



MountainOne Insurance Agency, Inc.
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Dear Smith College Retiree,

Enclosed is information on the Retiree Supplemental Health Plan offered to retirees of Smith College by MountainOne Insurance. The program is administered by Benistar Group Retiree Health Solutions in Connecticut, which manages a trust with more than 12,000 retirees. The Hartford Life Insurance Company insures the medical supplement plan and Express Scripts runs the Part D prescription drug plan.

The MountainOne Medicare Insurance division manages plan enrollment, annual renewals and provides assistance with customer service issues year round. With office locations in North Adams, MA at 85 Main Street Suite 100, and Pittsfield, MA at 111 Silver Lake Blvd, our division is comprised of licensed insurance brokers including Brian Drake, Linda Grande and Sharon Coe.

Included in this packet are the plan summaries for the two plans offered to Smith College Retirees. These plans are only available to retirees when they are first eligible for Medicare and supplemental insurance; it is open to retirees and spouses at age 65 or when they retire after age 65.

Your 2023 Plan Options

The 2023 Premier Plan and the Value \$1000 plans have unisex, age-banded rates that are detailed on the rate sheet. The coverage offered by the two plans is detailed in the Benistar 2023 Plans comparison document in the kit. The Premier Plan has a higher monthly premium with the only difference being that with this plan **you will not** be responsible for any co-insurance as you will be with the Value \$1000 plan. With the Value \$1000 plan you will pay 20% of the Medicare approved fees for outpatient services until you reach a calendar year maximum of \$1000. **The \$1000 maximum includes your Part B deductible that deductible for 2023 is 226.00.**

Here are examples of how the 20% co-insurance in the Value Plan would work based upon sample, not actual fees:

- \$100 Office visit – you pay 20% or \$20
- \$1800 MRI test –you pay 20% or \$360
- \$5000 day surgery – you pay 20% or \$1000

OVER

2023 Medicare Part D Drug Plan

Unlike the Medicare part D Plans available to individuals, our group plans have **no deductible and no doughnut hole for formulary drugs**, where members pay 25% of the cost of a brand drug in the ****coverage gap**. The plans administered by Benistar offer no deductible and coverage for both generic and brand drugs though the doughnut hole.

We offer two drug plan options. The difference in the 2 plans:

Current Plan – Option 1

- Higher Monthly Premium
- Lower Co-Payments

Option 2

- Lower Monthly Premium
- Higher Co-Payments
- \$0 Cost for certain preferred generic prescriptions (see list)

Express Scripts plan summary is also included.

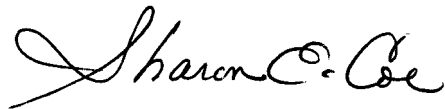
**** Coverage gap (Donut hole) begins when you and your Part D plan spend a combined \$4660 for 2023 (not including monthly premiums). While in the coverage gap, you'll typically pay up to 25% of the costs for both generic and brand -name drugs. When you reach a total out of pocket of \$7400 you will reach the Catastrophic Coverage Stage. You will be exposed to \$2740 out of pocket while in the "gap"**

Important Reminders:

- You should apply for your Medicare Part B at least 3 months prior to your effective date. You do this at the Social Security Office.
- The only opportunity to enroll in the Benistar Plan is when you are eligible for Medicare. If you decide not to enroll at that time you will be unable to enroll in the future.
- The Benistar Employer Group plan is certified as “creditable”, meaning the benefits are equal to or better than the benefits in a standard Medicare Part D plan.
- **The Medicare Part B Deductible for 2023 is \$226.00. This is an annual deductible that must be met before Medicare or your supplemental plan will begin to cover services.**
- **If you enroll in the Value 1000 plan the Part B deductible is included in your \$1000 out of pocket maximum.**

We welcome the opportunity to assist you in any way we can. If you have any questions or would like to enroll please do not hesitate to contact Linda at 413-663-2384 or Sharon at 413-449-5314.

Sincerely,



*Sharon E. Coe, Account Executive
Medicare Specialist & Licensed Broker*

Linda Grande,
*Medicare Specialist & Licensed
Broker*

2023 Monthly Premiums with Option 1 Drug Plan

Benistar Value \$1000 Plan								
2022 Value \$1000			2023 Value \$1000			Change:		
Age	Medical	RX	Total	Medical	RX	Total		
65-69	\$137.62	\$198.00	\$335.62	\$144.36	\$208.00	\$352.36	\$16.74	5.0%
70-74	\$161.13	\$198.00	\$359.13	\$169.03	\$208.00	\$377.03	\$17.90	5.0%
75-79	\$190.77	\$198.00	\$388.77	\$200.12	\$208.00	\$408.12	\$19.35	5.0%
80-84	\$218.03	\$198.00	\$416.03	\$228.72	\$208.00	\$436.72	\$20.69	5.0%
>85	\$230.37	\$198.00	\$428.37	\$241.66	\$208.00	\$449.66	\$21.29	5.0%

Benistar Premier Plan								
2022 Premier			2023 Premier			Change:		
Age	Medical	RX	Total	Medical	RX	Total		
65-69	\$219.95	\$198.00	\$417.95	\$230.73	\$208.00	\$438.73	\$20.78	5.0%
70-74	\$258.93	\$198.00	\$456.93	\$271.62	\$208.00	\$479.62	\$22.69	5.0%
75-79	\$308.12	\$198.00	\$506.12	\$323.22	\$208.00	\$531.22	\$25.10	5.0%
80-84	\$353.33	\$198.00	\$551.33	\$370.65	\$208.00	\$578.65	\$27.32	5.0%
>85	\$373.81	\$198.00	\$571.81	\$392.12	\$208.00	\$600.12	\$28.31	5.0%

2022 Monthly Premiums with Option 2 Drug Plan

Benistar Value \$1000 Plan								
2022 Value \$1000			2023 Value \$1000			Change:		
Age	Medical	RX	Total	Medical	RX	Total		
65-69	\$137.62	\$158.00	\$295.62	\$144.36	\$166.00	\$310.36	\$14.74	5.0%
70-74	\$161.13	\$158.00	\$319.13	\$169.03	\$166.00	\$335.03	\$15.90	5.0%
75-79	\$190.77	\$158.00	\$348.77	\$200.12	\$166.00	\$366.12	\$17.35	5.0%
80-84	\$218.03	\$158.00	\$376.03	\$228.72	\$166.00	\$394.72	\$18.69	5.0%
>85	\$230.37	\$158.00	\$388.37	\$241.66	\$166.00	\$407.66	\$19.29	5.0%

Benistar Premier Plan								
2022 Premier			2023 Premier			Change:		
Age	Medical	RX	Total	Medical	RX	Total		
65-69	\$219.95	\$158.00	\$377.95	\$230.73	\$166.00	\$396.73	\$18.78	5.0%
70-74	\$258.93	\$158.00	\$416.93	\$271.62	\$166.00	\$437.62	\$20.69	5.0%
75-79	\$308.12	\$158.00	\$466.12	\$323.22	\$166.00	\$489.22	\$23.10	5.0%
80-84	\$353.33	\$158.00	\$511.33	\$370.65	\$166.00	\$536.65	\$25.32	5.0%
>85	\$373.81	\$158.00	\$531.81	\$392.12	\$166.00	\$558.12	\$26.31	4.9%

Benistar 2023 Plans

	MEDICARE PAYS	Benistar Plan	Premier	Value \$1000
PART A SERVICES		Plan Pays:	Retiree pays:	Retiree pays:
<u>Hospitalization</u> <u>Hospital Confinement Benefit</u> <u>Semi-private room and board, general nursing and misc. services & supplies</u> First 60 days 61st through 90th day 91st through 150th day, 60-day Lifetime Reserve Once lifetime Reserve days are used (or would have ended if used) additional 365 days of confinement per person per lifetime	All but \$1,600* All but \$400* per day All but \$800* per day 0%	\$1,600.00 \$400* per day \$800* per day 100%	\$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0
<u>Skilled Nursing Care Facility: Semi-private room and board, skilled nursing and rehabilitative services and other services and supplies.</u> 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 21st through 100th day 101st to 365th day of Confinement	All approved amounts All but \$200.* per day \$0	\$0 Up to \$200.* per day \$0	\$0 \$0 All costs	\$0 \$0 All costs
<u>Hospice Care</u> - Pain relief, symptom management and support services for terminally ill. As long as Physician certifies the need	All costs, but limited to costs for outpatient drug and inpatient respite care.	Benistar plan pays co-insurance charges for inpatient respite care, drugs and biologicals approved by Medicare.	All other charges	All other charges
<u>Blood Deductible</u> - Hospital Confinement and Outpatient Medical Expenses. When furnished by a hospital or skilled nursing facility during a covered stay. First 3 pints Additional Amounts	\$0 100%	plan pays 100% 0%	\$0 \$0	\$0 \$0

Note: * Medicare Deductibles & Co-Insurance for 2023

	MEDICARE PAYS	Benistar Plan	Premier	Value \$1000
PART B SERVICES		Plan Pay:	Retiree pays:	Retiree pays:
Outpatient Medical Expenses- In or Out of the hospital and outpatient hospital treatment, such as physician services, inpatient and outpatient medical and surgical services and supplies, physical & speech therapy, diagnostic tests, durable medical equipment Medicare Part B Deductible: First \$226.* of Medicare-approved amounts:	\$0	\$0	\$226*	\$226*
Remainder of Medicare-approved amounts.	Generally 80%	Please refer to Retiree pays	\$0	20% to \$1000 OOPMax, \$226. deductible included
Clinical laboratory services, blood tests, urinalysis and more	100%	\$0	\$0	\$0
Part B Excess Charges for non-participation Medicare providers covers the difference between the 115% Medicare limiting fee and the Medicare approved Part B charge.	\$0	0%	100%	100%
At-Home Recovery Services - Not Covered by Medicare: home care certified by your doctor for personal care during recovery from an injury or sickness for which Medicare approved a home care treatment plan. Benefit for each visit	\$0	0%	Not Covered	Not Covered
Number of visits covered (must be within 8 weeks of last Medicare-Approved visit) Calendar Year Maximum	\$0 NA	0%	Not Covered	Not Covered
Foreign Travel Emergency - Medically necessary emergency care services	\$0	Benistar Premier & Value pay 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, 100% thereafter)	\$250 deductible and then 20% of expenses incurred (to a lifetime maximum of \$50,000, 100% thereafter)

Note: * Medicare Deductibles & Co-Insurance for 2023

Medicare Part D Prescription Drug Benefits

Provided By Express Scripts Insurance Company

	Option 1	Option 2		
Benefit Period Start	January 1, 2023	January 1, 2023		
Benefit Period End	December 31, 2023	December 31, 2023		
Plan Deductible	\$0	\$0		
31-Day Retail/Mail Copayments				
Preferred Generic	N/A	\$0		
Generic	\$5	\$15		
Preferred Brand	\$40	\$60		
Non-Preferred	\$75	\$100		
Specialty	33%	33%		
90-Day Retail Copayments				
	Preferred	Standard	Preferred	Standard
Preferred Generic	N/A	N/A	\$0	\$0
Generic	\$10	\$15	\$30	\$45
Preferred Brand	\$80	\$120	\$150	\$180
Non-Preferred	\$180	\$225	\$250	\$300
Specialty ¹	33%	33%	33%	33%
90-Day Home Delivery Copayments				
Preferred Generic	N/A		\$0	
Generic	\$10		\$30	
Preferred Brand	\$80		\$150	
Non-Preferred	\$180		\$250	
Specialty ¹	33%		33%	
Coverage Gap	Full Coverage		Full Coverage	
Utilization Management	Standard Part D		Standard Part D	
Lifestyle Drugs	Not Covered		Not Covered	
All Other Non-Part D Drugs ²	Covered		Covered	
Coverage Gap: Full Coverage: There is no Coverage Gap. Member co-pays above apply.				
Catastrophic Coverage: Full Coverage: Once the True Out-of-Pocket Cost has reached \$7,400, member cost share for generic drugs is the greater of 5% or \$4.15 and for all other drugs, the greater of 5% or \$10.35 with a maximum of the co-pays above.				
¹ Most Specialty drugs can only be dispensed up to a 31-day supply, when available.				
² With the exception of Part B drugs, which are covered by the medical plan.				
Monthly Premium Per Member	\$208.00		\$166.00	

2023 Medicare Premier Access 5 Tier Formulary Low Cost Generics (Tier 1)

ALENDRONATE SODIUM	HYDROCHLOROTHIAZIDE	PANTOPRAZOLE SODIUM
ALLOPURINOL	IBU	PERINDOPRIL ERBUMINE
AMLODIPINE BESYLATE	IBUPROFEN	PERIOGARD
AMLODIPINE BESYLATE-BENAZEPRIL	INDAPAMIDE	PIOGLITAZONE HCL
AMLODIPINE-VALSARTAN	IRBESARTAN	PRAVASTATIN SODIUM
ATENOLOL	IRBESARTAN-HYDROCHLOROTHIAZIDE	PREDNISONE
ATORVASTATIN CALCIUM	ISOSORBIDE MONONITRATE	PROPRANOLOL HCL
BENAZEPRIL HCL	JANTOVEN	QUINAPRIL
BENAZEPRIL HCL-HCTZ	LAMOTRIGINE	QUINAPRIL-HYDROCHLOROTHIAZIDE
BISOPROLOL FUMARATE/HCTZ	LATANOPROST	RAMIPRIL
CARVEDILOL	LEVO-T	RISPERIDONE
CHLORHEXIDINE GLUCONATE	LEVOTHYROXINE SODIUM	ROSUVASTATIN CALCIUM
CIPROFLOXACIN HCL	LEVOXYL	SALSALATE
CITALOPRAM HBR	LISINOPRIL	SERTRALINE HCL
CLONIDINE HCL	LISINOPRIL-HCTZ	SIMVASTATIN
CLOPIDOGREL	LITHIUM CARBONATE	SPIRONOLACTONE
DONEPEZIL HCL	LOSARTAN POTASSIUM	SUBVENITE
ENALAPRIL MALEATE	LOSARTAN-HYDROCHLOROTHIAZIDE	SULFAMETHOXAZOLE-TRIMETHOPRIM
ENALAPRIL MALEATE/HCTZ	LOVASTATIN	TAMSULOSIN HCL
ESCITALOPRAM OXALATE	MELOXICAM	TERAZOSIN HCL
EUTHYROX	METFORMIN HCL	TIMOLOL MALEATE
FAMOTIDINE	METFORMIN HCL ER	TRANDOLAPRIL
FLUOXETINE HCL	METHIMAZOLE	TRAZODONE HCL
FOSINOPRIL SODIUM	METOCLOPRAMIDE HCL	TRIAMTERENE W/HCTZ
FUROSEMIDE	METOPROLOL SUCCINATE	UNITHROID
GEMFIBROZIL	METOPROLOL TARTRATE	VALSARTAN
GLIMEPIRIDE	MOEXIPRIL HCL	VALSARTAN-HYDROCHLOROTHIAZIDE
GLIPIZIDE	NAPROXEN	VERAPAMIL HCL
GLIPIZIDE ER	OLMESARTAN MEDOXOMIL	WARFARIN SODIUM
GLIPIZIDE XL	OLMESARTAN-HYDROCHLOROTHIAZIDE	
GLIPIZIDE-METFORMIN	OMEPRAZOLE	

PRESCRIPTION DRUGS I TAKE NOW

Use the section below to list the medications you are taking

DRUG NAME	DRUG STRENGTH	GENERIC OR NAME BRAND
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		