JOHN UNNERSTALL
DIRECTOR OF PERSONNEL

City of St. Louis

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

CARA SPENCER
MAYOR

November 3, 2025

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 2026. Your current level of benefits will remain the same as in 2025. Your co-payments for Prescription Drug will be changed as follows:

- Beginning 1/1/26 we will no longer cover injectables GLP-1s for weight loss alone.

There will be an increase of approximately 9.3% in spouse's and widow's monthly premiums from $364.85 to $398.63 that is effective January 1, 2026. You are responsible for 100% of the cost of your spouse's premium.

The providers for your Medicare Supplement programs are the same as in 2025:

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, Benefits Section by November 21, 2025. 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 on the back of this letter. Email your changes to CityEmployeeBenefits@stlouis-mo.gov.

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 1-888-883-3757 between 8:00 A.M. and 8:00 P.M. EST Monday through Friday with any questions that you may have regarding your Medicare Supplement coverage, including prescription drugs.

Sincerely

Monica Green
Human Resources Manager

Cc: Brenda Haverly

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Police Division Medicare Supplement Coverage Waiver Form 2026
City Employee Benefits Section

Name:_____ Last 4 Digits of SSN:_____
Print Name

I certify that I have medical insurance coverage elsewhere. I waive my right to participate in the City of St. Louis Police Division Medicare Supplement Plan for eligible Police Retirees. I understand that the rules concerning future enrollment in the Plan and benefits payable under the Plan are discussed in detail in the Police Division Medicare Supplement Plan Amwins guide and are subject to change in the future.

I understand and re-enrollment in this Plan will have to be requested from the City Benefits Section, email, CityEmployeeBenefits@stlouis-mo.gov.

I agree to release and discharge City of St. Louis, its agents, employees, officers, directors, successors, affiliates, and subsidiaries, from any and all claims for payment, liabilities, demands and causes of action, known or unknown, fixed or contingent, on any theory whether legal or equitable, for medical treatment or services rendered after this waiver has been processed or arising out of my voluntary decision to waive my rights to participate in the Plan.

_____ _____
Signature of Retiree Date

Email your completed waiver to CityEmployeeBenefits@stlouis-mo.gov