



Age gracefully with less stress the TAGCO MET Retiree Medical way

TAGCO MET
Public Employer
Retiree Medical
Plans



Senior Medical Insurance Plan(s) Description Summary

TAGCO MET Public Employer Plan 3137 (01)

TAGCO MET Public Employer Plan 3137 (01) pays the Medicare Part A deductible, Part B coinsurance and provides for excess coverage on unassigned Medicare claims; Plan does not pay Part B deductible; Plan does not pay for Part A additional 365 days; Plan does not pay skilled nursing facility benefits; **Plan 3137 (01) is fully insured and underwritten by Hartford Life & Accident Insurance Company** and does not include Rx coverage; Plan is composite rated and age banded rated;

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

TAGCO MET Public Employer Plan 3139 (01)

TAGCO MET Public Employer Plan 3139 (01) 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 provides for skilled nursing facility benefits; **Plan 3139 (01) 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 Public Employer Plan 3141 (01)

TAGCO MET Public Employer Plan 3141 (01) pays the Medicare Part A and B deductible(s), Part B coinsurance and provides for excess coverage on unassigned Medicare claims; Plan does not for pay Part A additional 365 days; Plan provides for skilled nursing facility benefits; **Plan 3141 (01) is fully insured and underwritten by Hartford Life & Accident Insurance Company** and does not include Rx coverage; Plan is age banded rated;

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WHO ARE AT LEAST 65 AND MEDICARE ELIGIBLE

Senior Medical Insurance Plan(s) Summary of Coverage



TAGCO MET PLAN 3137 (01) SENIOR MEDICAL INSURANCE PLAN SUMMARY OF COVERAGE⁽¹⁾

UNDERWRITTEN BY: HARTFORD LIFE & ACCIDENT INSURANCE COMPANY



TAGCO MET Public Employer Plan 3137 (01) pays the Medicare Part A deductible, Part B coinsurance and provides for excess coverage on unassigned Medicare claims; Plan does not pay Part B deductible; Plan does not pay for Part A additional 365 days; Plan does not pay skilled nursing facility benefits; **Plan 3137 (01) is fully insured and underwritten by Hartford Life & Accident Insurance Company** and does not include Rx coverage; Plan is composite rated and age banded rated;

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Part A Services

SERVICES	MEDICARE PAYS	HARTFORD PLAN PAYS	YOU PAY
HOSPITAL CONFINEMENT BENEFIT⁽²⁾			
Semi-private room and board, general nursing, and miscellaneous services and supplies:			
First 60 days	All but \$1,132	\$1,132	\$0
61 st through 90 th day	All but \$283 per day	\$283 per day	\$0
91 st through 150 th day (60 day Lifetime Reserve Period)	All but \$566 per day	\$566 per day	\$0
Once Lifetime Reserve days are used (or would have ended if used) additional 365 days of confinement per person per lifetime	\$0	\$0	100%
SKILLED NURSING FACILITY CARE⁽²⁾			
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 st through 100 th day	All but \$141.50 per day	\$0	Up to \$141.50 per day
101 st through 365 th day	\$0	\$0	All costs
HOSPICE CARE			
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
BLOOD DEDUCTIBLE – Hospital Confinement and Out-Patient Medical Expenses			
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
OUT-PATIENT MEDICAL EXPENSES - In or Out of the Hospital and Out-Patient Hospital Treatment , 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	\$0	\$162
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
FOREIGN TRAVEL EMERGENCY 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)	\$250 Deductible and then 20% of expenses incurred (to a lifetime maximum of \$50,000, 100% thereafter)

¹ 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.

² 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 3139 (01) SENIOR MEDICAL INSURANCE PLAN SUMMARY OF COVERAGE⁽¹⁾

UNDERWRITTEN BY: HARTFORD LIFE & ACCIDENT INSURANCE COMPANY



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First 20 days	All approved amounts	\$0	\$0
21 st through 100 th day	All but \$141.50 per day	Up to \$141.50 per day	\$0
101 st through 365 th day	\$0	\$0	All costs
HOSPICE CARE			
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
BLOOD DEDUCTIBLE – Hospital Confinement and Out-Patient Medical Expenses			
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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%

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SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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HOSPICE CARE			
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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
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Medicare Part B Deductible First \$162 of Medicare-approved amounts	\$0	\$162	\$0
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Additional Services

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL EMERGENCY 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)	\$250 Deductible and then 20% of expenses incurred (to a lifetime maximum of \$50,000, 100% thereafter)

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Senior Medical Insurance Plans & Rates



TAGCO MET 2011 PUBLIC EMPLOYER RETIREE MEDICAL PLANS & RATES



TAGCO MET 2011 Public Employer Plan(s)	TAGCO MET Plan 3137 (01)	TAGCO MET Plan 3139 (01)	TAGCO MET Plan 3141 (01)
Calendar Year Deductible			
Part A Deductible	X	X	X
Part A days 61- 90 & 91-150	X	X	X
Part A additional days 365		X	
Skilled Nursing Facility		X	X
Extended SNF			
Part B Deductible		X	X
Part B Coinsurance	20%	20%	20%
Part B OOP Maximum			
Total OOP (Ded+OOP)			
Part B Excess Charges	100%	100%	100%
Foreign Travel Emergency Benefit	X	X	X
Part A & B Blood Deductible	X	X	X
Preventive Care/Cancer Screening			
Private Duty Nursing			
Lifetime Maximum			
Caremark Prescription Drug Benefit			
TAGCO MET 2011 Employer Rate Structure	Composite Mandatory Voluntary M/F	Composite Mandatory Voluntary M/F	Composite Mandatory Voluntary M/F
Mandatory Rates	<p>Please contact TAGCO Associates, LP at (800) 866-8056 or email us at tgeib@tagcoassociates.com for Public Employer rates and plan information</p>		
Voluntary Rates 65-69			
70-74			
75-79			
80-84			
85+			

All TAGCO MET PE 2011 Plans include an administrative fee for services which include, but are not limited to, billing, enrollment and claims payment; customer service is included in the PMPM premium.

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;

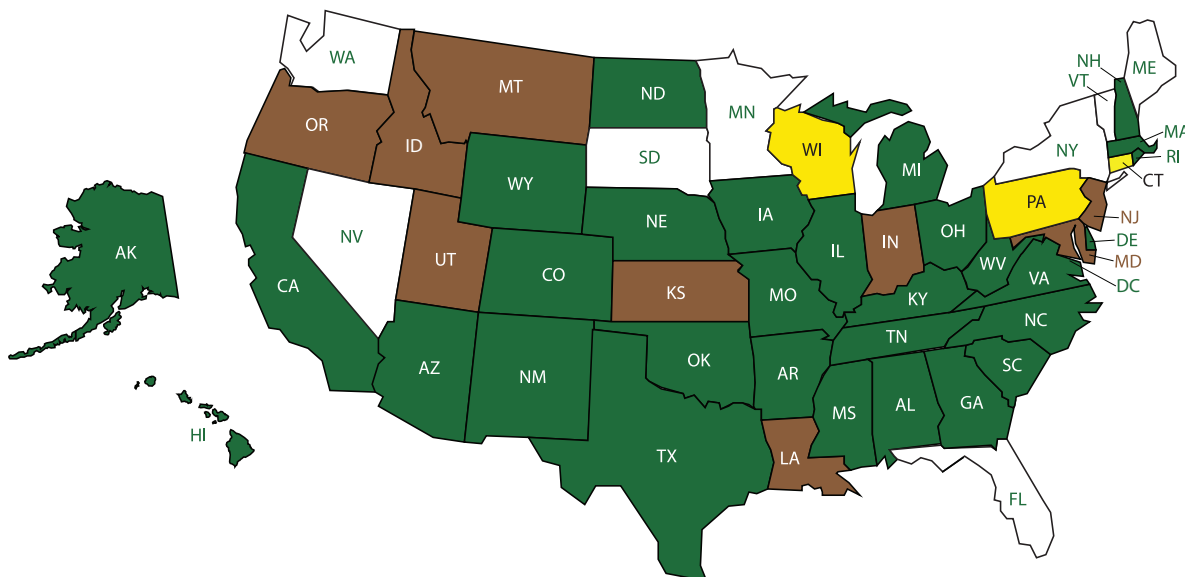
TAGCO MET Standard Plans (3733, 3734, 3735 and 3736) are not available to firms situated in Florida, Idaho, Indiana, Kansas, Louisiana, Maine, Maryland, Minnesota, Montana, New Jersey, Nevada, New York, Oregon, South Dakota, Utah, Vermont and Washington;

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			
	TAGCO MET SMIP & GRIP PLANS		TAGCO MET GRIP PLANS
	TAGCO MET SMIP PLANS		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.

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)

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

- 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

TAGCO MET SMIP Enrollement Form - Page 2

SRP-1270 (EC)(3139)

Printed in USA

Check Desired Coverage:

TAGCO MET	Policy(s) #:
Retiree	
Spouse	

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

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: _____

Form SRP-1270 (EC)(3139)

Printed in USA

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:

Retiree	Eligible Spouse
▪ Gender	▪ Gender
▪ Date of birth	▪ Date of birth
▪ State of residence	▪ State of residence

 - Census information needed to effect coverage includes all of the above, in addition to:

Retiree	Eligible Spouse
▪ Full name	▪ Full name
▪ Full address	▪ Full address
▪ Social Security #	▪ Social Security #
▪ Medicare #	▪ Medicare #
-

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