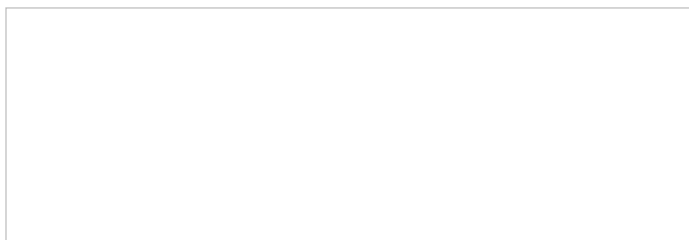




c/o Amwins Group Benefits, LLC
50 Whitecap Drive
North Kingstown, RI 02852



ICUBA

Post-65 Retiree Health Benefits Enrollment Guide

For Medicare-Eligible Retirees & Their Spouses





The plan options in this guide are designed to work *with* Medicare. Before you can enroll in any of these supplemental plans, you must first be enrolled in Medicare Parts A and B. If you haven't already started the Medicare enrollment process, please contact the Social Security Administration as soon as possible. Medicare setup can take up to 60 days, and it must be fully completed before your supplemental coverage can begin.

Please remember that you will pay your Medicare Part B monthly premium directly to the Centers for Medicare & Medicaid Services (CMS).

You can reach Social Security by calling 1-800-772-1213 or by visiting [ssa.gov](https://www.ssa.gov).

Your Retiree Medical & Prescription Drug Benefits

As the endorsed insurance administrator for **ICUBA's Retiree Medical Program**, Amwins Group Benefits is pleased to share information about your upcoming eligibility for retiree medical and prescription drug coverage. This program is available to retirees and their spouses who are **age 65 or older, no longer working, and enrolled in Medicare Parts A and B**. ICUBA has notified us that you and/or your spouse are either approaching age 65 or preparing to retire. In either situation, you are eligible to participate in the ICUBA Retiree Medical Program.

When Your Eligibility Begins

You become Medicare-eligible on the first day of the month you turn 65.

- You may enroll in ICUBA's Retiree Medical Program beginning the first day of that month.
- The Retiree Medical Plan is underwritten by Transamerica Life Insurance Company and works alongside Medicare to help cover the costs Medicare does not.

Once you (and/or your spouse) enroll in Medicare Parts A and B, you will be automatically enrolled in the group retiree medical plan administered by Amwins.

Your coverage also includes a Medicare Part D Prescription Drug Plan, underwritten by MG Insurance Company through Retiree RxCare. When enrolled, you are automatically enrolled in Medicare Part D and do not need to sign up for any other Part D plan.

Included With Your Enrollment: Manage My Health

Your enrollment includes access to **Manage My Health**, a comprehensive wellness program designed to support both your physical and emotional well-being. This program provides:

- **24/7 access to doctors on call**
- **Emergency ID cards**
- **Counseling and support services** for stress, depression, grief, and mental health
- **Hearing aid discounts (30–65%)**, plus a 3-year warranty and battery replacement
- **Nutrition and wellness resources**
- **Elder care planning assistance** for retirees and caregivers

Full details will be provided once your enrollment is complete.

How to Enroll

Please complete the following steps:

1. Review the enclosed materials
 - Plan Benefit Summaries
 - Monthly Payment Information
 - Frequently Asked Questions
2. Complete and return your enrollment forms
 - Fill out and sign all required enrollment form(s).
 - Return them to Amwins using the postage-paid envelope included.
3. Submit your first month's payment

Please mail your first payment to:

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

If you do not wish to enroll

Complete the enclosed Waiver of Coverage and return it in the postage-paid envelope.

What Happens Next

- Your medical and prescription drug ID cards will be mailed within 10 business days after Amwins receives your completed enrollment materials.
- If your forms arrive fewer than 10 business days before your expected start date, your ID cards may arrive later than planned.

Need Assistance? We're Here to Help

Our Customer Care Center is available to support you with any questions about your enrollment or benefits.

We look forward to assisting you and ensuring your retiree health benefits are easy to understand and simple to use. You can feel confident knowing your coverage is in excellent hands with Amwins.

Sincerely,

Amwins Group Benefits

Amwins Customer Care Center
1-888-883-3757
Monday–Friday, 8 a.m.–8 p.m. (EST)

Retiree Medical Insurance Plan Summary of Benefits

Underwritten by: Transamerica Life Insurance Company

Calendar Year Deductible: **\$300.00** *(Includes Part B Deductible)*
Part B Co-Insurance: **10%**
Annual Out-of-Pocket Maximum: **\$1,300** *(Includes Calendar Year Deductible)*

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 Part A Deductible	Part A Deductible	\$0
61 st through 90 th day	All but Part A Coinsurance	Part A Coinsurance	\$0
91 st through 150 th 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
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 Part A Coinsurance	Part A Coinsurance	\$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

Retiree Medical Insurance Plan Summary of Benefits

Underwritten by: Transamerica Life Insurance Company

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 Dollars of Medicare-approved amounts**	\$0	\$0	Part B Deductible
Next Dollars of Medicare-approved amounts	80%	\$0	20% until remaining Calendar Year Deductible has been met
Additional Medicare-approved amounts	80%	10% until remaining Out-of-Pocket Max is met, then 20%	10% until remaining Out-of-Pocket Max is met, then \$0
Part B Excess Charges (Above Medicare Approve Amounts)	\$0	100%	0%
BLOOD			
First 3 pints	\$0	All costs	\$0
Next Dollars of Medicare Approved Amounts**	\$0	\$0	Part B Deductible
Next Dollars of Medicare-approved amounts	80%	\$0	20% until remaining Calendar Year Deductible has been met
Additional Medicare-approved amounts	80%	10% until remaining Out-of-Pocket Max is met, then 20%	10% until remaining Out-of-Pocket Max is met, then \$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 Dollars of Medicare Approved Amounts**	\$0	\$0	Part B Deductible
Next Dollars of Medicare-approved amounts	80%	\$0	20% until remaining Calendar Year Deductible has been met
Additional Medicare-approved amounts	80%	10% until remaining Out-of-Pocket Max is met, then 20%	10% until remaining Out-of-Pocket Max is met, then \$0

Retiree Medical Insurance Plan Summary of Benefits

Underwritten by: Transamerica Life Insurance Company

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.



2026 Prescription Drug Benefit Medicare Part D ENH 4T09

Prescription Drug Benefits

Deductible and Limits on How Much You Pay for Covered Services

Annual Deductible

There is no deductible for Retiree RxCare. 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 \$2,100. 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 Retail Pharmacy Copay	90 Day Retail Pharmacy or Mail Order Copay
Tier 1	\$10 .00	\$20.00
Tier 2	\$25.00	\$50.00
Tier 3	\$50.00	\$150.00
Tier 4	25% coinsurance	25% coinsurance

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

Once your out-of-pocket drug costs reach \$2,100, your plan will pay 100% for covered drugs for the rest of your plan year.

MONTHLY PAYMENT SUMMARY

ICUBA 2026 Retiree Medical Program	
Age	Medical with Enhanced 4-Tier Rx
65-69	\$437.57
70-74	\$489.76
75-79	\$511.53
80-84	\$545.10
85-89	\$571.83
90+	\$583.43

Rates above are effective from January 1, 2026 through December 31, 2026, and are subject to change each year on January 1st. Rates are based on your age as of January 1, 2026.

If you have any questions regarding plan enrollment, benefits, or plan options please call the Amwins Customer Care Center, Monday through Friday from 8:00 AM to 8:00 PM (Eastern): **1.888.883.3757**

Once you have determined your monthly rate, please send a check with your first monthly payment made payable to:
ICUBA / Amwins Group Benefits, LLC, 50 Whitecap Drive, North Kingstown, RI 02852

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.

RETIREE MEDICAL PLAN ELECTION FORM

ICUBA

Underwritten by: Transamerica Life Insurance Company
National Employers Professional Retirees Insurance Trust

You must return your election form to put your coverage in force!

Retiree Information (Please print)

Name		Date of Birth	
Address		Social Security Number	
City		Medicare ID# (From Medicare Id card)	
State	Zip Code	Sex	Phone Number
Email Address		Date of Retirement	

Spouse Information (if enrolling)

Name		Date of Birth	
Sex		Social Security Number	
Date of Retirement		Medicare ID #(From Medicare ID card)	

Please Choose Type of Coverage

Effective Date: {effective_date}	Retiree Only	Retiree & Spouse	Surviving Spouse
Check Desired Coverage: Transamerica Medical Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(continued on reverse)

RETIREE MEDICAL PLAN ELECTION FORM

Please Complete the Following Information:

Do you (or your spouse, if enrolling) currently have any Medicare Supplement policies or certificates in force (including Health Maintenance Organization contract or Health care service contract)?

Retiree (if enrolling): ☐ Yes ☐ No Spouse (if enrolling): ☐ Yes ☐ No

a) If YES*, with which company? _____

b) What kind of policy / certificate? _____

c) Length of time you have had coverage? _____ Years _____ Months _____

d) Will you be replacing the above listed policy/certificate upon acceptance of this enrollment form?

☐ Yes ☐ No

*I understand it is my responsibility, if I desire to do so, to cancel my current coverage, if any, by notifying the Provider or Plan Administrator of such coverage.

FRAUD WARNING

California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

Fraud Warning:

AR, CO, KY, LA, ME, NM, OH, OK, TN and WA Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a crime and may be subject to fines or confinement in prison.

MD Residents: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. FRD1000A.MD.

DC Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NJ Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

PA Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

(continued on next page)

RETIREE MEDICAL PLAN ELECTION FORM

Release of Information:

By joining this medical and Medicare prescription drug plan, I acknowledge that my information will be released to Medicare and other plans as is necessary for treatment, payment and health care operations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled.

I understand that my signature (or that of the person authorized to act on my behalf under State law where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual, this signature certifies that this person is authorized under State law to complete this enrollment and documentation of this authority is available upon request by Medicare.

Date:**Retiree Signature:****Date:****Spouse/Surviving Spouse Signature:**

If you are an authorized representative, you must sign above and provide the following information:

Name: _____

Address: _____

Phone Number: _____

Relationship to Retiree: _____

**Please return signed election form to:
Amwins Group Benefits
50 Whitecap Drive, North Kingstown, RI 02852**

**For Customer Service, please call: 1-888-883-3757
Monday through Friday, 8:00 AM to 8:00 PM EST**



PRESCRIPTION DRUG PLAN

Enrollment Form for Plans Underwritten by MG Insurance Company
Please provide the following information and sign the last page of this form.

ICUBA

Effective Date: {effective_date}

Retiree		
Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date:
Street Address:		
City:	State:	Zip:
Social Security Number:	Phone Number:	
Medicare ID # (from Medicare ID card):		
Hospital (Part A) effective date (from Medicare ID card):		
Medical (Part B) effective date (from Medicare ID card):		
Email Address:		
Spouse or Surviving Spouse		
Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date:
Street Address:		
City:	State:	Zip:
Social Security Number:	Phone Number:	
Medicare ID # (from Medicare ID card):		
Hospital (Part A) effective date (from Medicare ID card):		
Medical (Part B) effective date (from Medicare ID card):		
Email Address:		
Alternative Contact (Optional)		
Name:		
Phone Number:	Relationship to you:	
Select Your Enrollment Options Below (Please Check Desired Coverage)		
Please check which plan you want to enroll in:		
Retiree: <input type="checkbox"/> 4-Tier Rx Plan (ENH 4-T09)	Spouse or Surviving Spouse: <input type="checkbox"/> 4-Tier Rx Plan (ENH 4-T09)	

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Retiree RxCare

Underwritten by MG Insurance Company

A Medicare Contracted Part D Sponsor

S7694 1070



Please Answer the Following Questions to Help Medicare Coordinate Your Benefits:

1. Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs.

Will you have other prescription drug coverage in addition to Retiree RxCare? ☐ Yes ☐ No

If "yes", please list your other coverage and your identification (ID) number(s) for this coverage below:

Name of other coverage:

ID # for this coverage:

Group # for this coverage:

2. Are you a resident in a long-term care facility, such as a nursing home? ☐ Yes ☐ No

If "yes", please provide the following information:

Name of Institution:

Address (number and street) & Phone Number of Institution:

Please Read This Important Information:

If you are a member of a Medicare Advantage Plan (like an HMO or PPO), you may already have a prescription drug benefit from your Medicare Advantage Plan that will meet your needs. By joining Retiree RxCare your membership in your Medicare Advantage Plan may end. This will affect both your doctor and hospital coverage as well as your prescription drug benefits. Read the information that your Medicare Advantage Plan sends you and if you have questions, contact your Medicare Advantage Plan.

If you currently have health coverage from another employer or union, i.e., through your spouse or another former employer, joining Retiree RxCare could affect your employer or union health benefits. If you have health coverage from another employer or union, and you enroll in Retiree RxCare, we may coordinate the benefits between your other plan and Retiree RxCare. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there is no information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

Please Read This Important Information and Sign Below:

By completing this enrollment application, I agree to the following:

Retiree RxCare (PDP) is a Medicare drug plan and is in addition to my coverage under Medicare; therefore, I will need to keep my Medicare Part A or Part B coverage. It is my responsibility to inform MG Insurance Company of any prescription drug coverage that I have or may get in the future. I can only be in one Medicare prescription drug plan at a time. If I am currently in a Medicare Prescription Drug Plan, my enrollment in the PDP will end that enrollment. Enrollment in this plan is generally for the entire year. I may leave this plan only at certain times of the year, or under certain special circumstances, by sending a request to MG Insurance Company or by calling 1-800-Medicare, 24 hours per day, 7 days per week. TTY users should call 1-877-486-2048.

Retiree RxCare is a national employer group so if I move out of state, I can remain enrolled in the plan. I will notify the Plan of my address change. Once I am a member of Retiree RxCare, I have the right to appeal plan decisions about payment or services with which I disagree. I will read the Evidence of Coverage document from Retiree RxCare when I receive it to know which rules I must follow in order to receive coverage with this Medicare drug plan.

Retiree RxCare

Underwritten by MG Insurance Company

A Medicare Contracted Part D Sponsor

S7694 1070

**Release of Information:**

By joining this Medicare prescription drug plan, I acknowledge MG Insurance Company will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that MG Insurance Company will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I reside) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request by MG Insurance Company or by Medicare.

Retiree's Signature:	Today's Date:
Spouse or Surviving Spouse's Signature:	Today's Date:

Please complete this section: To the best of my knowledge, the information on this form is true and correct.

Signature:	Date:

If you are the authorized representative, you must provide the following information:

Name:
Address:
Phone Number:
Relationship to Enrollee:

Medicare Prescription Drug Use Only:

Plan ID#			
Effective Date of Coverage:	IEP:	AEP:	SEP (type):
Plan Representative Signature:			

WAIVER of COVERAGE

If you DO NOT wish to enroll in the **ICUBA** Plan(s), please complete, sign and return this Waiver of Coverage form.

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 the ICUBA Plan(s). 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.	

[illegible]

ANSWERS to YOUR QUESTIONS

Q: Who can I call if I have questions?

A: Please contact the Amwins Group Benefits Customer Care Center toll-free at 1-888-883-3757, Monday through Friday, from 8 a.m. to 8 p.m. EST.

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 your 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. As long as your spouse is eligible to participate in the Program and is age 65 or over. As soon as you become Medicare eligible, you can enroll on the first day of the month in which you 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 will continue coverage under the pre-Medicare early 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 and B in order to be eligible to enroll in the group Medicare Plan.

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

A: No, once you enroll, you remain in the plan until you elect or terminate 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 are my medical claims paid?

A: As long as your physician accepts Medicare you will not have to send in any claim forms. Present your ID card along with your Medicare card to your doctor. Medicare pays the provider for the Medicare portion of your claim and forwards the balance due to the claims administration department. Remaining amounts or any Non-Medicare covered claims 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: Do my prescription drug co-payments count toward my medical plan deductible?

A: No. Any co-payments you make for prescription drugs do not count toward deductibles or out of pocket maximum amounts for your medical plan.

Q: How do I get my prescriptions filled?

A: Simply present your ID card and prescription to a participating pharmacy in the plan network. You will also receive information about mail order prescriptions when you enroll. You can find more information about your prescription coverage by visiting RetireeRxCarePDP.com or by calling Amwins Group Benefits at 1-888-883-3757.

Q: Where can I get information on using Mail Order Services?

A: Once you enroll in the plan, you will receive a Welcome kit in the mail which will include mail order information from Birdi Rx, the preferred Mail Order Pharmacy for Retiree RxCare. Please be aware that you will need to obtain new prescriptions from your Doctor before ordering prescriptions from this new mail order program. The necessary forms and instructions on how to order prescriptions through the mail order service will be included in your fulfillment packet. Please expect your package and materials to arrive shortly before your plan effective date.

ANSWERS to YOUR QUESTIONS

Q: How can I find out if my drugs are covered on the new plan?

A: You can review your plan's full formulary (List of Covered Drugs) by visiting RetireeRxCarePDP.com. Some covered drugs may have additional requirements or limits on coverage. You can find out if your drug has any additional requirements or limits by reviewing the formulary. If your drug is not included on the formulary, you should first contact us and ask if your drug is covered. Please contact Amwins Group Benefits Customer Care toll-free at 1-888-883-3757 for more information about your prescriptions.

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 alternative 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. If you have any questions on any of your medications, their costs, and potential lower cost alternatives, please call the Retiree RxCare Customer Care Team at 1-855-693-3921 to talk with a member of our in-house Clinical team.

Q: What services are not covered?

A: Services 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 Amwins Group Benefits at 1-888-883-3757