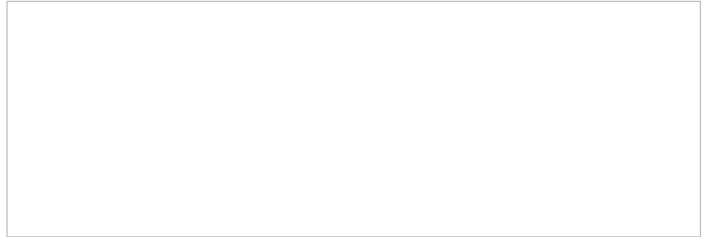




c/o Amwins Group Benefits, LLC
50 Whitecap Drive
North Kingstown, RI 02852



City of Montgomery

2024 Informational Guide for Medicare-Eligible Retirees, Spouses & Dependents

Retiree Health Benefits

Your 2024 Retiree Health Plan Benefits

Having quality health insurance is of utmost importance. To provide the best insurance value available, factoring coverage, service, and price, **the City of Montgomery** is excited to offer a new retiree healthcare program to eligible members.

The new Post-65 retiree medical and prescription drug program will be effective as of **January 1, 2024** and will be available to you and Medicare eligible spouses and dependents. To participate, you must be 65 or older and/or enrolled in Medicare Parts A & B prior to your effective date.

Program eligibility and servicing will be handled by Amwins Group Benefits, LLC., a division of Amwins Group, Inc. Amwins is known for its high customer service standards and will be managing your policy as well as handling monthly premium processing.

Understanding Your Retiree Group Medical & Prescription Drug Program

The group sponsored retiree medical plan picks up where Medicare leaves off and is underwritten by United American Insurance Company. The retiree medical plan is based on utilizing Medicare directly as your primary coverage, with a supplement to address some of the deductibles and coinsurance with Medicare Parts A & B.

In addition, the program includes prescription drug coverage, utilizing a Part D plan for prescription drugs. The Medicare Part D prescription Drug Plan is underwritten by Express Scripts.

The new program also includes a Dental Plan, underwritten by Ameritas.

Please note that the medical, prescription drug and dental plan(s) is(are) offered together. (These plans are not offered separately).

The City of Montgomery will continue to cover a portion of the cost of the program. Your monthly cost for the medical, prescription drug and dental plans will be \$50 per person per month. Your premium will continue to be deducted from your City retirement check.

Automatic Enrollment as of 1/1/24:

City of Montgomery Retiree Health Plan

- Review the plans and details enclosed within this kit.
- Your monthly cost for the medical, prescription drug and dental plans will be **\$50 per person per month**.
- Your premium will continue to be deducted from your City retirement check.
- You will automatically be enrolled in the program as of 1/1/24. There is no action required of you at this time.
- If you wish to not to be enrolled in this program, please call the Amwins Customer Care Center no later than **11/09/2023**.

Amwins Customer Care Center:
Call toll free at:

1-844-304-6634

**Monday through Friday
8:00 A.M. – 8:00 P.M. (EST)**

Retiree Medical Insurance Plan Summary of Benefits

Underwritten by: United American Insurance Company

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

Services	Medicare Pays	Plan Pays	You Pay
HOSPITAL CONFINEMENT BENEFIT*			
Semiprivate room and board, general nursing and miscellaneous services and supplies:			
First 60 days	All but \$1,600	\$1,600 (Part A Deductible)	\$0
61 st through 90 th day	All but \$400 per day	\$400 per day	\$0
91 st through 150 th day (While using 60 lifetime reserve days)	All but \$800 per day	\$800 per day	\$0
Once Lifetime Reserve days are used:			
Additional 365 days:	\$0	100% of Medicare Eligible Expenses	\$0
Beyond the Additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE*			
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	\$0
21 st through 100 th day	All but \$200.00 a day	Up to \$200.00 a day	\$0
101 st day and after	\$0	\$0	All costs
BLOOD DEDUCTIBLE – Hospital Confinement and Out-Patient Medical Expense			
When furnished by a hospital or skilled nursing facility during a covered stay.			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
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	Balance

The Medicare Parts A and B deductibles and co-insurance amounts shown are the 2023 amounts. Your plan will automatically adjust to the changes to Medicare Parts A and B amounts for 2024.

Retiree Medical Insurance Plan Summary of Benefits

Underwritten by: United American Insurance Company

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

Services	Medicare Pays	Plan Pays	You Pay
OUT-PATIENT MEDICAL EXPENSES - - In or Out of the Hospital and Out-Patient Hospital Treatment, 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	\$226 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	0%
Part B Excess Charges (Above Medicare Approve Amounts)	\$0	100%	0%
BLOOD			
First 3 pints	\$0	All costs	\$0
Next dollars of Medicare Approved Amounts**	\$0	\$226 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
Blood tests for Diagnostic Services	100%	\$0	\$0

MEDICARE PARTS A & B

Services	Medicare Pays	Plan Pays	You Pay
HOME HEALTH CARE – Medicare Approved Services:			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
DURABLE MEDICAL EQUIPMENT			
First dollars of Medicare Approved Amounts**	\$0	\$226 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

The Medicare Parts A and B deductibles and co-insurance amounts shown are the 2023 amounts. Your plan will automatically adjust to the changes to Medicare Parts A and B amounts for 2024.

Retiree Medical Insurance Plan Summary of Benefits

Underwritten by: United American Insurance Company

OTHER BENEFITS NOT COVERED BY MEDICARE

Services	Medicare Pays	Plan Pays	You Pay
FOREIGN TRAVEL - Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA:			
First \$250 each calendar year	\$0	\$0	\$250
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.

Important Note for Residents of FL, MN, VT & WA: If your Part A effective date is after 12/31/19, you will be subject to pay the Part B Deductible (Plan G) due to state mandates.

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.

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

Benefit Overview

Express Scripts Medicare® (PDP)

YOUR 2023 PRESCRIPTION DRUG PLAN BENEFIT



EXPRESS SCRIPTS®
Medicare (PDP)

Here is a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service.

Deductible stage	Your yearly deductible is \$250			
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 \$5,030:			
	Tier	Retail One-Month (31-day) Supply	Retail Three-Month (90-day) Supply (Standard)	Home Delivery Three-Month (90-day) Supply
	Tier 1: Generic Drugs	\$10	\$30	\$20
	Tier 2: Preferred Brand Drugs	25%	25%	25%
	Tier 3: Non- Preferred Brand	25% + \$20	25% + \$20	25% + \$20
	Tier 4: Specialty	25% + \$20	25% + \$20	25% + \$20
	<p>If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily cost-sharing rate based on the actual number of days of the drug that you receive.</p> <p>You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through the Express Scripts PharmacySM. 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.</p>			
Coverage Gap stage	After your total yearly drug costs reach \$5,030, you will continue to pay the same cost-sharing amount as in the Initial Coverage stage, until you qualify for the Catastrophic Coverage stage.			
Non-part D Drugs	Covered; Excluding lifestyle			
Compound	Compound Management Solution applies. Compound Management Solution is in place to mitigate compound drug abuse by means of inclusion and exclusion lists			
Catastrophic Coverage stage	After your yearly out-of-pocket drug costs reach \$8,000, you will pay \$0			

IMPORTANT PLAN INFORMATION

Long-Term Care (LTC) Pharmacy

If you reside in an LTC facility, you pay the same as at a network retail pharmacy. LTC pharmacies must dispense brand-name drugs in amounts of 14 days or less at a time. They may also dispense less than a one month's supply of generic drugs at a time. Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.

Out-of-Network Coverage

You must use Express Scripts Medicare network pharmacies to fill your prescriptions. Covered Medicare Part D drugs are available at out-of-network pharmacies only in special circumstances, such as illness while traveling outside of the plan's service area where there is no network pharmacy. You generally have to pay the full cost for drugs received at an out-of-network pharmacy at the time you fill your prescription. You can ask us to reimburse you for our share of the cost. Please contact the plan or the Retiree Customer Service Center for more details.

Additional Information About This Coverage

- The service area for this plan is all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands and American Samoa. You must live in one of these areas to participate in this plan.
- The amount you pay may differ depending on what type of pharmacy you use; for example, retail, home infusion, LTC or home delivery.
- To find a network pharmacy near you, visit our website at **www.Express-Scripts.com**.
- Your plan uses a formulary – a list of covered drugs. The amount you pay depends on the drug's tier and on the coverage stage that you've reached. From time to time, a drug may move to a different tier. If a drug you are taking is going to move to a higher (or more expensive) tier, or if the change limits your ability to fill a prescription, Express Scripts will notify you before the change is made.
- To access your plan's list of covered drugs, visit our website at **www.Express-Scripts.com**.
- The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.
- Your healthcare provider must get prior authorization from Express Scripts Medicare for certain drugs.
- If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.
- Each month, you may need to pay a monthly premium amount to continue your participation in this plan. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party, even if your Medicare Part D plan premium is \$0.

Express Scripts Medicare (PDP) is a prescription drug plan with a Medicare contract.
Enrollment in Express Scripts Medicare depends on contract renewal.
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Dental Plan Summary

Effective Date: 1/1/2024

Plan Benefit	In Network	Out of Network
Type 1	100%	80%
Type 2	80%	80%
Type 3	50%	50%
Deductible	\$25/Calendar Year Type 2 & 3 Waived Type 1 \$75/family	\$25/Calendar Year Type 2 & 3 Waived Type 1 \$75/family
Maximum (per person)	\$1,000 per calendar year	\$1,000 per calendar year
Allowance	Discounted Fee	90th U&C
Waiting Period	None	None
Annual Eye Exam	None	None
Annual Open Enrollment	Included	Included

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	In Network and Out of Network Type 2	Type 3
<ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (2 per benefit period) Full Mouth/Panoramic X-rays (1 in 3 years) Periapical X-rays Cleaning (2 per benefit period) Fluoride for Children 18 and under (2 per benefit period) Sealants (age 13 and under) Space Maintainers 	<ul style="list-style-type: none"> Fillings for Cavities Restorative Composites Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Denture Repair Simple Extractions Complex Extractions Anesthesia 	<ul style="list-style-type: none"> Onlays Crowns (1 in 10 years per tooth) Crown Repair Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)

Ameritas Information

We're Here to Help

This plan was designed specifically for the associates of City of Montgomery, AL. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritas.com.

Dental Health Scorecard

How would you rate your dental health?

In 2016, you can receive your Dental Health Report Card by signing into your secure member account online. Your assessment is based on claims submitted. The report card also offers suggestions if you strive to improve your dental health. Ameritas members can access the personalized report card by going to ameritas.com, click Account Access in the top right corner and choose the Dental/Vision/Hearing drop down. Select the Secure Member Account link and sign in to see your report.

Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

To receive this Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Eyewear Savings

Ameritas plan members may receive up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.

To receive the eyewear savings identification card, Ameritas plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

Hearing Savings

With your Ameritas plan, you can receive hearing aid discounts through Great Hearing Benefits at their 4,500+ hearing care locations nationwide. Call 877-683-9495 for your free hearing consultation today. This savings arrangement is not insurance. It is available to members at no additional cost to their plan premium.

Highlights include: hearing exam for only \$50 (saves you \$100 off the industry average of \$150), up to 50% off retail pricing on today's top hearing technology, plus a satisfaction guarantee and warranty service. Visit greatearingbenefits.com/ameritas to learn more.

Dental Network Information

To find a provider, visit ameritas.com and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553.

Your provider network is Ameritas Classic Network.

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on January 1. If you do not enroll during your company's open enrollment period, then you will be subject to the Late Entrant Provision.

Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.

About Manage My Health

Included with your Medical Program



Creating healthier and happier Retirees.

Manage My Health is the most comprehensive retiree assistance program on the market, featuring a robust package of services available exclusively to retirees and their families. The program helps seniors enjoy a healthier and happier lifestyle by providing access to physical, mental, nutritional and financial support through a trusted network of senior-centric program partners.

Manage My Health is a powerful resource and a great opportunity for organizations to encourage their former workers to take an active interest in improving their personal well-being.



Fitness Program

Healthy aging and exercise program that includes nationwide fitness center access, home fitness kits, personal coaching, and a mobile app.



Telehealth Solutions

24/7 Physician consultations by phone. (\$0 copay) Treatments include: Common colds, Rx authorizations, sprains, strains and more.



Hearing Services

Hearing benefits, including free screenings, discounts, low-price guarantees, warranties, no interest financing and more.



Counseling & Intervention

24/7 immediate access to counselors. Ideal for: Anxiety, depression, addiction, family issues, debt & money management.



Health & Wellness Support

Online resource for personal health and wellness. Including: Nutrition, senior friendly workouts, and health risk assessments.



Food Delivery Service

Healthy meals prepared to meet any dietary restriction and delivered to you and your loved ones.



Discounts and Rewards

Access to extensive savings and discounts through an exclusive, easy-to-use online marketplace.



MANAGE
MY HEALTH

AMWINS

2024 PAYMENT SUMMARY

Post 65 Retiree Coverage Rate Chart	
Coverage Levels	Monthly Premium
Retiree w/ Medicare - Single	\$50.00
Retiree + Spouse Only (Both w/ Medicare)	\$100.00
Retiree + Spouse Only (1 w/ Medicare)	\$150.00
Retiree w/ Medicare - Family	\$200.00
Beneficiary w/ Medicare - Single	\$200.00
Beneficiary w/ Medicare - Family	\$350.00

Conditions and Limitations:

- The Amwins program is only available to Medicare eligible and enrolled retirees, spouse, and dependents.
- Post 65 retirees or spouses/dependents that are not Medicare entitled will remain on the BCBS of AL Post 65 plan until the following status changes:
 - Death of a retiree
 - Spouse or dependent becomes Medicare entitled

Retiree Medical Coverage provided by United American Insurance Company
Medicare Part D Rx Coverage provided by Express Scripts
Dental Coverage provided by Ameritas

Your premium will continue to be deducted from your City retirement check.

We are committed to helping you receive quality care. That's why we are enrolling you in **Express Scripts Medicare®** (PDP) for the City of Montgomery. This coverage will be sponsored by the City of Montgomery and will be administered by Express Scripts. You will be enrolled in

this plan unless you notify us within 21 days of receiving this letter that you do not want to be enrolled in this plan. (However, Express Scripts Medicare may need to contact you for more information in order to complete your enrollment. Be sure to open and review any future communications you may receive from Express Scripts Medicare and respond in a timely manner if a reply is requested.)

This prescription drug coverage is considered **Creditable Coverage**, which means it is at least as good as the standard Medicare prescription drug coverage.

Watch for materials from Express Scripts Medicare

As a result of this plan change, you will receive additional important benefit information from Express Scripts Medicare in the upcoming weeks. In the meantime, please review and save this letter and the enclosed *Benefit Overview*, which provides details about your new prescription drug coverage.

When will I receive my new member ID card and other plan materials?

You will receive a Welcome Kit from Express Scripts prior to your effective date. Your Welcome Kit will include your **new** Medicare prescription drug plan member ID card. You should use this card beginning with the effective date of your prescription drug coverage when filling prescriptions.

(Do not discard your medical coverage ID card; you should continue to use your medical card for any other services.) Your Welcome Kit will also include other important plan benefit materials, such as a formulary. The Centers for Medicare & Medicaid Services (CMS) requires that we send you these materials upon your enrollment in a Medicare prescription drug plan.

What should I do if I don't want to join Express Scripts Medicare?

Your enrollment in Express Scripts Medicare will occur automatically. However, you can request that you not be enrolled by notifying the Amwins Customer Care Center at 1-844-304-6634 Monday through Friday, 8:00 am through 8:00 pm Eastern Time.

What happens if I don't join Express Scripts Medicare?

Important: If you decide not to be enrolled in this plan, you may lose eligibility for your retiree medical coverage with City of Montgomery. Keep in mind that if you leave our plan and don't have or get other Medicare prescription drug coverage or creditable coverage (as good as Medicare's), you may be required to pay a late enrollment penalty (LEP) if you go 63 days or more without Medicare Part D coverage or other creditable prescription drug coverage.

If you choose not to be enrolled in this plan, you can join a new Medicare prescription drug plan or Medicare health plan outside of your former employer's plan from October 15 to December 7. Except in special cases, you cannot join a new plan at any other time of the year. You can, however, join or leave a plan at any time if Medicare decides that you need

Extra Help with paying the plan costs. If Medicare decides that you no longer need Extra Help, you will have two months to make changes after Medicare notifies you of its decision. You can call 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week for assistance. TTY users should call 1.877.486.2048.

What happens if I have a late enrollment penalty as a member of this plan?

Express Scripts will send you notification if Medicare (the Centers for Medicare & Medicaid Services, or CMS) has identified you as having to pay an LEP. If you are subject to an LEP and your coverage is terminated by you or City of Montgomery, you will be responsible for paying the LEP if you enroll in another plan at a later date.

Do I need to do anything if I am currently taking a drug that requires prior authorization?

You may currently have a prescription for which you have obtained a prior authorization or prior approval from your current plan. If your medication also requires a prior authorization under your new plan, you may need to obtain a new approval. In some cases, existing authorizations from your current plan may not be carried over into your new plan. Review your formulary when you receive it or call Express Scripts Medicare Customer Service at the numbers listed at the end of this letter to determine if your drug requires a prior authorization. If you require a new approval, call Customer Service after your membership in the plan becomes effective to start the prior authorization process.

Whom should I contact if I have questions?

If you have questions about the new plan, please review your plan documents or contact the Amwins Customer Care Center at 1-844-304-6634 Monday through Friday, 8:00 am through 8:00 pm Eastern Time.

ANSWERS TO FREQUENTLY ASKED QUESTIONS

Who is eligible for this plan?

You are eligible for this plan if you are entitled to Medicare Part A and/or are enrolled in Medicare Part B, live in the plan's service area, are a U.S. citizen or are lawfully present in the United States and are eligible for benefits from City of Montgomery.

You can be in only one Medicare prescription drug plan at a time. If you are currently enrolled in a Medicare Advantage (MA) Plan that **includes Medicare prescription drug coverage**, your enrollment in this plan may end that enrollment. In addition, you may not be enrolled in an individual MA Plan—even one without prescription drug coverage—at the same time as this plan. You may, however, be enrolled in this plan and an MA-only plan if it has been coordinated through your employer. Please contact your group benefits administrator if you have questions about other plan types and the impact your enrollment in this plan may have.

Important: If you choose a prescription drug plan outside your former employer/retiree group's offering, this decision may impact other benefits, such as medical coverage. Please contact your group benefits administrator for more information before making a decision to leave this plan, or for information about other options that may be available to you.

Do I qualify for Extra Help to pay for my prescription drug premiums (if applicable) and costs?

To see if you qualify for Extra Help, call Medicare at 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week (TTY users should call 1.877.486.2048); the Social Security Office at 1.800.772.1213 between 7 a.m. and 7 p.m., Monday through Friday (TTY users should call 1.800.325.0778); or your State Medicaid Office. If you qualify, Medicare will tell the plan how much assistance you will receive, and Express Scripts will send you information on the amount you will pay once you are enrolled in this plan.

Will my income affect my Medicare Part D premium (if applicable)?

Some people may have to pay an extra amount because of their yearly income. If your modified adjusted gross income as reported on your IRS tax return from two years ago (the most recent tax return information provided to Social Security by the IRS) is more than \$85,000 for individuals and married individuals filing separately or \$180,000 for married individuals filing jointly, you'll have to pay extra for your Medicare prescription drug coverage. This extra amount is called the Part D income-related monthly adjustment amount. If you have to pay an extra amount, Social Security—not your Medicare plan—will send a letter telling you what the extra amount will be and how to pay it. No matter how your plan premium is paid, the extra amount will be withheld from your Social Security or Office of Personnel Management benefit check. If your benefit check isn't enough to cover the extra amount, you will get a bill from Medicare. *The extra amount must be paid separately and cannot be paid with your monthly plan premium.* If you have any questions about this extra amount, contact Social Security at 1.800.772.1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1.800.325.0778.

Express Scripts Medicare is a Medicare prescription drug plan, which is in addition to your coverage under Medicare Part A and/or Part B. Your enrollment in this plan doesn't affect your coverage under Medicare Part A and/or Part B. It is your responsibility to inform Express Scripts Medicare of any prescription drug coverage that you have or may get in the future. You can be in only one Medicare prescription drug plan at a time.

You must live within the 50 U.S. states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands or American Samoa, and be a U.S. citizen or lawfully present in the United States to participate in this plan. It is your responsibility to inform your former employer of any address changes.

Once you are a member of this plan, you have the right to file a grievance or appeal plan decisions about payment or services if you disagree. Read your *Evidence of Coverage* to know which rules you must follow to receive coverage with this Medicare prescription drug plan.

By joining this Medicare prescription drug plan, you acknowledge that Express Scripts Medicare can release your information to Medicare and other plans as is necessary for treatment, payment and health care operations. You also acknowledge that Express Scripts Medicare can release your information, including your prescription drug event data, to Medicare, which may release it for research and other purposes that follow all applicable Federal statutes and regulations.

The Centers for Medicare & Medicaid Services must approve Express Scripts' plan each year. You can continue to get Medicare coverage as a member of this plan only as long as both Express Scripts and your previous employer or retiree group choose to continue to offer this plan, and CMS renews its approval of Express Scripts' plan.

This information is not a complete description of benefits. Contact the plan or the Retiree Customer Service Center for more information. Limitations, copayments and restrictions may apply. Benefits, premium (if applicable) and/or copayments/coinsurance may change on January 1 of each year. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

Express Scripts Medicare (PDP) is a prescription drug plan with a Medicare contract. Enrollment in Express Scripts Medicare depends on contract renewal.

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 **1-844-304-6634** Monday through Friday, from 8 a.m. to 8 p.m. ET.

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: I have a spouse or dependent that is not yet 65. What will happen to coverage for my spouse or dependent after I am enrolled in this plan?

A: Your Non-Medicare spouse or dependent will continue coverage under the pre-Medicare early retiree plan. Two months prior to your spouse or dependent attaining age 65 or becoming Medicare eligible, a Medicare enrollment packet will be mailed. At that time, your spouse or dependent 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, Prescription Drug

and dental ID cards will arrive in three 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.

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.Express-Scripts.com or by calling Amwins Group Benefits at **1-844-304-6634**

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 through the Express Scripts Pharmacy. 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 **1-844-304-6634** or visit **www.Express-Scripts.com** 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.

Q: Do I have the option to enroll in just medical, just prescription drug, or just dental coverage or do I have to enroll in all three plans?

A: The Amwins health benefit plan combines three separate plans into one package which includes medical, prescription drug and dental coverage. You may not elect the one coverage without the other plans. The cost for the program includes the medical, prescription drug and dental benefits.

Q: How do I pay for my coverage?

A: The City of Montgomery will continue deduct your cost from your pension.

Q: How do I obtain a replacement ID card for my plans?

A: Call Amwins Group Benefits at **1-844-304-6634** Monday through Friday, from 8 a.m. to 8 p.m. EST.

Q: What happens to coverage for a spouse or dependent if the retiree dies?

A: The spouse or dependent of the retiree should notify Amwins as soon as possible. If the retiree elected the Surviving Spouse option at the time of retirement, then the dependent will be able to continue with coverage. If the retiree did not elect the Surviving Spouse option, then the dependent will receive COBRA information.

Q: Will I be able to transfer an existing Rx prescription from my current pharmacy to a participating Express Scripts retail pharmacy, or will I need to obtain a new prescription from my doctor?

A: Yes, you should be able to transfer an existing prescription to a new pharmacy. To do this, you will need to go to your new participating retail pharmacy and ask them to transfer your prescription from your previous pharmacy. They will be able to complete the transfer once you provide your name, phone number and the drug that you will be transferring. You can do this process at any time.



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 1-844-304-6634.