



**SENIOR MEDICAL INSURANCE PLAN (SMIP)  
SUMMARY OF COVERAGE  
THROUGH BENISTAR EMPLOYER SERVICES TRUST (BEST)**

**SPONSORED BY:** JUNIATA COLLEGE

UNDERWRITTEN BY: HARTFORD LIFE & ACCIDENT INSURANCE COMPANY

SERVICES	MEDICARE PAYS	HARTFORD PLAN 5 PAYS	YOU PAY
<b>HOSPITAL CONFINEMENT BENEFIT</b>			
Semi-private room and board, general nursing, and miscellaneous services and supplies:			
First 60 days	All but \$1,216	\$1,216	<b>\$0</b>
61 <sup>st</sup> through 90 <sup>th</sup> day	All but \$304 per day	\$304 per day	<b>\$0</b>
91 <sup>st</sup> through 150 <sup>th</sup> day (60 day Lifetime Reserve Period)	All but \$608 per day	\$608 per day	<b>\$0</b>
Once Lifetime Reserve days are used (or would have ended if used) additional 365 days of confinement per person per lifetime	\$0	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 requirements which includes a hospital stay 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	\$0	<b>\$0</b>
21 <sup>st</sup> through 100 <sup>th</sup> day	All but \$152.00 per day	Up to \$152.00 per day	<b>\$0</b>
<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>
<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%	<b>\$0</b>
Additional amounts	100%	\$0	<b>\$0</b>

# SENIOR MEDICAL INSURANCE PLAN

## SUMMARY OF COVERAGE (CONTINUED)



SERVICES	MEDICARE PAYS	PLAN 5 PAYS	YOU PAY
<b>OUT-PATIENT MEDICAL EXPENSES - In or Out of the Hospital and Out-Patient Hospital Treatment</b> , such as Physician's services, In-Patient and Out-Patient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
Medicare Part B Deductible First \$147 of Medicare-approved amounts	\$0	\$147	<b>\$0</b>
Remainder of Medicare-approved amounts	Generally 80%	100%	<b>0%</b>
Clinical Laboratory services, blood tests, urinalysis and more	100%	\$0	<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>
SERVICES	MEDICARE PAYS	PLAN 5 PAYS	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 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, 100% thereafter)

*The summary of program benefits described herein is for illustrative purposes only. In case of differences or errors, the Group Policy governs.*