

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

City of St. Louis, Police Division

2022 Retiree Medicare Supplement Plan for Post-65 Retirees, Spouses, Domestic Partners, Surviving Spouses and Medicare-Eligible Dependent Children



Your 2022 Retiree Medicare Supplement Benefits

The City of St. Louis is pleased to announce that we will be partnering with a new Medicare Supplement retiree benefits administrator as of **January 1, 2022**. We assure you that your new administrator, **Amwins Group Benefits, LLC.**, will assist you during this transition with all the support you need. Amwins has over 20 years of industry experience and is known for their excellent customer service and retiree advocacy.

This retiree Medicare Supplement healthcare program will continue to be available to you, your Medicare eligible spouse, domestic partner, surviving spouse or Medicare-eligible dependent children.

Understanding Your Retiree Medicare Supplement Program

Your medical and prescription drug carriers are changing but your benefit levels will remain the same.

The new group sponsored retiree medical plan is underwritten by Transamerica Premier Life Insurance Company. If your current providers accept Medicare, they will accept this new medical plan.

The new group sponsored retiree Medicare Part D prescription drug plan is underwritten by Humana.

Your dental and vision plans and providers are not changing. They will continue to be Delta Dental MO and Superior Vision. You will have access to a new hearing discount program provided by Hear in America.

No Action Needed to Enroll

You will be automatically enrolled in your new medical and prescription drug plans effective January 1, 2022. You do not need to fill out any enrollment forms. You will receive new ID cards from Transamerica Premier Life Insurance Company and Humana prior to January 1, 2022. Your new ID cards will arrive in separate packages. You will not receive new ID cards from Delta Dental or Superior Vision, and you can use the cards you currently have.

If you would like to discontinue your medical, prescription, dental, and vision plans, please fill out the enclosed waiver of coverage form and mail it to the Employee Benefits Section, Department of Personnel, City of St. Louis, 1114 Market Street, Suite 700, St. Louis, MO 63101.

Important Reminder

This retiree healthcare program sponsored by City of St. Louis offers you a combination of retiree medical, prescription drug, dental, vision and hearing coverage. **If you elect to enroll in any other Medicare Supplement plans or any portion of any other Medicare Supplement plan, you will automatically be disenrolled from the entire retiree Medicare Supplement Plan offered by the City of St. Louis.**

Amwins Medicare Supplement Benefit Phone Line

If you have any questions, please contact the Amwins dedicated City of St. Louis Medicare Supplement Benefit Phone Line at **1-855-419-5722**. An Amwins Customer Care Specialist is readily available to answer your questions **Monday – Friday 7:00 A.M. – 7:00 PM (CST)**.

Retiree Medical Insurance Plan Summary of Benefits

Underwritten by: Transamerica Premier Life Insurance Company

Lifetime Maximum: Unlimited

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 \$1,484	\$1,484 (Part A Deductible)	\$0
61 st through 90 th day	All but \$371 per day	\$371 per day	\$0
91 st through 150 th day (While using 60 lifetime reserve days)	All but \$742 per day	\$742 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 \$185.50 a day	Up to \$185.50 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

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 \$203 of Medicare-approved amounts**	\$0	\$203 (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 \$203 of Medicare Approved Amounts**	\$0	\$203 (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 \$203 of Medicare Approved Amounts**	\$0	\$203 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

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.

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.

Retiree Prescription Drug Plan Summary of Benefits

Underwritten by: Humana

Annual Deductible

There is a \$0 annual deductible for Humana. 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 \$4,430. 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 Standard Retail	90 Day Standard Mail Order	90 Day Standard Retail Order
TIER 1: <i>Generic</i>	\$16	\$33	\$48
TIER 2: <i>Preferred Brand</i>	\$45	\$90	\$135
TIER 3: <i>Non-Preferred Drug</i>	45%	45%	45%
TIER 4: <i>Specialty Tier</i>	45%	Not Available	Not Available

Please note: The summary above is based on the maximum copays and coinsurance amounts captured from all 50 states and may be equal or better based on the member's resident state. Plans and rates are illustrative until member consultation and enrollment information is completed.

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 \$4,430.

With Humana, after you enter the coverage gap, you will continue to pay your Initial Coverage Stage copayment amount for covered drugs until your costs total \$7,050, 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 \$7,050

- **You pay the greater of:** 5% of the cost, or \$3.95 copay for generic (including brand drugs treated as generic) and a \$9.85 copay for all other drugs.

Retiree Dental Plan Summary of Benefits

Underwritten by: Delta Dental MO

	Delta Dental of Missouri		
Deductible Applies to:	\$50 (Applied to Basic and Major Services)		
Annual Maximum Applies to:	\$1,000 (Applied to Preventative, Basic and Major Services)		
Orthodontia	Not Covered		
Coverage Level & Percentages	Delta Dental PPO SM Network	Delta Dentist Premier Network	Out-of-Network
Preventative Services <ul style="list-style-type: none"> • Bitewing x-rays • Full mouth x-rays • Oral examinations • Periapical x-rays • Prophylaxis (cleanings) • Sealants • Space Maintainers • Topical fluoride treatments 	100%	70%	70%
Basic Services <ul style="list-style-type: none"> • Composite fillings covered on all teeth • Emergency palliative treatment • Endodontics • Fillings • General Anesthesia • Non-Surgical Periodontics • Oral Surgery • Periodontal Maintenance • Simple Extractions • Surgical Periodontics 	70%	50%	50%

Retiree Dental Plan Summary of Benefits

Underwritten by: Delta Dental MO

Coverage Level & Percentages	Delta Dental PPO SM Network	Delta Dentist Premier Network	Out-of-Network
Major Services <ul style="list-style-type: none">• Bridge repairs and recement• Bridges• Crown repairs & recement• Crowns, Inlays, Onlays• Denture repairs and adjustments• Dentures• Stainless steel crowns	40%	30%	30%

About Delta Dental Networks

All benefit payments under this plan are based on the lesser of the dentist's usual fees or the PPO fee schedule.

- **Delta Dental PPO Providers:** Agree to accept contractual reimbursement as payment in full and will not balance bill.
- **Delta Dental Premier Networks:** May collect the difference between Delta Dental contracted amount and the PPO Fee Schedule.
- **Out-of-Network Providers:** Are not contracted with Delta Dental and therefore may balance bill the difference between the Delta Dental's out-of-network payment and billed charges.

This is intended to be a summary only. If a discrepancy occurs, the Summary Plan Document will govern. See next page

Retiree Vision Plan Summary of Benefits

Underwritten by: Superior Vision

Network Details

Benefits through Superior National Network.

Services		
Exam	\$10 Copay	
Materials ¹	\$25 Copay	
Contact Lens Fitting	\$25 Copay	
Frequency		
Exam	12 months	
Lenses	12 months	
Frames	24 months	
	In-Network Benefits	Out-of-Network Benefits
Exam (Ophthalmologist)	\$10 Copay, then Covered in Full	Up to \$34 Retail
Exam (Optometrist)	\$10 Copay, then Covered in Full	Up to \$26 Retail
Frames	\$125 Retail Allowance	Up to \$61 Retail
Contact Lens Fitting (Standard) ²	Covered in full	Not Covered
Contact Lens Fitting (Specialty) ²	\$50 Allowance	Not Covered
Lenses (Standard Per Pair) Single Vision Bifocal Trifocal Progressives (Standard) ³	Covered in Full Covered in Full Covered in Full Covered in Full	Up to \$29 Retail Up to \$43 Retail Up to \$53 Retail Up to \$43 Retail
Contact Lenses ⁴	\$120 Retail Allowance	Up to \$100 Retail

¹ Materials Copay applies to in-network benefits; copays for out-of-network visits are deducted from reimbursements

² Medically necessary contact lenses are covered in full after approval. Standard contact lens fitting applies to current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers who wear toric, gas permeable, or multi-focal lenses.

³ If premium progressive lenses are selected, members receive an allowance based on the provider's charges for progressive lenses

⁴ Contact lenses are in lieu of eyeglass lenses and frames benefit

Retiree Vision Plan Summary of Benefits

Underwritten by: Superior Vision

Discount Features

These discounts apply to glasses and contacts that are covered under the vision benefits. Not all providers participate in the Superior Vision Discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if he/she offers the discount and member out-of-pocket features. The discount and member out-of-pocket features are not insurance. Discounts and the member out-of-pocket are subject to change without notice and do not apply if prohibited by the manufacturer. Lens options may not be available from all Superior Vision providers / all locations.

Discounts on Covered Items

These discounts apply to the glasses and contacts that are covered under vision benefits.

Frames: 20% off amount over allowance

Conventional Contacts: 20% off amount over allowance

Disposable Contact: 10% off amount over allowance

Lens Type*	Maximum Member Out-of-Pocket
Scratch Coat	\$15
Ultraviolet Coat	\$12
Tints, solid	\$15
Tints, gradient	\$18
Polycarbonate	\$40
Blue Light Filtering	20% off retail
Digital Single Vision	\$30
Progressive Lenses	
Premium//Ultra/Ultimate	\$110 / \$150 / \$225
Anti-reflective Coating	
Standard/Premium/Ultra/Ultimate	\$50 / \$70 / \$85 / \$120
Polarized Lenses	\$75
Plastic photochromic lenses	\$80
High Index (1.67 / 1.74)	\$80 / \$120

**The above table highlights some of the most popular lens type and is not a complete listing. This table outlines the member out of pocket costs and are not available for premium/upgraded options unless otherwise noted.*

Discounts on Non-Covered Items

Exams, frames, and prescription lenses: 30% off retail

Contacts, miscellaneous options: 20% off Retail

Disposable Contact Lenses: 10% off Retail

Retinal Imaging: \$39 maximum out-of-pocket

Refractive Surgery

Laser vision correction (LASIK) is a procedure that can reduce or eliminate your dependency on glasses or contact lenses. This corrective service is available to you and your eligible dependents at a special discount (20-50%) with your plan. Contact QualSight LASIK at (877)201-3602 for more information.

Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan.

Retiree Hearing Plan

Provided by Hear in America

Who Can Use These Benefits?

Hear in America wants to help **everyone** hear as well as they can, regardless of state of residence or dependent status.

Top 5 Signs of Hearing Loss

1. Difficulty understanding conversations in groups, noisy places or over the phone. This leads to frequent guessing at what was missed, asking the speaker to repeat, or being left out.
2. Needing the TV louder than others do in order to understand the words.
3. Difficulty understanding women and children.
4. Social situations lead to anxiety, frustration, and sometimes just giving up.
5. Family and friends notice a decrease in hearing or understanding.

If these describe you or anyone in your family, please call 1-855-638-9993

Hearing Loss and Mental Health

It is common knowledge that noise exposure causes hearing loss and tinnitus. Untreated hearing loss is also strongly associated with depression, anxiety, paranoia, and increased risk of developing dementia. Of course, difficulty understanding conversations can impact family members and relationships. Some who “misses” environmental sounds won’t be able to protect home and family from those threats, causing unnecessary risk and worry.

Benefits Include

- **Discounts on all styles of hearing aids** from all major brands
- **Low price guarantee**
- **No interest financing** available with approved credit
- Hear in America will file **your insurance claim** if you have coverage
- **45-day money back trial period** for exchanges and returns
- **Three years of office service** for regular maintenance and adjustments
- **Three-year warranty coverage for repairs** covers wear and tear
- **Three-year loss and damage coverage** offer one-time replacement for a hearing aid that is lost or can’t be repaired; deductible applies
- **Three years of hearing aid batteries** mailed to your home on request

How It Works

Call Hear in America at 1-855-638-9993 to register yourself or any extended family member for hearing benefits. If you contact a hearing center before registering, that hearing center will not honor these benefits.

Hear in America will connect you with one of thousands of participating professionals to **make an appointment for your free hearing screening**. There may be charges for additional testing if recommended.

Payment Summary

Effective January 1, 2022 – December 31, 2022

Total Monthly Rates	
Retiree	Spouse, Surviving Spouse, Domestic Partners and Medicare-Eligible Dependent Children
\$0.00	\$325.23

If you are a retiree, your coverage will continue to be paid for by the City of St. Louis. If your spouse's premium is currently deducted from your pension, it will continue to be deducted. The new premium will be automatically updated on January 1st.

Rates above are subject to change each year on January 1st.

The information in this payment summary is for general information purposes only. Amwins assumes no responsibility for any errors or omissions to the content or accuracy of these materials. Any questions regarding the payment amounts should be directed to the Amwins Medicare Supplement Benefit Line.

Waiver of Coverage

If you **DO NOT** wish to enroll in any of the City of St. Louis Plans, please complete, sign and return this Waiver of Coverage form to the Employee Benefits Section, Department of Personnel, City of St. Louis, 1114 Market Street, Suite 700, St. Louis, MO 63101.

Retiree		Spouse (or Surviving Spouse)	
Name:		Name:	
Phone:		Phone:	
Address:		Address:	
City:		City:	
State:	Zip Code:	State:	Zip Code:

Please Sign & Date Below:	
NO, DO NOT ENROLL ME (us) in any of the City of St. Louis Plans. I (we) understand that by choosing this option, I am (we are) declining medical and prescription drug coverage at this time.	
Retiree:	Date:
Spouse (or Surviving Spouse):	Date:
All applicable signatures are required for individuals declining coverage in the Plan.	

Answers to Your Questions

Q: Who can I call if I have questions?

A: Please contact the City of St. Louis, Police Division Medicare Supplement Benefit Line at 1-855-419-5722, Monday through Friday, from 7 A.M. to 7 P.M. CST.

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 this 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. Your spouse is eligible to participate in this program if your spouse has Medicare Part A & B. As soon as you or your spouse become Medicare eligible, you or your spouse can enroll on the first day of the month in which you or your spouse 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 can continue coverage under the Anthem 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 & B in order to be eligible to enroll in the group Medicare Plan. You can reach Social Security at 1-800-772-1213.

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

A: No, once you are enrolled, you remain in the plan unless you elect to cancel 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 long does it take to receive my cards? What if I need services before I get my card? What do I do?

A: You will receive your ID cards prior to January 1st. You should use your current ID cards up until December 31, 2021. If you have not received your new ID card and need a service, please call the Amwins Medicare Supplement Benefit Line at 1-855-419-5722, Monday through Friday, from 7 A.M. to 7 P.M. CST. They will be able to assist you.

Q: How are my medical claims paid?

A: As long as your physician accepts Medicare, your claims will be paid. Present your ID card along with your Medicare card to your doctor. Medicare pays the provider the Medicare portion of your claim and forwards the balance due to the Amwins claim's administration department. If there are any remaining amounts, they 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: 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 are enrolled. This formulary packet will be provided with your ID card. If you have any questions regarding your prescriptions, please contact the Amwins City of St. Louis Medicare Supplement Benefit Line at 1-855-419-5722.

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 that are 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.

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 the Amwins Medicare Supplement Benefit Line at 1-855-419-5722.