



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 2025 Plan Options**

The 2025 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 2025 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 2025 is \$257.00.**

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

## **2025 Medicare Part D Drug Plan**

**Unlike many of the Medicare part D Plans available to individuals, our group plans have no deductible.**

**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.**

### **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 2025 is \$257.00. 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*



**Linda Grande,**  
*Medicare Specialist & Licensed*  
*Broker*

## 2025 Monthly Premiums with Option 1 Drug Plan

Benistar Value \$1000 Plan									
2024 Value \$1000				2025 Value \$1000			Change:		
Age	Medical	RX	Total	Medical	RX	Total			
65-69	\$152.01	\$217.98	\$369.99	\$170.25	\$217.98	\$388.23	<b>\$18.24</b>		<b>4.9%</b>
70-74	\$177.99	\$217.98	\$395.97	\$199.34	\$217.98	\$417.32	<b>\$21.35</b>		<b>5.4%</b>
75-79	\$210.73	\$217.98	\$428.71	\$236.01	\$217.98	\$453.99	<b>\$25.28</b>		<b>5.9%</b>
80-84	\$240.84	\$217.98	\$458.82	\$269.74	\$217.98	\$487.72	<b>\$28.90</b>		<b>6.3%</b>
>85	\$254.47	\$217.98	\$472.45	\$285.01	\$217.98	\$502.99	<b>\$30.54</b>		<b>6.5%</b>

Benistar Premier Plan									
2024 Premier				2025 Premier			Change:		
Age	Medical	RX	Total	Medical	RX	Total			
65-69	\$242.96	\$217.98	\$460.94	\$272.11	\$217.98	\$490.09	<b>\$29.15</b>		<b>6.3%</b>
70-74	\$286.02	\$217.98	\$504.00	\$320.34	\$217.98	\$538.32	<b>\$34.32</b>		<b>6.8%</b>
75-79	\$340.35	\$217.98	\$558.33	\$381.19	\$217.98	\$599.17	<b>\$40.84</b>		<b>7.3%</b>
80-84	\$390.29	\$217.98	\$608.27	\$437.13	\$217.98	\$655.11	<b>\$46.84</b>		<b>7.7%</b>
>85	\$412.90	\$217.98	\$630.88	\$462.45	\$217.98	\$680.43	<b>\$49.55</b>		<b>7.9%</b>

## 2025 Monthly Premiums with Option 2 Drug Plan

Benistar Value \$1000 Plan									
2024 Value \$1000				2025 Value \$1000			Change:		
Age	Medical	RX	Total	Medical	RX	Total			
65-69	\$152.01	\$173.97	\$325.98	\$170.25	\$173.97	\$344.22	<b>\$18.24</b>		<b>5.6%</b>
70-74	\$177.99	\$173.97	\$351.96	\$199.34	\$173.97	\$373.31	<b>\$21.35</b>		<b>6.1%</b>
75-79	\$210.73	\$173.97	\$384.70	\$236.01	\$173.97	\$409.98	<b>\$25.28</b>		<b>6.6%</b>
80-84	\$240.84	\$173.97	\$414.81	\$269.74	\$173.97	\$443.71	<b>\$28.90</b>		<b>7.0%</b>
>85	\$254.47	\$173.97	\$428.44	\$285.01	\$173.97	\$458.98	<b>\$30.54</b>		<b>7.1%</b>

Benistar Premier Plan									
2024 Premier				2025 Premier			Change:		
Age	Medical	RX	Total	Medical	RX	Total			
65-69	\$242.96	\$173.97	\$416.93	\$272.11	\$173.97	\$446.08	<b>\$29.15</b>		<b>7.0%</b>
70-74	\$286.02	\$173.97	\$459.99	\$320.34	\$173.97	\$494.31	<b>\$34.32</b>		<b>7.5%</b>
75-79	\$340.35	\$173.97	\$514.32	\$381.19	\$173.97	\$555.16	<b>\$40.84</b>		<b>7.9%</b>
80-84	\$390.29	\$173.97	\$564.26	\$437.13	\$173.97	\$611.10	<b>\$46.84</b>		<b>8.3%</b>
>85	\$412.90	\$173.97	\$586.87	\$462.45	\$173.97	\$636.42	<b>\$49.55</b>		<b>8.4%</b>

## Benistar 2025 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><b>Hospitalization</b></u> <u><b>Hospital Confinement Benefit</b></u> <u><b>Semi-private room and board, general nursing and misc. services &amp; supplies</b></u> First 60 days 61st through 90th day 91st through 150th day, 60-day Lifetime Reserve <small>Once lifetime Reserve days are used (or would have ended if used) additional 365 days of confinement per person per lifetime</small>	All but \$1,676* \$419* All but \$838* per day 0%	\$1,676.00 \$419* per day \$838* per day 100%	\$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0
<u><b>Skilled Nursing Care Facility: Semi-private room and board, skilled nursing and rehabilitative services and other services and supplies.</b></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 \$209.50.* per day \$0	\$0 Up to \$209.50* per day \$0	\$0 \$0 All costs	\$0 \$0 All costs
<u><b>Hospice Care</b></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 inpatient respite care, drugs and biologicals approved by Medicare.	All other charges	All other charges
<u><b>Blood Deductible</b></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 2025**

	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 \$257.* of Medicare-approved amounts:	\$0	\$0	\$257	\$257
Remainder of Medicare-approved amounts.	Generally 80%	Please refer to Retiree pays	\$0	<b>20% to \$1000 OOPMax, \$257. deductible included</b>
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) Calendar Year Maximum	\$0 NA	0%	Not Covered	Not Covered
<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: \*Medicare Deductibles & Co-Insurance for 2025**

<b>Medicare Part D Prescription Drug Benefits</b>				
<b>Provided By Express Scripts Insurance Company</b>				
	<b>Plan 1</b>		<b>Plan 2</b>	
Benefit Period Start	January 1, 2025		January 1, 2025	
Benefit Period End	December 31, 2025		December 31, 2025	
Plan Deductible	\$0		\$0	
<b>31-Day Retail/Mail Copayments</b>				
Preferred Generic	N/A		\$0	
Generic	\$5		\$15	
Preferred Brand	\$40		\$60	
Non-Preferred	\$75		\$100	
Specialty	33%		33%	
<b>90-Day Retail Copayments</b>				
	<b>Preferred</b>	<b>Standard</b>	<b>Preferred</b>	<b>Standard</b>
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%
<b>90-Day Home Delivery Copayments</b>				
Preferred Generic	N/A		\$0	
Generic	\$10		\$30	
Preferred Brand	\$80		\$150	
Non-Preferred	\$180		\$250	
Specialty <sup>1</sup>	33%		33%	
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	
<b>Monthly Premium Per Member</b>	<b>\$217.98</b>		<b>\$173.97</b>	

## 2025 Medicare Premier Access 5 Tier Formulary Low Cost Generics (Tier 1)

ABRYVO	GLIPIZIDE-METFORMIN	PERINDOPRIL ERBUMINE
ADACEL	HAVRIX	PIOGLITAZONE HCL
ALENDRONTE SODIUM	HEPLISAV-B	PITAVASTATIN CALCIUM
ALLOPURINOL	HYDROCHLOROTHIAZIDE	PRAVASTATIN SODIUM
AMLODIPINE BESYLATE	IBU	PREDNISONE
AMLODIPINE BESYLATE-BENAZEPRIL	IBUPROFREN	PREHEVBRIO
AMLODIPINE-OLMESARTAN	IMOVAX RABIES VACCINE	PRIORIX
AMLODIPINE-VALSARTAN	INDAPAMIDE	PROPRANOLOL HCL
AREXVY	IPOL	QUINAPRIL
ATENOLOL	IRBESARTAN	QUINAPRIL-HYDROCHLOROTHIAZIDE
ATENOLOL W/CLORTHALIDONE	IRBESARTAN-HYDROCHLOROTHIAZIDE	RABAVERT
ATORVASTATIN CALCIUM	ISOSORBIDE MONONITRATE	RAMIPRIL
BCG (TICE STRAIN)	IXCHIQ	RECOMBIVAX HB
BENAZEPRIL HCL	IXIARO	RISPERIDONE
BENAZEPRIL HCL-HCTZ	JANTOVEN	ROSUVASTATIN CALCIUM
BEXSERO	JYNNEOS	ROTARIX
BISOPROLOL FUMARATE/HCTZ	JYNNEOS (NATIONAL STOCKPILE)	SALSALATE
BOOSTRIX	LAMOTRIGINE	SERTRALINE HCL
CANDESRTAN CILEXETIL	LATANOPROST	SHINGRIX
CAPTOPRIL	LEVO-T	SIMVASTATIN
CARVEDILOL	LEVOTHYROXINE SODIUM	SPIRONOLACTONE
CHLORHEXIDINE GLUCONATE	LEVOXYL	STAMARIL
CITALOPRAM HBR	LISINOPRIL	SUBVENITE
CLONIDINE HCL	LISINOPRIL-HCTZ	SULFAMETHOXAZOLE-TRIMETHOPRIM
CLOPIDOGREL	LOSARTAN POTASSIUM	TAMSULOSIN HCL
DONEPEZIL HCL	LOSARTAN-HYDROCHLOROTHIAZIDE	TELMISARTAN
ENALAPRIL MALEATE	LOVASTATIN	TENIVAC
ENALAPRIL MALEATE/HCTZ	MELOXICAM	TERAZOSIN HCL
ENGERIX-B	MENACTRA	TETANUS DIPHTHERIA TOXOIDS
ESCITALOPRAM OXALATE	MENQUADFI	TICE BCG
EUTHYROX	MENVEO A-C-Y-W-135-DIP	TIMOLOL MALEATE
FAMOTIDINE	METFORMIN HCL	TRANDOLAPRIL
FINASTERIDE	METFORMIN HCL ER	TRAZODONE HCL
FLUOXETINE HCL	METOPROLOL SUCCINATE	TRIAMTERENE W/HCTZ
FOSINOPRIL SODIUM	METOPROLOL TARTRATE	TRIHEXYPHENIDYL HCL
FOSINOPRIL-HYDROCHLOROTHIAZIDE	M-M-R II VACCINE W/DILUENT	TRUMENBA
FUROSEMIDE	MOEXIPRIL HCL	TWINRIX
GARDASIL 9	MONTELUKAST SODIUM	TRYPHIM VI
GAVILYTE-C	MRESVIA	UNITHROID
GAVILYTE-G	NAPROXEN	VALSARTAN
GAVILYTE-N	OLMESARTAN MEDOXOMIL	VALSARTAN-HYDROCHLOROTHIAZIDE

GEMFIBROZIL	OLMESARTAN-HYDROCHLOROTHIAZIDE	VAQTA
GLIMEPIRIDE	OMEPRAZOLE	VARIVAX VACCINE
GLIPIZIDE	PANTOPRAZOLE SODIUM	VERAPAMIL HCL
GLIPIZIDE ER	PEG 3350-ELECTROLYTE	WARFARIN SODIUM
GLIPIZIDE XL	PENBRAYA	YF-VAX



# 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 DENTAL<sup>SM</sup> 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.<sup>1</sup>
- No referral needed for specialty care.
- Access to thousands of participating dental locations.

#### Dental HMO/Managed Care<sup>2</sup>

- *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](http://metlifetakealongdental.com). Learn more about the program, features and cost, then enroll for coverage for yourself and your dependents.

Enroll Online at  
[metlifetakealongdental.com](http://metlifetakealongdental.com)

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

Your Referral Code  
Mt1Dental

ADF# D925.16

**MetLife**<sup>®</sup>

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.

<sup>1</sup> 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.

<sup>2</sup> 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.

L0217491033[exp0218][All States][DC,PR,VI]Metropolitan Life Insurance Company, 200 Park Avenue, New York, NY 10166  
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Complete your healthcare package with a VSP<sup>®</sup> 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.<sup>1</sup>
- **Flexible payments.** Choose from annual or monthly payment options.<sup>2</sup>
- **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<sup>®</sup>, or shop online at Eyeconic<sup>®</sup>.<sup>3</sup>

**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>



<sup>1</sup> 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.

<sup>2</sup> VSP Individual Vision Plans are a 12-month commitment.

<sup>3</sup> 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.**