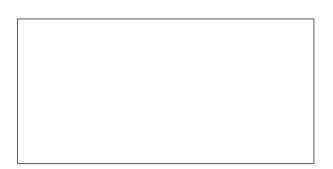


c/o Amwins Group Benefits50 Whitecap DriveNorth Kingstown, RI 02852



## **United Service Workers Union**

**Retiree Medical Program Your 2024 Benefits** 

#### **Your 2024 Retiree Medical and Prescription Drug Plan Benefits**

Having quality health insurance is of utmost importance. To provide the best insurance value available, factoring coverage, service and price, United Service Workers Union (USWU) is pleased to offer a new Post-65 Retiree Medical Program to members of the USWU retiree chapter. Your Medicare eligible spouse is also eligible to join the USWU Retiree Chapter and have access to the enclosed benefits. To participate, you must be a member of the USWU Retiree Chapter, 65 or older, no longer working and enrolled in Medicare Parts A & B prior to your enrollment effective date. USWU has informed Amwins that you and/or your spouse will soon turn age 65 or are already 65 and will be retiring. In either event, you will be eligible to participate in the company-sponsored Retiree Medical Program.

You become Medicare-eligible on the first day of the month in which your 65<sup>th</sup> birthday falls. You can enroll in USWU's Retiree Medical Program on the first day of the month in which you turn 65. The Retiree Medical Plan picks up where Medicare leaves off and is underwritten by Transamerica Life Insurance Company and serviced by Amwins Group Benefits, LLC.; a division of Amwins Group, Inc.

In addition, a Medicare Part D prescription drug plan underwritten by Elixir Insurance Company has been made available. By enrolling in the available prescription drug plan, you will be enrolling in a Medicare Part D plan. You do not need to enroll in any other Medicare Part D plans. Hearing benefits, "Hear in America", is being offered free-of charge to those that enroll in a medical plan; you will need to call **1-800-286-6149** to enroll in your hearing benefits.

#### **How to Enroll**

- Review the information in this booklet
- Determine your monthly payment on the "Payment Summary" page
- Complete and sign the appropriate enrollment form(s) for the plans you wish to enroll
  - o Transamerica Medical Plan Enrollment Form
  - o Retiree RxCare Prescription Drug Plan Enrollment Form
- Include a check made payable to **USWU / Amwins Group Benefits** for the first month's payment.
- Return the above items in the postage-paid return envelope.
   Materials must be received <u>10 days prior</u> to your effective date to activate your benefits.

If you choose not to participate, complete the enclosed Waiver of Coverage and return in the postage-paid return envelope.

For questions on your enrollment, or to inquire about Medicare Advantage Plans, call Amwins toll-free at 1-1-800-881-0167 Monday- Friday, 8 a.m. to 8 p.m. Or visit: http://uswu.Amwins.com

### **2024 MONTHLY PAYMENT SUMMARY**

Plan Options	Retiree Only Monthly Costs	Retiree & Spouse* Monthly Costs
Medical Plan Option 1:	\$185.03	\$370.06
Medical Plan Option 2:	\$275.74	\$551.48

Plan Options	Retiree Only Monthly Costs	Retiree & Spouse* Monthly Costs
Basic Rx Plan	\$86.88	\$173.76
Enhanced Rx Plan:	\$243.39	\$486.78

<sup>\*</sup>For a spouse to be eligible, they have to join the United Service Workers (USW) Retiree Chapter.

Rates are effective from January 1, 2024 to December 31, 2024 and are subject to change each year on January 1<sup>st</sup>.

"Hear In America" is a free Hearing benefit plan for those that enroll one of the above Medical Plan options. To enroll in "Hear in America" simply call the number on the "Hear in America" page.

You can elect both Medical and Prescription Drug coverage, Medical only or Prescription Drug only. Once you have determined your monthly rate, please send a check with your first monthly payment to:

Amwins Group Benefits, LLC.
50 Whitecap Drive
North Kingstown, RI 02852

Please make checks payable to: <u>USWU / Amwins Group Benefits, LLC.</u>

"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 Customer Care Center. "

# NY Plan Options & Comparisons Illustrative NY Individual Market Plans vs. USWU Group Retiree Plans

2024 Plan: Option 1	Illustrative NY Individual Market Plan	USWU Group Retiree Plan
Plan Type	Medicare Supplement: Plan G	Medicare Supplement: Plan G Hybrid
Calendar Year Deductible	\$230.00 (Part B only)	\$230.00 (Part B only)
Coinsurance	100%	20% to \$500.00 OOPX, then 100%
Out of Pocket Maximum	\$0	\$500.00 (Includes deductible)
Office Visit Copay:		
Primary Care Physician	\$0	\$20.00
Specialist	\$0	\$20.00
Hospital Copay:		
In-Patient Copay	\$0	\$0
Out-Patient Copay	\$0	\$0
Emergency Room Copay	\$0	\$0
Monthly Cost		
Monthly Cost	Downstate NY: \$264.50*	\$185.03
Notes	*Monthly Cost based upon zip code	Same Rate for All Areas

2024 Plan: Option 2	Illustrative NY Individual Market Plan	USWU Group Retiree Plan
Plan Type	Medicare Supplement: Plan G**	Medicare Supplement: Plan F
Calendar Year Deductible	\$230.00 (Part B only)	\$0
Coinsurance	100%	100%
Out of Pocket Maximum	\$0	\$0
Office Visit Copay:		
Primary Care Physician	\$0	\$0
Specialist	\$0	\$0
Hospital Copay:		
In-Patient Copay	\$0	\$0
Out-Patient Copay	\$0	\$0
Emergency Room Copay	\$0	\$0
Monthly Cost:		
Monthly Cost	Downstate NY: \$264.50*	\$275.74
Notes	*Monthly Cost based upon zip code	Same Rate for All Areas

<sup>\*\* &</sup>lt;u>Please Note:</u> An individual Plan F is no longer available on the Medicare Exchange / Individual Market. However, they are available to you through your USWU Retiree group coverage options.

This summary of benefits is intended as a brief description of some of the plans for which USWU Retirees may be eligible. For additional information, please contact Amwins Customer Care Center at: 1-800-881-0167.