
- Ambulance Copay
- High Tech Imaging Copay

Rx Deductible (Individual/Family): The Prescription Drugs are subject to the medical deductible prior to applicable copay.

	Copay	Coinsurance	Max
Rx Generic	\$10	100%	\$10
Rx Preferred Brand	\$40	100%	\$40
Rx Non-preferred Brand	\$80	100%	\$80
Rx Preferred Specialty	\$40	100%	\$40
Rx Non-preferred Specialty	\$80	100%	\$80

	Single	Double	Family
Premium	\$419.81	\$923.58	\$1,217.49
Participants	1	13	16

Summary	Participants	30
	Monthly Cost	\$31,906.19
	Annual Cost	\$382,874.28
	PEPM	\$1,063.54

This benefit plan includes federally mandated benefits for the following: \$0 copay preventive care and women's preventive care services.

ATTACHMENT C

9
C

Plainfield Retiree 2015 Benistar

		Benistar - The Hartford	renewal
		2014	2015
Deductible	Individual	\$300.00	\$300.00
		Part B	Part B
		0	0
Coinsurance		100%	100%
Preventive Care			
Office Visit Copay		0 after deductible	0 after deductible
Chiro When Referred		0 after deductible	0 after deductible
DME & PO		0 after deductible	0 after deductible
Emergency Room Copay		0 after deductible	0 after deductible
(waived if admitted)			
Advanced Radiology		0 after deductible	0 after deductible
Ambulance		0 after deductible	0 after deductible
Prescription Drugs			
	Generic	\$10	\$10
	Brand Name	\$20	\$20
	Non Pref	\$35	\$35
Single Comp		\$391.70	\$399.93
2-Person Comp		\$783.40	\$799.86



September 29, 2014

Roy Farrell
Employee Benefit Services
489 Seminole Road
Muskegon, MI 49444

RE: Plainfield Charter Township
Retiree Medical Plan – BENISTAR Employer Services Trust – The Hartford
Retiree Prescription Drug Program – Express Scripts

Dear Roy:

Please be advised that there will be a combined 2.10% rate increase for the Retiree Medical Plan and the Express Scripts Group Medicare Part D PDP Program. The rate increase is effective January 1, 2015. You will find the renewal rates below:

Retiree Medical Plan	\$171.65
Group Medicare Part D Plan	\$228.28
Combined Total	\$399.93

This plan will automatically renew unless you notify Benistar of the group's plans to change plan design or terminate coverage. If your group does intend to term coverage, please let us know no later than October 15th. If your group would like to change plan designs, changes must be submitted to Express Scripts no later than October 15th. Given the timeframe, it may be possible to get approval for an extension of the deadline.

Roy, we would be more than happy to discuss this renewal with you in greater detail. You can contact me at 847-304-9500 ext. 210.

Sincerely,

Patrick Ritter

Patrick Ritter
Case Manager



09/03/2014

Dear Plainfield Charter Township,

Express Scripts Insurance Company, Medco Containment Life Insurance Company, and Medco Containment Insurance Company of New York (hereinafter referred to as "Express Scripts Medicare") is pleased to continue offering the Medicare Part D Employer Group Waiver Plan (EGWP) for 2015 as described below.

Please review the below information and reach out to Benistar to review any further plan design changes by **10/15/2014** otherwise your benefit will renew at the below specifications effective January 1, 2015.

Plan Design

	Retail Pharmacy Network		Retail Maintenance Drug Program (MDP) Pharmacy	Express Scripts Home Delivery	
Day Supply	Up to 31 day supply		Up to 90 day	1-31 Day Supply (Mirrors Retail Cost Share) 32-90 Day Supply (Home Delivery Cost Share)	
Member Co-Pay	\$10 \$20 \$35 \$35	Generic Preferred Brand Non-Preferred Brand Specialty	1 Retail copay per 31 day supply	\$20 \$40 \$70 \$70	Generic Preferred Brand Non-Preferred Brand Specialty
Deductible	\$0				
Initial Coverage Limit (ICL)	\$2,960				
Coverage Gap	No Coverage Gap; Member Co-pays above apply.				
Member True Out of Pocket (TrOOP)	\$4,700				
Catastrophic Coverage	For 2015 member cost share post-TrOOP is the greater of 5% or \$2.65 for generic or preferred multi-source drugs and the greater of 5% or \$6.60 for all other brands with a maximum of the initial copay.				
Formulary	Medicare National Preferred				
Non-part D Drugs¹	Covered excluding lifestyle drugs, has been added to your existing plan design.				
Part B Drugs¹	Not Covered				
Utilization Management Programs	All Approved Standard Part D				

Please note that most specialty medications can only dispensed up to a 31 day supply to Medicare members.

2014 Current BPL: 76011
Date: 09/03/2014

¹Some states require coverage for certain Non Part D and Part B drugs. Express Scripts will comply with all state requirem

This group Medicare Part D plan has additional benefits to enhance the Medicare Part D coverage, as required by the Centers for Medicare and Medicaid Services (CMS). Per CMS regulations, the benefit enhancements are considered other health benefits and require filing with and approval by the state department of insurance. Express Scripts Medicare will offer this product in conjunction with Companion Life Insurance Company. The total premium amount consists of two distinct components as outlined below.

Employer Group Waiver Plan Premium - offered by Benistar and Express Scripts Medicare through its contracts with the Centers for Medicare and Medicaid Services.	\$115.19
Additional Enhanced Insurance Premium - offered above and beyond the CMS defined standard benefit.	\$113.09
Total Premium Per Member Per Month (PMPM)	\$228.28

If you choose to not renew your EGWP benefit for the 2015 plan year or wish to consider changes, you must notify Benistar of your intentions to change or to terminate in accordance with the timeframe required within the Express Scripts agreement.

If you have any questions, please contact Benistar at 888-497-9500.

Sincerely,

Benistar
100 Illinois Street, Suite 260
St. Charles, IL 60174
630-443-8300

AGP-3890



**GROUP RETIREE INSURANCE PLAN (GRIP)
THROUGH BENISTAR EMPLOYER SERVICES TRUST (BEST)**

SPONSORED BY: *PLAINFIELD CHARTER TOWNSHIP*

SUMMARY OF COVERAGE¹

UNDERWRITTEN BY: HARTFORD LIFE & ACCIDENT INSURANCE COMPANY

Calendar Year Deductible: \$300⁽³⁾

PART A SERVICES

SERVICES	MEDICARE PAYS	PLAN 7 PAYS	YOU PAY
HOSPITALIZATION ⁽²⁾ Semi-private room and board, general nursing, and miscellaneous services and supplies:			
First 60 days	All but \$1,216	\$1,216	\$0
61 st through 90 th day	All but \$304 per day	\$304 per day	\$0
91 st through 150 th day • (60 day Lifetime Reserve Period)	All but \$608 per day	\$608 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 ⁽²⁾ Semi-private room and board, skilled nursing and rehabilitative services and other services and supplies. You must meet Medicare's requirements 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 \$152.00 per day	Up to \$152.00 per day	\$0

GROUP RETIREE INSURANCE PLAN – SUMMARY OF COVERAGE

SERVICES	MEDICARE PAYS	PLAN 7 PAYS	YOU PAY
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
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

PART B SERVICES

SERVICES	MEDICARE PAYS	PLAN 7 PAYS	YOU PAY ⁽³⁾
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	\$0	\$147
First \$147 of Medicare-approved amounts.			
Remainder of Medicare-approved amounts.	80%	After the \$300 calendar year deductible has been met, the plan pays 100% of the remaining 20%	After \$300 deductible is met you pay \$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
PREVENTIVE MEDICAL CARE & CANCER SCREENINGS⁽⁴⁾ 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

SERVICES	MEDICARE PAYS	PLAN 7 PAYS	YOU PAY
FOREIGN TRAVEL EMERGENCY⁵ Medically necessary emergency care services.			
Emergency services needed due to Injury or Sickness of sudden and unexpected onset while traveling outside the United States.	\$0	80% after \$250 ⁽⁵⁾ Deductible (to a lifetime maximum of \$50,000).	\$250⁽⁵⁾ Deductible and then 20% of expenses incurred (to a lifetime maximum of \$50,000, 100% thereafter).

¹ Coverage amounts valid from January 1, 2014 to December 31, 2014.

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 The \$300 Calendar Year Deductible applies to Medicare Part B Services, and must be met before the Plan will pay.

⁴ If any of the cancer screening tests are not covered by Medicare, the plan will pay the usual and customary charges incurred.

⁵ The \$250 Foreign Travel Deductible is a separate deductible, and does not apply towards the \$300 Calendar Year Deductible.

The summary of program benefits described herein is for illustrative purposes only. In case of differences or errors, the Group Policy governs.

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.

FORM GBD-1560 (1/13) ©2009 The Hartford, Hartford, CT 06115