

Ithaca City School District: Retiree Plan Change Waiver Form

Benefit	Aetna Medicare Advantage	Hartford Medicare Supplement
Chiropractic Care	Covered in full, including maintenance	Covered in full, Maintenance \$15 copay & \$1,000 annual cap
Routine Services and Physicals Not Covered by Medicare	No limit	\$500 annual cap
Pap Smear	1 service covered every 12 months	Based on Medicare frequency
Routine Vision Exam	1 Service covered every 12 months	No coverage
Eyewear Reimbursement	\$100 every 24 months	No coverage
Hearing Aid Reimbursement	\$1,000 every 36 months	No coverage
International Coverage	No Limit	\$250,000 benefit maximum within 60 days of travel.
Orthotics	Covered without a reimbursement process	Not covered if Medicare does not cover (Medicare typically does not cover)
Silver Sneakers Gym Memberships	Included	Not included
Rx Formulary	Aetna Formulary (Same Rx copay structure)	ESI Formulary (Same Rx copay structure)

By signing this form and completing the applications for The Hartford Medicare Supplement product and the accompanying Express Scripts Medicare Part-D product:

- I understand that if I choose to switch my enrollment from the Aetna plan to The Hartford plan, the above benefit differences will be in effect.
- I understand that on average The Hartford plan will cost 23% more than the current Aetna plan.
- I understand that I will not be allowed to re-enroll back onto the Aetna plan.
- I hereby acknowledge that I have requested to switch from the Ithaca City School District's AETNA plan for retirees to the District's The Hartford plan and that in making this transition, I voluntarily assume any risks associated with this transition. In addition, I hereby release the Ithaca City School District from, and waive, any claims arising out of, or related to, my transition to The Hartford Plan. I further agree that I shall not bring any claim(s) or action(s) against the Ithaca City School District regarding the insurance coverage or benefits provided to me under The Hartford Plan in the event that I change my mind at a later time.

Retiree Full Name (Printed): _____

Retiree Signature: _____ Date: _____

State of _____)

)ss.:

County of _____)

On the ____ day of _____ in the year____, before me, the undersigned notary public, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

SEAL

Notary Public

Commission Expires: _____