

# Infinity Trust Medical 2012 Plan Design Options and Rates

✓ = included benefit

| BENEFIT DESCRIPTION   | AGP-3182<br>(MANDATORY)<br>AGP-3186<br>(VOLUNTARY)<br>SMIP | AGP-3834<br>(MANDATORY)<br>AGP-3835<br>(VOLUNTARY)<br>GRIP | AGP-3836<br>(MANDATORY)<br>AGP-3837<br>(VOLUNTARY)<br>GRIP | AGP-3838<br>(MANDATORY)<br>AGP-3839<br>(VOLUNTARY)<br>GRIP | AGP-3840<br>(MANDATORY)<br>AGP-3841<br>(VOLUNTARY)<br>GRIP |
|---|--|--|--|--|--|
| <b>Calendar Year Deductible (Ded)</b><br><ul style="list-style-type: none"> <li>• Applies toward the Part B Out-of-Pocket (OOP) Maximum</li> <li>• Applies to Part B Services only</li> </ul> | \$0  | \$0  | \$0  | \$300  | \$0  |
| <b>Inpatient Hospital Part A Ded</b>  | ✓  | ✓  | ✓  | ✓  | ✓  |
| <b>Part A Coinsurance</b><br>(days 61-90; 25% of Part A Ded)  |  |  |  |  |  |
| <b>Part A Coinsurance</b><br>(days 91-150; 50% of Part A Ded)   | ✓  | ✓  | ✓  | ✓  | ✓  |
| <b>Additional Hospitalization</b><br>(365 days payable at 100%)   | ✓  | ✓  | ✓  | ✓  | ✓  |
| <b>Skilled Nursing Facility</b><br>(days 21-100; 12 1/2% Part A Ded)  | ✓  | ✓  | ✓  | ✓  | ✓  |
| <b>Part B Deductible</b>  | ✓  | ✓  |  |  |  |
| <b>Remaining 20% Part B Coinsurance</b><br>after the Part B Ded   | 100% of the<br>20%   | 100% of the<br>20%   | 80% of the<br>20% until<br>OOP is met,<br>then 100%        | 50% of the<br>20% until<br>OOP is met,<br>then 100%        | 0% of the 20%<br>until OOP is<br>met, then<br>100%         |
| <b>Part B OOP Maximum</b>   | Unlimited  | Unlimited  | \$2,000  | \$1,500  | \$2,000  |
| <b>Total Part B OOP Maximum</b><br>Total Part B Deductible, Cal. Year Ded and<br>OOP Maximum  | Unlimited  | Unlimited  | \$2,000  | \$1,500  | \$2,000  |
| <b>Part B Excess Charges</b>  | ✓  | ✓  |  |  |  |
| <b>Part A &amp; B Blood Deductible</b> (1st 3<br>pints)   | ✓  | ✓  | ✓  | ✓  | ✓  |
| <b>Hospice</b> (Inpatient respite care, drugs)  | ✓  | ✓  | ✓  | ✓  | ✓  |
| <b>Foreign Travel Emergency</b><br>(\$250 Ded/80% coinsurance/<br>\$50,000 Lifetime Max)  | ✓  | ✓  | ✓  | ✓  | ✓  |
| <b>Preventive Care Cancer Screening<br/>Benefit</b><br>(one mammography, cervical, & prostate<br>cancer screening per calendar year)  |  | ✓  | ✓  | ✓  | ✓  |
| <b>Monthly Per Person Total Cost*</b>   |  |  |  |  |  |
| <b>Mandatory Plan</b><br><b>(50-100% Employer Contribution):</b>  | <b>\$237.34</b>  | <b>\$237.34</b>  | <b>\$186.98</b>  | <b>\$143.82</b>  | <b>\$99.15</b>   |
| <b>Voluntary Plan:</b><br><b>(0-49% Employer Contribution):</b>   |  |  |  |  |  |
| <b>65-69:</b>   | <b>\$176.63</b>  | <b>\$176.63</b>  | <b>\$139.85</b>  | <b>\$108.33</b>  | <b>\$75.70</b>   |
| <b>70-74:</b>   | <b>\$207.29</b>  | <b>\$207.29</b>  | <b>\$163.65</b>  | <b>\$126.25</b>  | <b>\$87.54</b>   |
| <b>75-79:</b>   | <b>\$245.83</b>  | <b>\$245.83</b>  | <b>\$193.56</b>  | <b>\$148.78</b>  | <b>\$102.41</b>  |
| <b>80-84:</b>   | <b>\$281.11</b>  | <b>\$281.11</b>  | <b>\$220.96</b>  | <b>\$169.39</b>  | <b>\$116.04</b>  |
| <b>85+:</b>   | <b>\$297.00</b>  | <b>\$297.00</b>  | <b>\$233.29</b>  | <b>\$178.68</b>  | <b>\$122.17</b>  |

\* \$12 pp/pm administrative fee for services which include but are not limited to issuance, claims payment and customer service is included in the per person per month premium.

## Infinity Trust Medical 2012 Plan Design Options and Rates, cont.

*The Fully Insured Prescription Drug policies are offered to Participating Firms with 50%+ Employer Contributions only and must be written in conjunction with a medical plan.*

| Benefit Description                              | AGP3163<br>(Rx Option 1)  | AGP3165<br>(Rx Option 2)  | AGP3166<br>(Rx Option 3)  |
|--|---|---|---|
| <b>Fully Insured Prescription Drug Coverage*</b> | <p><b>Rx Retail &amp; Mail Order: \$250 Calendar Year Deductible, 45% coinsurance up to \$7500 Calendar Year Maximum</b></p> <p>Plan pays 55% coinsurance after \$250 CYD up to \$7500 during a Calendar Year</p> | <p><b>\$250 Calendar Year Deductible</b></p> <p><b>\$5000 Calendar Year Maximum</b></p> <p><b>Retail: \$10G/\$25PB/50% B</b></p> <p><b>Mail Order: \$20G/\$50PB/50%B coinsurance up to \$5000 Calendar Year Maximum</b></p> <p>Plan pays all but the copayments &amp; coinsurances listed above after \$250 CYD up to \$5000 during a Calendar Year</p> | <p><b>\$250 Calendar Year Deductible</b></p> <p><b>\$7000 Calendar Year Maximum</b></p> <p><b>Retail: \$10G/\$25PB/50% B</b></p> <p><b>Mail Order: \$20G/\$50PB/50%B coinsurance up to \$7000 Calendar Year Maximum</b></p> <p>Plan pays all but the copayments &amp; coinsurances listed above after \$250 CYD up to \$7000 during a Calendar Year</p> |
| <b>Monthly Per Person Per Month Total Cost:</b>  | <b>\$183.35</b>   | <b>\$225.27</b>   | <b>\$267.74</b>   |

\* We will not cover the difference between the cost of a Brand-Name Drug and its less expensive Generic equivalent, including Preferred Drugs, regardless if the Physician specified on the prescription of that Brand-Name Drug, Dispense as Written (DAW).



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## Infinity Trust Proposal

### **State Availability:**

- ✓ At this time, the Infinity Trust Program is **not** available to **participating firms** situated in the states of:
  - SMIP Plan (AGP-3182 & 3186): Connecticut, Florida, Louisiana, Maine, Minnesota, Nevada, New Mexico, New York, Pennsylvania\*, South Dakota, Vermont, and Washington, West Virginia\*\*, and Wisconsin.
  - GRIP Plans (AGP- 3834, 3835, 3836, 3837, 3838, 3839, 3840 & 3841): Florida, Idaho, Indiana, Kansas, Louisiana, Maine, Maryland, Minnesota, Montana, Nevada, New Jersey, New York, Oregon, South Dakota, Utah, Vermont & Washington
  
- ✓ At this time, coverage is **not** available to **residents** for the following states:
  - SMIP Plan (AGP-3182 & 3186): Maine, Minnesota, Nevada, New Mexico, Vermont, Washington, and Wisconsin
  - GRIP Plans (AGP- 3834, 3835, 3836, 3837, 3838, 3839, 3840 & 3841): Kansas, Maryland, Minnesota, Montana, New York, Oregon, Vermont & Washington
  
- ✓ For Participating Firms situated in Virginia, a Minimum Participation Requirement of 10 lives is needed in order to issue coverage.
  
- ✓ For Participating Firms situated in Wisconsin, Pennsylvania and Connecticut, Infinity Trust GRIP Plans are the only plans available

\* "No Go" if 45%+ of the group resides in Pennsylvania

\*\*\*"No Go" for Policyholders with less than 50 active lives

### **Underwriting Requirements for Infinity Trust:**

- ✓ Minimum participation requirement: 2 eligible lives;
- ✓ Maximum group size of up to 250 participating retiree lives plus spouses;
- ✓ The Participating Firm should not be involved in a bankruptcy filing, unless filing is necessary for restructuring;
- ✓ The Participating Firm may not have sponsored a group plan for its eligible retirees during the past 3 years, for which The Hartford was the carrier;
- ✓ Premium contribution by the Participating Firm is only towards this coverage and the Firm will not sponsor or contribute towards any other group medical plan for the eligible retirees.

**Claims Experience** for the Infinity Trust is pooled together with all of the other firms under the Infinity Trust. The Infinity Trust experience is reviewed once a year and, if necessary, adjustments are implemented on January 1st.