

Catskill Area School Employee Benefit Plan Comparison

	Self-Funded CASEBP Employee Plan	CASEBP MEDIGAP PLAN	
	Monthly cost: Plan L \$826, Plan H \$850, Plan P \$848	Monthly cost: \$471.42	
	Basic (Claims paid at 100%)	Non-Basic (Subject to deductible & coinsurance)	NO NETWORK -- Retiree may choose their physician
Deductibles, Co-Pays, Out of Pocket Amounts, Coinsurance and Lifetime Maximums			
Deductible Calendar Year	None	\$110 per person, \$330 per family (Plan L) \$75 per person, \$225 per family (Plan H & P)	None
Co-insurance Rate	100%	80%	100%
Out-of-Pocket Maximum	None	\$400	None
Calendar Year Maximums	None	None	None
Lifetime Maximums	Unlimited	Unlimited	Unlimited
Rx Co-pays	\$10 Generic, \$15 Brand, \$0 Mail-Order (Plan H & L) \$5 Generic, \$20 Brand, \$0 Mail-Order (Plan P)	\$10 Generic, \$15 Brand, \$0 Mail-Order (Plan H & L) \$5 Generic, \$20 Brand, \$0 Mail-Order (Plan P)	\$5 Generic, \$15 Brand, \$0 Mail-Order
HOSPITAL MEDICAL SERVICES			
Referral Requirement	No	No	None
Inpatient Hospital Stay	100% Coverage for 365 days of inpatient stay per confinement	Subject to deductible; coinsurance and OOP amounts	100% Coverage after Medicare PLUS coverage for 365 add'l days after Medicare benefits end.
Outpatient Hospital Care	100% Coverage	Subject to deductible; coinsurance and OOP amounts	100% Coverage after Medicare
Emergency Room	100% Coverage	Subject to deductible; coinsurance and OOP amounts	100% Coverage after Medicare
Organ or Tissue Transplants	No Coverage; Non-Basic Only	Pre-certification is required; Subject to deductible; coinsurance and OOP amounts	100% Coverage after Medicare
Skilled Nursing Facility	Maximum of 100 days of coverage. After first 20 days Medicare coinsurance days of \$167.50 is not covered; 100% Coverage for remaining balance	No Coverage; Basic Only	100% Coverage after Medicare; limited to 100 days per Medicare benefit period
Hospice Care	100% Coverage; limited to 210 days lifetime maximum	No Coverage; Basic Only	100% Coverage after Medicare Unlimited care
PHYSICIAN MEDICAL SERVICES			
Office visits	No Coverage; Non-Basic Only	Subject to deductible; coinsurance and OOP amounts	100% Coverage after Medicare
Second Medical / Surgical Opinion	100% Coverage	No Coverage; Basic Only	100% Coverage after Medicare

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Chiropractic Services	No Coverage; Non-Basic Only	Covers acute, non-maintenance care only; Subject to deductible; coinsurance and OOP	Spinal Manipulation Services ONLY; 100% Coverage after Medicare
Podiatry	No Coverage; Non-Basic Only	Subject to deductible; coinsurance and OOP amounts; up to \$1,000 of medical treatment per year	Routine Services are Not Covered; 100% Coverage after Medicare
Infertility Treatment	No Coverage; Non-Basic Only	Subject to deductible; coinsurance and OOP amounts	Not Covered
Elective Sterilization	100% Coverage if surgery performed in-patient or at out-patient ambulatory surgical facility	Subject to deductible; coinsurance and OOP amounts	Not Covered
Accidental Dental Care & Treatment	No Coverage; Non-Basic Only	Subject to deductible; coinsurance and OOP amounts	Medicare covers is injury to sound natural teeth; routine dental care is NOT covered; 100% Coverage after Medicare
Routine Exam	100% Coverage	No Coverage; Basic Only	100% Coverage after Medicare
Adult Preventative Services (including mammograms, Pap smears, prostate cancer screenings & colorectal cancer screenings)	100% Coverage	No Coverage; Basic Only	100% Coverage after Medicare

DIAGNOSTIC, THERAPY, NURSING SERVICES

Diagnostic Procedures (Includes Radiology and Laboratory)	100% Coverage	No Coverage; Basic Only	100% Coverage after Medicare
Physical, Speech, Occupational Therapy	100% Coverage if related to condition post confinement or surgical procedure.	Subject to deductible, coinsurance and OOP; Limited to \$1,000 cal yr per therapy	100% Coverage after Medicare
Cardiac Rehab	No Coverage; Non-Basic Only	Subject to deductible, coinsurance and OOP	100% Coverage after Medicare
Diabetes Management	No Coverage; Non-Basic Only	Subject to deductible; coinsurance and OOP amounts	100% Coverage after Medicare
Private Duty Nursing	No Coverage; Non-Basic Only	Subject to deductible; coinsurance and OOP amounts	Not Covered
Sleep Disorder Testing	Pre-certification is required; 100% Coverage	No Coverage; Basic Only	100% Coverage after Medicare; Medicare requires pre-certification
Home Health Care	No Coverage; Non-Basic Only	40 visits per cal year, separate \$50 deductible per year plus 25% of charges above excess; coinsurance does not apply to out-of-pocket limit	100% Coverage after Medicare

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DURABLE MEDICAL EQUIPMENT, PROSTHETIC DEVICES, AMBULANCE

Durable Medical Equipment	No Coverage; Non-Basic Only	Subject to deductible, coinsurance, OOP; percertainment required over \$1,000	100% Coverage after Medicare
Prosthetic Devices	No Coverage; Non-Basic Only	Subject to deductible, coinsurance, OOP; percertainment required over \$1,000	100% Coverage after Medicare
Ambulance	Limited to \$50 per trip balance paid as non-basic benefit	Subject to deductible, coinsurance, OOP	100% Coverage after Medicare

MENTAL HEALTH AND SUBSTANCE ABUSE

Facility Stay	Mental Health: 100% Coverage; limited to 120 days of inpatient care and \$650 per day; Substance Abuse Limited to 28 days per cal yr and 42 days per lifetime	No Coverage; Basic Only	100% Coverage after Medicare PLUS coverage for 365 add'l days after Medicare benefits end.
Inpatient / Outpatient Physician Visits	No Coverage; Non-Basic Only	Subject to deductible; coinsurance and OOP amounts	100% Coverage after Medicare (No Maximum visits)

This analysis is based on Catskill Area School Employee Benefit (CASEBP) general plan design information that was made available to The Hartford through the request for proposal process. The benefit review is a high-level summary of variations and is not an exhaustive comparison of every contract provision. The comparisons noted herein are based on The Hartford's own interpretation and CASEBP summary of benefits may not administer or interpret its benefits and contract provisions in the same manner as The Hartford. This analysis does not constitute a binding offer to provide benefits or language in the manner highlighted.