



GROUP BENEFITS, LLC

50 Whitecap Drive  
North Kingstown, RI 02852

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Dear City of St. Louis Retiree:

We are pleased to provide you with information regarding your 2025 Retiree Medical Plan and Prescription Drug Plan sponsored by the City of St. Louis. Please review this year's insurance policy renewal, which will take effect **January 1, 2025**.

The only changes you will see to the design of your Retiree Medical and Prescription Drug Plans for 2025 are those mandated by Medicare each year. Those may include changes to the annual deductible, coinsurance adjustments to Parts A, B, and D, and any program changes made by Medicare. You will receive updated plan information directly from your carrier before January 1. Your 2025 monthly costs are as follows:

#### 2025 Payment Summary

Total Monthly Rates	
Retiree	Spouse, Surviving Spouse, Domestic Partners and Medicare-Eligible Dependent Children
\$0.00	\$364.85

If you are a retiree, your coverage will be paid for by the City of St. Louis.

Commissioned Retirees: If your Medicare-eligible spouse or dependent is enrolling in the retiree Medicare Supplement program, their amount will be deducted from your pension.

Please note that Civilian Retirees who wish to have their spouses covered must be direct billed.

Coverage will automatically renew on January 1, 2025, and there is no further action required on your part. Please continue to use your current ID cards.

**There is no action required of you at this time if you would like to continue your employer group coverage.** If you have any questions, please call the Amwins Group Benefits Customer Care Center toll-free at 1-888-883-3757, Monday through Friday, 8:00 AM to 8:00 PM (EST).

Sincerely,

Amwins Customer Care Center



## Retiree Medical Insurance Plan Summary of Benefits

Underwritten by: Transamerica Life Insurance Company  
Lifetime Maximum: Unlimited

### 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	\$0
61 <sup>st</sup> through 90 <sup>th</sup> day	All but Part A Coinsurance	Part A Coinsurance	\$0
91 <sup>st</sup> through 150 <sup>th</sup> day (While using 60 lifetime reserve days)	All but Part A Coinsurance	Part A Coinsurance	\$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
<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	\$0
21 <sup>st</sup> through 100 <sup>th</sup> day	All but Part A Coinsurance	Part A Coinsurance	\$0
101 <sup>st</sup> day and after	\$0	\$0	All costs
<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	\$0
Additional amounts	100%	\$0	\$0
<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	Balance

# 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	(Part B Deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	0%
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	100%	0%
<b>BLOOD</b>			
First 3 pints	\$0	All costs	\$0
Next dollars of Medicare Approved Amounts**	\$0	(Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES</b>			
Blood tests for Diagnostic Services	100%	\$0	\$0

## 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	\$0
<b>DURABLE MEDICAL EQUIPMENT</b>			
First dollars of Medicare Approved Amounts**	\$0	(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
<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.***



## 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 \$2,000. 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
<b>TIER 1:</b> <i>Generic</i>	\$16	\$33	\$48
<b>TIER 2:</b> <i>Preferred Brand</i>	\$45	\$90	\$135
<b>TIER 3:</b> <i>Non-Preferred Drug</i>	45%	45%	45%
<b>TIER 4:</b> <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.

### Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$2,000 you pay \$0.00



## Retiree Dental Plan Summary of Benefits

Underwritten by: Delta Dental MO

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

## Retiree Dental Plan Summary of Benefits

Underwritten by: Delta Dental MO

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

### 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 <sup>1</sup>		\$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) <sup>2</sup>	Covered in full	Not Covered
Contact Lens Fitting (Specialty) <sup>2</sup>	\$50 Allowance	Not Covered
Lenses (Standard Per Pair)		
Single Vision	Covered in Full	Up to \$29 Retail
Bifocal	Covered in Full	Up to \$43 Retail
Trifocal	Covered in Full	Up to \$53 Retail
Progressives (Standard) <sup>3</sup>	Covered in Full	Up to \$43 Retail
Contact Lenses <sup>4</sup>	\$120 Retail Allowance	Up to \$100 Retail

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

<sup>2</sup> 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.

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

<sup>4</sup> Contact lenses are in lieu of eyeglass lenses and frames benefit

Retirees may choose to access their vision benefit information by creating an account at [superiorvision.com](http://superiorvision.com). Your vision care benefits, in-network eye care providers and ID card information is available online or through a mobile app for your phone. Please review the enclosed pages for set up of online or mobile app access.

**If you have any questions for Superior Vision, please contact their Customer Service at 1-800-507-3800**



## 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
<b>Progressive Lenses</b>	
Premium//Ultra/Ultimate	\$110 / \$150 / \$225
<b>Anti-reflective Coating</b>	
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

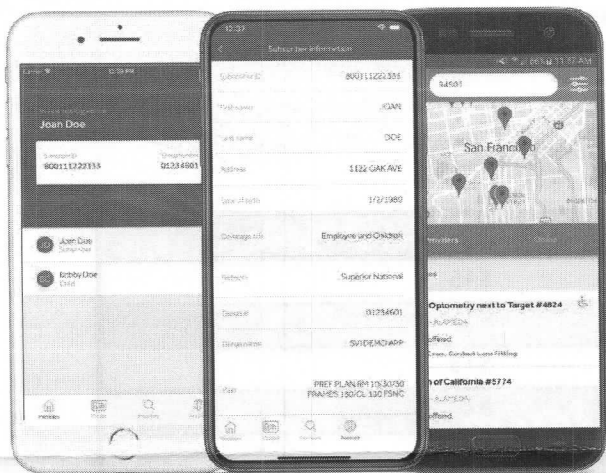
Laser vision correction (LASIK) is a procedure that can reduce or eliminate your dependency on glasses or contact lenses. This corrective service is available to you and your eligible dependents at a special discount (20-50%) with your plan. Contact QualSight LASIK at (877)201-3602 for more information.

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





Say hello to our  
mobile app



Download the Superior Vision mobile app



### Create an account

Use the app to create a new account or sign in using existing superiorvision.com credentials.



### Find an eye care professional

Easily find an eye care professional based on your current location, city / ZIP code or search by name.



### Check your eligibility & benefits

Quickly check your current or future eligibility status. You can also review benefits for dependents.



### View your member ID card

Easily display your member ID number. Email and print options are also available.



# Let's Get Started with Your Member Account

Superiorvision.com provides access to your vision benefits info. It is shared by all covered family dependents, and family members may log in as the primary member.



## Step 1

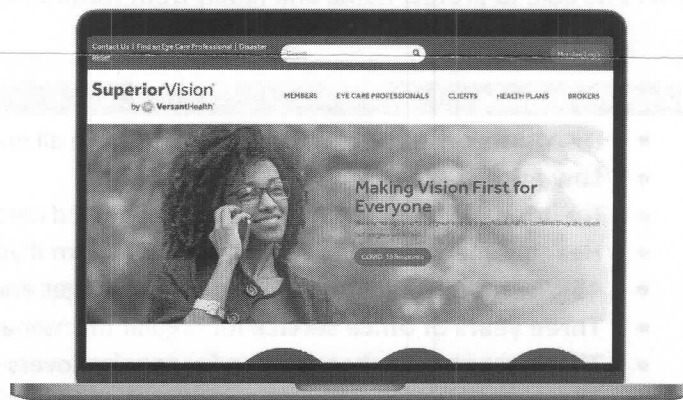
Visit **superiorvision.com** and select "Member log in" from the top navigation.

## Step 2

If you already have an account, enter your username and password. Otherwise, click the "Create a new account" button.

## Step 3

Enter the ID as outlined in your member welcome kit and create a password.



### What else can I do in my member account?

Use your member account to easily locate an in-network provider, view your benefits and eligibility, print your ID card, download forms, and more.





## 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.