



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 8,000 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 2021 Plan Options**

The 2021 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 2021 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 of \$198.00 for 2020. The 2021 Part B deductible has not been released at this time.**

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

### **2021 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 though 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 \$4020 in 2020 (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 \$6350 you will reach the Catastrophic Coverage Stage. You will be exposed to \$2330 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 2020 was \$198.00. The 2021 Part B deductible has not been released at this time. 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 \$198.00 Part B deductible is included in your \$1000 out of pocket maximum.**
- If you wish to enroll, please mail the following to the address below 6 weeks prior to your enrollment date:
  - The completed Benistar Senior Medical Insurance Enrollment Form. Please note that there are separate enrollment forms for the 2 available plans.
  - Please complete the Express Scripts Enrollment Form for Option 1 or Option 2.
  - A copy of your Medicare card showing Part A & B.
  - A check for your 1<sup>st</sup> months premium made payable to “Benistar”.

**All of the above should be mailed to:**

MountainOne Insurance  
Attn: Linda Grande  
85 Main St. Suite 100  
North Adams, MA 01247

We welcome the opportunity to assist you in any way we can. If you have any questions 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





### 2021 Monthly Premiums with Option 1 Drug Plan

Benistar Value \$1000 Plan								
2020 Value \$1000				2021 Value \$1000			Change:	
Age	Medical	RX	Total	Medical	RX	Total		
65-69	\$127.86	\$186.00	\$313.86	\$133.61	\$189.00	\$322.61	\$8.75	2.8%
70-74	\$149.70	\$186.00	\$335.70	\$156.11	\$189.00	\$345.11	\$9.41	2.8%
75-79	\$177.24	\$186.00	\$363.24	\$185.22	\$189.00	\$374.22	\$10.98	3.0%
80-84	\$202.57	\$186.00	\$388.57	\$211.67	\$189.00	\$400.67	\$12.10	3.1%
>85	\$214.03	\$186.00	\$400.03	\$223.66	\$189.00	\$412.66	\$12.63	3.2%

Benistar Premier Plan								
2020 Premier				2021 Premier			Change:	
Age	Medical	RX	Total	Medical	RX	Total		
65-69	\$204.35	\$186.00	\$390.35	\$213.55	\$189.00	\$402.55	\$12.20	3.1%
70-74	\$240.57	\$186.00	\$426.57	\$251.39	\$189.00	\$440.39	\$13.82	3.2%
75-79	\$286.27	\$186.00	\$472.27	\$299.15	\$189.00	\$488.15	\$15.88	3.4%
80-84	\$328.27	\$186.00	\$514.27	\$343.04	\$189.00	\$532.04	\$17.77	3.5%
>85	\$347.29	\$186.00	\$533.29	\$362.92	\$189.00	\$551.92	\$18.63	3.5%

### 2021 Monthly Premiums with Option 2 Drug Plan

Benistar Value \$1000 Plan								
2020 Value \$1000				2021 Value \$1000			Change:	
Age	Medical	RX	Total	Medical	RX	Total		
65-69	\$127.86	\$148.00	\$275.86	\$133.61	\$151.00	\$284.61	\$8.75	3.2%
70-74	\$149.70	\$148.00	\$297.70	\$156.44	\$151.00	\$307.44	\$9.74	3.3%
75-79	\$177.24	\$148.00	\$325.24	\$185.22	\$151.00	\$336.22	\$10.98	3.4%
80-84	\$202.57	\$148.00	\$350.57	\$211.68	\$151.00	\$362.68	\$12.11	3.5%
>85	\$214.03	\$148.00	\$362.03	\$223.66	\$151.00	\$374.66	\$12.63	3.5%

Benistar Premier Plan								
2020 Premier				2021 Premier			Change:	
Age	Medical	RX	Total	Medical	RX	Total		
65-69	\$204.35	\$148.00	\$352.35	\$213.55	\$151.00	\$364.55	\$12.20	3.5%
70-74	\$240.57	\$148.00	\$388.57	\$251.39	\$151.00	\$402.39	\$13.82	3.6%
75-79	\$286.27	\$148.00	\$434.27	\$299.15	\$151.00	\$450.15	\$15.88	3.7%
80-84	\$328.27	\$148.00	\$476.27	\$343.04	\$151.00	\$494.04	\$17.77	3.7%
>85	\$347.29	\$148.00	\$495.29	\$362.92	\$151.00	\$513.92	\$18.63	3.8%



## Benistar 2021 Plans

	MEDICARE PAYS	Benistar Plan	Premier	Value \$1000
<b>PART A SERVICES</b>		<b>Plan Pays:</b>	<b>Retiree pays:</b>	<b>Retiree pays:</b>
<u>Hospitalization</u>				
<u>Hospital Confinement Benefit</u>				
<u>Semi-private room and board, general nursing and misc. services &amp; supplies</u>				
First 60 days	All but \$1,408*	\$1,408*	\$0	\$0
61st through 90th day	All but \$352* per day	\$352* per day	\$0	\$0
91st through 150th day, 60-day Lifetime Reserve	All but \$704* per day	\$704* per day	\$0	\$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	\$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	All approved amounts	\$0	\$0	\$0
21st through 100th day	All but \$176* per day	Up to \$176* per day	\$0	\$0
101st to 365th day of Confinement	\$0	\$0	All costs	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	\$0	plan pays 100%	\$0	\$0
Additional Amounts	100%	0%	\$0	\$0

**\*Note: 2020 Medicare Deductibles & Coinsurance. 2021 Deductibles & Coinsurances are not available at this time.**



	MEDICARE PAYS	Benistar Plan	Premier	Value \$1000
<b>PART B SERVICES</b>		<b>Plan Pay:</b>	<b>Retiree pays:</b>	<b>Retiree pays:</b>
<b>Outpatient Medical Expenses-</b> 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 \$198* of Medicare-approved amounts:	\$0	\$0	\$198*	\$198*
Remainder of Medicare-approved amounts.	Generally 80%	Please refer to Retiree pays	\$0	20% to \$1000 OOPMax, \$198. 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%
<b>At-Home Recovery Services</b> - 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			
<b>Foreign Travel Emergency - Medically necessary emergency care services</b>				
	\$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: 2020 Medicare Deductibles & Coinsurance. 2021 Deductibles & Coinsurances are not available at this time.**



Medicare Part D Prescription Drug Benefits				
Provided By Express Scripts Insurance Company				
	Option 1		Option 2	
Benefit Period Start	January 1, 2021		January 1, 2021	
Benefit Period End	December 31, 2021		December 31, 2021	
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	Preferred	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 <sup>1</sup>	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 <sup>1</sup>	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 <sup>2</sup>	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 \$6,550, member cost share for generic drugs is the greater of 5% or \$3.70 and for all other drugs, the greater of 5% or \$9.20, with a maximum of the co-pays above.				
<sup>1</sup> Most Specialty drugs can only be dispensed up to a 31-day supply, when available.				
<sup>2</sup> With the exception of Part B drugs, which are covered by the medical plan.				
Monthly Premium Per Member	\$189.00		\$151.00	



2021 Medicare Premier Access 5 Tier Formulary Low Cost Generics (Tier 1)

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

