



## Group Retiree Health Insurance Enrollment Form

**Hartford Life & Accident Insurance Company**

**Policy Numbers:**

Policyholder: **TRUSTEES OF BENISTAR EMPLOYER SERVICES TRUST**

Participating Firm: Los **Rios Community College District**

Please print clearly in ink or type

Retiree's Name: \_\_\_\_\_  
First Middle Last

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Medicare/HIC # \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Gender ☐ Male ☐ Female Date of Birth \_\_\_\_\_

Date of Retirement \_\_\_\_\_ Have you enrolled in Medicare Part B? ☐ Yes ☐ No

If no, when do you intend to enroll? \_\_\_\_\_

Dependent Spouse's Name (Only if enrolling): \_\_\_\_\_  
First Middle Last

Gender ☐ Male ☐ Female Date of Birth \_\_\_\_\_

Medicare # \_\_\_\_\_ Date of Retirement \_\_\_\_\_

Has your dependent spouse enrolled in Medicare Part B? ☐ Yes ☐ No

If no, when does he/she intend to enroll? \_\_\_\_\_

To the best of your knowledge:

1. Do you or your dependent spouse, if enrolling, have any other health insurance including an employer health plan? **Retiree** ☐ Yes ☐ No **Dependent Spouse** ☐ Yes ☐ No  
If so, with which company? What kind of policy? \_\_\_\_\_

Covered Person	Company Name	Policy Number	Kind of Policy	Effective Date	Expiration Date

2. If the answer to question 1 is yes, do you or your spouse, intend to replace these medical or health policies with this policy or certificate? **Retiree** ☐ Yes ☐ No **Dependent Spouse** ☐ Yes ☐ No  
If yes, for what reason are you (or your dependent spouse, child or parent, if enrolling) replacing the coverage?

- ☐ Additional Benefits ☐ No change in benefits, but lower premiums  
☐ Fewer benefits and lower premiums ☐ Other (please specify)  
☐ Integration with Medicare

3. Are you covered by Medicaid?

**Retiree** ☐ Yes ☐ No **Dependent Spouse** ☐ Yes ☐ No

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Complete this form answering all questions. Please be sure to date and sign the form and return to:

BENISTAR Admin Services, Inc.  
10 Tower Lane, Suite 100  
Avon, CT 06001  
(860) 408-7000

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I (we) understand and agree that any pre-existing conditions (conditions for which medical advice or treatment has been received or recommended in the past six months) will not be covered until six consecutive months after the effective date of coverage. I (we) understand that if I (we) plan on replacing any existing group medical coverage with this plan, then this pre-existing condition limitation will be waived to the extent it was satisfied under the previous policy. I (we) understand that coverage will become effective on the first day of the month following receipt by the Company of this enrollment form and first premium payment.

Date: \_\_\_\_\_ Retiree Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Dependent Spouse Signature: \_\_\_\_\_  
(if enrolling)

**MEDICARE PRESCRIPTION DRUG PLAN INDIVIDUAL ENROLLMENT FORM**  
**Los Rios Community College District SPONSORED GROUP PLAN**

**To enroll in Express Scripts Medicare® (PDP)  
please provide the following information:**

Desired Effective Date: \_\_\_\_\_

LAST Name:		FIRST Name:		MIDDLE Initial:		Mr.   Mrs.   Ms.	
Birth Date: (____/____/____) (MM/DD/YYYY)		Gender: M   F	Cell Phone Number: (   )		Home Phone Number: (   )		
Permanent Residence Street Address (P.O. Box is not allowed):							
City:				State:		ZIP Code:	
<b>Mailing Address</b> (only if different from your Permanent Residence Address):							
Street Address:				City:		State:      ZIP Code:	
<b>Emergency Contact:</b> [Optional]							
<b>Phone Number:</b> [Optional] _____ <b>Relationship to You</b> [Optional] _____							
<b>E-mail Address:</b> [Optional]							
<b>Please Provide Your Medicare Insurance Information</b>							
<p>Please take out your Medicare Card to complete this section.</p> <ul style="list-style-type: none"><li>• Please fill in these blanks so they match your red, white and blue Medicare card.</li></ul> <p>- OR -</p> <ul style="list-style-type: none"><li>• Attach a copy of your Medicare card or your letter from the Social Security Administration or Railroad Retirement Board.</li></ul> <p>You must have Medicare Part A or Part B (or both) to join a Medicare prescription drug plan.</p>				Name: _____			
				Medicare Number _____-_____-_____			
				<u>OR</u> Medicare Claim Number _____-_____-_____-_____			
				Is Entitled To			
				Effective Date			
<b>HOSPITAL (Part A)</b>				_____			
<b>MEDICAL (Part B)</b>				_____			

**Please read and answer these important questions:**

Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State Pharmaceutical Assistance Programs.

Will you have other prescription drug coverage in addition to your former Employer's retiree plan? Yes No  
If "yes", please list your other coverage and your identification (ID) number(s) for this coverage.

**Name of other coverage:**

**ID # for this coverage:**

**Group # for this coverage:**

**Important Information About Your Medicare Part D Prescription Drug Plan**

**Express Scripts Medicare®** (PDP), is offered by Medco Containment Life Insurance Company or Medco Containment Insurance Company of New York (for employer plans domiciled in New York). (When this document says "we," "us" or "our," it means Medco Containment Life Insurance Company or Medco Containment Insurance Company of New York (for employer plans domiciled in New York). When it says "plan" or "our plan," it means Express Scripts Medicare.) This coverage is Medicare Part D coverage and is in addition to your coverage under Medicare Parts A and B. You must keep your Medicare Parts A and/or B coverage in order to qualify for this plan. You must inform your former employer of any other prescription drug coverage you may have.

**Enrollment Requirements**

You can be in only one Medicare prescription drug plan at a time. If you are currently in a Medicare prescription drug plan, a Medicare Advantage Plan with prescription drug coverage, or an individual Medicare Advantage Plan, your enrollment in Express Scripts Medicare may end that enrollment.

You must live within the 50 U.S. states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands or American Samoa, and be a U.S. citizen or lawfully present in the United States to participate in this plan. It is your responsibility to inform your former employer of any address changes.

You can join a new Medicare prescription drug plan or Medicare health plan from October 15 to December 7. Except in special cases, you cannot join a new plan at any other time of the year. If you leave this plan and don't have or get other Medicare prescription drug coverage or creditable coverage (as good as Medicare's), you may be required to pay a late enrollment penalty (LEP) if you go 63 days or more without Medicare Part D coverage or other creditable prescription drug coverage.

Some people may have to pay an extra premium amount because of their yearly income. If you have to pay an extra amount, the Social Security Administration – not your Medicare plan – will send you a letter telling you what that extra amount will be and how to pay it. If you have any questions about this extra amount, contact the Social Security Administration at 1.800.772.1213. TTY users call 1.800.325.0778.

Medicare beneficiaries with low or limited income and resources may qualify for Extra Help. If you qualify, your Medicare prescription drug plan costs will be less. Once you are enrolled in this drug plan, Medicare will tell the plan how much assistance you will receive and Express Scripts will send you information on the amount you will pay. If you are not currently receiving Extra Help, you can contact 1.800.MEDICARE (1.800.633.4227) to see if you might qualify. TTY users call 1.877.486.2048.

Once you are a member of this plan, you have the right to file a grievance or appeal plan decisions about payment or services if you disagree. Read your *Evidence of Coverage* to know which rules you must follow to receive coverage with this Medicare prescription drug plan.

This information is not a complete description of benefits. Contact Express Scripts Medicare for more information. Limitations, copayments and restrictions may apply. Benefits, premium (if applicable) and/or copayments/coinsurance may change on January 1 of each year. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

**IMPORTANT: Read and Sign Below:**

- **Release of Information:** By joining this Medicare Advantage Prescription Drug Plan/Prescription Drug Plan, I acknowledge that the plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Express Scripts will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan. I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S.border.
- I understand that I can be enrolled in only one MA or Part D plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA or Part D plan (exceptions apply for MA PFFS, MA MSA plans).
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
  - 1) This person is authorized under State law to complete this enrollment, and
  - 2) Documentation of this authority is available upon request by Medicare.

<b>Signature:</b>	<b>Today's Date:</b>
If you are the authorized representative, you must sign above and provide the following information:	
Name:	Address:
Phone Number:	Relationship to Enrollee:

## OPTIONAL INFORMATION

Answering these questions is your choice.  
You can't be denied coverage because you don't fill them out.

**Are you Hispanic, Latino/a, or Spanish origin?** Select all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> No, not of Hispanic, Latino/a, or Spanish origin | <input type="checkbox"/> Yes, Cuban   |
| <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano/a        | <input type="checkbox"/> Yes, another Hispanic, Latino/a, or Spanish origin |
| <input type="checkbox"/> Yes, Puerto Rican                                | <input type="checkbox"/> I choose not to answer                             |

**What is your race?** Select all that apply.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Asian Indian                     | <input type="checkbox"/> Japanese              | <input type="checkbox"/> Samoan                 |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Korean                | <input type="checkbox"/> Vietnamese             |
| <input type="checkbox"/> Chinese                          | <input type="checkbox"/> Native Hawaiian       | <input type="checkbox"/> White                  |
| <input type="checkbox"/> Filipino                         | <input type="checkbox"/> Other Asian           | <input type="checkbox"/> I choose not to answer |

**Select if you want us to send you information in a language other than English.**

- ☐ Spanish

**Select one if you want us to send you information in an accessible format.**

- ☐ Braille    ☐ Large print    ☐ Audio CD    ☐ Data CD

Please contact **Benistar at 1-800-236-4782** if you need information in an accessible format other than what's listed above. Office hours **between MONDAY – FRIDAY, 8:30 AM – 8:00 PM EST.**

**Go paperless! Reduce your clutter and help the environment.**

- ☐ I prefer that you send materials to me via email, if available. I understand that I can switch my preference back to mail at any time.

E-mail address:

# GROUP RETIREE INSURANCE PLAN

## SUMMARY OF COVERAGE



### THE BENISTAR EMPLOYER SERVICES TRUST PLAN 1

**FOR RETIREES OF: LOS RIOS COMMUNITY COLLEGE DISTRICT**

UNDERWRITTEN BY: HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

**Calendar Year Deductible: \$0**

**Calendar Year Maximum: Unlimited**

#### PART A SERVICES

SERVICES	MEDICARE PAYS <sup>(1)</sup>	PLAN PAYS <sup>(1)</sup>	YOU PAY
<b>HOSPITALIZATION <sup>(2)</sup></b>			
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	<b>\$0</b>
61 <sup>st</sup> through 90 <sup>th</sup> day	All but 25% of the Part A Deductible	100% of Medicare Part A Coinsurance	<b>\$0</b>
91 <sup>st</sup> through 150 <sup>th</sup> day (60 day Lifetime Reserve Period)	All but 50% of the Part A Deductible	100% of Medicare Part A Coinsurance	<b>\$0</b>
Once Lifetime Reserve days are used (or would have ended if used) additional 365 days of confinement per person per lifetime	<b>\$0</b>	100%	<b>\$0</b>
<b>SKILLED NURSING FACILITY CARE</b>			
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	<b>\$0</b>	<b>\$0</b>
21 <sup>st</sup> through 100 <sup>th</sup> day	All but 12.5% of the Part A Deductible per day	Up to 100% of Medicare SNF Coinsurance	<b>\$0</b>

# GROUP RETIREE INSURANCE PLAN

## SUMMARY OF COVERAGE



SERVICES	MEDICARE PAYS <sup>(1)</sup>	PLAN PAYS <sup>(1)</sup>	YOU PAY
<b>BLOOD DEDUCTIBLE – Hospital Confinement and Out-Patient Medical Expenses</b> When furnished by a hospital or skilled nursing facility during a covered stay.			
First 3 pints	\$0	100%	\$0
Additional amounts	100%	\$0	\$0
<b>HOSPICE CARE</b> 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	<b>All other charges</b>

### PART B SERVICES

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



# GROUP RETIREE INSURANCE PLAN

## SUMMARY OF COVERAGE



### ADDITIONAL SERVICES

SERVICES	MEDICARE PAYS <sup>(1)</sup>	PLAN PAYS <sup>(1)</sup>	YOU PAY
<b>PREVENTIVE MEDICAL CARE &amp; CANCER SCREENINGS<sup>(3)</sup></b> 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 <sup>(3)</sup>	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

# GROUP RETIREE INSURANCE PLAN

## SUMMARY OF COVERAGE



SERVICES	MEDICARE PAYS <sup>(1)</sup>	PLAN PAYS <sup>(1)</sup>	YOU PAY
<b>FOREIGN TRAVEL EMERGENCY</b>			
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)	<b>\$250 Deductible and then 20% of expenses incurred</b> (to a lifetime maximum of \$50,000, then 100% thereafter)
<b>CHIROPRACTIC SERVICES</b>			
Services performed by a licensed chiropractor to correct structural alignment	\$0 <sup>(4)</sup>	100% of remaining covered expenses incurred after the copayment	<b>\$25 copay per exam</b>
<b>ACUPUNCTURE SERVICES</b>			
Services performed by a licensed acupuncturist to treat pain	\$0 <sup>(4)</sup>	100% of remaining covered expenses incurred, after the copayment, up to the benefit maximum of \$500 per calendar year	<b>\$25 copay per exam</b>  (to a calendar year maximum of \$500, then 100% thereafter)
<b>ANNUAL PHYSICAL EXAM</b>			
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 the copayment, up to the benefit maximum of \$500 per calendar year	<b>\$25 copay per exam</b>  (to a calendar year maximum of \$500, then 100% thereafter)

# GROUP RETIREE INSURANCE PLAN

## SUMMARY OF COVERAGE



SERVICES	MEDICARE PAYS <sup>(1)</sup>	PLAN PAYS <sup>(1)</sup>	YOU PAY
<b>HEARING SERVICES</b>			
<ul style="list-style-type: none"> <li>one routine hearing and balance exam every 12 months</li> <li>two hearing aids every 3 years</li> <li>one hearing aid fitting evaluation every 3 years</li> </ul>	\$0 <sup>(5)</sup>	100% of remaining covered expenses incurred, after the copayment, up to the benefit maximum of \$1,000 <sup>(5)</sup> per calendar year	<b>\$25 copay per exam</b> <b>\$50 copay for two hearing aids, including fitting and evaluation.</b> (to a calendar year maximum of \$1,000, then 100% thereafter)
<b>VISION SERVICES</b>			
<ul style="list-style-type: none"> <li>one supplemental routine eye exam every 12 months</li> <li>one pair of glasses every 12 months or 12 month supply of contact lenses</li> </ul>	\$0 <sup>(5)</sup>	100% of remaining covered expenses incurred, after the copayment, up to the benefit maximum of \$500 <sup>(5)</sup> per calendar year	<b>\$25 copay per exam</b> <b>\$50 copay per pair of glasses or supply of contact lenses.</b> (to a calendar year maximum of \$500, then 100% thereafter)

<sup>1</sup> This chart describes coverage that is only available to persons who are Medicare-eligible. Medicare amounts typically change January 1 of each year.

<sup>2</sup> 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 rehabilitative care; a place for the aged; or, a place for alcoholism or drug addiction.

<sup>3</sup> 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.

<sup>4</sup> Medicare only covers spinal manipulations.

<sup>5</sup> Medicare does not cover supplemental routine hearing exams and hearing aids, or supplemental routine eye exams and glasses. Medicare only covers chiropractic for spinal manipulations and acupuncture for chronic low back pain. The calendar year maximum is a combined benefit between the exam and hardware.

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.

## GROUP RETIREE INSURANCE PLAN

### SUMMARY OF COVERAGE



The Hartford Financial Services Group, Inc., (NYSE: HIG) operates through its subsidiaries, including underwriting companies Hartford Life and Accident Insurance Company and Hartford Fire Insurance Company, under the brand name, The Hartford®, and is headquartered at One Hartford Plaza, Hartford, CT 06155. For additional details, please read The Hartford's legal notice at [www.thehartford.com](http://www.thehartford.com).

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. The plan does not cover: 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.

# Benefit Overview

## Express Scripts Medicare® (PDP)

### YOUR 2026 PRESCRIPTION DRUG PLAN BENEFIT: Los Rios Community College District

Here is a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service.

<b>Deductible stage</b>	You do not pay a yearly deductible.				
<b>Initial Coverage stage</b>	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$2,100:				
	<b>Tier</b>	<b>Retail One-Month (31-day) Supply</b>	<b>Retail Two-Month (32-60-day) Supply</b>	<b>Retail Three-Month (90-day) Supply</b>	<b>Express Scripts Pharmacy by Evernorth® Home Delivery Three-Month (90-day) Supply</b>
	Tier 1: <b>Preferred Generic Drugs</b>	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment
	Tier 2: <b>Generic Drugs</b>	\$5 copayment	\$10 copayment	\$15 copayment	\$10 copayment
	Tier 3: <b>Preferred Brand Drugs</b>	\$15 copayment	\$30 copayment	\$45 copayment	\$30 copayment
	Tier 4: <b>Non-Preferred Drugs</b>	\$30 copayment	\$60 copayment	\$90 copayment	\$60 copayment
	Tier 5: <b>Specialty Tier Drugs</b>	\$30 copayment	\$60 copayment	\$90 copayment	\$60 copayment
	You may receive more than a one-month supply of certain maintenance drugs (medications taken on a long-term basis) by mail through Express Scripts Pharmacy by Evernorth. There is				

	<p>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>
<b>Catastrophic Coverage stage</b>	<p><b>If you reach the Catastrophic Coverage stage, you pay nothing for covered Part D drugs.</b></p> <p><b>You may have cost sharing for excluded drugs that may be covered under our enhanced benefit, if our plan covers additional drugs not normally covered by Medicare Part D.</b></p>

## IMPORTANT PLAN INFORMATION

### Long-Term Care (LTC) Pharmacy

If you reside in an LTC facility, you pay the same as at a network retail pharmacy. LTC pharmacies must dispense brand-name drugs in amounts of 14 days or less at a time. They may also dispense less than a one-month supply of generic drugs at a time. Contact your plan if you have questions about cost sharing or billing when less than a one-month supply is dispensed.

### Out-of-Network Coverage

You must use Express Scripts Medicare network pharmacies to fill your prescriptions. Covered Medicare Part D drugs are available at out-of-network pharmacies only in special circumstances, such as illness while traveling outside of the plan's service area where there is no network pharmacy. You generally have to pay the full cost for drugs received at an out-of-network pharmacy at the time you fill your prescription. You can ask us to reimburse you for our share of the cost. Please contact the plan or the Retiree Customer Service Center for more details.

### Additional Information About This Coverage

- The service area for this plan is all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands and American Samoa. You must live in one of these areas to participate in this plan.
- The amount you pay may differ depending on what type of pharmacy you use; for example, retail, home infusion, LTC or home delivery.
- 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.
- To find a network pharmacy near you, visit our website at **[express-scripts.com/pharmacies](https://www.express-scripts.com/pharmacies)**.
- Your plan uses a formulary – a list of covered drugs. The amount you pay depends on the drug's tier and on the coverage stage that you've reached. From time to time, a drug may move to a different tier. If a drug you are taking is going to move to a higher (or more expensive) tier, or if the change limits your ability to fill a prescription, Express Scripts Medicare will notify you before the change is made.
- A PDF of our printed drug list for 2026 will be available by logging into **[express-scripts.com/documents](https://www.express-scripts.com/documents)** beginning on October 15, 2025.
- Most adult Part D vaccines are covered at no cost to you.
- The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.

- Your healthcare provider must get prior authorization from Express Scripts Medicare for certain drugs.
- 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 by Evernorth. Other pharmacies are available in our network.
- The Medicare Prescription Payment Plan is an option to help you manage your out-of-pocket drug costs. This payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year (January – December).** **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**
- If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.
- Each month, you may need to pay a monthly premium amount to continue your participation in this plan. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party, even if your Medicare Part D plan premium is \$0.
- When you use your Part D prescription drug benefits, Express Scripts Medicare sends you an *Explanation of Benefits* (Part D EOB), or summary, to help you understand and keep track of your benefits. You may also be able to receive a copy electronically by visiting our website, **express-scripts.com**, or by contacting 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.

This information is not a complete description of benefits. Call Customer Service at the numbers listed above for more information.

**Important Message About What You Pay for Insulin** – You won't pay more than \$35 for a one-month supply for each insulin product covered by our plan, no matter its cost-sharing tier. If your plan covers insulin at a lower cost-sharing amount, you will pay the lower amount. If your plan has a deductible, there is no deductible for covered insulins.

This document may be available in braille. Please call Customer Service at the phone numbers listed above for assistance.

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.800.268.5707** (TTY: **1.800.716.3231**).

Express Scripts Medicare (PDP) is a prescription drug plan with a Medicare contract.  
Enrollment in Express Scripts Medicare depends on contract renewal.

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# YOUR RETIREE ADVOCATES

**EXPERTS IN MEDICARE  
NURTURING BY NATURE**

## ABOUT BENISTAR

Benistar Administrative Services, Inc. is our dedicated administrator for our Retiree Medical with Part D prescription drug coverage. Benistar specializes specifically in post-65 group retiree benefits administration. Benistar is here to assist you during this transition as well as throughout your coverage for anything you may need pertaining to your new health plans. You are now welcome to call Benistar at their service number which is highlighted below. You will immediately be put in touch with a live representative who can address any questions or concerns you may have and can assist directly or in coordination with your carriers.

## HOW WE SUPPORT YOU:

- ✓ **QUESTIONS ABOUT MEDICARE**
- ✓ **BILLING**
- ✓ **THE HARTFORD MEDICAL**
- ✓ **PROVIDER EDUCATION OUTREACH**
- ✓ **EXPRESS SCRIPTS PHARMACY**
- ✓ **PRIOR AUTHORIZATION ASSISTANCE**
- ✓ **REPLACEMENT DRUG FILLS**
- ✓ **CLAIMS ASSISTANCE**

## CONTACT BENISTAR:

☎ **1-800-236-4782**

✓ **HOURS:  
MONDAY TO FRIDAY  
8:30AM TO 5:30PM EST**

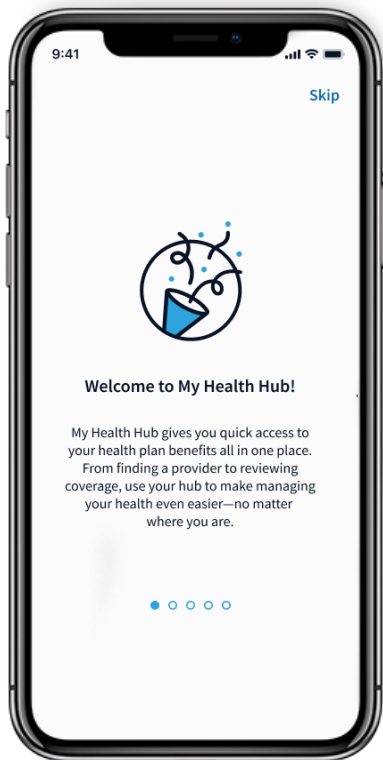


**ALL THE ABOVE WHILE NEVER  
BEING RUSHED OFF THE PHONE.  
YOU ARE BENISTAR'S PRIORITY**



## Your new Hartford Member Portal is here.

If you had an account on the previous Hartford Member Portal, you will need to re-register and use My Health Hub going forward. Your previous claims and health information will be loaded into your new account.



## Download the My Health Hub App

You can download the My Health Hub mobile app by visiting the Apple App store or Google Play for Android.



## Questions?

Call 877-480-2432 to speak with a dedicated customer service representative.

# Register on

**Myhealthhub**



## Get started.

The instructions below are to register your My Health Hub account on the website or mobile app.

- 01** Go to **www.myhealthhub.app** or visit the app store and download the My Health Hub app.
- 02** Click **register now** and read the Terms and Conditions.
- 03** Complete the information on the form, and **agree to the Terms and Conditions** before clicking **continue**.
- 04** Verify your email address and click **continue**.
- 05** A verification code will be sent to the email address you provided. Enter the code and click **verify code**.
- 06** Here you can create your username and password. Follow the username and password requirements listed on the screen.
- 07** Now you can set your mobile app preferences such as allowing notifications and going paperless.
- 08** Click **go to homepage** and you will be able to start the onboarding steps.

The onboarding steps show you how to access your health plan information and reach out for assistance. If you do not want to take the onboarding steps, you can click "skip" to be redirected to your account homepage.



## *Living Boldly™* Together

With the Silver&Fit® Healthy Aging and Exercise program, eligible members can enjoy:



### **Fitness Network Choices**

You can access a network of participating fitness centers or select YMCAs. You also have access to Premium locations, including fitness centers, studios, and unique fitness experiences, for a buy-up price.<sup>1</sup>



### **Home Fitness Kits**

You can pick one kit per benefit year from the available options.<sup>2</sup>



### **Well-Being Coaching**

You can get support in areas like fitness, healthy eating, stress, sleep, and losing weight while taking GLP-1 or anti-obesity medications. Trained coaches are available by phone, video, or chat.<sup>3</sup>



### **Fitness Tracking**

You can sync your wearable fitness tracker or mobile app to the Silver&Fit Connected!™ tool to track your activity.<sup>4</sup>



### **On-Demand Workout Videos**

You can view yoga, strength, Pilates, walking, cardio, and many other workout videos at [SilverandFit.com](https://SilverandFit.com).



### **Workout Plans**

By answering a few online questions, you can get a custom exercise plan that focuses on goals like getting stronger, staying fit during recovery, and chronic condition management.



### **Well-Being Club**

You can learn new skills and focus on your well-being by connecting with others, joining live virtual classes and events, and viewing exclusive articles and videos.



### **FitnessCoach™ Virtual Personal Training**

You can challenge yourself through virtual sessions with a certified personal trainer.<sup>5</sup>

# Go digital

For fast, simple and  
secure access to your  
prescription benefits

Express Scripts® Pharmacy Benefit Services manages the pharmacy portion of your health plan coverage to help make medication safer and more affordable. Just like your health plan covers your doctor visit, your pharmacy benefits or prescription plan covers the medication your doctor prescribes. Through your pharmacy benefits, you have access to a network of covered pharmacies and medications.

## Our pharmacy benefit capabilities



### Save on medications

Check the price of a medication before and during a doctor's visit.



### Find a pharmacy

Locate the most convenient network pharmacy for your needs.



### Coverage review

Before a doctor prescribes a medication, check to see if it needs a coverage review.



### Set reminders

Set reminders to take your medication and sign up for text alerts.

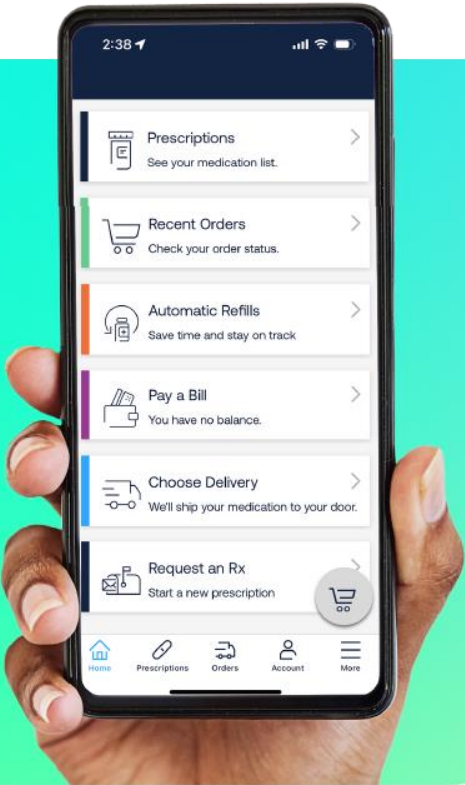
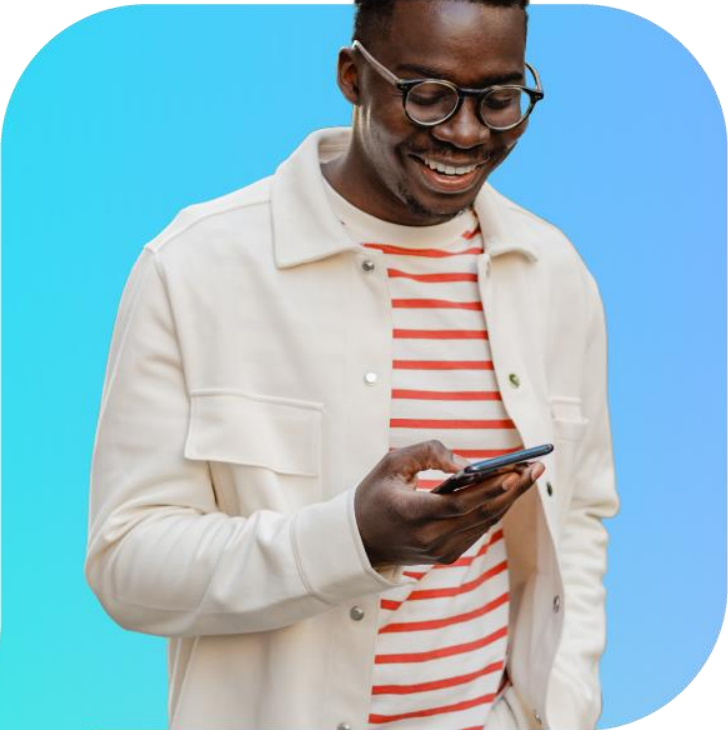
# Get started now

Visit **express-scripts.com** to learn more about our pharmacy benefit services, so you can stress less and save more.

## Download our new mobile app

Use the QR code or search Express Scripts® in your **app store**.

Download the app for free, then tap Register Now to get started.



## EXPRESS SCRIPTS PHARMACY BENEFIT SERVICES

# Get the most from your prescription benefit



Express Scripts® Pharmacy Benefit Services manages the pharmacy portion of your health plan coverage to help make medication safer and more affordable. Just like your health plan covers your doctor visit, your pharmacy benefits or prescription plan cover the medication your doctor prescribes. Through your pharmacy benefits, you have access to a network of covered pharmacies and medications.

Express Scripts is committed to delivering exceptional pharmacy care so you can stress less and save more. Visit [express-scripts.com](https://express-scripts.com) to learn more about how we provide pharmacy benefits you can depend on.

### 1 Go digital

Get anywhere, anytime access to your pharmacy benefits with an online account. It's simple to start—it takes just 5 clicks and 2 minutes and you'll have access to view your plan details, coverage and benefits anytime, anywhere. Sign up at [express-scripts.com](https://express-scripts.com) or scan the QR code below.

#### An online account provides you with:

##### Instant digital ID card

Keep it on you 24/7. Download it to your phone, print a copy or do both. You can even save your ID card to your mobile wallet.

##### Money-saving recommendations

Log in today to get your personalized, proactive money-saving recommendations.

##### Rx and claims history

Manage your prescriptions, review your prescription history and medication spend, all in one place.

##### Coverage review updates

Before a doctor prescribes a medication, find out if it needs coverage review like prior authorization and check the status of an in-process review.

##### Helpful tools

Receive alerts on the go by signing up for text messages. Log in and go to Communication Preferences in your account.

### 2 Stress less

Ask your doctor if a 3-month supply is an option vs. a 1-month supply of your medication. Then request that your doctor send your 3-month prescription to Express Scripts® Pharmacy for home delivery to save you even more.

#### You can also:

**Transfer an existing prescription to home delivery by clicking Add to Cart**

#### For new prescriptions, you have three options:

- + Ask your doctor to send it to Express Scripts Pharmacy
- + Click the Request an Rx link on the online dashboard and we'll contact your doctor for you
- + Or print a home delivery form by selecting Forms under Benefits, then follow the mailing instructions

Sign up at  
[express-scripts.com](https://express-scripts.com)  
or scan this QR code.





### 3 Save more

Seeing your doctor? Ask if they use **Real-Time Prescription Benefit** to check for the most affordable pricing for you and to help avoid a coverage review like prior authorization.

If not, **use your online account during your visit to check pricing on any prescription**—a less costly option may be available that's just as effective. Request that medication instead.

#### These alternate options:

- + Help reduce costs and ensure you receive a safe and proven-effective medication
- + Usually are generic forms of brand-name drugs
- + Don't rely on coupons, which could cost you more over time

### Ask about switching to generic medications to save money on your prescriptions.

The easiest—and safest—way to save money on prescriptions is to ask for a generic, which typically costs less because the manufacturer did not have to conduct the initial research or studies that the branded drug did.

#### Generics fall into two categories:

- + Direct chemical equivalent—a drug that has the same active ingredient as its brand-name counterpart
- + Therapeutic alternative—a drug that may not be chemically equivalent to the brand, but has the same therapeutic or treatment effect

Direct chemical equivalents are practically identical to the branded drug, while therapeutic alternatives are part of the same family.

FDA-approved generics must adhere to strict guidelines and are the same as a brand-name medication in dosage, safety, effectiveness, strength, stability and quality.



#### Simple

- + Get the most from your prescription benefit
- + Our dashboard makes it easy for members, with everything in one place

#### Generics

- + Greater simplicity and convenience
- + Ask your doctor, "Is there a generic for that?"

#### RTPB

- + Ask your doctor if they use Real-Time Prescription Benefit
- + Avoid a coverage review like prior authorization

#### Go digital

- + Empowering members with 24/7 support
- + Manage your medications on the go and on your schedule with the Express Scripts® mobile app



**For additional information on how to take control of your prescription plan or any other questions about your account or coverage, visit [express-scripts.com](https://express-scripts.com), download the Express Scripts mobile app or call the Member Services number on your digital ID card.**