



MountainOne Insurance Agency, Inc.
85 Main Street, Suite 100, North Adams, MA 01247
800.447.2732
www.mountainone.com

Dear Smith College Retiree,

Enclosed is information on the Retiree Supplemental Health Plan offered to retirees of Smith College by MountainOne Insurance. The program is administered by Benistar Group Retiree Health Solutions in Connecticut, which manages a trust with more than 12,000 retirees. The Hartford Life Insurance Company insures the medical supplement plan and Express Scripts runs the Part D prescription drug plan.

The MountainOne Medicare Insurance division manages plan enrollment, annual renewals and provides assistance with customer service issues year round. With office locations in North Adams, MA at 85 Main Street Suite 100, and Pittsfield, MA at 111 Silver Lake Blvd, our division is comprised of licensed insurance brokers including Brian Drake, Linda Grande and Sharon Coe.

Included in this packet are the plan summaries for the two plans offered to Smith College Retirees. These plans are only available to retirees when they are first eligible for Medicare and supplemental insurance; it is open to retirees and spouses at age 65 or when they retire after age 65.

Your 2024 Plan Options

The 2024 Premier Plan and the Value \$1000 plans have unisex, age-banded rates that are detailed on the rate sheet. The coverage offered by the two plans is detailed in the Benistar 2024 Plans comparison document in the kit. The Premier Plan has a higher monthly premium with the only difference being that with this plan **you will not** be responsible for any co-insurance as you will be with the Value \$1000 plan. With the Value \$1000 plan you will pay 20% of the Medicare approved fees for outpatient services until you reach a calendar year maximum of \$1000. **The \$1000 maximum includes your Part B deductible that deductible for 2024 is \$240.00.**

Here are examples of how the 20% co-insurance in the Value Plan would work based upon sample, not actual fees:

\$100 Office visit – you pay 20% or \$20

\$1800 MRI test –you pay 20% or \$360

\$5000 day surgery – you pay 20% or \$1000

OVER

2024 Medicare Part D Drug Plan

Unlike the Medicare part D Plans available to individuals, our group plans have **no deductible and no doughnut hole for formulary drugs**, where members pay 25% of the cost of a brand drug in the ****coverage gap**. The plans administered by Benistar offer no deductible and coverage for both generic and brand drugs through the doughnut hole.

We offer two drug plan options. The difference in the 2 plans:

Current Plan – Option 1

- **Higher Monthly Premium**
- **Lower Co-Payments**

Option 2

- **Lower Monthly Premium**
- **Higher Co-Payments**
- **\$0 Cost for certain preferred generic prescriptions (see list)**

Express Scripts plan summary is also included.

**** Coverage gap (Donut hole) begins when you and your Part D plan spend a combined \$5,030 in 2024 (**not including monthly premiums**). While in the coverage gap, you'll typically pay up to 25% of the costs for both generic and brand-name drugs. When you reach a total out of pocket of \$8,000 you will reach the Catastrophic Coverage Stage. You will be exposed to \$2,970 out of pocket while in the "gap".**

Important Reminders:

- You should apply for your Medicare Part B at least 3 months prior to your effective date. You do this at the Social Security Office.
- The only opportunity to enroll in the Benistar Plan is when you are eligible for Medicare. If you decide not to enroll at that time you will be unable to enroll in the future.
- The Benistar Employer Group plan is certified as “creditable”, meaning the benefits are equal to or better than the benefits in a standard Medicare Part D plan.
- **The Medicare Part B Deductible for 2024 is \$240.00. This is an annual deductible that must be met before Medicare or your supplemental plan will begin to cover services.**
- **If you enroll in the Value 1000 plan the Part B deductible is included in your \$1000 out of pocket maximum.**

We welcome the opportunity to assist you in any way we can. If you have any questions or would like to enroll please do not hesitate to contact Linda at 413-663-2384 or Sharon at 413-449-5314.

Sincerely,



Sharon E. Coe, Account Executive
Medicare Specialist & Licensed Broker



Linda Grande,
Medicare Specialist & Licensed Broker

2024 Monthly Premiums with Option 1 Drug Plan

Benistar Value \$1000 Plan									
2023 Value \$1000				2024 Value \$1000			Change:		
Age	Medical	RX	Total	Medical	RX	Total			
65-69	\$144.36	\$208.00	\$352.36	\$152.01	\$217.98	\$369.99	\$17.63	5.0%	
70-74	\$169.03	\$208.00	\$377.03	\$177.99	\$217.98	\$395.97	\$18.94	5.0%	
75-79	\$200.12	\$208.00	\$408.12	\$210.73	\$217.98	\$428.71	\$20.59	5.0%	
80-84	\$228.72	\$208.00	\$436.72	\$240.84	\$217.98	\$458.82	\$22.10	5.1%	
>85	\$241.66	\$208.00	\$449.66	\$254.47	\$217.98	\$472.45	\$22.79	5.1%	

Benistar Premier Plan									
2023 Premier				2024 Premier			Change:		
Age	Medical	RX	Total	Medical	RX	Total			
65-69	\$230.73	\$208.00	\$438.73	\$242.96	\$217.98	\$460.94	\$22.21	5.1%	
70-74	\$271.62	\$208.00	\$479.62	\$286.02	\$217.98	\$504.00	\$24.38	5.1%	
75-79	\$323.22	\$208.00	\$531.22	\$340.35	\$217.98	\$558.33	\$27.11	5.1%	
80-84	\$370.65	\$208.00	\$578.65	\$390.29	\$217.98	\$608.27	\$29.62	5.1%	
>85	\$392.12	\$208.00	\$600.12	\$412.90	\$217.98	\$630.88	\$30.76	5.1%	

2024 Monthly Premiums with Option 2 Drug Plan

Benistar Value \$1000 Plan									
2023 Value \$1000				2024 Value \$1000			Change:		
Age	Medical	RX	Total	Medical	RX	Total			
65-69	\$144.36	\$166.00	\$310.36	\$152.01	\$173.97	\$325.98	\$15.62	5.0%	
70-74	\$169.03	\$166.00	\$335.03	\$177.99	\$173.97	\$351.96	\$16.93	5.1%	
75-79	\$200.12	\$166.00	\$366.12	\$210.73	\$173.97	\$384.70	\$18.58	5.1%	
80-84	\$228.72	\$166.00	\$394.72	\$240.84	\$173.97	\$414.81	\$20.09	5.1%	
>85	\$241.66	\$166.00	\$407.66	\$254.47	\$173.97	\$428.44	\$20.78	5.1%	

Benistar Premier Plan									
2023 Premier				2024 Premier			Change:		
Age	Medical	RX	Total	Medical	RX	Total			
65-69	\$230.73	\$166.00	\$396.73	\$242.96	\$173.97	\$416.93	\$20.20	5.1%	
70-74	\$271.62	\$166.00	\$437.62	\$286.02	\$173.97	\$459.99	\$22.37	5.1%	
75-79	\$323.22	\$166.00	\$489.22	\$340.35	\$173.97	\$514.32	\$25.10	5.1%	
80-84	\$370.65	\$166.00	\$536.65	\$390.29	\$173.97	\$564.26	\$27.61	5.1%	
>85	\$392.12	\$166.00	\$558.12	\$412.90	\$173.97	\$586.87	\$28.75	5.2%	

Benistar 2024 Plans

	MEDICARE PAYS	Benistar Plan	Premier	Value \$1000
PART A SERVICES		Plan Pays:	Retiree pays:	Retiree pays:
<u>Hospitalization</u> <u>Hospital Confinement Benefit</u> <u>Semi-private room and board, general nursing and misc. services & supplies</u> First 60 days 61st through 90th day 91st through 150th day, 60-day Lifetime Reserve Once lifetime Reserve days are used (or would have ended if used) additional 365 days of confinement per person per lifetime	All but \$1,632* All but \$408* per day All but \$816* per day 0%	\$1,632 \$408* per day \$816* per day 100%	\$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0
<u>Skilled Nursing Care Facility: Semi-private room and board, skilled nursing and rehabilitative services and other services and supplies.</u> You must meet Medicare's requirements 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 21st through 100th day 101st to 365th day of Confinement	All approved amounts All but \$204* per day \$0	\$0 Up to \$204* per day \$0	\$0 \$0 All costs	\$0 \$0 All costs
<u>Hospice Care</u> - Pain relief, symptom management and support services for terminally ill. As long as Physician certifies the need	All costs, but limited to costs for outpatient drug and inpatient respite care.	Benistar plan pays co-insurance charges for in-patient respite care, drugs and biologicals approved by Medicare.	All other charges	All other charges
<u>Blood Deductible</u> - Hospital Confinement and Outpatient Medical Expenses. When furnished by a hospital or skilled nursing facility during a covered stay. First 3 pints Additional Amounts	\$0 100%	plan pays 100% 0%	\$0 \$0	\$0 \$0

Note: * Medicare Deductibles & Co-Insurance for 2024 have not been released at this time

	MEDICARE PAYS	Benistar Plan	Premier	Value \$1000
PART B SERVICES		Plan Pay:	Retiree pays:	Retiree pays:
Outpatient Medical Expenses- In or Out of the hospital and outpatient hospital treatment, such as physician services, inpatient and outpatient medical and surgical services and supplies, physical & speech therapy, diagnostic tests, durable medical equipment Medicare Part B Deductible: First \$240.* of Medicare-approved amounts:	\$0	\$0	\$240*	\$240*
Remainder of Medicare-approved amounts.	Generally 80%	Please refer to Retiree pays	\$0	20% to \$1000 OOPMax, \$240. deductible included
Clinical laboratory services, blood tests, urinalysis and more	100%	\$0	\$0	\$0
Part B Excess Charges for non-participation Medicare providers covers the difference between the 115% Medicare limiting fee and the Medicare approved Part B charge.	\$0	0%	100%	100%
At-Home Recovery Services - Not Covered by Medicare: home care certified by your doctor for personal care during recovery from an injury or sickness for which Medicare approved a home care treatment plan.				
Benefit for each visit	\$0	0%	Not Covered	Not Covered
Number of visits covered (must be within 8 weeks of last Medicare-Approved visit)	\$0	0%	Not Covered	Not Covered
Calendar Year Maximum	NA			
Foreign Travel Emergency - Medically necessary emergency care services				
	\$0	Benistar Premier & Value pay 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)	\$250 deductible and then 20% of expenses incurred (to a lifetime maximum of \$50,000, 100% thereafter)

Note: *Medicare Deductibles & Co-Insurance for 2024 have not been released at this time

Medicare Part D Prescription Drug Benefits				
Provided By Express Scripts Insurance Company				
	Option 1		Option 2	
Benefit Period Start	January 1, 2024		January 1, 2024	
Benefit Period End	December 31, 2024		December 31, 2024	
Plan Deductible	\$0		\$0	
31-Day Retail/Mail Copayments				
Preferred Generic	N/A		\$0	
Generic	\$5		\$15	
Preferred Brand	\$40		\$60	
Non-Preferred	\$75		\$100	
Specialty	33%		33%	
90-Day Retail Copayments				
	Preferred	Standard	Preferred	Standard
Preferred Generic	N/A	N/A	\$0	\$0
Generic	\$10	\$15	\$30	\$45
Preferred Brand	\$80	\$120	\$150	\$180
Non-Preferred	\$180	\$225	\$250	\$300
Specialty ¹	33%	33%	33%	33%
90-Day Home Delivery Copayments				
Preferred Generic	N/A		\$0	
Generic	\$10		\$30	
Preferred Brand	\$80		\$150	
Non-Preferred	\$180		\$250	
Specialty ¹	33%		33%	
Coverage Gap	Full Coverage		Full Coverage	
Utilization Management	Standard Part D		Standard Part D	
Lifestyle Drugs	Not Covered		Not Covered	
All Other Non-Part D Drugs ²	Covered		Covered	
Coverage Gap: Full Coverage: There is no Coverage Gap. Member co-pays above apply.				
Catastrophic Coverage: Full Coverage: Once the True Out-of-Pocket Cost has reached \$8,000, member cost share is \$0.				
¹ Most Specialty drugs can only be dispensed up to a 31-day supply, when available.				
² With the exception of Part B drugs, which are covered by the medical plan.				
Monthly Premium Per Member	\$217.98		\$173.97	

2024 Medicare Premier Access 5 Tier Formulary Low Cost Generics (Tier 1)

ALENDRONATE SODIUM	HYDROCHLOROTHIAZIDE	PANTOPRAZOLE SODIUM
ALLOPURINOL	IBU	PERINDOPRIL ERBUMINE
AMLODIPINE BESYLATE	IBUPROFEN	PERIOGARD
AMLODIPINE BESYLATE-BENAZEPRIL	INDAPAMIDE	PIOGLITAZONE HCL
AMLODIPINE-VALSARTAN	IRBESARTAN	PRAVASTATIN SODIUM
ATENOLOL	IRBESARTAN-HYDROCHLOROTHIAZIDE	PREDNISONE
ATORVASTATIN CALCIUM	ISOSORBIDE MONONITRATE	PROPRANOLOL HCL
BENAZEPRIL HCL	JANTOVEN	QUINAPRIL
BENAZEPRIL HCL-HCTZ	LAMOTRIGINE	QUINAPRIL-HYDROCHLOROTHIAZIDE
BISOPROLOL FUMARATE/HCTZ	LATANOPROST	RAMIPRIL
CARVEDILOL	LEVO-T	RISPERIDONE
CHLORHEXIDINE GLUCONATE	LEVOTHYROXINE SODIUM	ROSUVASTATIN CALCIUM
CIPROFLOXACIN HCL	LEVOXYL	SALSALATE
CITALOPRAM HBR	LISINOPRIL	SERTRALINE HCL
CLONIDINE HCL	LISINOPRIL-HCTZ	SIMVASTATIN
CLOPIDOGREL	LITHIUM CARBONATE	SPIRONOLACTONE
DONEPEZIL HCL	LOSARTAN POTASSIUM	SUBVENITE
ENALAPRIL MALEATE	LOSARTAN-HYDROCHLOROTHIAZIDE	SULFAMETHOXAZOLE-TRIMETHOPRIM
ENALAPRIL MALEATE/HCTZ	LOVASTATIN	TAMSULOSIN HCL
ESCITALOPRAM OXALATE	MELOXICAM	TERAZOSIN HCL
EUTHYROX	METFORMIN HCL	TIMOLOL MALEATE
FAMOTIDINE	METFORMIN HCL ER	TRANDOLAPRIL
FLUOXETINE HCL	METHIMAZOLE	TRAZODONE HCL
FOSINOPRIL SODIUM	METOCLOPRAMIDE HCL	TRIAMTERENE W/HCTZ
FUROSEMIDE	METOPROLOL SUCCINATE	UNITHROID
GEMFIBROZIL	METOPROLOL TARTRATE	VALSARTAN
GLIMEPIRIDE	MOEXIPRIL HCL	VALSARTAN-HYDROCHLOROTHIAZIDE
GLIPIZIDE	NAPROXEN	VERAPAMIL HCL
GLIPIZIDE ER	OLMESARTAN MEDOXOMIL	WARFARIN SODIUM
GLIPIZIDE XL	OLMESARTAN-HYDROCHLOROTHIAZIDE	
GLIPIZIDE-METFORMIN	OMEPRAZOLE	

PRESCRIPTION DRUGS I TAKE NOW

Use the section below to list the medications you are taking

DRUG NAME

DRUG STRENGTH

GENERIC OR NAME BRAND

1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

Ancillary Product Offerings Dental & Vision

Met Life Dental

Many retirees have inquired into over 65 Dental Plans. For those over 65, dental insurance can be expensive. We have looked at several plans and feel the MetLife plan can be a good solution for some retirees. We are including information about a dental plan with MetLife in this renewal packet.

MetLife Takealong Dental Insurance is a voluntary product that you will enroll in directly with MetLife.

The enclosed flyer explains how you enroll and how to check and see if your dentist is in their network. The enrollment process can be done online or by calling MetLife at 1-844-263-8336. Your referral code is **MT1Dental**.

VSP Individual Vision Plan

Once you enroll in Medicare, many plans do not cover routine eye exams and materials like frames, lenses, and contacts. With a VSP Individual Vision Plan, you can enhance your coverage and obtain quality eye care and eyewear at low out-of-pocket costs.

Also enclosed in this renewal packet, the VSP flyer guides you toward creating an account to view plans and find an in-network doctor.

You can use this link below or the QR code below to view plans and to self-enroll.

<https://individualbrokervision.com/Enroll/MbrEnroll.aspx?AgtCode=VSP29455>



Met Life Dental Products are completely independent of MountainOne Insurance and enrollment and questions should go directly to MetLife.

VSP Individual Vision Plans benefits and availability may vary by state.

Insurance products are not a deposit, not FDIC-insured, not insured by any Federal Government Agency, not guaranteed by the Bank, and may go down in value.

Smile. Now you can have dental coverage that you take with you.

METLIFE TAKEALONG DENTALSM INSURANCE

Introducing [MetLife TakeAlong Dental](#) insurance, an individual dental policy that you take along with you through every life event you experience. So this could be the last time you'll have to enroll for dental coverage! Now there's something to make you smile!

Two great programs to choose

PPO

- Three benefit coverage levels to choose from: Low, Medium or High
- Flexibility to choose any licensed dentist, in or out of the network, and still receive benefits.
- In-network providers accept negotiated fees, which are typically 15% - 45% less than the average charges in the same area.¹
- No referral needed for specialty care.
- Access to thousands of participating dental locations.

Dental HMO/Managed Care²

- *The DHMO program is under development and will be available soon to accept enrollments.*
- Will be available to residents of California, Florida, New York and Texas.
- Two benefit coverage levels to choose from: Low or High.
- Pre-select a dentist at time of enrollment, who participates in the network.
- Broad network of carefully screened general dentists and specialists who provide dental care at a reduced cost.
- No waiting periods, claim forms, deductibles or annual maximums.

WHY GET DENTAL INSURANCE?

Keeping your teeth healthy without a dental program can be expensive. Having the right dental coverage makes it easier to visit the dentist and helps lower your costs. That's where [MetLife TakeAlong Dental](#) comes in! It offers competitive pricing and great benefits today and in the future, providing you with continuous coverage.

IT'S TIME TO ENROLL

Find all the information you'll need in one convenient location at metlifetakealongdental.com. Learn more about the program, features and cost, then enroll for coverage for yourself and your dependents.

Enroll Online at
metlifetakealongdental.com

Enroll by Phone
1-844-2METDEN
(1-844-263-8336)

Your Referral Code
Mt1Dental

ADF# D925.16

MetLife[®]

If you have any questions, please call
MetLife at **1-844-2METDEN**
or visit our website at
metlifetakealongdental.com

MetLife TakeAlong Dental availability varies by state.

¹ Based on internal analysis by MetLife. Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services rendered by them, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

² Dental Managed Care is used to refer to product designs that may differ by state of residence of the enrollee, including but not limited to: "Specialized Health Care Services Plans" in California; "Prepaid Limited Health Service Organizations" as described in Chapter 636 of the Florida statutes in Florida; and "Single Service Health Maintenance Organizations" in Texas. Dental Managed Care program benefits are provided by Metropolitan Life Insurance Company, a New York corporation, in NY. Dental HMO program benefits are provided by: SafeGuard Health Plans, Inc., a California corporation, in CA; SafeGuard Health Plans, Inc., a Florida corporation, in FL; and SafeGuard Health Plans, Inc., a Texas corporation, in TX. The Dental HMO/Managed Care companies are part of the MetLife family of companies.

Dental benefits are provided by Metropolitan Life Insurance Company (MetLife) or an affiliate of MetLife. Certain administrative services are provided by Careington International Corporation (Careington), Frisco, TX. Careington is not affiliated with MetLife or its affiliates. In certain states, availability of the individual dental product is subject to regulatory approval. Like most benefits programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact MetLife for costs and complete details.

Vermont Residents: Any applicable waiting periods are limited to a maximum of 6 months. Once enrolled, this will be reflected in your policy.

For Colorado Residents: This policy DOES NOT include coverage of pediatric dental services as required under the Affordable Care Act. Coverage of pediatric dental services is available for purchase in the State of Colorado and can be purchased as a stand-alone plan. Please contact your insurance carrier, agent, or Connect for Health Colorado to purchase either a plan that includes pediatric dental coverage or an Exchange-qualified stand-alone dental plan that includes pediatric dental coverage.

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Complete your healthcare package with a VSP® Individual Vision Plan.

We protect all that is important to us by investing in insurance plans. We insure our house, our car, and our health. Yet, we often neglect our vision needs.

As your trusted advisor, I want to ensure your eye care and eyewear needs are covered with a VSP Individual Vision Plan. Here's what these plans have to offer:

- **Low out-of-pocket costs.** VSP members typically save more than \$300 a year.¹
- **Flexible payments.** Choose from annual or monthly payment options.²
- **No waiting periods.** When you enroll in a plan, you can start using your benefits the same day.
- **Easy to use benefits.** Visit any VSP network doctor nationwide, retail locations including VisionWorks®, or shop online at Eyeconic®.³

Get what you expect from your plan. With a VSP Individual Vision Plan, you'll get an eye exam from a trusted VSP network doctor, a generous frame allowance, savings on lens enhancements like progressives, and more.

You can use this link or the QR code below to self-enroll.

<https://individualbrokervision.com/Enroll/MbrEnroll.aspx?AgtCode=VSP29455>



¹ Savings based on national averages on annual eye exams and most commonly purchased frame brands and may vary by VSP plan and purchase selection, average savings determined after benefits and premium are applied.

² VSP Individual Vision Plans are a 12-month commitment.

³ Eyeconic is a VSP affiliated company.

VSP Individual Vision Plans benefits and availability may vary by state.

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All other brands or marks are the property of their respective owners.

Insurance products are not a deposit, not FDIC-insured, not insured by any Federal Government Agency, not guaranteed by the Bank, and may go down in value.