

UNIVERSITY OF HARTFORD

Retiree Medical and Prescription Drug Plan

Effective January 1, 2026

Contact Information	Retiree First: (844) 672-8029
Medical Benefit Summary:	Aetna Medicare Plan (PPO)
Calendar Year Deductible	\$226, Part B Deductible Applies
Maximum Out-of-Pocket (Medical)	\$2,500
Primary Care	\$20, after deductible
Specialist	\$20, after deductible
Emergency	\$50, waived if admitted
Urgent Care	\$20, after deductible
Outpatient Surgery	\$20, after deductible
Inpatient Hospital	Covered at 100%
Foreign Travel	\$50, Emergency Room, waived if admitted \$20, Urgently Needed Care
Routine Hearing Exam ⁻¹ every 12 months	Covered at 100%
Routine Eye Exam ⁻¹ every 12 months	Covered at 100%
Fitness Benefit	Silver Sneakers
Prescription (Rx) Benefit Summary:	
Calendar Year Deductible	\$0
Maximum Out-of-Pocket (Pharmacy)	\$2,100 Applies to Part D drugs only. Lifestyle and non-Part D drugs do not count towards the \$2,100 limit.
Retail 30 Day Supply	
Tier 1 (Generics)	\$9 Preferred / \$10 Standard
Tier 2 (Brands)	25% (\$40 Max)
Tier 3 (NP Brands)	35% (\$60 Max)
Tier 4 (Specialty)	33% (\$60 Max)
Retail 90 Day Supply	
Tier 1 (Generics)	\$18 Preferred / \$30 Standard
Tier 2 (Brands)	25% (\$80 Max) Preferred / 25% (\$120 Max) Standard
Tier 3 (NP Brands)	35% (\$120 Max) Preferred / 35% (\$180 Max) Standard
Tier 4 (Specialty)	Limited to one-month supply
Mail-Order 90 Day Supply	
Tier 1 (Generics)	\$18 Preferred / \$30 Standard
Tier 2 (Brands)	25% (\$80 Max) Preferred / 25% (\$120 Max) Standard
Tier 3 (NP Brands)	35% (\$120 Max) Preferred / 35% (\$180 Max) Standard
Tier 4 (Specialty)	Limited to one-month supply

Where differences exist between this benefit summary and the plan document, the plan document prevails. Please consult the plan document for complete details.