



## Voluntary Retiree Benefit Choice

### Medical and Prescription Drug Plan Summaries

Please review these illustrative plan options for Post-65 retiree healthcare coverages.

To learn about these and other plan options, please contact your AmWINS Representative.



# Group Retiree Medical Plan Options Summary

Retiree Medical Plans underwritten by Transamerica Premier Life Insurance Company, Cedar Rapids, IA; Transamerica Life Insurance Company, Cedar Rapids, IA; Transamerica Financial Life Insurance Company, Harrison, NY

## Option 1 (Plan G 2000)

## Option 2 (Plan G 1000)

## Option 3 (Plan G)

### Deductibles & Coinsurance / Copays

	You Pay	You Pay	You Pay
<b>Part A Deductible</b>	\$0.00	\$0.00	\$0.00
<b>Part B Deductible</b>	Part B Deductible	\$250	Part B Deductible
<b>Part B Coinsurance Amount</b>	20%	10%	0%
<b>Annual Out of Pocket Maximum</b>	\$2,000	\$1,000	Part B Deductible

### Medicare (Part A) - Hospital Services - Per Benefit Period

In general, Medicare Part A covers hospital care, skilled nursing care (even if received in a nursing home) and some health services.

	You Pay	You Pay	You Pay
First 60 days	\$0	\$0	\$0
61 <sup>st</sup> through 90 <sup>th</sup> day	\$0	\$0	\$0
91 <sup>st</sup> through 150 <sup>th</sup> day (Reserve days)	\$0	\$0	\$0
Additional 365 days	All Costs	All costs	All costs

### SKILLED NURSING FACILITY CARE

First 20 days	\$0	\$0	\$0
21st through 100th day	\$0	\$0	\$0
101st day and after	All costs	All costs	All costs

### BLOOD

First 3 pints	\$0	\$0	\$0
Additional amounts	\$0	\$0	\$0

# Group Retiree Medical Plan Options Summary

	<b>Option 1 (Plan G 2000)</b>	<b>Option 2 (Plan G 1000)</b>	<b>Option 3 (Plan G)</b>
<b>Medicare (Part B) - Medical Services - Per Calendar Year</b>			
In general, Medicare Part B covers services such as lab tests, surgeries, doctor visits and medical supplies considered medically necessary to diagnose or treat a disease or condition.			
	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>
First dollars of Medicare-approved amounts	Part B Deductible	Part B Deductible	Part B Deductible
Next Medicare-approved amounts	20% up to \$2,000	10% up to \$1,000	\$0
Part B Excess Charges	\$0	\$0	\$0
<b>BLOOD</b>			
First 3 pints	\$0	\$0	\$0
Next dollars of Medicare-approved amounts	Part B Deductible	Part B Deductible	Part B Deductible
Next Medicare-approved amounts	20% up to \$2,000	10% up to \$1,000	\$0
<b>CLINICAL LABORATORY SERVICES</b>			
Blood tests for Diagnostic Services	\$0	\$0	\$0
<b>Medicare Parts A &amp; B</b>			
	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>
<b>HOME HEALTH CARE</b>			
Medically necessary skilled care services and medical supplies	\$0	\$0	\$0
<b>DURABLE MEDICAL SERVICES</b>			
First dollars of Medicare-approved amounts	Part B Deductible	Part B Deductible	Part B Deductible
Next Medicare-approved amounts	20% up to \$2,000	10% up to \$1,000	\$0

# Group Retiree Medical Plan Options Summary

	<b>Option 1 (Plan G 2000)</b>	<b>Option 2 (Plan G 1000)</b>	<b>Option 3 (Plan G)</b>
<b>Preventive Services</b>			
	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>
<b>Annual Wellness Exam</b>	\$0	\$0	\$0
<b>Other Preventative Services (per Medicare schedule) including cardiovascular screenings, cancer screenings, flu shots, etc.</b>	\$0	\$0	\$0
<b>Other Services – Not Covered by Medicare</b>			
<b>Foreign Travel Emergency</b>			
Foreign Emergency outside of USA	\$250 Deductible, then 20% up to \$50,000	\$250 Deductible, then 20% up to \$50,000	\$250 Deductible, then 20% up to \$50,000

The plan options chart represents the amount you pay when the Plans and Medicare are integrated to provide your coverage.

A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Once you have been billed the first dollars of Medicare approved amounts for covered services, your Medicare Part B deductible will have been satisfied for the calendar year.

Foreign Travel coverage deductible is a separate deductible and does not apply to the Part A or B deductible amounts.

\*AmWINS reserves the right to change plan designs and rates at any time.

# Group Medicare Prescription Drug Plan Summary

Prescription Drug Plans underwritten by Humana / Elixir Rx Insurance Provided by Retiree Rx Care

	Basic Rx Plan Individual	Basic Rx Plan Group	Enhanced Rx Plan Group
<b>Deductible</b>			
	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>
<b>Calendar Year Deductible</b>	\$445	\$445	\$445
<b>Initial Coverage Stage</b>			
After you pay your yearly deductible, you will pay the following until your total yearly drug costs (what you and the plan pay) reach \$4,130:			
<b>Retail Copayments</b> Up to 31-day supply.			
	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>
Tier 1:	\$1.00	25%	15%
Tier 2:	\$4.00	25%	15%
Tier 3:	19%	25%	15%
Tier 4:	35%	25%	15%
Tier 5:	25%	25%	15%
<b>90 Day Retail Copayments</b> Up to 90-day supply.			
Tier 1:	\$3.00	25%	15%
Tier 2:	\$12.00	25%	15%
Tier 3:	19%	25%	15%
Tier 4:	35%	25%	15%
Tier 5:	25%	25%	15%
<b>Coverage Gap Stage</b>			
After your total yearly drug costs reach \$4,130, you will pay the following:	You will continue to pay the same cost-sharing amount as in the Initial Coverage stage for Generic Drugs and Brand Drugs until you qualify for the Catastrophic Coverage stage.	You will continue to pay the same cost-sharing amount as in the Initial Coverage stage for Generic Drugs and Brand Drugs until you qualify for the Catastrophic Coverage stage.	You will continue to pay the same cost-sharing amount as in the Initial Coverage stage for Generic Drugs and Brand Drugs until you qualify for the Catastrophic Coverage stage.

# Medicare Prescription Drug Plan Summary

## Prescription Drug Plans underwritten by Express Scripts

	Basic Rx Plan Group	Enhanced Rx Plan Group
Deductible		
	You Pay	You Pay
<b>Calendar Year Deductible</b>	\$445	\$0

### Initial Coverage Stage

After you pay your yearly deductible, you will pay the following until your total yearly drug costs (what you and the plan pay) reach \$4,130:

#### Retail Copayments Up to 31-day supply.

	You Pay (Preferred Pharmacy / Standard Pharmacy)	You Pay (Preferred Pharmacy / Standard Pharmacy)
Tier 1: <b>Preferred Generic Drugs</b>	\$0 / \$5	\$0
Tier 2: <b>Generic Drugs</b>	\$15 / \$20	\$15
Tier 3: <b>Preferred Brand Drugs</b>	\$60 / \$65	\$60
Tier 4: <b>Non-Preferred Brand Drugs</b>	\$100 / \$105	\$100
Tier 5: <b>Specialty</b>	\$100 / \$105	\$100

#### 90 Day Retail Copayments Up to 90-day supply.

Tier 1: <b>Preferred Generic Drugs</b>	\$0 / \$5	\$0 / \$0
Tier 2: <b>Generic Drugs</b>	\$45 / \$50	\$30 / \$45
Tier 3: <b>Preferred Brand Drugs</b>	\$180 / \$185	\$150 / \$180
Tier 4: <b>Non-Preferred Brand Drugs</b>	\$300 / \$305	\$250 / \$300
Tier 5: <b>Specialty</b>	\$300 / \$305	\$250 / \$300

### Coverage Gap

After your total yearly drug costs reach \$4,130, you will pay the following cost-sharing amount until you qualify for the Catastrophic Coverage stage.

Generic Coverage Only

Same as above

# Medicare Prescription Drug Plan Summary

## Catastrophic Coverage

After your yearly out-of-pocket drug costs reach \$6,550, you will pay **the greater of 5% coinsurance or:**

- a \$3.70 copayment for covered generic drugs (including brand drugs treated as generics), with a maximum not to exceed the standard cost-sharing amount during the Initial Coverage stage
- an \$9.20 copayment for all other covered drugs, with a maximum not to exceed the standard cost-sharing amount during the Initial Coverage stage.

You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail. There is no charge for standard shipping. Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply.

## Non-Part D Drugs

Included, Excluded Lifestyle

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**\*\* Group Prescription drug plan options offered will depend on the group, number of retirees and enrollment. Some plans may require a minimum of 2 lives at effective date.**