

# Los Rios CCD Retiree Healthcare Informational Meeting

The Hartford Medicare Supplement and Express  
Scripts Part D

November 4<sup>th</sup> 2025



# Agenda and Housekeeping

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1. A recording of today's presentation will be made available to retirees upon request. All participants are muted.
2. We will answer all questions at the end of today's presentation.
  - Please type any questions in the chat.
  - Or text questions to 248-701-9218 or email questions to [DaynaZaks@hismi.com](mailto:DaynaZaks@hismi.com) throughout today's presentation.
  - Questions which are texted or emailed during the meeting will be answered during the Q&A portion.
3. For personal questions please contact Benistar Administrative Services at 1-800-236-4782.

# Agenda and Housekeeping

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Your Retiree Healthcare Team

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Retiree Service Center at Benistar

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Medicare 101 Overview

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Plan Details – The Hartford

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Plan Details - Express Scripts

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Next Steps and Enrollment

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FAQs

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Open Q&A

# Your Retiree Healthcare Team

- The Hartford Medicare Supplement
- Express Scripts Part D
- Benistar Administrative Services



# How Benistar Can Help You

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- Enrollment & Eligibility Support
- Copay Assistance Support
- Plan Design Questions
- Lower-Cost Generic Options
- Prior Authorization/ Pre-Certifications
- Pharmacy locator
- Provider Network Questions
- Billing Questions
- Formulary Questions

**Benistar Retiree Service Center 1-800-236-4782**

# Medicare Parts

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- Medicare Part A – Hospitalizations
- Medicare Part B – Outpatient Services
- Medicare Part C – Medicare Advantage
- Medicare Part D – Prescription Drugs



## What is Medicare Secondary Plan?

- Medicare Secondary Plans are Benefit Plans that help pay some of the health care costs that Original Medicare doesn't cover, such as cost-sharing gaps within Medicare Parts A and B (copayments, coinsurance and deductibles).
- A Medicare Secondary plan pays after Medicare pays their portion. Medicare is Primary and the Secondary Plan is Secondary. Typically, Medicare pays 80% and the plan pays 20%.
- No Networks: Plan offers the freedom to choose any doctor, specialist, facility and hospital that accepts Medicare Assignment
- Full Guaranteed Issue – No medical questions
- Portable Coverage – Nationwide coverage is available in all 50 states



# 2026 Group Retiree Benefits - Eligibility

Retiree/Spouse must be age **65** or older.

Must be enrolled in **Medicare Part A** and **Medicare Part B**.

Medical and Prescription Coverage are a **Bundled Benefit**.

- ▶ When you are enrolled in the “Group” Medicare plan, you cannot elect an individual plan.
- ▶ The Express Scripts Prescription Plan is a Credible Medicare Part D Plan. You do not need to sign up for another Part D Plan.
- ▶ You can only have one Part D plan. If you sign up for another Part D plan, this plan will be terminated.
- ▶ Dependents that are not Medicare eligible will remain on their current coverage plan.



## 2026 Group Retiree Medical Benefit Highlights

The Hartford plan follows Medicare and has no network as long as the provider or facility accepts Medicare.

You can see any doctor who accepts Medicare:

- ✓ No provider Network
- ✓ No prior approval for services
- ✓ No referrals are required
- ✓ Nationwide coverage



# Medical Benefits

Calendar Year Deductible: \$0

Calendar Year Maximum: Unlimited

## PART A SERVICES

SERVICES	MEDICARE PAYS <sup>(1)</sup>	PLAN PAYS <sup>(1)</sup>	YOU PAY
<b>HOSPITALIZATION <sup>(2)</sup></b>			
Semi-private room and board, general nursing, and miscellaneous services and supplies:			
First 60 days	All but the Part A Deductible	100% of Medicare Part A Deductible	\$0
61 <sup>st</sup> through 90 <sup>th</sup> day	All but 25% of the Part A Deductible	100% of Medicare Part A Coinsurance	\$0
91 <sup>st</sup> through 150 <sup>th</sup> day (60 day Lifetime Reserve Period)	All but 50% of the Part A Deductible	100% of Medicare Part A Coinsurance	\$0
Once Lifetime Reserve days are used (or would have ended if used) additional 365 days of confinement per person per lifetime	\$0	100%	\$0
<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 requirement 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	All approved amounts	\$0	\$0
21 <sup>st</sup> through 100 <sup>th</sup> day	All but 12.5% of the Part A Deductible per day	Up to 100% of Medicare SNF Coinsurance	\$0

# Medical Benefits

SERVICES	MEDICARE PAYS <sup>(1)</sup>	PLAN PAYS <sup>(1)</sup>	YOU PAY
<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%	\$0
Additional amounts	100%	\$0	\$0
<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>

# Medical Benefits

## PART B SERVICES

SERVICES	MEDICARE PAYS <sup>(1)</sup>	PLAN PAYS <sup>(1)</sup>	YOU PAY
<b>OUT-PATIENT MEDICAL EXPENSES</b>			
The Policy may cover the following Medicare Part B Benefits:			
<ul style="list-style-type: none"> <li>• <i>Physician Services Benefit</i></li> <li>• <i>Specialist Services Benefit</i></li> <li>• <i>Outpatient Hospital Services and Ambulatory Surgical Care Benefit</i></li> <li>• <i>Outpatient Diagnostic and Radiology Services Benefit</i></li> <li>• <i>Outpatient Mental Health and Substance Abuse Services Benefit</i></li> <li>• <i>Outpatient Rehabilitative and Cardiac Rehabilitative Services Benefit</i></li> <li>• <i>Emergency Care Benefit</i></li> <li>• <i>Urgent Care Benefit</i></li> <li>• <i>Ambulance Services Benefit</i></li> <li>• <i>Durable Medical Equipment and Prosthetics Benefit</i></li> </ul>			
<i>All Medicare Part B Benefits are based on per vist, except Ambulance Services Benefit, which is based on per trip, and Durable Medical Equipment and Prosthetics Benefit, which is based on per device.</i>			
Medicare Part B Deductible	\$0	100%	0%
Remainder of Medicare-approved amounts	80%	100%	0%
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%	\$0

# Medical Benefits

## PART B SERVICES

SERVICES	MEDICARE PAYS <sup>(1)</sup>	PLAN PAYS <sup>(1)</sup>	YOU PAY
<b>OUT-PATIENT MEDICAL EXPENSES</b>			
The Policy may cover the following Medicare Part B Benefits:			
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<i>All Medicare Part B Benefits are based on per visit, except Ambulance Services Benefit, which is based on per trip, and Durable Medical Equipment and Prosthetics Benefit, which is based on per device.</i>			
Medicare Part B Deductible	\$0	100%	0%
Remainder of Medicare-approved amounts	80%	100%	0%
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%	\$0

# Medical Benefits

## ADDITIONAL SERVICES

SERVICES	MEDICARE PAYS <sup>(1)</sup>	PLAN PAYS <sup>(1)</sup>	YOU PAY
<b>PREVENTIVE MEDICAL CARE &amp; CANCER SCREENINGS<sup>(3)</sup></b> Coverage for expenses incurred by a covered person for physical exams, preventive screening tests and services, cancer screenings, and any other tests or preventive measures determined to be appropriate by the attending Physician. Refer to your Medicare and You handbook for more information on Preventive services.			
"Welcome to Medicare" Physical Exam -within first 12 months of Part B enrollment	100%	\$0	\$0
Annual Wellness Visit	100%	\$0	\$0
Vaccinations	100%	\$0	\$0
Preventive Care Cancer Screening Benefits <sup>(3)</sup>	Generally 100% for most preventive screenings. Some screenings subject to the Medicare Part B Deductible and Coinsurance	100% of remaining covered expenses Incurred not covered by Medicare	\$0

# Medical Benefits

SERVICES	MEDICARE PAYS <sup>(1)</sup>	PLAN PAYS <sup>(1)</sup>	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 during the first 60 days 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, then 100% thereafter)
<b>CHIROPRACTIC SERVICES</b>			
Services performed by a licensed chiropractor to correct structural alignment	\$0 <sup>(4)</sup>	100% of remaining covered expenses incurred after the copayment	<b>\$25 copay per exam</b>
<b>ACUPUNCTURE SERVICES</b>			
Services performed by a licensed acupuncturist to treat pain	\$0 <sup>(4)</sup>	100% of remaining covered expenses incurred, after the copayment, up to the benefit maximum of \$500 per calendar year	<b>\$25 copay per exam</b>  (to a calendar year maximum of \$500, then 100% thereafter)
<b>ANNUAL PHYSICAL EXAM</b>			
The exam may include a review of medical history and a discussion of risk factor reductions and other services performed as part of an annual exam which are not covered by Medicare or under another benefit in the policy	After the "Welcome to Medicare Physical Exam" \$0	100% of remaining covered expenses incurred, after the copayment, up to the benefit maximum of \$500 per calendar year	<b>\$25 copay per exam</b>  (to a calendar year maximum of \$500, then 100% thereafter)

# Medical Benefits

SERVICES	MEDICARE PAYS <sup>(1)</sup>	PLAN PAYS <sup>(1)</sup>	YOU PAY
<b>HEARING SERVICES</b>			
<ul style="list-style-type: none"> <li>one routine hearing and balance exam every 12 months</li> <li>two hearing aids every 3 years</li> <li>one hearing aid fitting evaluation every 3 years</li> </ul>	\$0 <sup>(5)</sup>	100% of remaining covered expenses incurred, after the copayment, up to the benefit maximum of \$1,000 <sup>(5)</sup> per calendar year	<b>\$25 copay per exam</b> <b>\$50 copay for two hearing aids, including fitting and evaluation.</b> (to a calendar year maximum of \$1,000, then 100% thereafter)
<b>VISION SERVICES</b>			
<ul style="list-style-type: none"> <li>one supplemental routine eye exam every 12 months</li> <li>one pair of glasses every 12 months or 12 month supply of contact lenses</li> </ul>	\$0 <sup>(5)</sup>	100% of remaining covered expenses incurred, after the copayment, up to the benefit maximum of \$500 <sup>(5)</sup> per calendar year	<b>\$25 copay per exam</b> <b>\$50 copay per pair of glasses or supply of contact lenses.</b> (to a calendar year maximum of \$500, then 100% thereafter)

# Silver and Fit

With the Silver&Fit® Healthy Aging and Exercise program, eligible members can enjoy:



## Fitness Network Choices

You can access a network of participating fitness centers or select YMCAs. You also have access to Premium locations, including fitness centers, studios, and unique fitness experiences, for a buy-up price.<sup>1</sup>



## Home Fitness Kits

You can pick one kit per benefit year from the available options.<sup>2</sup>



## Well-Being Coaching

You can get support in areas like fitness, healthy eating, stress, sleep, and losing weight while taking GLP-1 or anti-obesity medications. Trained coaches are available by phone, video, or chat.<sup>3</sup>



## Fitness Tracking

You can sync your wearable fitness tracker or mobile app to the Silver&Fit Connected!™ tool to track your activity.<sup>4</sup>



## On-Demand Workout Videos

You can view yoga, strength, Pilates, walking, cardio, and many other workout videos at [SilverandFit.com](https://SilverandFit.com).



## Workout Plans

By answering a few online questions, you can get a custom exercise plan that focuses on goals like getting stronger, staying fit during recovery, and chronic condition management.



## Well-Being Club

You can learn new skills and focus on your well-being by connecting with others, joining live virtual classes and events, and viewing exclusive articles and videos.



## FitnessCoach™ Virtual Personal Training

You can challenge yourself through virtual sessions with a certified personal trainer.<sup>5</sup>

# My Health Hub Mobile App

Register on  
**Myhealthhub**



## Download the My Health Hub App

You can download the My Health Hub mobile app by visiting the Apple App store or Google Play for Android.



## Get started.

The instructions below are to register your My Health Hub account on the website or mobile app.

- 01** Go to **www.myhealthhub.app** or visit the app store and download the My Health Hub app.
- 02** Click **register now** and read the Terms and Conditions.
- 03** Complete the information on the form, and **agree to the Terms and Conditions** before clicking **continue**.
- 04** Verify your email address and click **continue**.
- 05** A verification code will be sent to the email address you provided. Enter the code and click **verify code**.
- 06** Here you can create your username and password. Follow the username and password requirements listed on the screen.
- 07** Now you can set your mobile app preferences such as allowing notifications and going paperless.
- 08** Click **go to homepage** and you will be able to start the onboarding steps.  
  
The onboarding steps show you how to access your health plan information and reach out for assistance. If you do not want to take the onboarding steps, you can click “skip” to be redirected to your account homepage.

## 2026 Group Retiree Pharmacy Benefit Highlights

- The Medicare Premier Access formulary your plan uses covers 100% of Part D drugs, so all Part D drugs you currently use will be covered.
- Coverage for most Non-Part D Medications is also included, excluding weight-loss and lifestyle meds.
- You have access to over 68,000 major retail chain pharmacies.
- All pharmacy plan offerings include:
  - ✓ \$0 deductible
  - ✓ \$35 maximum copay for insulin
  - ✓ \$2,100 Out of Pocket Maximum on Part D Drug costs each plan year.



# Express Scripts Part D Plan

This pharmacy plan was designed to closely match your current benefits

<b>Deductible stage</b>	You do not pay a yearly deductible.				
<b>Initial Coverage stage</b>	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$2,100:				
	<b>Tier</b>	<b>Retail One-Month (31-day) Supply</b>	<b>Retail Two-Month (32-60-day) Supply</b>	<b>Retail Three-Month (90-day) Supply</b>	<b>Express Scripts Pharmacy by Evernorth® Home Delivery Three-Month (90-day) Supply</b>
	Tier 1: <b>Preferred Generic Drugs</b>	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment
	Tier 2: <b>Generic Drugs</b>	\$5 copayment	\$10 copayment	\$15 copayment	\$10 copayment
	Tier 3: <b>Preferred Brand Drugs</b>	\$15 copayment	\$30 copayment	\$45 copayment	\$30 copayment
	Tier 4: <b>Non-Preferred Drugs</b>	\$30 copayment	\$60 copayment	\$90 copayment	\$60 copayment
	Tier 5: <b>Specialty Tier Drugs</b>	\$30 copayment	\$60 copayment	\$90 copayment	\$60 copayment
<b>Catastrophic Coverage stage</b>	If you reach the Catastrophic Coverage stage, you pay nothing for covered Part D drugs. You may have cost sharing for excluded drugs that may be covered under our enhanced benefit, if our plan covers additional drugs not normally covered by Medicare Part D.				

# Medicare Part B - Vaccines

The following vaccines are covered under **Medicare Part B:**

- Hepatitis B vaccine for patients at high or intermediate risk (liver infection treatment shot)
- Influenza virus vaccine (flu shot)
- SARS-CoV-2 vaccine (COVID-19 vaccine)
- Pneumococcal pneumonia vaccine (pneumonia shot)



# Medicare Part D - Vaccines

The following vaccines are covered under **Medicare Part D**.

- Shingles vaccine
- RSV
- Human papillomavirus (HPV)
- Diphtheria and Tetanus
- Measles, mumps, rubella (MMR)
- Pertussis (whooping cough)



# Sample ID Cards



## Sample Carrier Name & Sample Medical ID Cards


**Hartford Life and Accident Insurance Company**  
 Issuer ID (80840)

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**Covered Person:** FIRST NAME MI LAST NAME  
**Member ID:** Insured Person's MBI  
**Group Name:** Trustees of BENISTAR Employer Services Trust  
**Group Policy Number:** AGP 3888

**For Eligibility / Premium Inquiries, contact:**  
 (877) 278-8787


**For Claim Inquiries / Verification of coverage, contact:**  
 (844) 380-4557 or visit [www.webtpa.com](http://www.webtpa.com)

**Please send written correspondence to:**  
 PO Box 1928 - Grapevine, TX 76099-1928

**Important:** For ease of claim processing, please present this card when seeking covered medical care. This card is for identification purposes only and is not a guarantee of coverage.


Printed in U.S.A.

## Sample Carrier Name & Sample Pharmacy ID Cards


**EXPRESS SCRIPTS®**  
 Medicare (PDP)

Prescription ID Card

**RxBIN** 610014  
**RxPCN** MEDDPRIME  
**RxGrp** XXXXXXXXXXXXXXXXX  
**Issuer (80840)** 9151014609  
**ID No.** XXXXXXXXXXXXXXXXXXXX  
**Name** XXXXXXXXXXXXXXXXXXXX  
**Issued** 01/01/2015

  
 Prescription Drug Coverage

**Plan Option** CMS-S5660-801

**BENISTAR Retiree Customer Service: 1.800.236.4782**

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**Patient Customer Service:** 1.888.345.2560  
**TDD:** 1.800.716.3231

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**Pharmacist Use Only:** 1.800.922.1557

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**SUBMIT PHARMACY CLAIMS TO:**  
 Express Scripts  
 ATTN: Medicare Part D  
 P.O. Box 14718  
 Lexington, KY 40512-4718

# Next Steps and Enrollment

- Automatic electronic enrollment.
- If you currently are enrolled in the UHC MAPD plan Eligible retirees and spouses will be automatically enrolled in this coverage. No action is needed on your part.
- Announcement letters should have already arrived to your home.
- Welcome kits will be mailed by The Hartford and Express Scripts and will arrive in Early to Mid November
- Los Rios CCD will be hosting a person informational meeting at 10 AM on November 19<sup>th</sup> at the Los Rios CCD Office in the Board Room at 1919 Spanos Ct, Sacramento CA 95825.
- If you wish to opt out of the plan or enroll in another plan offered by Los Rios CCD please contact the Los Rios CCD HR and benefits department.

Any questions should be directed to **Benistar Administrative Services** at **800-236-4782** or emailed to **Dayna Zaks** at [DaynaZaks@hismi.com](mailto:DaynaZaks@hismi.com)

# Frequently Asked Questions

1. How do I enroll in the plan?
2. Who do I call if I need assistance with the plan?
3. Who is Benista?
4. Is my provider in network?
5. How do I check if my medications are covered and what their copay is?
6. How do I know if I need a prior authorization for a medication?
7. How can I sign up for Mail Order?
8. Are PreExisting Conditions Covered?

# Frequently Asked Questions

9. Does this plan require referrals?
10. Does this plan require pre-certifications?
11. Does this plan have a network?
12. What card do I use at the pharmacy and the doctor's office?
13. Can I go to the same retail pharmacy?
14. Will my prescriptions transfer from my old plan?
15. What if my provider says they don't accept this plan?
16. When will I receive my welcome kit and IDs?

# Open Q&A

**Announcement letters and welcome kits will be arriving in the next few weeks. Please keep an eye on the mail.**

- For live questions today:
  - Type questions in the chat.
  - Text questions to 248-701-9218
  - Email questions to [DaynaZaks@hismi.com](mailto:DaynaZaks@hismi.com)

**Personal questions or any other questions that come up in the future please contact BenistarAdministrative Services at-800-236-4782 or email Dayna Zaks at [DaynaZaks@hismi.com](mailto:DaynaZaks@hismi.com)**