



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 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
Part A Deductible	\$0.00	\$0.00	\$0.00
Part B Deductible	Part B Deductible	\$250	Part B Deductible
Part B Coinsurance Amount	20%	10%	0%
Annual Out of Pocket Maximum	\$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 st through 90 th day	\$0	\$0	\$0
91 st through 150 th 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

	Option 1 (Plan G 2000)	Option 2 (Plan G 1000)	Option 3 (Plan G)
Medicare (Part B) - Medical Services - Per Calendar Year			
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.			
	You Pay	You Pay	You Pay
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
BLOOD			
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
CLINICAL LABORATORY SERVICES			
Blood tests for Diagnostic Services	\$0	\$0	\$0
Medicare Parts A & B			
	You Pay	You Pay	You Pay
HOME HEALTH CARE			
Medically necessary skilled care services and medical supplies	\$0	\$0	\$0
DURABLE MEDICAL SERVICES			
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

	Option 1 (Plan G 2000)	Option 2 (Plan G 1000)	Option 3 (Plan G)
Preventive Services			
	You Pay	You Pay	You Pay
Annual Wellness Exam	\$0	\$0	\$0
Other Preventative Services (per Medicare schedule) including cardiovascular screenings, cancer screenings, flu shots, etc.	\$0	\$0	\$0
Other Services – Not Covered by Medicare			
Foreign Travel Emergency			
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
Deductible			
	You Pay	You Pay	You Pay
Calendar Year Deductible	\$480	\$480	\$480
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 \$4,430:			
Retail Copayments Up to 31-day supply.			
	You Pay	You Pay	You Pay
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%
90 Day Retail Copayments 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%
Coverage Gap Stage			
After your total yearly drug costs reach \$4,430, 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.

Group Medicare Prescription Drug Plan Summary

Catastrophic Coverage

After your yearly out-of-pocket drug costs reach \$7,050, you will pay the greater of 5% coinsurance or:

- a \$3.95 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 and a \$9.85 copayment for all other covered drugs, with a maximum not to exceed the standard cost-sharing amount during the Initial Coverage stage.

Non-Part D Drugs

Included, Excluded Lifestyle

Compound

Compound Management Solution applies. Compound Management Solution is in place to mitigate compound drug abuse by means of inclusion and exclusion lists.

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