

City of St. Louis

DEPARTMENT OF PERSONNEL

1114 MARKET STREET, ROOM 700 SAINT LOUIS, MISSOURI 63101-2043 (314) 622-4308 • WWW.STLOUIS-MO.GOV



November 6, 2024

Dear Police Division Medicare Supplement Retiree/Widow:

I am very pleased to announce that the City of St. Louis has approved the continuation of your Medicare Supplement Benefit Program with Amwins for the calendar year 2025. Your current level of benefits will remain the same as in 2024. Your co-payments for Prescription Drug will be changed as follows: Out of pocket member costs for prescription drugs will be capped at a maximum of \$2,000. This means that there is no cost sharing for beneficiaries above this amount.

There will be an increase of approximately 17.1% in spouse's and widow's monthly premiums from \$311.59 to \$364.76 that is effective January 1, 2025. You are responsible for 100% of the cost of your spouse's premium cost. This information is indicated on the attached Retiree Enrollment Form.

The providers for your Medicare Supplement programs are the same as in 2024:

Medical Plan:

Transamerica

Prescription Drug Plan:

Humana

Vision:

Superior Vision

Dental:

Delta Dental

Hearing:

Hear America

If you wish to drop your Police Medicare Supplement coverage you must notify the City of St. Louis, Health & Welfare Section by November 22, 2024. If you chose to opt out of any of the coverages in this program, **you will be opting out of all the coverages.** Complete the Waiver for on the back of this letter. Email your changes to <u>CityEmployeeBenefits@stlouis-mo.gov</u>.

Please note that if you inadvertently enroll in another Medicare Program, you will be automatically dropped from the Police Medicare Supplement Program.

You can contact Amwins at 1-855-419-5722 between 7:30 A.M. and 6:00 P.M. CST Monday through Friday with any questions that you may have regarding your Medicare Supplement coverage, including prescription drugs.

For your convenience, Amwins will be mailing you a summary of your benefits programs at the address of record you have with the City.

Sincerely

Sylvia Vonaldson Sylvia Donaldson

Acting Director of Personnel

Cc:

Monica Green Brenda Haverly

Our Mission:

Through partnerships and collaboration, the Department of Personnel will support and promote the City of St. Louis with meeting its goal through its most valuable asset — people.



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Police Division Medicare Supplement Coverage Waiver Form 2025

Name:	Last 4 Digits of SSN:
Print Name	1221119-00 to 1 mit 2004 Por 10 10 26 per 1 per 10 10 10 10 10 10 10 10 10 10 10 10 10
City of St. Louis Police Division M understand that the rules concerning	ce coverage elsewhere. I waive my right to participate in the edicare Supplement Plan for eligible Police Retirees. I future enrollment in the Plan and benefits payable under the lice Division Medicare Supplement Plan Amwins guide and
I understand and re-enrollment in the Welfare Section, email, CityEmploy	is Plan will have to be requested from the City Health & yeeBenefits@stlouis-mo.gov.
successors, affiliates, and subsidiari and causes of action, known or unknequitable, for medical treatment or s	of St. Louis, its agents, employees, officers, directors, es, from any and all claims for payment, liabilities, demands nown, fixed or contingent, on any theory whether legal or services rendered after this waiver has been processed or a to waive my rights to participate in the Plan.
Signature of Retiree	Date Date
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Our Mission: