

MEDICOMP THREE FEATURES

Comprehensive Coverage

An important part of HealthTrust's Medicomp Three plan is its supplemental medical coverage. This portion of the plan pays the deductible and coinsurance required by Medicare Parts A and B—lowering your out-of-pocket costs for some types of care. Medicomp Three also provides Major Medical Benefits that may help pay for additional services that Medicare does not customarily pay.

Coverage No Matter Where You Are

With HealthTrust's Medicomp Three plan, there is no need to worry about traveling in the United States. You can choose to use a provider who accepts Medicare assignment and receive the maximum benefits, but you're covered even if you see a provider who doesn't.

Administered by Anthem Blue Cross and Blue Shield

Your Medicomp Three medical coverage is administered by Anthem Blue Cross and Blue Shield (Anthem), one of the most respected names in the business.

This brochure helps to explain how Medicomp Three coverage works by providing an overview of covered services. While this brochure is intended to describe your benefits as accurately as possible, the specific terms and conditions of eligibility and benefits are set forth in and governed by your Medicomp Three Subscriber Certificate, Prescription Benefit Program summary (if you have elected prescription drug coverage) and any other separate documents relating to features of the plan.

In the event of any discrepancy between this brochure and those documents, the terms of the Subscriber Certificate or Prescription Benefit Program summary will govern. This brochure does not constitute a contract, or any offer to form a contract, and is not binding on any party. The benefits described in this brochure may be changed at any time without prior notice.

STRENGTHENING YOUR HEALTHCARE PLAN

Affordable, comprehensive healthcare is important to everyone—and it becomes even more important at retirement. That's why HealthTrust offers the Medicomp Three supplemental medical plan.

Medicare Parts A and B provide valuable healthcare coverage to retirees. But this coverage is not complete. To help protect you from additional out-of-pocket costs, Medicomp Three pays the deductible and coinsurance required by Medicare Parts A and B—lowering your out-of-pocket costs for some types of care.

Medicomp Three consists of two parts:

- **Medicare Complementary Benefits**, which picks up where Medicare leaves off, paying required deductibles and coinsurance for Medicare-approved services, and
- **Major Medical Benefits**, which may cover services that Medicare does not. Major Medical Benefits are provided in addition to Medicare Complementary Benefits. Major Medical coverage is determined by HealthTrust and Anthem as set forth in the *Medicomp Three Subscriber Certificate*.

This brochure highlights how Medicare Complementary and Major Medical Benefits work with Medicare to provide you with a comprehensive healthcare plan.

Questions about Medicare Coverage? If you have questions about Medicare, call 800.MEDICARE (800.633.4227); TTY, call 877.486.2048. Representatives are available 24 hours a day, seven days a week. Be sure to have your Medicare identification (ID) card on hand when you call. You can also learn more by reviewing the current *Medicare & You* booklet, available at your local Medicare office or by visiting the Medicare website at www.medicare.gov.

UNDERSTANDING MEDICARE

Before we look at how Medicomp Three works, it's important that you understand the basics of Medicare. Medicare is a national health insurance program for people age 65 and older, as well as for those with qualifying disabilities. It consists of multiple parts:

- **Part A—Hospital Insurance.** Part A provides limited coverage for inpatient care in hospitals, critical access hospitals and skilled nursing facilities. Part A also covers hospice care and some home healthcare. You do incur out-of-pocket costs, including deductibles and coinsurance.
- **Part B—Medical Insurance.** Part B provides coverage for doctor visits, laboratory tests, emergency room and urgent care, durable medical equipment, outpatient hospital care, vaccinations (including flu, pneumonia and hepatitis B shots), mammograms, prostate cancer screenings and pap tests. It also covers other services that Part A does not, such as some occupational and physical therapy costs. As with Part A, you are subject to out-of-pocket costs, including deductibles and coinsurance.

To be eligible for Medicomp Three, you must be enrolled in both Medicare Parts A and B. While there is no premium for Medicare Part A, you do need to pay Medicare a monthly premium for Part B coverage. Check your Medicare ID card to see if you have Part A and/or Part B coverage.

Important Note – Medicare's required deductibles and coinsurance amounts may change each calendar year. For the most up-to-date deductible and coinsurance figures, review the current *Medicare & You* booklet available at your local Medicare office or by visiting the Medicare website at www.medicare.gov, or call 800.MEDICARE (800.633.4227).

Medicare Part D

Medicare offers prescription drug coverage known as Medicare Part D. This coverage is available to everyone with Medicare by enrolling in a Medicare Part D plan and paying a monthly premium. All Medicare Part D plans provide at least a standard level of prescription drug coverage set by Medicare.

If you are enrolled in a HealthTrust Medicomp Three with Prescription Drug Coverage Plan (MCRX), you do not need to also enroll in a Medicare Part D Plan. This is because the MCRX plan is considered "creditable" coverage which means that the prescription drug coverage is as good as or better than coverage available through a standard Medicare Part D plan. Please see the last page of this brochure for additional information regarding your prescription drug coverage.

HOW MEDICOMP THREE WORKS

Medicomp Three provides certain protections to help you get the highest level of benefits available. For example, your coverage cannot be denied or delayed due to any pre-existing condition. Also if your care is not covered by Medicare in whole or in part, you may submit a Major Medical claim. If your Major Medical claim is denied, you are responsible for paying 100 percent of the cost. For more information, see the *Major Medical Benefits* section on page 5.

Medicomp Three consists of two parts—Medicare Complementary Benefits and Major Medical Benefits. Now, let's look at each part.

Medicare Complementary Benefits

Medicare Parts A and B pay benefits after you have met certain deductibles and/or coinsurance. This means, if your only coverage is through Medicare, you will likely have to pay for some of your care.

However, the Medicomp Three Medicare Complementary Benefits cover 100 percent of Medicare Parts A and B required deductibles and coinsurance amounts. This means your out-of-pocket cost for care is lowered or eliminated.

The following pages look at how Medicare Complementary Benefits supplement your Medicare benefits.

Inpatient Hospital Stays

Medicare Part A provides limited coverage for inpatient care in hospitals, critical access hospitals, and skilled nursing facilities. Part A also covers hospice care and some home healthcare.

Inpatient hospital coverage includes:

- A semiprivate room,
- Meals,
- General nursing care,
- Other hospital services and supplies,
- Care you receive at a critical access hospital, and
- Inpatient behavioral healthcare.

Coverage does not include:

- Private duty nursing,
- A television or telephone in your room, or
- A private room, unless medically necessary.

Medicare Part A requires payment of an annual deductible as well as coinsurance for some Part A services. But, Medicomp Three Complementary Benefits cover 100 percent of these costs.

This chart shows how Medicare Part A and Medicomp Three Complementary Benefits cover inpatient hospital care.

| | Medicare Part A Pays | Medicomp Three Complementary Benefits Pay | You Pay* |
|--|---|---|---|
| Inpatient Hospital Benefits | | | |
| First 60 days | 100% after calendar year Medicare Part A deductible | Medicare Part A deductible per calendar year | \$0 |
| Days 61 through 90 | 100% after Medicare Part A coinsurance per day | Medicare Part A coinsurance per day | \$0 |
| Days 91 through 150** | 100% after Medicare Part A coinsurance per day | Medicare Part A coinsurance per day | \$0 |
| After 150 days of continuous confinement | \$0 | 90% of covered services, up to a lifetime maximum of 365 days | 10% of covered services, up to a lifetime maximum of 365 days Then 100% of charges. You may submit these charges for consideration for payment under Major Medical |
| Blood | 100% after 3 pints | 100% of first 3 pints | \$0 |

* Any remaining balance for covered services may be eligible for coverage under Major Medical. For specific information about Major Medical Benefits, refer to Sections 3–5 of the Medicomp Three Subscriber Certificate.

** Note that Days 91 through 150 are one-time lifetime reserve days.

Skilled Nursing Home Benefits

Skilled nursing home coverage includes:

- A semiprivate room,
- Meals,
- Skilled nursing and rehabilitative services, and
- Other services and supplies, generally after a related three-day inpatient hospital stay. Limited to up to 100 days per benefit period.

Please note that custodial care is not covered.

Medicare Part A covers 100 percent of Medicare-eligible expenses received in a semiprivate room in a skilled nursing facility during the first 20 days.

But, Part A requires payment of coinsurance from Days 21 through 100. Medicomp Three Complementary Benefits cover 100 percent of this cost.

This chart shows how Medicare Part A and Medicomp Three Complementary Benefits cover skilled nursing home care.

| | Medicare Part A Pays | Medicomp Three Complementary Benefits Pay | You Pay* |
|--|--|---|---|
| Skilled Nursing Home Benefits** | | | |
| First 20 days | 100% | \$0 | \$0 |
| Days 21 through 100 | 100% after calendar year Medicare Part A coinsurance per day | Medicare Part A coinsurance per day | \$0 |
| After 100 days of continuous confinement | \$0 | \$0 | 100% of charges. You may submit these charges for consideration for payment under Major Medical |

* Any remaining balance for covered services may be eligible for coverage under Major Medical. For specific information about Major Medical Benefits, refer to Sections 3–5 of the Medicomp Three Subscriber Certificate.

** Before you receive skilled nursing home care, you are strongly advised to confirm that the facility qualifies for Medicare benefits. Skilled nursing home confinement must follow a hospitalization and be medically necessary. Custodial care is not covered.

Medical Service Benefits

Medicare Part B covers Medicare-eligible expenses for services rendered by physicians and other Medicare-approved providers, including independent laboratories, ambulance services and independent physical therapists.

Some outpatient hospital services are also covered under Medicare Part B.

Medicare Part B requires payment of an annual deductible as well as coinsurance for certain services. Medicomp Three Complementary Benefits cover 100 percent of these costs.

This chart shows how Medicare Part B and Medicomp Three Complementary Benefits cover medical services.

| | Medicare Part B Pays | Medicomp Three Complementary Benefits Pay | You Pay* |
|--|--|--|--|
| Medical Service Benefits | | | |
| Physician services, hospital outpatient services, prosthetic devices, durable medical equipment, immunosuppressive drugs | 80% of Medicare-approved charges after annual Medicare Part B deductible per calendar year | Remaining 20% of Medicare-approved charges and annual Medicare Part B deductible per calendar year | \$0 for Medicare-eligible expenses 100% of non-Medicare-eligible expenses. You may submit these charges for consideration for payment under Major Medical |
| Blood | 100% after 3 pints | 100% of first 3 pints | \$0 |
| Non-inpatient psychiatric services (psychiatric maximums and exceptions may apply)** | 80% of Medicare eligible expenses after psychiatric reduction, if applicable | Psychiatric reduction and 20% of Medicare-eligible expenses | \$0 for Medicare-eligible expenses 100% of non-Medicare-eligible expenses. You may submit these charges for consideration for payment under Major Medical |

* Any remaining balance for covered services may be eligible for coverage under Major Medical. For specific information about Major Medical Benefits, refer to Sections 3 through 5 of the Medicomp Three Subscriber Certificate.

** For psychiatric maximums and exceptions, refer to the Medicare & You handbook available from your local Medicare office by calling 800.633.4227 or at www.medicare.gov.

MAJOR MEDICAL BENEFITS

Major Medical Benefits are an important component of your Medicomp Three plan.

Please Note: Major Medical Benefits are in addition to your Medicare Complementary Benefits. Major Medical Benefits do not duplicate coverage that is available under Medicare Part A, Medicare Part B or Medicare Complementary Benefits.

If you receive care or services that Medicare does not cover, or if Medicare covers some but not all of your care, you may submit these charges not covered by Medicare to be considered for coverage under Major Medical.

How Major Medical Benefits Are Paid

HealthTrust's Medicomp Three plan pays 100 percent of the cost of eligible Major Medical covered services; *you pay nothing out-of-pocket.*

Please note that Major Medical covers approved care at 100 percent of the *maximum allowable benefit*. The *maximum allowable benefit* is the amount the plan allows for a particular service in your geographical area. Amounts that exceed the *maximum allowable benefit* are not eligible for payment and are considered out-of-pocket expenses to you.

With Major Medical, covered medical services are reimbursable regardless of your choice of physician or hospital.

Maximum Lifetime Benefit

Major Medical carries a lifetime benefit maximum of \$1 million. You are responsible for 100 percent of any costs in excess of this maximum.

Any Major Medical Benefits count toward this maximum, as do any benefits previously paid by Anthem while you were covered by any Anthem and/or HealthTrust-sponsored Anthem plan.

Eligible Services

While there is no guarantee that the services listed below will always be accepted for Major Medical payment, we encourage you to submit claims for:

- Ambulance services,
- Chiropractic care received from a participating provider,
- Diabetes management programs,
- Emergency care, which is defined as care required to prevent serious jeopardy to your health, impairment of bodily functions or dysfunction of a bodily organ or part. This includes heart attacks, broken bones, stroke, uncontrolled bleeding and unconsciousness,
- Hospice care received from a participating provider,
- Immunizations, and
- Laboratory and x-ray tests.

For a list of services eligible for submission under Major Medical—as well as a list of limitations and exclusions—see your *Medicomp Three Subscriber Certificate*, available in the HealthTrust Secure Enrollee Portal or "SEP". You can always request a paper copy of your plan materials, by contacting HealthTrust Enrollee Services at 800.527.5001 or enrolleeservices@healthtrustnh.org.

Determining Claims

When determining whether your claim qualifies for Major Medical Benefits, Anthem considers the following:

1. Were the services and supplies medically necessary?
2. Were the services and supplies ordered, performed, prescribed, or supervised by a qualifying physician?
3. Are the charges consistent with the maximum allowable benefit determination?
4. If the claim is in connection with a hospital stay, are the charges within the hospital's semiprivate room rate?

Anthem will notify you if your Major Medical claim is approved or denied. *If coverage is denied, you are responsible for paying 100 percent of any remaining balance.*

In addition, benefits are subject to any applicable deductible, coinsurance, benefit period restrictions, and lifetime maximums that may apply.

PRESCRIPTION DRUG BENEFITS

With a Medcomp Three with Prescription Drug Coverage Plan (MCRX), you receive comprehensive prescription drug benefits administered by CVS Caremark® – as soon as your coverage becomes effective with HealthTrust. Please refer to your CVS Caremark “Your Personal Prescription Benefit Program” summary for information regarding your prescription drug coverage.

HealthTrust’s MCRX coverage is considered “creditable” coverage which means that the prescription drug coverage is as good as or better than coverage available through a standard Medicare Part D plan. Being enrolled in a creditable coverage plan also allows you to avoid late-enrollment fees if you later switch to a Medicare Part D plan. However, you will not be able to enroll in a Medicare Part D plan until your prescription drug coverage with MCRX ends.

If your employer offers a HealthTrust Medcomp Three without Prescription Drug Coverage Plan (MCNRX) and you elect the MCNRX coverage, you will need to enroll in a Medicare Part D plan for your prescription drug coverage.

CONTACT INFORMATION

| Organization | Services |
|--|--|
| HealthTrust 800.527.5001 www.healthtrustnh.org | Provides answers to questions about your enrollment plan materials and the Slice of Life wellness program |
| Medicare 800.MEDICARE (800.633.4227) www.medicare.gov | Provides answers to questions about Part A, Part B, and Part D coverage, and other Medicare programs |
| Anthem Blue Cross and Blue Shield 800.225.2666 www.healthtrustnh.org | Provides answers about your benefits, covered services, plan materials, Subscriber Certificate and participating providers |
| LifeResources—Employee Assistance Program 800.759.8122 www.healthtrustnh.org | Provides counseling and resources for a variety of health-impacting life stressors |
| CVS Caremark 888.726.1631 www.healthtrustnh.org | Provides answers about your prescription drug program benefits and services |



PO Box 617 • Concord, NH 03302-0617
 Tel: 603.226.2861 • 800.527.5001 (NH Toll-Free) • Fax: 603.226.2988
 Website: www.healthtrustnh.org