



*Age gracefully with less stress the TAGCO MET Retiree Medical way*

TAGCO MET  
StandardPlus  
Retiree Medical  
Plans



## **TAGCO MET StandardPlus Plan 3136**

TAGCO MET StandardPlus Plan 3136 pays the Medicare Part A and B deductible(s) and Part B coinsurance; Plan does not pay for excess coverage on unassigned Medicare claims; Plan pays for Part A additional 365 days. **Plan 3136 is fully insured and underwritten by Hartford Life & Accident Insurance Company** and does not include Rx coverage; Plan is composite rated;

*THIS CHART DESCRIBES COVERAGE THAT IS ONLY AVAILABLE TO PERSONS WHO ARE AT LEAST 65 AND MEDICARE ELIGIBLE*

## **TAGCO MET StandardPlus Plan 3138**

TAGCO MET StandardPlus Plan 3138 pays the Medicare Part A and B deductible(s), Part B coinsurance and provides for excess coverage on unassigned Medicare claims; Plan pays for Part A additional 365 days. **Plan 3138 is fully insured and underwritten by Hartford Life & Accident Insurance Company** and does not include Rx coverage; Plan is composite rated;

*THIS CHART DESCRIBES COVERAGE THAT IS ONLY AVAILABLE TO PERSONS WHO ARE AT LEAST 65 AND MEDICARE ELIGIBLE*

## **TAGCO MET StandardPlus Plan 3141**

TAGCO MET StandardPlus Plan 3141 pays the Medicare Part A and B deductible(s), Part B coinsurance and provides for excess coverage on unassigned Medicare claims; Plan does not pay for Part A additional 365 days; **Plan 3141 is fully insured and underwritten by Hartford Life & Accident Insurance Company** and does not include Rx coverage; Plan is age and gender banded rated;

*THIS CHART DESCRIBES COVERAGE THAT IS ONLY AVAILABLE TO PERSONS WHO ARE AT LEAST 65 AND MEDICARE ELIGIBLE*

# Senior Medical Insurance Plan(s) Summary of Coverage



## TAGCO MET PLAN 3136 SENIOR MEDICAL INSURANCE PLAN SUMMARY OF COVERAGE<sup>(1)</sup>

UNDERWRITTEN BY: HARTFORD LIFE & ACCIDENT INSURANCE COMPANY



**TAGCO MET StandardPlus Plan 3136** pays the Medicare Part A and B deductible(s) and Part B coinsurance; Plan does not pay for excess coverage on unassigned Medicare claims; Plan pays for Part A additional 365 days. **Plan 3136 is fully insured and underwritten by Hartford Life & Accident Insurance Company** and does not include Rx coverage; Plan is composite rated;

*THIS CHART DESCRIBES COVERAGE THAT IS ONLY AVAILABLE TO PERSONS WHO ARE AT LEAST 65 AND MEDICARE ELIGIBLE*

### Part A Services

| SERVICES  | MEDICARE PAYS  | HARTFORD PLAN PAYS   | YOU PAY           |
|---|--|--|-------------------|
| <b>HOSPITAL CONFINEMENT BENEFIT<sup>(2)</sup></b>   |  |  |                   |
| Semi-private room and board, general nursing, and miscellaneous services and supplies:  |  |  |                   |
| First 60 days   | All but \$1,132  | \$1,132  | \$0               |
| 61 <sup>st</sup> through 90 <sup>th</sup> day   | All but \$283 per day  | \$283 per day  | \$0               |
| 91 <sup>st</sup> through 150 <sup>th</sup> day<br>(60 day Lifetime Reserve Period)  | All but \$566 per day  | \$566 per day  | \$0               |
| Once Lifetime Reserve days are used<br>(or would have ended if used) additional 365 days of confinement per person per lifetime   | \$0  | 100%   | \$0               |
| <b>SKILLED NURSING FACILITY CARE<sup>(2)</sup></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  | \$0               |
| 21 <sup>st</sup> through 100 <sup>th</sup> day  | All but \$141.50 per day   | Up to \$141.50 per day   | \$0               |
| 101 <sup>st</sup> through 365 <sup>th</sup> day   | \$0  | \$0  | All costs         |
| <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 | All other charges |
| <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               |

# Senior Medical Insurance Plan(s) Summary of Coverage

## SENIOR MEDICAL INSURANCE PLAN - SUMMARY OF COVERAGE

### Part B Services

| SERVICES  | MEDICARE PAYS | PLAN 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 \$162 of Medicare-approved amounts   | \$0           | \$162     | \$0     |
| Remainder of Medicare-approved amounts  | Generally 80% | 20%       | 0%      |
| Clinical Laboratory services, blood tests, urinalysis and more  | 100%          | \$0       | \$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           | 0%        | 100%    |

### Additional Services

| SERVICES   | MEDICARE PAYS | PLAN 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 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, 100% thereafter) |

<sup>1</sup> Coverage amounts valid from January 1, 2011 to December 31, 2011. This chart describes coverage that is only available to persons who are at least 65 and Medicare-eligible.

<sup>2</sup> A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

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

# Senior Medical Insurance Plan(s) Summary of Coverage



## TAGCO MET PLAN 3138 SENIOR MEDICAL INSURANCE PLAN SUMMARY OF COVERAGE<sup>(1)</sup>

UNDERWRITTEN BY: HARTFORD LIFE & ACCIDENT INSURANCE COMPANY



**TAGCO MET StandardPlus Plan 3138** pays the Medicare Part A and B deductible(s), Part B coinsurance and provides for excess coverage on unassigned Medicare claims; Plan pays for Part A additional 365 days. **Plan 3138 is fully insured and underwritten by Hartford Life & Accident Insurance Company** and does not include Rx coverage; Plan is composite rated;

*THIS CHART DESCRIBES COVERAGE THAT IS ONLY AVAILABLE TO PERSONS WHO ARE AT LEAST 65 AND MEDICARE ELIGIBLE*

### Part A Services

| SERVICES  | MEDICARE PAYS  | HARTFORD PLAN PAYS   | YOU PAY           |
|---|--|--|-------------------|
| <b>HOSPITAL CONFINEMENT BENEFIT<sup>(2)</sup></b>   |  |  |                   |
| Semi-private room and board, general nursing, and miscellaneous services and supplies:  |  |  |                   |
| First 60 days   | All but \$1,132  | \$1,132  | \$0               |
| 61 <sup>st</sup> through 90 <sup>th</sup> day   | All but \$283 per day  | \$283 per day  | \$0               |
| 91 <sup>st</sup> through 150 <sup>th</sup> day<br>(60 day Lifetime Reserve Period)  | All but \$566 per day  | \$566 per day  | \$0               |
| Once Lifetime Reserve days are used<br>(or would have ended if used) additional 365 days of confinement per person per lifetime   | \$0  | 100%   | \$0               |
| <b>SKILLED NURSING FACILITY CARE<sup>(2)</sup></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  | \$0               |
| 21 <sup>st</sup> through 100 <sup>th</sup> day  | All but \$141.50 per day   | Up to \$141.50 per day   | \$0               |
| 101 <sup>st</sup> through 365 <sup>th</sup> day   | \$0  | \$0  | All costs         |
| <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 | All other charges |
| <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               |

# Senior Medical Insurance Plan(s) Summary of Coverage

## SENIOR MEDICAL INSURANCE PLAN - SUMMARY OF COVERAGE

### Part B Services

| SERVICES  | MEDICARE PAYS | PLAN 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 \$162 of Medicare-approved amounts   | \$0           | \$162     | <b>\$0</b> |
| Remainder of Medicare-approved amounts  | Generally 80% | 20%       | <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>  |

### Additional Services

| SERVICES   | MEDICARE PAYS | PLAN PAYS  | YOU PAY  |
|--|---------------|--|--|
| <b>FOREIGN TRAVEL EMERGENCY</b><br>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, 100% thereafter) |

<sup>1</sup> Coverage amounts valid from January 1, 2011 to December 31, 2011. This chart describes coverage that is only available to persons who are at least 65 and Medicare-eligible.

<sup>2</sup> A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

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

# Senior Medical Insurance Plan(s) Summary of Coverage



## TAGCO MET PLAN 3141 SENIOR MEDICAL INSURANCE PLAN SUMMARY OF COVERAGE<sup>(1)</sup>

UNDERWRITTEN BY: HARTFORD LIFE & ACCIDENT INSURANCE COMPANY



**TAGCO MET StandardPlus Plan 3141** pays the Medicare Part A and B deductible(s), Part B coinsurance and provides for excess coverage on unassigned Medicare claims; Plan does not pay for Part A additional 365 days; **Plan 3141 is fully insured and underwritten by Hartford Life & Accident Insurance Company** and does not include Rx coverage; Plan is age and gender banded rated;

*THIS CHART DESCRIBES COVERAGE THAT IS ONLY AVAILABLE TO PERSONS WHO ARE AT LEAST 65 AND MEDICARE ELIGIBLE*

### Part A Services

| SERVICES  | MEDICARE PAYS  | HARTFORD PLAN PAYS   | YOU PAY                  |
|---|--|--|--------------------------|
| <b>HOSPITAL CONFINEMENT BENEFIT<sup>(2)</sup></b>   |  |  |                          |
| Semi-private room and board, general nursing, and miscellaneous services and supplies:  |  |  |                          |
| First 60 days   | All but \$1,132  | \$1,132  | <b>\$0</b>               |
| 61 <sup>st</sup> through 90 <sup>th</sup> day   | All but \$283 per day  | \$283 per day  | <b>\$0</b>               |
| 91 <sup>st</sup> through 150 <sup>th</sup> day<br>(60 day Lifetime Reserve Period)  | All but \$566 per day  | \$566 per day  | <b>\$0</b>               |
| Once Lifetime Reserve days are used<br>(or would have ended if used) additional 365 days of confinement per person per lifetime   | \$0  | \$0  | <b>All costs</b>         |
| <b>SKILLED NURSING FACILITY CARE<sup>(2)</sup></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 \$141.50 per day   | Up to \$141.50 per day   | <b>\$0</b>               |
| 101 <sup>st</sup> through 365 <sup>th</sup> day   | \$0  | \$0  | <b>All costs</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(s) Summary of Coverage

## SENIOR MEDICAL INSURANCE PLAN - SUMMARY OF COVERAGE

### Part B Services

| SERVICES  | MEDICARE PAYS | PLAN 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 \$162 of Medicare-approved amounts   | \$0           | \$162     | \$0     |
| Remainder of Medicare-approved amounts  | Generally 80% | 20%       | 0%      |
| Clinical Laboratory services, blood tests, urinalysis and more  | 100%          | \$0       | \$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%      |

### Additional Services

| SERVICES   | MEDICARE PAYS | PLAN PAYS  | YOU PAY  |
|--|---------------|--|--|
| <b>FOREIGN TRAVEL EMERGENCY</b><br>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, 100% thereafter) |

<sup>1</sup> Coverage amounts valid from January 1, 2011 to December 31, 2011. This chart describes coverage that is only available to persons who are at least 65 and Medicare-eligible.

<sup>2</sup> A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

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

# Senior Medical Insurance Plans & Rates



## TAGCO MET 2011 SENIOR MEDICAL INSURANCE PLANS & RATES



| TAGCO MET 2011<br>StandardPlus Employer Plan(s) | TAGCO MET<br>Plan 3136                     | TAGCO MET<br>Plan 3138                     | TAGCO MET<br>Plan 3141                     |
|---|--|--|--|
| Calendar<br>Year Deductible                     |  |  |  |
| Basic Hospital Benefits                         | X  | X  | X  |
| Part A Deductible                               | X  | X  | X  |
| Skilled Nursing Facility                        | X  | X  | X  |
| Extended SNF                                    |  |  |  |
| Part B Deductible                               | X  | X  | X  |
| Part B Coinsurance                              | 20%  | 20%  | 20%  |
| Part B OOP Maximum                              |  |  |  |
| Total OOP (Ded+OOP)                             |  |  |  |
| Part B Excess Charges                           |  | 100%                                       | 100%                                       |
| Foreign Travel Emergency Benefit                | X  | X  | X  |
| Preventive Care/Cancer Screening                |  |  |  |
| Private Duty Nursing                            |  |  |  |
| Lifetime Maximum                                |  |  |  |
| Caremark Prescription Drug Benefit              |  |  |  |
| TAGCO MET 2011<br>Employer Rate<br>Structure    | Composite<br>Mandatory<br>Voluntary<br>M/F | Composite<br>Mandatory<br>Voluntary<br>M/F | Composite<br>Mandatory<br>Voluntary<br>M/F |
| <b>Mandatory Rates</b>                          | <b>\$222.28</b>                            | <b>\$236.02</b>                            | <b>N/A</b>                                 |
| <b>Voluntary Male</b>                           |  |  |  |
| 65-69   |  |  | \$208.21                                   |
| 70-74   |  |  | \$241.69                                   |
| 75-79   |  |  | \$275.17                                   |
| 80-84   |  |  | \$293.01                                   |
| 85+   |  |  | \$319.80                                   |
| <b>Voluntary Female</b>                         |  |  |  |
| 65-69   |  |  | \$185.90                                   |
| 70-74   |  |  | \$208.21                                   |
| 75-79   |  |  | \$237.22                                   |
| 80-84   |  |  | \$257.17                                   |
| 85+   |  |  | \$275.17                                   |

# TAGCO Multiple Employer Trust Plan Frequently Asked Questions (FAQ)

**Question:** Is it necessary for me to obtain a referral from my primary care physician to seek care from a medical specialist?

**Answer:** No—you may schedule an appointment directly with any medical specialist, as long as they provide services to Medicare eligible retirees.

**Question:** What network do I access for care?

**Answer:** None—there is no network; you may access care at any Medicare approved facility in the United States.

**Question:** Is my coverage portable and may I travel outside of the United States?

**Answer:** Yes—The Hartford's TAGCO MET Plan is portable and coverage is available for emergency care outside of the United States.

**Question:** May I keep my same providers and doctors?

**Answer:** Yes—you may keep your same providers and doctors, as long as they continue to provide services to Medicare eligible retirees.

**Question:** If I decide to not enroll in The Hartford's TAGCO MET Plan, may I enroll in it at a later date?

**Answer:** Yes—you may enroll in The Hartford's TAGCO MET Plan at your employer's next scheduled annual open enrollment period.

**Question:** If I decide to opt out of The Hartford's TAGCO MET Plan, may I elect it at a later date?

**Answer:** Yes—you may enroll in The Hartford's TAGCO MET Plan at your employer's next scheduled annual open enrollment period.

**Question:** Will I receive a new membership card?

**Answer:** Yes—The Hartford's administrator will send a medical ID card and a certificate of coverage to your home address.

**Question:** Who do I contact regarding my claims?

**Answer:** Please call The Hartford's claims administration at (800) 368-3653.

# TAGCO MET Proposal State Availability Comments

TAGCO MET Carrier Employer Group Retiree Medical Standard Plans 3733, 3734, 3735 & 3736 are available in approximately 30 or more states; please see TAGCO MET States Map.

TAGCO MET Standard Plus Plans (3136, 3138, 3139 and 3141) are not available to firms situated in Connecticut, Florida, Maine, Minnesota, Nevada, New York, Pennsylvania, South Dakota, Vermont, Washington and Wisconsin;

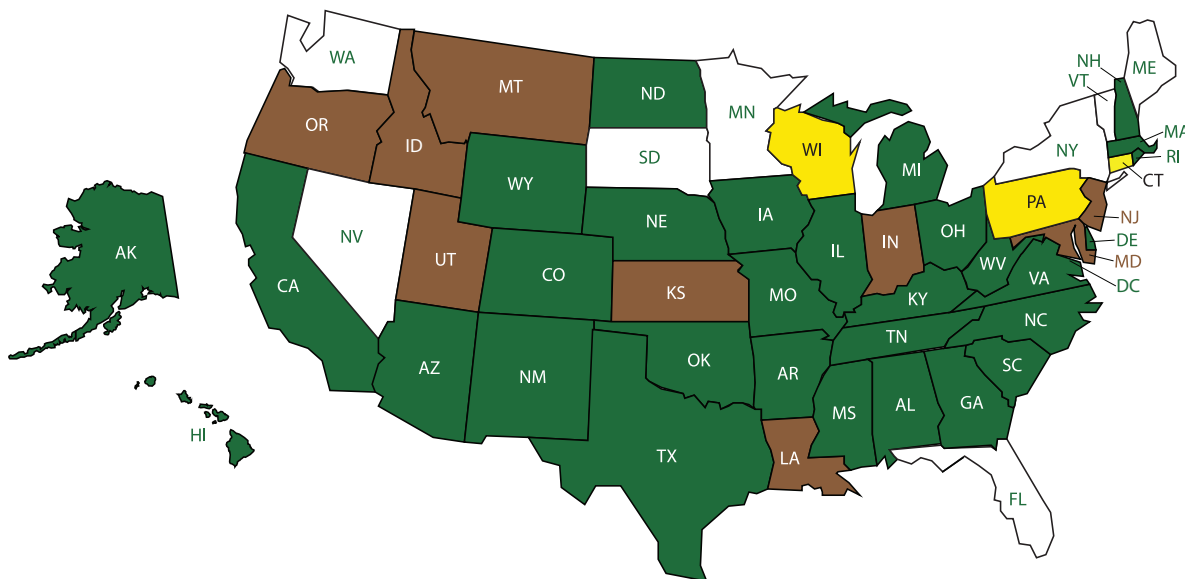
TAGCO MET Standard Plans (3733, 3734, 3735 and 3736) are not available to firms situated in Florida, Idaho, Indiana, Kansas, Louisiana, Maine, Maryland, Minnesota, Montana, New Jersey, Nevada, New York, Oregon, South Dakota, Utah, Vermont and Washington;

TAGCO MET Standard Plus Plans are not available to residents in Minnesota, Vermont, Washington and Wisconsin;

TAGCO MET Standard Plans are not available to residents in Minnesota, Vermont and Washington;

For Participating Firms situated in Virginia, a minimum participation requirement of ten(10) lives is needed for TAGCO MET group to be issued coverage;

For Participating Firms situated in Connecticut, Pennsylvania and Wisconsin, TAGCO MET Standard Plans are the only plans available.



| TAGCO MET APPROVED STATES |                             |        |                      |
|---------------------------|-----------------------------|--------|----------------------|
| Green                     | TAGCO MET SMIP & GRIP PLANS | Yellow | TAGCO MET GRIP PLANS |
| Brown                     | TAGCO MET SMIP PLANS        | White  | NOT AVAILABLE        |

## PARTICIPATION AGREEMENT

### **TO: Trustee of The TAGCO MULTIPLE EMPLOYER TRUST**

The Undersigned Employer hereby requests that it be approved as a Participating Employer under The TAGCO Multiple Employer Trust. The undersigned Employer wants to make certain insurance coverage under an insurance policy(ies) issued to the Trustee available to its former employees and the relatives of former employees who may be eligible to apply for said coverage.

The undersigned Employer represents that:

1. It has established or is establishing and will maintain an employee welfare benefit plan, which includes certain life and/or accident and health and/or disability income benefits.
2. The purpose of its participation in this Trust is to obtain the insurance coverage available under policy(ies) issued to the Trustee in order to fund its obligations under said plan.
3. Unless otherwise provided in plan documents, the benefits available under said plan are identical to and subject to the same terms and conditions as those provided under policy(ies) issued to the Trustee and applicable to the undersigned Employer.
4. In those cases where it does not pay all the premium for insurance coverages available through its participation in this Trust, it will endorse the insurance coverage available to its former employees and certain relatives of former employees through the Trust and it will cooperate with the Insurer and its agent in establishing and maintaining a list bill or payroll deduction or other method of collecting and paying premiums due for its Insured Persons in accordance with the Insurer's reasonable requests.

The undersigned Employer understands and agrees that in no event will the Trustee of The TAGCO Multiple Employer Trust be a Plan Administrator or other fiduciary as to a Participating Employer's employee welfare benefit plan.

The undersigned Employer agrees: (1) to be bound by the terms and conditions of said Trust Agreement and any amendments thereto, and to assume all obligations of a Participating Employer under said Trust Agreement; (2) to be bound by the terms and conditions of any insurance policy(ies) issued to the Trustee covering certain employees of the Employer; and (3) to accept the terms of the proposal, if any, attached to this Participation Agreement.

The undersigned Employer agrees to furnish, and permit the inspection of, any records of information required by the Settlor, Trustee or Insurer under said Trust in connection with the administration of the Insurance Fund under said Trust. Trustee or Settlor shall, upon written request, provide a copy of the Trust Agreement and such insurance policy(ies) to a Participating Employer.

The undersigned Employer understands that the effective date of any insurance coverage will depend on the terms of the policy(ies) issued or to be issued to the Trustee, and that each eligible individual must apply to and be approved for coverage by the Insurer under said policy(ies). The Employer

further understands that said insurance policy(ies) issued to the Trustee may be amended or canceled by the Insurer, and that the Settlor may terminate said Trust, and that participation of a Participating Employer and coverage of its Insured Persons may be terminated by the Insurer if the Participating Employer fails to comply with the terms of the Trust, Policy(ies) or proposal.

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**Employer Name**

---

**Employer Tax Identification Number**

Is your plan an ERISA plan?      Yes      No

---

**ERISA Plan Number (A 3-digit number ranging between 501 – 999)**

---

**Employer Address (City, State, Zip)**

---

**Employer Contact (Name, Title)**

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**Employer Contact phone number and e-mail address**

---

**Employer Contact fax number**

---

**Employer mailing address**

---

**Employer Contact signature**

---

**Name, Title**

---

**Date**

**The above named Employer is approved as a Participating Employer in the TAGCO Multiple Employer Trust.**



TAGCO MET RETIREE MEDICAL AND RX PLANS
CASE SUBMISSION DOCUMENT

1. Plan Selected:

TAGCO MET Public Employer Plans

- Plan 3137-1
Plan 3139-1
Plan 3141-1

TAGCO MET Standard Plus Plans

- Plan 3136
Plan 3138
Plan 3141

TAGCO MET Standard Plans

- Plan 3733
Plan 3734
Plan 3735
Plan 3736

Medicare Part D PDP Option\*\*\*

- TAGCO MET CVS Silverscripts Employer PDP\*\*
TAGCO MET Express Scripts Employer PDP\*\*

\* All medical plans are fully Insured and underwritten by Hartford Life and Accident Insurance Company
\*\* All TAGCO MET Medicare Part D Options are NOT underwritten by Hartford Life and Accident Insurance Company
\*\*\* Employer FIN required for Medicare Part D PDP Option

2. Complete Group Name \_\_\_\_\_

3 Federal Tax ID # \_\_\_\_\_

4. Complete Group Address \_\_\_\_\_
Address City ST Zip

5. Group Mailing Address \_\_\_\_\_
Address City ST Zip

6. Group Phone \_\_\_\_\_ Group Fax \_\_\_\_\_

7. Group Contact Person \_\_\_\_\_ Email Address \_\_\_\_\_

8. Requested Effective Date \_\_\_\_\_

9. Employer Contribution Percentages/Amount:
\_\_\_\_\_ for retiree coverage \_\_\_\_\_ for dependent coverage \_\_\_\_\_ for surviving spouse coverage

10. Commission payable to:

Agent/Agency Name \_\_\_\_\_

Agent/Agency Tax ID or SSN \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Address City ST Zip

Agent/Agency Phone \_\_\_\_\_ Agent/Agency Fax \_\_\_\_\_

11. Writing Agent Name \_\_\_\_\_

12. Writing Agent Email \_\_\_\_\_

To Request a TAGCO MET Proposal, provide the following information to Tom Geib at [tgeib@tagcoassociates.com](mailto:tgeib@tagcoassociates.com)

- Employer Name
- Number of Retirees
- Number of Spouses
- Plan Selected
- Employer contribution or dollar amount

Case Submission Requirements Checklist:

- This completed form;
- The check for the first month's premium and administrative fees;
- If a Mandatory Plan, a letter from the Employer stating the employer's premium contribution percentage(s)/ amount;
- An Employer signed TAGCO MET Participation Agreement;
- If a Voluntary Plan, a TAGCO MET Enrollment Form(s) (one (1) per participating retiree);
- A complete census In Excel Format for the group with the following information for each participant:
  - First Name
  - Last Name
  - Street Address
  - City
  - ST
  - Zip
  - Date of Birth
  - Social Security Number
  - Medicare HIC Number
  - Indicate whether individual is an employee or dependent

**G.A.C. will invoice the Client for the first month's premium**

Mail to:

Group Administrative Concepts, Inc.  
Post Office Box 24420  
Tampa, Florida 33623-4420

Email: a copy of the Case Submission Form to Tom Geib at [tgeib@tagcoassociates.com](mailto:tgeib@tagcoassociates.com)



SRP-1270 (EC)(3139)

Printed in USA

Check Desired Coverage:

|           |              |
|-----------|--------------|
| TAGCO MET | Policy(s) #: |
| Retiree   |              |
| Spouse    |              |

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Complete this form answering all questions. Please be sure to date and sign the form and return to:

**Group Administrative Concepts**  
**PO Box 24420**  
**Tampa, FL 33623**

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I (we) understand and agree that any pre-existing conditions (conditions for which medical advice or treatment has been received or recommended in the past six months) will not be covered until six consecutive months after the effective date of coverage. I (we) understand that if I (we) plan on replacing any existing group medical coverage with this plan, then this pre-existing condition limitation will be waived to the extent it was satisfied under the previous policy. I (we) understand that coverage will become effective on the first day of the month following receipt by the Company of this enrollment form and first premium payment.

Date: \_\_\_\_\_ Retiree Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Spouse Signature: \_\_\_\_\_

# TAGCO Associates MET Retiree Medical Plans RFP

*(250+ retirees with 50% or more employer contribution)*

## Your company Information:

- Company Name
  - Contact person
  - City, State and Zip Code
  
  - Client Company Information:**
  - Company Name City, State and Zip Code
  - Nature of business
  - Total number of employees (excluding retirees)
  - Total number of retirees
- 

## Current Plan Information:

- The number of post age 65 retirees/spouses covered under the plan
  - Employer contribution level (if applicable) for:
    - Retiree
    - Spouse
  - If retirees/spouses currently covered under a Medicare Supplement or Major Medical Plan, provide a copy of their current benefit plan/plans (along with current pricing).
  - Is the plan fully insured or self-funded?
  - Please indicate if the prior plan was a Medicare HMO
- 

## Census Information:

- Please provide census **electronically (via spreadsheet application)** broken down by:

|  |  |
|--|--|
| <b>Retiree</b> <ul style="list-style-type: none"><li>▪ Gender</li><li>▪ Date of birth</li><li>▪ State of residence</li></ul> | <b>Eligible Spouse</b> <ul style="list-style-type: none"><li>▪ Gender</li><li>▪ Date of birth</li><li>▪ State of residence</li></ul> |
|--|--|
  
  - Census information needed to effect coverage includes all of the above, in addition to:

|  |  |
|--|--|
| <b>Retiree</b> <ul style="list-style-type: none"><li>▪ Full name</li><li>▪ Full address</li><li>▪ Social Security #</li><li>▪ Medicare #</li></ul> | <b>Eligible Spouse</b> <ul style="list-style-type: none"><li>▪ Full name</li><li>▪ Full address</li><li>▪ Social Security #</li><li>▪ Medicare #</li></ul> |
|--|--|
- 

## Claims Experience Information:

- Premiums and losses for the most recent 3 full prior plan years and current year-to-date
  - Provide the rate and benefit history for this same period
  - If Rx is being requested, please show the medical and Rx premium and losses separately. The more information provided, the more competitive the quote (i.e. number of scripts; generic vs. brand, etc.)
  
- Please provide large claim information (claims in excess of \$25,000)
  - Please include DOB so we may determine whether the claim was “primary” or “secondary” to Medicare