

POST-65 GROUP RETIREE SOLUTIONS



Long Beach City College

2023 RETIREE BENEFIT INFORMATION

2023 Group Retiree Benefits

Effective: *January 1, 2023*

Third Party Administrator (TPA)



Medical

Medicare Supplement Plan through the Hartford

Prescription Plan

Medicare Part D Prescription Drug Plan through Express Scripts

Benistar Retiree Administration

Benistar is specifically focused on the administration of retiree medical and prescription drug plans. Benistar has the expertise to administer these plans as a totally integrated and seamless solution for eligible retirees.

- Benistar Retiree Customer Service Center. **Toll Free** call center access with **live representatives**.
- **Same Day Resolution** with **no timed calls**.
- Boutique administrator: **one stop shop** for all lines of coverage (Med/RX)
- Customer Service team members are fully trained in **Medicare products, senior issues** and **up to date regulations**.
- Benistar Representatives can **assist with all questions** posed by the retiree (i.e. copayments, covered drugs, participating pharmacy and providers, enrollment, billing, etc.).
- Assists with ordering and reordering **membership materials** (ID Cards, certificates, communications, etc.).

Benistar Retiree Administration

➤ Eligibility



➤ Retiree Customer Service

➤ Billing – Invoicing and Payments

What is a Medicare Supplement Plan?

- Medicare Supplement Plans are Benefit Plans that help pay some of the health care costs that Original Medicare doesn't cover. Such as cost-sharing gaps within Medicare Parts A and B (copayments, coinsurance and deductibles).
- A Medicare Supplement plan pays after Medicare pays their portion. Medicare is Primary and the Supplement Plan is Secondary. Typically, Medicare pays 80% and the plan pays 20%.
- No Networks: Plan offers the freedom to choose any doctor, specialist, facility and hospital that accepts Medicare Assignment
- Full Guarantee Issue – No medical questions
- Portable Coverage – Nationwide coverage is available in all 50 states

2023 Group Retiree Benefits - Eligibility

- Retiree/Spouse must be age **65** or older
- Must be enrolled in **Medicare Part A** and **Medicare Part B**
- Medical and Prescription Coverage are a **Combined Benefit**



2023 Group Retiree Benefits

Medical

PART A SERVICES

SERVICES	MEDICARE PAYS ⁽¹⁾	PLAN PAYS ⁽¹⁾	YOU PAY
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	\$0
61 st through 90 th day	All but 25% of Medicare Part A Deductible per day	100% of Medicare Part A Coinsurance	\$0
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	\$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

2023 Group Retiree Benefits

Medical

PART A SERVICES

SKILLED NURSING FACILITY 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
21 st through 100 th day	All but 12.5% of Medicare Part A Deductible per day	Up to 100% of Medicare SNF Coinsurance	\$0
101 st through 365 day	\$0	\$0	All other charges

2023 Group Retiree Benefits

Medical

PART A SERVICES

SERVICES	MEDICARE PAYS ⁽¹⁾	PLAN PAYS ⁽¹⁾	YOU PAY
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 – Hospital Confinement and Out-Patient Medical Expenses			
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

2023 Group Retiree Benefits - Medical

PART B SERVICES

SERVICES	MEDICARE PAYS ⁽¹⁾	PLAN PAYS ⁽¹⁾	YOU PAY
OUT-PATIENT MEDICAL EXPENSES			
The Policy may cover the following Medicare Part B Benefits:			
<ul style="list-style-type: none"> • <i>Physician Services Benefit</i> • <i>Specialist Services Benefit</i> • <i>Outpatient Hospital Services and Ambulatory Surgical Care Benefit</i> • <i>Outpatient Diagnostic and Radiology Services Benefit</i> • <i>Outpatient Mental Health and Substance Abuse Services Benefit</i> • <i>Outpatient Rehabilitative and Cardiac Rehabilitative Services Benefit</i> • <i>Emergency Care Benefit</i> • <i>Urgent Care Benefit</i> • <i>Ambulance Services Benefit</i> • <i>Durable Medical Equipment and Prosthetics Benefit</i> 			
<i>All Medicare Part B Benefits are based on per vist, except Ambulance Services Benefit, 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 Medicare Part B Deductible	\$0
Remainder of Medicare-approved amounts	80%	100% of the remaining Medicare Part B Coinsurance	\$0

2023 Group Retiree Benefits - Medical

SERVICES	MEDICARE PAYS ⁽¹⁾	PLAN PAYS ⁽¹⁾	YOU PAY
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
Preventive Care Cancer Screening Benefits ⁽³⁾	Generally 100% for most preventive screenings. Some screenings subject to the Medicare Part B Deductible and Coinsurance	100% of remaining covered expenses Incurred not covered by Medicare	\$0

2023 Group Retiree Benefits

Medical

PART B SERVICES

SERVICES	MEDICARE PAYS ⁽¹⁾	PLAN PAYS ⁽¹⁾	YOU PAY
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
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, then 100% thereafter)

What is a Medicare Part D Plan?

- Prescription Part D Plan - Also known as a **PDP Plan** and an **Employer Group Waiver Plan (EGWP)**.
- The Plan is a **Credible Prescription Drug Plan** which means it meets or exceeds the Centers for Medicare and Medicaid Services (CMS) Standard Medicare Part D Prescription Drug plan. You do not need to sign up for another Part D Plan.
- The Plan follows the **guidelines of the Centers for Medicare and Medicaid Services (CMS)**. Medicare/CMS approves your enrollment and coverage into a Part D Plan.
- All Part D Plans follow **four (4) stages**: Deductible Stage, Initial Coverage Stage, Coverage Gap Stage, and Catastrophic Stage.

Medicare Part D Prescription Plan Highlights

- Deductible Stage: Deductible is \$0
- **4-Tier** Prescription Drug Formulary
- **Full Coverage** in the Coverage Gap Stage (*also known as the Donut Hole*). You will continue to pay the same copayments as in the *Initial Coverage Stage*
- Retail 90 Day Supply **Cost Savings** – *Preferred Pharmacy*
- Large Provider **Pharmacy Network**
- **Mail Order Service** with Worry Free Refill Program



Medicare Part D Prescription Plan - Stages

Stage 1

Costs

Plan Benefit

Annual Deductible Amount

Medicare Part D has a yearly deductible

YOU PAY: \$0
The plan does not have a deductible

Medicare Part D Prescription Plan - Stages

Stage 2

Costs

Plan Benefit

Initial Coverage
Limit

Up to \$4,660
in total drug
costs.

YOU PAY: Applicable copay
for each covered drug.

PLAN PAYS: The remainder of
the costs for each covered
drug.

Medicare Part D Prescription Plan - Stages

Stage 3

Coverage Gap

Costs

After you reach \$4,660 in total drug costs, up to \$7,400 in True Out-of-Pocket costs.

Plan Benefit

YOU PAY: Your copays remain the same as they were in your Initial Coverage Limit.

Medicare Part D Prescription Plan - Stages

Stage 4

Catastrophic Coverage

Costs

After the \$7,400 in True Out-of-Pocket costs, no limit.

Plan Benefit

YOU PAY: A small copay or coinsurance for each covered drug, with a maximum copay of Initial Coverage Limit member cost share.

PLAN PAYS: The rest of the costs for each covered drug until the end of the year. There is no limit.

Medicare Part D Prescription Plan

Deductible stage	You do not pay a yearly deductible				
Initial Coverage stage	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$4,660:				
	Tier	Retail One Month (31-day) Supply	Retail Two Month (32-60-day) Supply	Retail Three Month (90-day) Supply	Home Delivery Three Month (90-day) Supply
	Tier 1: Generic Drug	\$0 Copayment	\$0 Copayment	\$0 Copayment	\$0 Copayment

Medicare Part D Prescription Plan

Initial Coverage stage	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$4,660:				
	Tier	Retail One Month (31-day) Supply	Retail Two Month (32-60-day) Supply	Retail Three Month (90-day) Supply	Home Delivery Three Month (90-day) Supply
	Tier 2: Preferred Brand Drugs	\$15 Copayment	\$30 Copayment	Preferred cost-sharing \$30 Copayment Standard cost-sharing \$45 Copayment	\$30 Copayment
Tier 3: Non-Preferred Drugs	\$30 Copayment	\$60 Copayment	Preferred cost-sharing \$60 Copayment Standard cost-sharing \$90 Copayment	\$60 Copayment	

Medicare Part D Prescription Plan

Initial Coverage stage	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$4,660:				
	Tier	Retail One Month (31-day) Supply	Retail Two Month (32-60-day) Supply	Retail Three Month (90-day) Supply	Home Delivery Three Month (90-day) Supply
	Tier 4: Specialty Tier Drugs	\$30 Copayment	\$60 Copayment	Preferred cost-sharing \$60 Copayment Standard cost-sharing \$90 Copayment	\$60 Copayment
<p>If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily cost-sharing rate based on the actual number of days of the drug that you receive.</p> <p>*Your cost-sharing amount may differ from the information shown in this chart if you use a home delivery pharmacy other than Express Scripts Pharmacy. Other pharmacies are available in our network.</p> <p>You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through the Express Scripts PharmacySM. There is no charge for standard shipping. Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply.</p> <p>If you have any questions about this coverage, please contact the Retiree Customer Service Center at 1.800.236.4782 Monday through Friday, 8:30 a.m. through 5:30 p.m., Eastern Time. TTY users should call 711.</p>					

Medicare Part D Prescription Plan

Coverage Gap stage	After your total yearly drug costs reach \$4,660, you will continue to pay the same cost-sharing amount as in the Initial Coverage stage, until you qualify for the Catastrophic Coverage stage.
Catastrophic Coverage stage	After your yearly out-of-pocket drug costs reach \$7,400, you will pay the greater of 5% coinsurance or: <ul style="list-style-type: none">• a \$4.15 copayment for covered generic drugs (including drugs treated as generics), with a maximum not to exceed the standard cost-sharing amount during the Initial Coverage stage.• a \$10.35 copayment for all other covered drugs, with a maximum not to exceed the standard cost-sharing amount during the Initial Coverage stage.

Medicare Part D Prescription Plan

Retail Pharmacy

- One (1) copayment per 31 day supply
- Two (2) copayment per 32-60 day supply
- Two (2) copayment per 90 day supply – *Preferred Pharmacy*
- Three (3) copayment per 90 day – *Standard Pharmacy*

Express Scripts Mail Order

- Convenient Home Delivery
- 90 Day Supply
- Worry Free Refill Program
- Prescriptions orders can be done by mail, phone or fax
- Online access and mobile application



Medicare Part D Prescription Network

- Smart 90 gives you an option to go to a preferred pharmacy, such as CVS, Costco, Meijer and Target and receive your 90 day maintenance medications at the same cost as mail order.
- 2 networks:
 - Standard = All of Express Scripts 68,000 country wide pharmacies, 90 day scripts @ 3x 30 day co-pay (the way it has always been)
 - Preferred = Smaller network of pharmacies such as CVS, Costco, Meijer and Target; which will allow you to purchase your 90 day scripts @ 2x 30 day co-pay. Essentially buy 2 get 1 FREE.

Medicare Part D Prescription Network

Voluntary Smart90 Medicare Preferred 90 Day Pharmacies



- Albertsons
- Avella Of Deer Valley Inc
- Balls Four B Corp
- Bartell Drug Company
- Bi-lo Holdings Llc
- Cardinal Health
- Carr-gottstein Foods Company
- Coborn's Inc.
- Costco Wholesale, Inc
- Cvs Procure Pharmacy
- Diplomat Specialty Pharmacy
- Discount Drug Mart
- Epic Pharmacy Network
- Fred's, Inc.
- H-e-b Lp
- Ingles Markets
- Kph Healthcare Services
- Longs Drug Store
- Medicine Shoppe
- Meijer Pharmacy
- Receivables
- Price Chopper Pharmacy
- Publix Super Markets, Inc
- Raley's
- Recept Pharmacy Lp
- Ritzman Pharmacies Inc
- Safeway, Inc.
- Save Mart Supermarkets
- Shopko Stores Operating Co Llc
- Strategic Health Alliance
- Supervalu Pharmacies, Inc.
- Target
- Third Party Station-cp
- Wakefern Food Corporation
- Weis Markets Inc

Medicare Part D Prescription Plan

Medicare Part B - Vaccines

Hepatitis B vaccine for patients at high or intermediate risk (*liver infection treatment shot*)

Influenza virus vaccine (*flu shot*)

SARS-CoV-2 vaccine (*COVID-19 vaccine*)

Pneumococcal pneumonia vaccine (*pneumonia shot*)



Medicare Part D Prescription Plan

Medicare Part D - Vaccines

Shingles vaccine

Human papillomavirus (*HPV*)

Diphtheria and Tetanus

Measles, mumps, rubella (*MMR*)

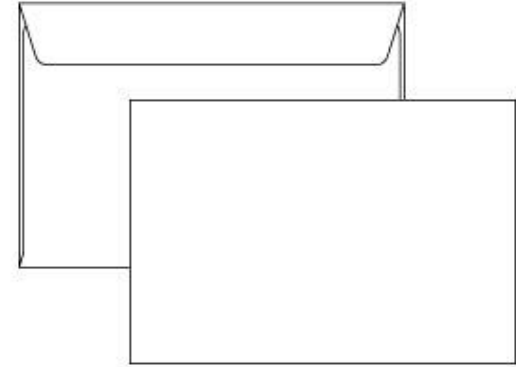
Pertussis (*whooping cough*)



Medicare Part D Prescription Plan Retiree Communications

Medical: Hartford Welcome Kit

Welcome Letter
Benefit Summary
Certificate of Coverage
Medical ID card



Prescription: Express Scripts Welcome Kit

Benefit Summary
Evidence of Coverage
Mail-Order Form
Rx ID Card

Medical and Prescription Identification Cards

Hartford Medical ID Card



Hartford Life & Accident Insurance Company
Issuer ID (80840)

Covered Person: FIRST NAME MI LAST NAME
Member ID: Insured Person's MBI
Group Name: POLICY HOLDER
Group Policy Number: POLICY NUMBER

For Eligibility / Premium Inquiries, contact:
(866) 627-4368

For Claim Inquiries / Verification of coverage, contact:
(866) 810-9452

Please send written correspondence to:

Mercer Health & Benefits Administration LLC

Attn: Claims

PO Box 10432

Des Moines, IA 50306-0432

Important: For ease of claim processing, please present this card when seeking covered medical care. This card is for identification purposes only and is not a guarantee of coverage.

Printed in U.S.A.

Express Scripts Prescription ID Card



EXPRESS SCRIPTS[®]
Medicare (PDP)

Prescription ID Card

RxBIN 610014
RxPCN MEDDPRIME
RxGrp BXMA
Issuer (80840) 9151014609
ID No. EE000368121
Name Issued

MedicareRx
Prescription Drug Coverage
CMS-S5660-801

BENISTAR Retiree Customer Service: 1.800.236.4782

Patient Customer Service: 1.888.345.2560

TDD: 1.800.716.3231

Pharmacist Use Only: 1.800.922.1557

SUBMIT PHARMACY CLAIMS TO:

Express Scripts
ATTN: Medicare Part D
P.O. Box 14716
Lexington, KY 40512-4716

Frequently Asked Questions (FAQ)



Q: May I keep my same providers and doctors?

A: Yes, you may see any provider, specialist, facility or hospital that accepts **Medicare**.

Q: What if my doctor doesn't take The Hartford?

A: Your plan is a Group Medicare Supplemental Plan. Ask your doctor if they accept Medicare, not the Hartford. Medicare will pay primary, the Hartford pays secondary. Give your provider your Medicare ID Card and your Supplemental Medical Hartford ID Card.

Q: How are my medical claims processed?

A: The medical claims are electronically processed and there is no paperwork. Your provider will submit the claims to Medicare, once Medicare pays their portion, the claim will electronically transfer to the Hartford claims payer to process the plans payment portion of the claim.

Frequently Asked Questions (FAQ)



Q: Do I need a new prescription from my doctor?

A: If you have refills at the retail pharmacy, you will not need a new prescription from your doctor. Provide the pharmacy with your new insurance ID Card from Express Scripts. You will need a new prescription for your mail order prescriptions. You will need to complete a mail order form and mail it with your prescription to Express Scripts.

Q: Can I still go to the same pharmacy I've been getting my current medication from?

A: Yes. Express Scripts pharmacy network includes all major pharmacies including Walgreens, CVS, Rite Aid, Walgreens, Target, Costco etc., as well as local pharmacies. There are over 68,000 pharmacies nationwide.

Q: What if I lose my ID cards?

A: Call Benistar Retiree Customer Service Center at 1-800-236-4782 (1-800-BENISTAR), a Customer Service Representative will order new Identification Cards for you.

Servicing the Need of Retirees

- Ongoing Support for Medical and Rx Plans
- 800# Benistar Retiree Customer Service Center
- Retiree Resources and Advocacy



**Benistar Administrative Services
Retiree Customer Service Center
Monday through Thursday 8:30 am to 5:30 pm
Friday 8:30 am – 5:00 pm (EST)
1-800-236-4782 (1-800-**BENISTAR**)**