

2018 CUSTOM GROUP RETIREE MEDICARE PLAN OPTIONS

Insured by United American Insurance Company

	THE AURA PLAN	THE REGAL PLAN	THE BEN PLAN
	You Pay †	You Pay †	You Pay †
Annual Deductible	Part B Deductible	Part B Deductible	Part B Deductible
Retiree Coinsurance Amount	\$0	20%	20%
Annual Out of Pocket Maximum	Part B Deductible	\$500	\$1,000
Annual Plan Maximums	Unlimited	Unlimited	Unlimited
MEDICARE (PART A) - INPATIENT SERVICES			
In general, Medicare Part A covers hospital care, skilled nursing care (even if received in a nursing home) and some home health services.			
	THE AURA PLAN	THE REGAL PLAN	THE BEN PLAN
	You Pay †	You Pay †	You Pay †
Hospitalization*			
First 60 days	\$0	\$0	\$0
61st through 90th day	\$0	\$0	\$0
91st through 150th day (reserve days)	\$0	\$0	\$0
Additional 365 Reserve Days	\$0	\$0	\$0
Skilled Nursing Facility Care*			
First 20 days	\$0	\$0	\$0
Days 21 through 100	\$0	\$0	\$0
Blood			
First 3 pints	\$0	\$0	\$0
Additional amounts	\$0	\$0	\$0
MEDICARE (PART B) - OUTPATIENT SERVICES			
In general, Medicare Part B covers services such as lab tests, surgeries, doctor visits and medical supplies (like wheelchairs and walkers) considered medically necessary to diagnose or treat a disease or condition.			
	THE AURA PLAN	THE REGAL PLAN	THE BEN PLAN
	You Pay †	You Pay †	You Pay †
First Medicare Approved Amounts (Part B Deductible)**	Part B Deductible	Part B Deductible	Part B Deductible
Physician Office Visit Copay	\$20	\$20	\$20
All Other Part B Services	\$0	20% up to \$500 Max, then \$0	20% up to \$1,000 Max, then \$0
Blood			
First 3 pints	\$0	\$0	\$0
Next Medicare Approved Amounts (Part B Deductible)**	Part B Deductible	Part B Deductible	Part B Deductible
Remainder of Medicare Approved Amounts	\$0	20% up to \$500 Max, then \$0	20% up to \$1,000 Max, then \$0
Clinical Lab Services			
Blood Tests for Diagnostic Services	\$0	\$0	\$0

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MEDICARE PARTS A & B			
	THE AURA PLAN	THE REGAL PLAN	THE BEN PLAN
	You Pay [†]	You Pay [†]	You Pay [†]
Home Health Care			
Medically necessary skilled care services and medical supplies	\$0	\$0	\$0
Durable Medical Equipment			
First Medicare Approved Amounts (Part B Deductible)**	Part B Deductible	Part B Deductible	Part B Deductible
Remainder of Medicare Approved Amounts	\$0	20% up to \$500 Max, then \$0	20% up to \$1,000 Max, then \$0
PREVENTIVE SERVICES			
Annual Wellness Exam	\$0	\$0	\$0
Other Preventive Services (per Medicare schedule) including cardiovascular screenings, cancer screenings, flu shots, etc.	\$0	\$0	\$0
OTHER BENEFITS - NOT COVERED BY MEDICARE			
Foreign Travel Emergency***			
Foreign Emergency Outside the U.S.A.	\$250 deductible, then 20% up to \$50,000	\$250 deductible, then 20% up to \$50,000	\$250 deductible, then 20% up to \$50,000

NOTE: For the Custom Group Plans, the Retiree and Spouse must elect the same plan.

†The above plan options chart represents the amount you pay when the Plans and Medicare are integrated to provide your coverage

*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 for the Part B Deductible of Medicare Approved amounts for covered services, your Medicare Part B Deductible will have been met for the calendar year.

***Foreign Travel coverage deductible is a separate deductible, and does not apply to the Part A or B deductible amounts.

The summary of benefits described herein is for illustrative purposes only. In case of differences or errors, the Group Policy governs.

Example of how claims will be split when using Part B Outpatient services.					
After you satisfy your Part B Deductible					
Plan Options	Actual Outpatient Service Bill	Medicare Pays 80% of Bill	Plan Pays	You Pay	Until You Reach Your Out-of-Pocket
THE AURA	\$500	80% x \$500 = \$400	\$100	\$0	\$0
THE REGAL	\$500	80% of \$500 = \$400	\$0	\$100	\$500
THE BEN	\$500	80% of \$500 = \$400	\$0	\$100	\$1,000

2018 CUSTOM GROUP RETIREE PRESCRIPTION DRUG PLAN

Insured by Express Scripts Medicare (PDP)

Deductible stage	You pay a \$0 yearly deductible.			
Initial Coverage stage	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$3,750:			
	Tier	Retail One-Month (31-day) Supply	Retail Three-Month (90-day) Supply	Home Delivery Three-Month (90-day) Supply
	Tier 1: Preferred Generic Drugs	\$7 copayment	\$15 copayment	\$15 copayment
	Tier 2: Generic Drugs	\$7 copayment	\$15 copayment	\$15 copayment
	Tier 3: Preferred Brand Drugs	20% coinsurance (\$40-\$50)	20% coinsurance (\$80-\$150)	20% coinsurance (\$80-\$150)
	Tier 4: Non-Preferred Brand Drugs	20% coinsurance (\$40-\$75)	20% coinsurance (\$80-\$160)	20% coinsurance (\$80-\$160)
	Tier 5: Specialty Tier Drugs	20% coinsurance (\$40-\$75)	20% coinsurance (\$80-\$160)	20% coinsurance (\$80-\$160)
	<p>If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily cost-sharing rate based on the actual number of days of the drug that you receive.</p> <p>You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through our home delivery service. There is no charge for standard shipping. Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply.</p> <p>If you have any questions about this coverage, please contact the AmWINS Customer Care Center at 1-877-280-5360 Monday through Friday, 8:00 am through 8:00 pm Eastern Time.</p>			
Coverage Gap stage	After your total yearly drug costs reach \$3,750, you will continue to pay the same cost-sharing amount as in the Initial Coverage stage, until you qualify for the Catastrophic Coverage stage.			
Catastrophic Coverage stage	<p>After your yearly out-of-pocket drug costs reach \$5,000, you will pay the greater of 5% coinsurance or:</p> <ul style="list-style-type: none"> • a \$3.35 copayment for covered generic drugs (including brand drugs treated as generics), with a maximum not to exceed the standard cost-sharing amount during the Initial Coverage stage • a \$8.35 copayment for all other covered drugs, with a maximum not to exceed the standard cost-sharing amount during the Initial Coverage stage. 			

IMPORTANT PLAN INFORMATION

Long-Term Care (LTC) Pharmacy

If you reside in a long-term care facility, you pay the same as at a network retail pharmacy. Long-term care pharmacies must dispense brand-name drugs in amounts less than a 14-day supply at a time. They may also dispense less than a one month's supply of generic drugs at a time. Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.

Out-of-Network Coverage

You must use Express Scripts Medicare network pharmacies to fill your prescriptions. Covered Medicare Part D drugs are available at out-of-network pharmacies only in special circumstances, such as illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay additional costs for drugs received at an out-of-network pharmacy. Please call the phone number on your ID card for more details.

Additional Information About This Coverage

- The service area for this plan is all 50 states, the District of Columbia, and Puerto Rico. You must live in one of these areas to participate in this plan. We may reduce our service area and no longer offer services in the area in which you reside.
- You may get your drugs at network retail pharmacies and our home delivery pharmacy.
- Your plan uses a formulary—a list of covered drugs. Express Scripts may periodically add or remove drugs, make changes to coverage limitations on certain drugs, or change how much you pay for a drug. If any formulary change limits your ability to fill a prescription, you will be notified before the change is made.
- The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.
- Your healthcare provider must get prior authorization from Express Scripts Medicare for certain drugs.
- If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.
- Each month, you may need to pay a monthly premium amount to continue your participation in this plan. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party, even if your Medicare Part D plan premium is \$0.

Express Scripts Medicare (PDP) is a prescription drug plan with a Medicare contract.

Enrollment in Express Scripts Medicare depends on contract renewal.

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