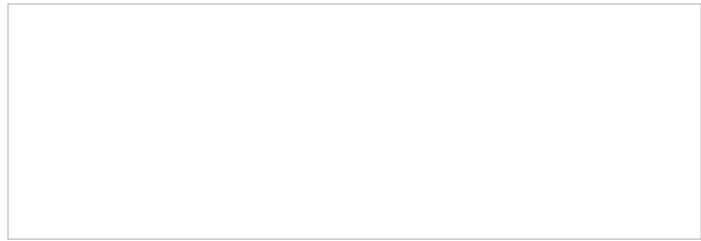




c/o Amwins Group Benefits, LLC  
50 Whitecap Drive  
North Kingstown, RI 02852



ICUBA

# Post 65 Enrollment Guide for Medicare-Eligible Retirees & Their Spouses

## Retiree Health Benefits





The plan options outlined in this guide are meant to supplement Medicare. Prior to enrolling, be sure to contact Social Security Administration, if you haven't already to initiate enrollment into your Medicare Part A & B. The Medicare set-up process can take 60 days and needs to be complete in order for this supplemental coverage to take effect. You will pay a monthly premium for Medicare Part B coverage to the Centers of Medicare & Medicaid Services (CMS).

You can reach Social Security by calling 1-800-772-1213 or visit them at [ssa.gov](https://www.ssa.gov).

# Your Retiree Medical & Rx Benefits

As the endorsed insurance administrator of **ICUBA's** Retiree Medical Program, Amwins Group Benefits, a division of Amwins Group, Inc., is pleased to contact you regarding your eligibility for retiree medical and prescription drug insurance. The program is available to company retirees and their spouses, who are age 65 or older, no longer working and enrolled in Medicare Parts A and B. ICUBA has informed Amwins that you and/or your spouse will soon turn age 65, or are already 65 and will be retiring. In either event, you will be eligible to participate in the company-sponsored Retiree Medical Program.

**You become Medicare-eligible on the first day of the month in which your 65<sup>th</sup> birthday falls.** You can enroll in ICUBA's Retiree Medical Program on the first day of the month in which you turn 65. The Retiree Medical Plan picks up where Medicare leaves off and is underwritten by Transamerica Life Insurance Company. Once you (and/or your spouse) enroll in Medicare Parts A & B, you will be automatically enrolled in the group retiree medical plan administered by Amwins.

The Retiree Medical Plan is offered with a Medicare Part D Prescription Drug Plan underwritten by Elixir Insurance Company through Retiree RxCare. When you enroll in this plan, you are enrolled in Medicare Part D. You do not need to enroll in any other Medicare Part D plan.

Your enrollment also includes a comprehensive program to enhance your health and well-being, called Manage My Health. This program is designed to offer greater assistance to our retirees and spouses by providing easy, confidential access to extensive programs and services that can improve physical and mental health. It includes 24-hour access to doctors on call, emergency identification cards, and extensive counseling for stress, depression, mental health, grief and bereavement. Manage My Health also includes programs for hearing aid discounts ranging from 30-65%, including a 3-year extensive warranty with battery replacement for hearing aids. (Medicare does not cover hearing services). Manage My Health also includes programs for nutrition, wellness and elder care planning for the caregivers of retirees. Information on all of the new benefits of Manage My Health will be sent to you when you are enrolled in the plan.

## How to Enroll

Review the following information provided in this packet:

- ✓ New Program Administrator and Plan Carrier Information
  - ✓ New Plan Benefit Summaries
  - ✓ Monthly Payment Information
  - ✓ Frequently Asked Questions
- Complete and sign the appropriate enrollment form(s) and send them to Amwins Group Benefits in the postage-paid envelope

**For additional billing information and upcoming materials please see the next page**

- Please send your first month's payment to the address below:

**Ameriflex  
Ameriflex COBRA Department  
P.O. Box 2077  
Omaha, NE 68103 – 2077**

*Hours of Operation: Monday – Friday, 6 a.m. to 9 p.m. CST*

If you choose not to participate, complete the enclosed Waiver of Coverage and return in the postage-paid return envelope.

## What's Next?

- Your medical and prescription drug ID Cards will be mailed to you within 10 business days from Amwins' **receipt** of your completed enrollment Form(s).
- If your enrollment materials are not received within 10 business days prior to your effective date, your ID cards may be delayed.
- Our Amwins Customer Care Center is ready to assist you with any questions you may have regarding your new program.

We look forward to serving you and assure you that your retiree health program is in excellent hands with Amwins as your plan administrator.

Sincerely,

Amwins Group Benefits

**Amwins Customer Care Center  
1-888-883-3757  
Monday - Friday, 8 a.m. to 8 p.m. (EST)**

# Your Retiree Assistance Program

Included with your retiree healthcare program:

Your enrollment also includes a comprehensive program to enhance your health and well-being, called Manage My Health. This program is designed to offer greater assistance to our retirees and spouses by providing easy, confidential access to extensive programs and services that can improve physical and mental health. It includes 24-hour access to doctors on call, emergency identification cards, and extensive counseling for stress, depression, mental health, grief and bereavement. Manage My Health also includes programs for hearing aid discounts ranging from 30-65%, including a 3-year extensive warranty with battery replacement for hearing aids. (Medicare does not cover hearing services). Manage My Health also includes programs for nutrition, wellness and elder care planning for the caregivers of retirees. Information on all of the new benefits of Manage My Health will be sent to you when you are enrolled in the plan.



There are times in life when you might need a little help coping with family, social, financial and mental health challenges. **Manage My Health can help**, with valuable senior-centric services designed to help improve your personal wellbeing. The program is included with your Medicare supplemental coverage and is available to you and your spouse.



## Retiree Medical Insurance Plan Summary of Benefits (NEPRIT M2)

Underwritten by: Transamerica Life Insurance Company

**Calendar Year Deductible:**           **\$300.00** (Includes Part B Deductible)  
**Part B Co-Insurance:**               **10%**  
**Annual Out-of-Pocket Maximum:**   **\$1,300** (Includes Calendar Year Deductible)

### MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD\*

Services	Medicare Pays	Plan Pays	You Pay
<b>HOSPITAL CONFINEMENT BENEFIT*</b>			
Semiprivate room and board, general nursing and miscellaneous services and supplies:			
First 60 days	All but Part A Deductible	Part A Deductible	<b>\$0</b>
61 <sup>st</sup> through 90 <sup>th</sup> day	All but Part A Coinsurance	Part A Coinsurance	<b>\$0</b>
91 <sup>st</sup> through 150 <sup>th</sup> day (While using 60 lifetime reserve days)	All but Part A Coinsurance	Part A Coinsurance	<b>\$0</b>
Once Lifetime Reserve days are used:			
Additional 365 days:	\$0	100% of Medicare Eligible Expenses	<b>\$0</b>
Beyond the Additional 365 days	\$0	\$0	<b>All costs</b>
<b>SKILLED NURSING FACILITY CARE*</b>			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital:			
First 20 days	All approved amounts	\$0	<b>\$0</b>
21 <sup>st</sup> through 100 <sup>th</sup> day	All but Part A Coinsurance	Part A Coinsurance	<b>\$0</b>
101 <sup>st</sup> day and after	\$0	\$0	<b>All costs</b>
<b>BLOOD DEDUCTIBLE – Hospital Confinement and Out-Patient Medical Expense</b>			
When furnished by a hospital or skilled nursing facility during a covered stay.			
First 3 pints	\$0	3 pints	<b>\$0</b>
Additional amounts	100%	\$0	<b>\$0</b>
<b>HOSPICE CARE</b>			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	<b>Balance</b>

## Retiree Medical Insurance Plan Summary of Benefits (NEPRIT M2)

Underwritten by: Transamerica Life Insurance Company

### MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

Services	Medicare Pays	Plan Pays	You Pay
<b>OUT-PATIENT MEDICAL EXPENSES - - In or Out of the Hospital and Out-Patient Hospital Treatment</b> , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
Medicare Part B Deductible: First Dollars of Medicare-approved amounts**	\$0	\$0	<b>Part B Deductible</b>
Next Dollars of Medicare-approved amounts	80%	\$0	<b>20% until remaining Calendar Year Deductible has been met</b>
Additional Medicare-approved amounts	80%	10% until remaining Out-of-Pocket Max is met, then 20%	<b>10% until remaining Out-of-Pocket Max is met, then \$0</b>
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	100%	<b>0%</b>
<b>BLOOD</b>			
First 3 pints	\$0	All costs	<b>\$0</b>
Next Dollars of Medicare Approved Amounts**	\$0	\$0	<b>Part B Deductible</b>
Next Dollars of Medicare-approved amounts	80%	\$0	<b>20% until remaining Calendar Year Deductible has been met</b>
Additional Medicare-approved amounts	80%	10% until remaining Out-of-Pocket Max is met, then 20%	<b>10% until remaining Out-of-Pocket Max is met, then \$0</b>
<b>CLINICAL LABORATORY SERVICES</b>			
Blood tests for Diagnostic Services	100%	\$0	<b>\$0</b>

### MEDICARE PARTS A & B

Services	Medicare Pays	Plan Pays	You Pay
<b>HOME HEALTH CARE – Medicare Approved Services:</b>			
Medically necessary skilled care services and medical supplies	100%	\$0	<b>\$0</b>
<b>DURABLE MEDICAL EQUIPMENT</b>			
First Dollars of Medicare Approved Amounts**	\$0	\$0	<b>Part B Deductible</b>
Next Dollars of Medicare-approved amounts	80%	\$0	<b>20% until remaining Calendar Year Deductible has been met</b>
Additional Medicare-approved amounts	80%	10% until remaining Out-of-Pocket Max is met, then 20%	<b>10% until remaining Out-of-Pocket Max is met, then \$0</b>

## Retiree Medical Insurance Plan Summary of Benefits (NEPRIT M2)

Underwritten by: Transamerica Life Insurance Company

### OTHER BENEFITS NOT COVERED BY MEDICARE

Services	Medicare Pays	Plan Pays	You Pay
<b>FOREIGN TRAVEL</b> - Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA:			
First \$250 each calendar year	\$0	\$0	<b>\$250</b>
Remainder of charges	\$0	80% to a lifetime maximum of \$50,000	20% and amounts over the \$50,000 lifetime max

\*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 (which are noted with two asterisks), your Medicare Part B Deductible will have been met for the calendar year.

***Benefits are paid only for those expenses which have been approved as eligible by the federal Medicare program.***

***Benefits will not be paid for any expenses which are not determined to be Medicare Eligible Expenses by the Federal Medicare Program or its administrators, except as otherwise specified.***

***This policy's renewability, cancellability and termination provisions are at the option of the group policy holder except in cases of non-payment of premium***

***The summary of program benefits described herein is for illustrative purposes only. In case of differences or errors, the Group Policy governs.***





## 2023 Prescription Drug Benefit Medicare Part D ENH 4T09

January 1, 2023 – December 31, 2023

### Prescription Drug Benefits Deductible and Limits on How Much You Pay for Covered Services

#### Annual Deductible

There is no deductible for Retiree RxCare. You begin in the Initial Coverage Stage when you fill your first prescription of the year.

#### Initial Coverage

You pay the following until your total yearly drug costs reach \$4,660. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.

Tier	30 Day Retail Pharmacy Copay	90 Day Retail Pharmacy or Mail Order Copay
Tier 1	\$10 .00	\$20.00
Tier 2	\$25.00	\$50.00
Tier 3	\$50.00	\$150.00
Tier 4	25% coinsurance	25% coinsurance

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

#### Coverage Gap

Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there may be a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,660.

With Retiree RxCare, after you enter the coverage gap, you will continue to pay your Initial Coverage Stage copayment amount for covered drugs until your costs total \$7,400, which is the end of the coverage gap. Not everyone will enter the coverage gap

#### Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,400

- **You pay the greater of:**
  - 5% of the cost, or
  - \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copay for all other drugs.
- **Our plan pays the rest of the cost of covered drugs.**

## MONTHLY PAYMENT SUMMARY

<b>ICUBA 2023 Retiree Medical Program</b>	
<b>Age</b>	<b>Medical with Enhanced 4-Tier Rx</b>
<b>65-69</b>	<b>\$411.33</b>
<b>70-74</b>	<b>\$459.12</b>
<b>75-79</b>	<b>\$479.06</b>
<b>80-84</b>	<b>\$509.80</b>
<b>85-89</b>	<b>\$534.28</b>
<b>90+</b>	<b>\$544.90</b>

Rates above are effective from January 1, 2023 and are subject to change each year on January 1<sup>st</sup>. Rates are based on your age as of January 1, 2023.

If you have any questions regarding plan enrollment, benefits, or plan options please call the Amwins Customer Care Center, Monday through Friday from 8:00 AM to 8:00 PM (Eastern): **1.888.883.3757**

# RETIREE MEDICAL PLAN ELECTION FORM

## ICUBA

Underwritten by: Transamerica Life Insurance Company  
National Employers Professional Retirees Insurance Trust

**You must return your election form to put your coverage in force!**

### Retiree Information (Please print)

Name		Date of Birth	
Address		Social Security Number	
City		Medicare ID# (From Medicare Id card)	
State	Zip Code	Sex	Phone Number
Email Address		Date of Retirement	

### Spouse Information (if enrolling)

Name		Date of Birth	
Sex		Social Security Number	
Date of Retirement		Medicare ID #(From Medicare ID card)	

### Please Choose Type of Coverage

Effective Date: {effective_date} Check Desired Coverage:	Retiree Only	Retiree & Spouse	Surviving Spouse
Medical Plan NEPRIT M2	<input type="checkbox"/> Medical Plan	<input type="checkbox"/> Medical Plan	<input type="checkbox"/> Medical Plan

*(continued on reverse)*

**Please Complete the Following Information:**

## RETIREE MEDICAL PLAN ELECTION FORM

Do you (or your spouse, if enrolling) currently have any Medicare Supplement policies or certificates in force (including Health Maintenance Organization contract or Health care service contract)?

Retiree (if enrolling):  Yes  No Spouse (if enrolling):  Yes  No

a) If YES\*, with which company? \_\_\_\_\_

b) What kind of policy / certificate? \_\_\_\_\_

c) Length of time you have had coverage? \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_

d) Will you be replacing the above listed policy/certificate upon acceptance of this enrollment form?  
 Yes  No

\*I understand it is my responsibility, if I desire to do so, to cancel my current coverage, if any, by notifying the Provider or Plan Administrator of such coverage.

### FRAUD WARNING

California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

#### **Fraud Warning:**

AR, CO, KY, LA, ME, NM, OH, OK, TN and WA Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a crime and may be subject to fines or confinement in prison.

MD Residents: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. FRD1000A.MD.

DC Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NJ Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

PA Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

*(continued on next page)*

## RETIREE MEDICAL PLAN ELECTION FORM

**Release of Information:**

By joining this medical and Medicare prescription drug plan, I acknowledge that my information will be released to Medicare and other plans as is necessary for treatment, payment and health care operations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled.

I understand that my signature (or that of the person authorized to act on my behalf under State law where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual, this signature certifies that this person is authorized under State law to complete this enrollment and documentation of this authority is available upon request by Medicare.

**Date:**

**Retiree Signature:**

**Date:**

**Spouse/Surviving Spouse Signature:**

**If you are an authorized representative, you must sign above and provide the following information:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Relationship to Retiree:** \_\_\_\_\_

Please return signed election form to:  
**Amwins Group Benefits**  
50 Whitecap Drive, North Kingstown, RI 02852

For Customer Service, please call: 1-888-883-3757  
Monday through Friday, 8:00 AM to 8:00 PM EST





### PRESCRIPTION DRUG PLAN

Enrollment Form for Plans Underwritten by Elixir Insurance Company  
Please provide the following information and sign the last page of this form.

ICUBA

Effective Date: {effective\_date}

Retiree		
Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date:
Street Address:		
City:	State:	Zip:
Social Security Number:	Phone Number:	
Medicare ID # (from Medicare ID card):		
Hospital (Part A) effective date (from Medicare ID card):		
Medical (Part B) effective date (from Medicare ID card):		
Email Address:		
Spouse or Surviving Spouse		
Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date:
Street Address:		
City:	State:	Zip:
Social Security Number:	Phone Number:	
Medicare ID # (from Medicare ID card):		
Hospital (Part A) effective date (from Medicare ID card):		
Medical (Part B) effective date (from Medicare ID card):		
Email Address:		
Alternative Contact (Optional)		
Name:		
Phone Number:	Relationship to you:	
Select Your Enrollment Options Below (Please Check Desired Coverage)		
Please check which plan you want to enroll in:		
<b>Retiree:</b> <input type="checkbox"/> 4-Tier Rx Plan (ENH 4-T09)	<b>Spouse or Surviving Spouse:</b> <input type="checkbox"/> 4-Tier Rx Plan (ENH 4-T09)	

(Continued on next page)



**Please Answer the Following Questions to Help Medicare Coordinate Your Benefits:**

**1. Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs.**

Will you have other prescription drug coverage in addition to Retiree RxCare?  Yes  No

If “yes”, please list your other coverage and your identification (ID) number(s) for this coverage below:

Name of other coverage:	ID # for this coverage:	Group # for this coverage:

**2. Are you a resident in a long-term care facility, such as a nursing home?**  Yes  No

If “yes”, please provide the following information:

Name of Institution:
Address (number and street) & Phone Number of Institution:

**Please Read This Important Information:**

If you are a member of a Medicare Advantage Plan (like an HMO or PPO), you may already have a prescription drug benefit from your Medicare Advantage Plan that will meet your needs. By joining Retiree RxCare your membership in your Medicare Advantage Plan may end. This will affect both your doctor and hospital coverage as well as your prescription drug benefits. Read the information that your Medicare Advantage Plan sends you and if you have questions, contact your Medicare Advantage Plan.

If you currently have health coverage from another employer or union, i.e., through your spouse or another former employer, joining Retiree RxCare could affect your employer or union health benefits. If you have health coverage from another employer or union, and you enroll in Retiree RxCare, we may coordinate the benefits between your other plan and Retiree RxCare. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there is no information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

**Please Read This Important Information and Sign Below:**

**By completing this enrollment application, I agree to the following:**

Retiree RxCare (PDP) is a Medicare drug plan and is in addition to my coverage under Medicare; therefore, I will need to keep my Medicare Part A or Part B coverage. It is my responsibility to inform Elixir Insurance Company of any prescription drug coverage that I have or may get in the future. I can only be in one Medicare prescription drug plan at a time. If I am currently in a Medicare Prescription Drug Plan, my enrollment in the PDP will end that enrollment. Enrollment in this plan is generally for the entire year. I may leave this plan only at certain times of the year, or under certain special circumstances, by sending a request to Elixir Insurance Company or by calling 1-800-Medicare, 24 hours per day, 7 days per week. TTY users should call 1-877-486-2048.

Retiree RxCare is a national employer group so if I move out of state, I can remain enrolled in the plan. I will notify the Plan of my address change. Once I am a member of Retiree RxCare, I have the right to appeal plan decisions about payment or services with which I disagree. I will read the Evidence of Coverage document from Retiree RxCare when I receive it to know which rules I must follow in order to receive coverage with this Medicare drug plan.





**Release of Information:**

By joining this Medicare prescription drug plan, I acknowledge Elixir Insurance Company will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Elixir Insurance Company will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I reside) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request by Elixir Insurance Company or by Medicare.

<b>Retiree's Signature:</b>	<b>Today's Date:</b>
<b>Spouse or Surviving Spouse's Signature:</b>	<b>Today's Date:</b>

**Please complete this section:** To the best of my knowledge, the information on this form is true and correct.

<b>Signature:</b>	<b>Date:</b>

If you are the authorized representative, you must provide the following information:

<b>Name:</b>
<b>Address:</b>
<b>Phone Number:</b>
<b>Relationship to Enrollee:</b>

**Medicare Prescription Drug Use Only:**

<b>Plan ID#</b>			
<b>Effective Date of Coverage:</b>	<b>IEP:</b>	<b>AEP:</b>	<b>SEP (type):</b>
<b>Plan Representative Signature:</b>			



## ANSWERS to YOUR QUESTIONS

**Q: Who can I call if I have questions?**

**A:** Please contact the Amwins Group Benefits Customer Care Center toll-free at 1-888-883-3757, Monday through Friday, from 8 a.m. to 8 p.m. EST.

**Q: How does the plan work?**

**A:** Medicare has coverage gaps which are the costs that you must pay, like coinsurance, co-payments, and deductibles. This plan helps fill those gaps. You may go to any doctor, specialist, or hospital that accepts Medicare. Medicare pays its share and then your plan pays based on your plan's benefits. You will receive a Medicare Summary Notice in the mail (in most cases each month), including information on the amount paid on your behalf and any additional amount due.

**Q: Can my age 65 spouse enroll if I am not yet age 65?**

**A:** Yes. As long as your spouse is eligible to participate in the Program and is age 65 or over. As soon as you become Medicare eligible, you can enroll on the first day of the month in which you reach your 65th birthday.

**Q: My spouse is not yet 65. What will happen to coverage for my spouse after I enroll in this plan?**

**A:** Your spouse will continue coverage under the pre-Medicare early retiree plan. Two months prior to your spouse attaining age 65, a Medicare enrollment packet will be mailed. At that time, your spouse should contact Social Security to enroll in Medicare Parts A and B in order to be eligible to enroll in the group Medicare Plan.

**Q: Will I have to re-enroll in the Plan next year?**

**A:** No, once you enroll, you remain in the plan until you elect or terminate coverage.

**Q: When will I receive my ID Cards?**

**A:** ID cards will be sent once we process your enrollment materials. Medical and Prescription Drug ID cards will arrive in two separate packages.

**Q: How are my medical claims paid?**

**A:** As long as your physician accepts Medicare you will not have to send in any claim forms. Present your ID card along with your Medicare card to your doctor. Medicare pays the provider of the Medicare portion of your claim and forwards the balance due to the claims administration department. Remaining amounts will be billed to you.

**Q: Do I still need my Medicare ID Card?**

**A:** Yes. You will continue to use your Medicare ID card with this plan in conjunction with your Plan ID card.

**Q: Do my prescription drug co-payments count toward my medical plan deductible?**

**A:** No. Any co-payments you make for prescription drugs do not count toward deductibles or out of pocket maximum amounts for your medical plan.

**Q: How do I get my prescriptions filled?**

**A:** Simply present your ID card and prescription to a participating pharmacy in the plan network. You will also receive information about mail order prescriptions when you enroll. You can find more information about your prescription coverage by visiting [www.retireerxcare.Amwins.com](http://www.retireerxcare.Amwins.com) or by calling Amwins Group Benefits at 1-888-883-3757.

**Q: Where can I get information on using Mail Order Services?**

**A:** Once you enroll in the plan, you will receive a fulfillment kit in the mail which will include mail order information from ElixirMail, the Mail Service Pharmacy for Retiree RxCare. Please be aware that you will need to obtain new prescriptions from your Doctor before ordering prescriptions from this new mail order program. The necessary forms and instructions on how to order prescriptions through the mail order service will be included in your fulfillment packet. Please expect your package and materials to arrive shortly before your plan effective date.

## **ANSWERS to YOUR QUESTIONS**

### **Q: How can I find out if my drugs are covered on the new plan?**

**A:** You will receive a copy of the formulary (List of Covered Drugs) in your fulfillment packet once you enroll. Some covered drugs may have additional requirements or limits on coverage. You can find out if your drug has any additional requirements or limits by reviewing the formulary. If your drug is not included on the formulary, you should first contact us and ask if your drug is covered. Please contact Amwins Group Benefits Customer Care toll-free at 1-888-883-3757 for more information about your prescriptions.

### **Q: How can I lower my drug expenses?**

**A:** Generic medications often cost less than brand-name counterparts. Talk to your doctor to determine if a generic is available. You may also have the option of mail order, where you can receive up to a 90-day supply for one mail order co-payment.

### **Q: What services are not covered?**

**A:** Services not covered by Medicare are not covered by this plan. Please contact us for the Medicare exclusion list. You may also call 1-800-MEDICARE or visit [www.medicare.gov](http://www.medicare.gov).





Disclaimer: The benefit information contained in this brochure is subject to change at any time, and the plan sponsor reserves the unlimited right to make benefit plan changes at any time. Any changes to the benefit plans implemented by the plan sponsor will be considered effective, regardless of whether notice has been given, on the date set by the plan sponsor. If you are ever in doubt about your benefits, please contact Amwins Group Benefits at 1-888-883-3757