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Schedule of Benefits

HPHC Insurance Company, Inc.

MED ENHANCE PLAN
CONNECTICUT

THIS IS NOT A MEDICARE SUPPLEMENT CERTIFICATE. IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM THE COMPANY.
BENEFITS PROVIDED COMPLEMENT MEDICARE BENEFITS, AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. PLEASE SEE YOUR BENEFIT HANDBOOK FOR THE DETAILS OF YOUR COVERAGE.

This Schedule of Benefits summarizes your coverage under the Med Enhance Plan (the Plan) and states the Subscriber cost sharing amounts that you must pay for Covered Benefits. However, it is only a summary of your benefits. Please see your *Benefit Handbook* for detailed information on benefits covered by the Plan and the terms and conditions of coverage.

Please note that the information on Medicare benefits in this document is provided for informational purposes only. HPHC Insurance Company, Inc. (HPHC) is not responsible for Medicare Benefits. Please refer to the Medicare program handbook, *Medicare and You* or contact the Centers for Medicare and Medicaid Services (CMS), for information on your Medicare benefits. You may call CMS for information on Medicare Parts A and B at: **1-800-MEDICARE (1-800-633-4227)**.

Section 1: Subscriber Cost Sharing (What You Pay)

Subscribers are required to share the cost of the benefits provided under the Plan. Please see the tables below for a detailed list of the cost sharing that applies to your Employer Group's Plan.

If your Plan provides coverage for a service that is not covered by Medicare, the Plan will pay all charges up to the Payment Maximum minus the applicable Copayment.

Section 2: Preventive Care Services

Medicare covers a number of preventive care services at no cost to Members. The Plan will pay the Medicare Coinsurance and Deductible amounts for Medicare covered preventive care services, if any.

Medicare coverage includes a one-time "Welcome to Medicare" physical examination received within the first 12 months a beneficiary is covered by Medicare Part B. HPHC recommends that Subscribers utilize this benefit if available. After being enrolled in Medicare Part B for one year, Medicare also covers a yearly visit, known as a "Wellness" visit. The first yearly Wellness visit must take place at least 12 months after the "Welcome to Medicare" physical examination, if a beneficiary has had one.

When specific Medicare coverage criteria are met, Medicare also provides coverage for preventive services including, but not limited to: (1) Pap tests, pelvic and breast exams; (2) Mammograms; (3) Prostate cancer screenings; (4) Diabetes screenings; (5) Obesity screening and counseling; (6) Cardiovascular disease screenings; (7) Alcohol abuse screening and counseling; (8) Counseling to

stop smoking; (9) Bone mass measurements; (10) Glaucoma testing; (11) Medical nutrition therapy; (12) Colorectal cancer screening, including fecal occult blood tests, flexible sigmoidoscopy, colonoscopy and barium enema examinations; and (13) Immunizations for flu, pneumonia and hepatitis B.

Coverage for mammograms includes a baseline mammogram for women between ages 35 and 39 and an annual mammogram for women 40 years of age and older.

Please refer to Section *III. Covered Benefits* of your Benefit Handbook for detailed information on preventive care services covered by the Plan. Please consult with your doctor and refer to the Medicare publication, Medicare and You, for additional information on preventive care services that may benefit you.

Section 3: Medicare Inpatient Services

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.

Medicare Inpatient Service	**Medicare Pays:**	**Med Enhance Pays:**	**You Pay:**
Hospitalization			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days of a Benefit Period	All but Medicare Part A Deductible amount	Medicare Part A Deductible	$0
61st through 90th day of a Benefit Period	All but Medicare Coinsurance amounts	Medicare Coinsurance amounts	$0
91st day and after of a Benefit Period – up to 60 Lifetime Reserve Days (if any)	All but Reserve Days Daily Coinsurance amounts	Medicare Lifetime Reserve Days Daily Coinsurance amounts	$0
Please note: Additional coverage is provided beyond the Medicare covered days. Please see section 5 for coverage information.			
Skilled Nursing Facility Care			
You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare approved facility within 30 days after leaving the hospital			
First 20 days of a Benefit Period	Medicare allowable amount	$0	$0
21st through 100th day of a Benefit Period	Medicare allowable amount minus SNF Daily Coinsurance amounts	The Medicare SNF Daily Coinsurance amounts	$0
101st day and after of a Benefit Period	$0	$0	All Costs
Religious Nonmedical Health Care Institutions			
	All but Medicare Part A Deductible and Coinsurance amounts	Medicare Part A Deductible and Coinsurance amounts	$0

Medicare Inpatient Service	Medicare Pays:	Med Enhance Pays:	You Pay:
Blood			
First three pints	$0	Three pints	$0
Additional amounts	100%	$0	$0
Hospice Care			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited Copayment and Coinsurance amounts for outpatient drugs and inpatient respite care	Medicare Copayment and Coinsurance amounts	$0

Section 4: Medicare Outpatient Medical Services

Medical expenses in or out of the hospital and outpatient hospital treatment, such as physician's services, Inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, and Durable Medical Equipment (DME).

The Plan provides coverage for Excess Charges up to the limits established by the Medicare program or state law.

Medicare Outpatient Services	Medicare Pays:	Med Enhance Pays:	You Pay:
Ambulance Transport			
	All but Medicare Part B Deductible and Coinsurance amounts	Medicare Part B Deductible and Coinsurance amounts	$0
Blood			
First three pints	$0	All costs	$0
Beyond three pints up to the Medicare Part B Deductible amount	$0	Medicare Part B Deductible amount	$0
Remainder of Medicare approved amounts	80%	20%	$0
Clinical Trials			
	All but Medicare Part B Deductible and Coinsurance amounts	Medicare Part B Deductible and Coinsurance amounts	$0
Dental Care and Oral Surgery			
Limited coverage provided. Please see your Handbook for details.	All but Medicare Part B Deductible and Coinsurance amounts	Medicare Part B Deductible and Coinsurance amounts	$0

Medicare Outpatient Services	Medicare Pays:	Med Enhance Pays:	You Pay:
Diabetes Services and Treatment			
	All but Medicare Part B Deductible and Coinsurance amounts	Medicare Part B Deductible and Coinsurance amounts	$0
Diagnostic Tests and Procedures			
	All but Medicare Part B Deductible and Coinsurance amounts	Medicare Part B Deductible and Coinsurance amounts	$0
Durable Medical Equipment (DME) and Prosthetic Devices			
	All but Medicare Part B Deductible and Coinsurance amounts	Medicare Part B Deductible and Coinsurance amounts	$0
Emergency Room Care			
	All but Medicare Part B Deductible and Coinsurance amounts	Medicare Part B Deductible and Coinsurance amounts	$0
Home Health Care			
	All but Medicare Part B Deductible and Coinsurance amounts	Medicare Part B Deductible and Coinsurance amounts	$0
Kidney Dialysis			
	All but Medicare Part B Deductible and Coinsurance amounts	Medicare Part B Deductible and Coinsurance amounts	$0
Medical Therapies			
	All but Medicare Part B Deductible and Coinsurance amounts	Medicare Part B Deductible and Coinsurance amounts	$0
Partial Hospitalization			
	All but Medicare Part B Deductible and Coinsurance amounts	Medicare Part B Deductible and Coinsurance amounts	$0
Physician and Other Professional Office Visits			
	All but Medicare Part B Deductible and Coinsurance amounts	Medicare Part B Deductible and Coinsurance amounts	$0
Preventive Care Services			
	All but Medicare Part B Deductible and Coinsurance amounts	Medicare Part B Deductible and Coinsurance amounts	$0

Section 5: Additional Services Not Covered By Medicare

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.

HPHC Plan Benefits	**Medicare Pays:**	**Plan Pays:**	**You Pay:**
Inpatient Hospital Care beyond Medicare Lifetime Reserve Days			
Once Medicare lifetime reserve days are used: – up to 365 additional days	$0	100% of Medicare eligible expenses	$0
– Beyond the additional 365 days	$0	$0	All Costs
Medically Necessary Emergency Care in a Foreign Country			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA – First $250 each calendar year	$0	$0	$250
– Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum