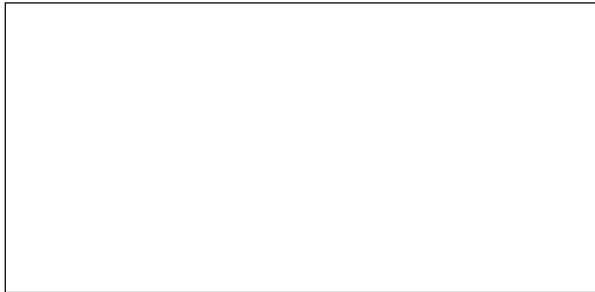




REMIF

REDWOOD
EMPIRE
MUNICIPAL
INSURANCE
FUND

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



Redwood Empire Municipal Insurance Fund

Your Retiree Medical Benefits Program

Your Retiree Medical and Prescription Drug Plan Benefits

As the endorsed insurance administrator of The Redwood Empire Municipal Insurance Fund (REMIF) Retiree Medical Program, Amwins Group Benefits, LLC., a division of Amwins Group Inc., is pleased to provide you with information regarding your eligibility for retiree medical and prescription drug insurance. The program is available to eligible REMIF retirees and their spouses, who are age 65 or older, no longer working and enrolled in Medicare Parts A and B.

You become Medicare-eligible on the first day of the month in which your 65th birthday falls. If your birthday falls on the first of any month, you are Medicare eligible on the first of the previous month in which your birthday falls. You must enroll in REMIF's Retiree Medical Program when you become Medicare eligible.

The Retiree Medical Plan picks up where Medicare leaves off and is underwritten by United American Insurance Company. Once you (and/or your spouse) enroll in **Medicare Parts A & B**, you can enroll in the group retiree medical plan administered by Amwins.

The Retiree Medical Plan is offered with a Medicare Part D Prescription Drug Plan underwritten by Express Scripts. When you enroll in this plan, you are enrolled in Medicare Part D. You cannot enroll in any other Medicare Part D plans.

This comprehensive group retiree medical plan is competitively priced and includes many advantages over most senior plans in the marketplace today. **The medical plan through United American and the Medicare Part D Prescription Drug plan through Express Scripts is offered as a package. You cannot have one without the other.**

If applicable, your REMIF Member Agency may subsidize a portion of your plan costs. If you previously paid a portion of your plan costs, you will be billed by either your REMIF Member Agency or Amwins Group Benefits. Please check with your HR Department for further details.

Once you turn age 65, you and/or your spouse are no longer eligible for the REMIF Self-Funded Medical plan and will be removed from that plan. However, some retirees/dependents may remain covered by the REMIF Self-Funded plan. In the event that a retiree and spouse are currently covered together and one party is not yet age 65, there may be split coverage with one party maintaining coverage with the REMIF Self-Funded plan and the other transferring to the United American/Express Scripts plan.

The Retiree MUST remain covered on a REMIF plan in order to continue coverage for a spouse.

How to Enroll

- Review the following information provided in this packet:
 - ü New Program Administrator and Plan Carrier Information
 - ü New Plan Benefit Summaries
 - ü Frequently Asked Questions
- Complete, sign and return the appropriate **enrollment forms to the HR Department of your City/Town.**

If you choose not to participate, complete the enclosed Waiver of Coverage and return the HR Department of your City/Town

What's Next?

- Once you're enrolled, your medical and prescription drug ID Cards will be mailed to you. **Please be aware that you will receive TWO ID Cards.** Your United American Medical card will be **mailed from Amwins** and your Express Scripts Prescription Drug card will be **mailed from Benistar.**
- If your enrollment materials are not received 30 days prior to your effective date, your ID cards may be delayed.
- Our Amwins Customer Care Center is ready to assist you with any questions you may have regarding your new program.

We look forward to serving you and assure you that your retiree health program is in excellent hands with Amwins as your plan administrator.

Sincerely,

Amwins Group Benefits

Amwins Customer Care Center

1-888-883-3757

Monday - Friday, 8 a.m. to 8 p.m. (EST)

Retiree Medical Insurance Plan Summary of Benefits (Plan F)

Underwritten by: United American 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		\$1,556 (Part A Deductible)	
61 st through 90 th day	All but \$389 per day	\$389 per day	\$0
91 st through 150 th day (While using 60 lifetime reserve days)	All but \$778 per day	\$778 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 \$194.50 a day	Up to \$194.50 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

Retiree Medical Insurance Plan Summary of Benefits (Plan F)

Underwritten by: United American 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 \$230 of Medicare-approved amounts**	\$0	\$230 (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%
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$230 of Medicare Approved Amounts**	\$0	\$230 (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 \$230 of Medicare Approved Amounts**	\$0	\$230 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

Retiree Medical Insurance Plan Summary of Benefits (Plan F)

Underwritten by: United American 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.

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

Benefit Overview

Express Scripts Medicare® (PDP)

YOUR 2022 PRESCRIPTION DRUG PLAN BENEFIT for PDP Flat Plan

Here is a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service.

Deductible stage	You do not pay a yearly deductible.			
Initial Coverage stage	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$4,430:			
	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	\$5 copayment	\$15 copayment	\$8 copayment
	Tier 2: Generic Drugs	\$10 copayment	\$30 copayment	\$15 copayment
	Tier 3: Preferred Brand Drugs	\$25 copayment	\$75 copayment	\$56 copayment
	Tier 4: Non-Preferred Drugs	\$60 copayment	\$180 copayment	\$165 copayment
	Tier 5: Specialty Tier Drugs	\$60 copayment	\$180 copayment	\$165 copayment
	<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 the Express Scripts PharmacySM. 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>			
Coverage Gap stage	After your total yearly drug costs reach \$4,430, you will continue to pay the same cost-sharing amount as in the Initial Coverage stage, until you qualify for the Catastrophic Coverage stage.			
Non-part D Drugs	Covered; Excluding lifestyle			
Compound	Compound Management Solution applies. Compound Management Solution is in place to mitigate compound drug abuse by means of inclusion and exclusion lists			
Catastrophic Coverage stage	<p>After your yearly out-of-pocket drug costs reach \$7,050, you will pay the greater of 5% coinsurance or:</p> <ul style="list-style-type: none"> a \$3.95 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 an \$9.85 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 an LTC facility, you pay the same as at a network retail pharmacy. LTC pharmacies must dispense brand-name drugs in amounts of 14 days or less 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 generally have to pay the full cost for drugs received at an out-of-network pharmacy at the time you fill your prescription. You can ask us to reimburse you for our share of the cost. Please contact the plan or the Retiree Customer Service Center for more details.

Additional Information About This Coverage

- The service area for this plan is all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands and American Samoa. You must live in one of these areas to participate in this plan.
- The amount you pay may differ depending on what type of pharmacy you use; for example, retail, home infusion, LTC or home delivery.
- To find a network pharmacy near you, visit our website at **www.Express-Scripts.com**.
- Your plan uses a formulary – a list of covered drugs. The amount you pay depends on the drug's tier and on the coverage stage that you've reached. From time to time, a drug may move to a different tier. If a drug you are taking is going to move to a higher (or more expensive) tier, or if the change limits your ability to fill a prescription, Express Scripts will notify you before the change is made.
- To access your plan's list of covered drugs, visit our website at **www.Express-Scripts.com**.
- 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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OVERVIEW OF REMIF RETIREE BENEFIT PROGRAM DIFFERENCES

An outline of the differences between the REMIF EPO 250 Plan and United American/Express Scripts programs as of January 2022

Benefit Category	REMIF EPO 250 Plan	United American/Express Scripts REMIF Retiree Benefits Program
• Deductible	\$250 per person	\$0 – Plan covers 100% of Medicare deductibles
• Office Visit Copay	\$25 per visit	\$0 – Medicare pays 80% of allowable charges, Plan pays remaining 20%
• Preventive Care	\$0 Office Visit copay	Medicare does pay for some preventive care however, this can be a limited benefit. Please refer to your “Medicare & You 2022” brochure for detailed information. Medicare and your Medical Plan through United American will combine to cover 100% of allowable charges for associated lab tests
• Emergency Care outside the US	REMIF will pay for emergency treatment according to the REMIF plan benefits <i>(Not currently subject to dollar limits)</i>	United American Plan – Emergency care outside of the U.S. is not paid by Medicare. Plan pays 80% after a \$250 deductible up to a lifetime maximum benefit of \$50,000
• Prescription Drug Benefits		
ü Deductible	None	None
ü Preferred Generic	n/a	\$5 Copay – 30 Day Retail \$8 Copay – Mail Order \$15 Copay – 90 Day Retail
ü Generic	\$10 Copay – 30 Day Retail \$15 Copay – Mail Order & 90 Day Retail	\$10 Copay – 30 Day Retail \$15 Copay – Mail Order \$30 Copay – 90 Day Retail
ü Preferred Brand	\$25 Copay – 30 Day Retail \$38 Copay – Mail Order & 90 Day Retail	\$25 Copay – 30 Day Retail \$56 Copay – Mail Order \$75 Copay – 90 Day Retail
ü Non-Preferred Brand	\$50 Copay – 30 Day Retail \$75 Copay – Mail Order & 90 Day Retail	\$60 Copay – 30 Day Retail \$165 Copay – Mail Order \$180 Copay – 90 Day Retail
ü Specialty	\$150 Copay - Mail Order only	\$60 Copay – 30 Day Retail \$165 Copay – Mail Order \$180 Copay – 90 Day Retail
ü Dispense as	Not allowed	Not allowed

This document is a summary of benefits only. It is not intended to interpret or replace contract language. Where discrepancies occur, the insurance company benefits will prevail.

Flat Rx

MONTHLY PAYMENT SUMMARY

2022 Monthly Rates			
Plan Options	Monthly Cost Per Member	Less Contribution	Total Monthly Cost Per Member
Medical and Rx	\$442.00	\$	\$

Rates above are effective from January 1, 2022 to December 31, 2022 and are subject to change each year on January 1st.

Once Amwins receives your enrollment forms, you will be billed for your premium by either your City/Town or Amwins. Please check with your HR Department to determine who will be billing you.

“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

REMIF – City of Rohnert Park
Underwritten by: United American Insurance Company

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		Sex	Phone Number
State	Zip Code	Medicare ID# <i>(From Medicare Id card):</i>	
Hospital (Part A) effective date <i>(from Medicare ID card):</i>		Medical (Part B) effective date <i>(from Medicare ID card):</i>	
Email Address		Date of Retirement	
Spouse Information (if enrolling)			
Name		Date of Birth	
Sex		Social Security Number	
Date of Retirement		Medicare ID# <i>(From Medicare Id card):</i>	
Hospital (Part A) effective date <i>(from Medicare ID card):</i>		Medical (Part B) effective date <i>(from Medicare ID card):</i>	
Please Choose Type of Coverage			
Effective Date: _____	Retiree Only	Retiree & Spouse	Surviving Spouse
Check Desired Coverage:	<input type="checkbox"/> Plan F	<input type="checkbox"/> Plan F	<input type="checkbox"/> Plan F
Medical Plan Options:			
<p><i>Please sign and date the next page</i></p> <p style="text-align: right;"><i>(continued on reverse)</i></p>			

RETIREE MEDICAL PLAN ELECTION FORM

Please sign and date below:	
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:
The HR Department of your City/Town.**

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

**MEDICARE PRESCRIPTION DRUG PLAN INDIVIDUAL ENROLLMENT FORM
SPONSORED GROUP PLAN**

To enroll in Express Scripts Medicare® (PDP)
please provide the following information:

Redwood Empire Municipal Insurance Fund: City of Rohnert Park

Effective Date: ____/1/2022

Retiree				
Last Name:		First Name:		Middle Initial:
<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms.		Birth Date: (__ / __ / __)		
		(M M / D D / Y Y Y Y)		
Gender: <input type="radio"/> M <input type="radio"/> F		Social Security Number:	Home Phone Number:	
			()	
E-Mail Address:				
Permanent Resident Street Address (PO Box is not allowed):				
City:		State:		ZIP Code:
Mailing Address (only if different from your Permanent Residence Address):				
Street Address:		City:	State:	ZIP Code:
Spouse or Surviving Spouse				
Last Name:		First Name:		Middle Initial:
<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms.		Birth Date: (__ / __ / __)		
		(M M / D D / Y Y Y Y)		
Gender: <input type="radio"/> M <input type="radio"/> F		Social Security Number:	Home Phone Number:	
			()	
E-Mail Address:				
Permanent Resident Street Address (PO Box is not allowed):				
City:		State:		ZIP Code:
Mailing Address (only if different from your Permanent Residence Address):				
Street Address:		City:	State:	ZIP Code:
Emergency Contact: (Optional)				
Name:				
Phone Number:		Relationship to you:		
E-Mail Address:				

Please Provide Your Medicare Insurance Information

Please take out your Medicare Card to complete this section.

- Please fill in these blanks so they match your red, white and blue Medicare card.
- OR -
- Attach a copy of your Medicare card or your letter from the Social Security Administration or Railroad Retirement Board.

You must have Medicare Part A or Part B (or both) to join a Medicare prescription drug plan.

Retiree:	Spouse or Surviving Spouse:												
Name: _____	Name: _____												
Medicare Number ____ - ____ - ____	Medicare Number ____ - ____ - ____												
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Is Entitled To</th> <th style="text-align: right; border-bottom: 1px solid black;">Effective Date</th> </tr> </thead> <tbody> <tr> <td>HOSPITAL (Part A)</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>MEDICAL (Part B)</td> <td style="text-align: right;">_____</td> </tr> </tbody> </table>	Is Entitled To	Effective Date	HOSPITAL (Part A)	_____	MEDICAL (Part B)	_____	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Is Entitled To</th> <th style="text-align: right; border-bottom: 1px solid black;">Effective Date</th> </tr> </thead> <tbody> <tr> <td>HOSPITAL (Part A)</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>MEDICAL (Part B)</td> <td style="text-align: right;">_____</td> </tr> </tbody> </table>	Is Entitled To	Effective Date	HOSPITAL (Part A)	_____	MEDICAL (Part B)	_____
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MEDICAL (Part B)	_____												
Is Entitled To	Effective Date												
HOSPITAL (Part A)	_____												
MEDICAL (Part B)	_____												

Select Your Enrollment Options Below (Please Check Desired Coverage)

Please check which plan you want to enroll in:

Retiree:	Spouse or Surviving Spouse:
<input type="radio"/> Option 1	<input type="radio"/> Option 1

IMPORTANT: Read and Sign Below:

- **Release of Information:** By joining this Prescription Drug Plan, I acknowledge that the plan will release my information to Medicare and other plans as is necessary for treatment, payment, and health care operations. I also acknowledge that this program may 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 people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (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 Medicare.

Retiree Signature:

Today's Date:

Spouse or Surviving Spouse Signature:

Today's Date:

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

Name:

Address:

Phone Number:

Relationship to Enrollee:

Important Information About Your Medicare Part D Prescription Drug Plan

Express Scripts Medicare® (PDP), is offered by Medco Containment Life Insurance Company or Medco Containment Insurance Company of New York (for employer plans domiciled in New York). (When this document says “we,” “us” or “our,” it means Medco Containment Life Insurance Company or Medco Containment Insurance Company of New York (for employer plans domiciled in New York). When it says “plan” or “our plan,” it means Express Scripts Medicare.) This coverage is Medicare Part D coverage and is in addition to your coverage under Medicare Parts A and B. You must keep your Medicare <Parts A & B> coverage in order to qualify for this plan. You must inform your former employer of any other prescription drug coverage you may have.

Enrollment Requirements

You can be in only one Medicare prescription drug plan at a time. If you are currently in a Medicare prescription drug plan, a Medicare Advantage Plan with prescription drug coverage, or an individual Medicare Advantage Plan, your enrollment in Express Scripts Medicare may end that enrollment.

You must live within the 50 U.S. states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands or American Samoa, and be a U.S. citizen or lawfully present in the United States to participate in this plan. It is your responsibility to inform your former employer of any address changes.

You can join a new Medicare prescription drug plan or Medicare health plan from October 15 to December 7. Except in special cases, you cannot join a new plan at any other time of the year. If you leave this plan and don't have or get other Medicare prescription drug coverage or creditable coverage (as good as Medicare's), you may be required to pay a late enrollment penalty (LEP) if you go 63 days or more without Medicare Part D coverage or other creditable prescription drug coverage.

Some people may have to pay an extra premium amount because of their yearly income. If you have to pay an extra amount, the Social Security Administration – not your Medicare plan – will send you a letter telling you what that extra amount will be and how to pay it. If you have any questions about this extra amount, contact the Social Security Administration at 1.800.772.1213. TTY users call 1.800.325.0778.

Medicare beneficiaries with low or limited income and resources may qualify for Extra Help. If you qualify, your Medicare prescription drug plan costs will be less. Once you are enrolled in this drug plan, Medicare will tell the plan how much assistance you will receive and Express Scripts will send you information on the amount you will pay. If you are not currently receiving Extra Help, you can contact 1.800.MEDICARE (1.800.633.4227) to see if you might qualify. TTY users call 1.877.486.2048.

Once you are a member of this plan, you have the right to file a grievance or appeal plan decisions about payment or services if you disagree. Read your *Evidence of Coverage* to know which rules you must follow to receive coverage with this Medicare prescription drug plan.

This information is not a complete description of benefits. Contact Express Scripts Medicare for more information. Limitations, copayments and restrictions may apply. Benefits, premium (if applicable) and/or copayments/coinsurance may change on January 1 of each year. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

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REMIF RETIREE BENEFITS PROGRAM FREQUENTLY ASKED QUESTIONS

Q1: May I keep my same providers and doctors?

A1: Yes, as long as they continue to provide services to Medicare-eligible retirees. In fact, you have access to *any doctor who provides services to Medicare- eligible retirees*. There is no special network for the United American Medical Plan.

Q2: Can I take my coverage if I move to another state? Also, may I travel outside of the United States?

A2: Yes! Within the U.S., if you move to another state, your coverage travels with you. Limited coverage is available for Emergency Care only outside of the United States.

Q3: If I decide to opt out of the REMIF Retiree Benefits Program, can I enroll in any other group plan offered by REMIF?

A3: The United American /Express Scripts Program is the *only* Benefits Program for Medicare-eligible retirees provided by REMIF. **However, if you choose to enroll in an individual plan outside of this plan, you will not be allowed to enroll in the United American /Express Scripts Program at a later date.**

Q4: If I decide to opt out of the REMIF Retiree Benefits Program, can I elect it at a later date?

A4: No. The REMIF Retiree Benefits Program does not offer an “Open Enrollment” option. If you decline the plan initially or leave the plan after initial enrollment, you cannot re-enroll.

Q5: Will I receive a new membership ID Card?

A5: Yes, you will receive **two ID cards**. Your United American Medical ID card will be mailed from Amwins. Your Express Scripts Prescription Drug ID card, will be mailed from Benistar. Please present your new ID Cards along with your Medicare card at your doctor and pharmacy, respectively, beginning on your program Effective Date.

Q6: Who do I contact regarding my medical claims?

A6: As long as your physician accepts Medicare you will not have to send in any claim forms. Present your Medical ID card along with your Medicare card to your doctor. Medicare pays the provider of the Medicare portion of your claim and forwards the balance due to the claims administration department. Remaining amounts will be billed to you. If you have any questions regarding your claims, please contact Amwins Group Benefits at 1-888-883-3757.

Q7: Who do I contact regarding prescriptions?

A7: Simply present your current Express Scripts Rx ID card and prescription to a participating pharmacy in the plan network. The list of participating pharmacies, Express Scripts plan network and Rx mail order information will remain unchanged. You can find more information about your prescription coverage by calling Amwins Group Benefits at 1-888-883-3757.

Q8: Who can I call with questions about billing?

A8: If you are billed directly from the City/Town, please contact the City/Town regarding any billing questions. If you are billed directly by Amwins Group Benefits, please contact the Amwins Customer Care Center at 1-888-883-3757.

Q9: Who can I call if I need help with claims or benefit questions?

A9: For any questions pertaining to your REMIF Retiree Benefits Program, please contact the Amwins Group Benefits Customer Care Center at 1-888-883-3757.

IMPORTANT CONTACTS AND RESOURCES

Amwins Group Benefits

- Call us toll-free at **1-888-883-3757**
Monday through Friday, 8:00 AM to 8:00 PM (Eastern)

Medicare

- Call **1-800-MEDICARE (1-800-633-4227 or 1-877-486-2048)**
24 hours a day, 7 days a week
- Visit online at www.Medicare.gov

Social Security

- Visit your local Social Security Office
- Call **1-800-772-1213 (1-800-325-0778)**
- Visit online at www.ssa.gov



REMI F

**REDWOOD
EMPIRE
MUNICIPAL
INSURANCE
FUND**

Disclaimer: The benefit information contained in this brochure is subject to change at any time, and the Company reserves the unlimited right to make benefit plan changes at any time. Any changes to the benefit plans implemented by the Company will be considered effective, regardless of whether notice has been given, on the date set by the Company. If you are ever in doubt about your retiree medical benefits, please contact Amwins Group Benefits at 1-888-883-3757