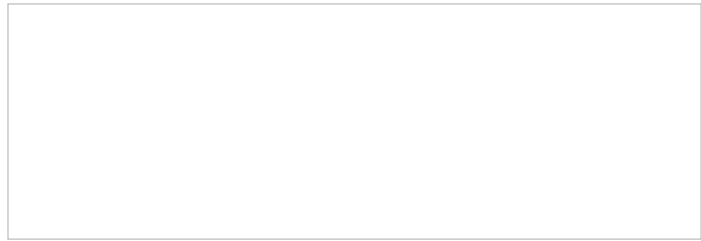




c/o Amwins Group Benefits, LLC
50 Whitecap Drive
North Kingstown, RI 02852



Post 65 Enrollment Guide for Medicare-Eligible Retirees & Their Spouses

Retiree Health Benefits





The plan options outlined in this guide are meant to supplement Medicare. Prior to enrolling, be sure to contact Social Security Administration, if you haven't already to initiate enrollment into your Medicare Part A & B. The Medicare set-up process can take 60 days and needs to be complete in order for this supplemental coverage to take effect. You will pay a monthly premium for Medicare Part B coverage to the Centers of Medicare & Medicaid Services (CMS).

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

Dear Retiree,

The North Carolina Retired Government Employees' Association (NCRGEA) is committed to providing access to valuable member benefits.

The ongoing increases in healthcare costs impact all retirees and we strive to continue to provide access to quality member benefits at affordable rates.

Here is your enrollment kit for the National Seniors Coalition Health Program (RHP) that NCRGEA has endorsed since July 1, 2018. It details the summary of coverage, benefits and rates along with an application to enroll in the program.

Should you have any questions as you review the enrollment kit call Amwins Customer Care Center at 1-800-349-2178 or visit the website at rhp.amwins.com.

Richard Rogers
NCRGEA Executive Director



Questions: Call Amwins Customer Care Center at 1-800-349-2178 or visit the website at rhp.Amwins.com

About this program...

The National Seniors Coalition Retiree Health Program is administered by Amwins Group Benefits, LLC. (Amwins), a third-party administrator serving retirees from over 900 employer groups and government entities across the United States.

The Retiree Health Program provides you the simplicity of enrolling in a health insurance plan which supplements traditional Medicare, while also offering you the option of selecting a Medicare Part D, Individual Prescription Drug Plan. The medical plans are fully-insured by United American Insurance Company, an A.M. Best "A+, Superior" rated company. 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. **You become Medicare-eligible on the first day of the month in which your 65th birthday falls.** You can enroll in this Retiree Health Program on the same day you turn 65.

Who does this program make sense for?

This new program is ideally suited for those retirees who are *not* eligible for an employer-subsidized retiree healthcare plan. Please compare any employer-provided plans or individual Medicare plans carefully to the enclosed benefits. Amwins Customer Care Representatives are available to help you compare if needed.

If you enroll in one of the enclosed plans... all ongoing plan servicing, policy management and monthly premium billing will be handled by Amwins.

Additional benefits

Your enrollment includes a comprehensive program to enhance your health and well-being, called Manage My Health. This program is designed to offer greater assistance to an immense suite of programs and services aimed at improving physical, mental, and financial wellbeing. You will have 24-hour access to doctors on call and professional counseling services for stress, depression, grief, mental health, bereavement and more. Manage My Health also includes nutrition and exercise programs, relocation services, assistance finding doctors, specialists and even nursing home facilities. In addition, Manage My Health offers caregiver assistance and resources for individuals who are at high risk of falling victim to scams or identity theft, including \$1,000,000 in coverage to assist with restoring a stolen identity. Retirees will also have access to extensive savings and discount programs that can save them thousands of dollars each year. More information on all of the benefits of Manage My Health will be sent to you when you are enrolled in the plan.

HOW TO ENROLL

Retiree Health Plan (enclosed in this kit)

- Review the information in this booklet
- Complete and sign the appropriate enrollment form(s)
- Include a check made payable to NSC-RHP/Amwins Group Benefits for the first month's payment.
- Return the above items in the postage-paid return envelope 60 days prior to your desired effective date.

Individual Prescription Drug Plan (Medicare Part D Plans)

Call a licensed, Amwins Benefit Specialist at 1-800-349-2178 to discuss available Part D options. The Benefit Specialist will help identify available plan options for you to consider and walk you through the enrollment process.

We look forward to serving you and assure you that your health plan is in excellent hands with Amwins as your new plan administrator. If you have any questions, please call us toll-free at **1-800-349-2178**, Monday through Friday, 8:00 AM to 8:00 PM (Eastern).

What's Next?

- Your medical ID Cards will be mailed to you within 10 business days from Amwins' *receipt* of your completed enrollment Form(s).
- If your enrollment materials are not received within 10 business 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

GOLD PLAN SUMMARY

Insured by: United American Insurance Company

Calendar Year Deductible: \$240.00
Part B Coinsurance: 20%
Out-of-Pocket Maximum: \$1,000.00 (Includes Part B Deductible)
Office Visit Copay: \$20.00

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
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
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

GOLD PLAN SUMMARY

Insured 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 dollars of Medicare-approved amounts**	\$0	\$0	Part B Deductible
Next Medicare approved amounts	Generally 80%	0%	20% until Out-of-Pocket Max. is met (\$1,000.00)**
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 dollars of Medicare Approved Amounts**	\$0	\$0	Part B Deductible
Next Medicare approved amounts	Generally 80%	0%	20% until Out-of-Pocket Max. is met (\$1000.00)**
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 dollars of Medicare Approved Amounts**	\$0	\$0	Part B Deductible
Next Medicare approved amounts	Generally 80%	0%	20% until Out-of-Pocket Max. is met (\$1000.00)**
Remainder of Medicare Approved Amounts	80%	20%	\$0

Questions: Call Amwins Customer Care Center at 1-800-349-2178 or visit the website at rhp.amwins.com

GOLD PLAN SUMMARY

Insured 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 \$250.00 each calendar year	\$0	\$0	\$250.00
Remainder of charges	\$0	80% to a lifetime maximum of \$50,000.00	20% and amounts over the \$50,000.00 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.

PLATINUM PLAN SUMMARY

Insured by: United American Insurance Company

Calendar Year Deductible: \$240.00 (Part B Deductible)
Part B Coinsurance: 0%
Out-of-Pocket Maximum: \$240.00 (Part B Deductible)
Office Visit Copay: \$0

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
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
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

PLATINUM PLAN SUMMARY

Insured 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 dollars of Medicare-approved amounts**	\$0	\$0	Part B Deductible
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 dollars of Medicare Approved Amounts**	\$0	\$0	Part B Deductible
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 dollars of Medicare Approved Amounts**	\$0	\$0	Part B Deductible
Remainder of Medicare Approved Amounts	80%	20%	\$0

Questions: Call Amwins Customer Care Center at 1-800-349-2178 or visit the website at rhp.amwins.com

PLATINUM PLAN SUMMARY

Insured 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:			
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*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.

Retiree Health Plan
Monthly Payment Summary

2024 Medical Monthly Rates		
Age	GOLD PLAN Medical Cost Per Retiree	PLATINUM PLAN Medical Cost Per Retiree
65	\$103.00	\$185.00
66-69	\$110.00	\$196.00
70-74	\$136.00	\$229.00
75-79	\$179.00	\$277.00
80+	\$200.00	\$299.00

This program uses “Issue-Age” rates, which means you will always remain in the age bracket that you are in when you first enroll (i.e., if you join at age 65 you will always remain in the 65-year age bracket). Rates above are effective from January 1, 2024 to December 31, 2024 and are subject to change each year on January 1st.

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

Please return your first monthly payment along with your enrollment forms in the enclosed postage paid return envelope.

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.

Questions: Call Amwins Customer Care Center at 1-800-349-2178 or visit the website at rhp.amwins.com

RETIREE HEALTH PLAN ELECTION FORM

Insured by: United American Insurance Company

You must return your election form to activate your Retire Health Plan!			
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: {effective_date} Check Desired Coverage:	Retiree Only	Retiree & Spouse	Surviving Spouse
Medical Plan Options:	<input type="checkbox"/> Gold Plan <input type="checkbox"/> Platinum Plan	<input type="checkbox"/> Gold Plan <input type="checkbox"/> Platinum Plan	<input type="checkbox"/> Gold Plan <input type="checkbox"/> Platinum Plan
<p><i>Please sign and date the next page</i></p> <p style="text-align: right; margin-top: 100px;"><i>(continued on reverse)</i></p>			

Questions: Call Amwins Customer Care Center at 1-800-349-2178 or visit the website at rhp.amwins.com

RHP_NCRGE_S65_CW_2023

RETIREE HEALTH PLAN ELECTION FORM

Please list the name of the plan(s) that you and/or your spouse will be replacing with this program (if any):

Retiree: _____

Spouse: _____

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:
Amwins Group Benefits
50 Whitecap Drive, North Kingstown, RI 02852**

**For Customer Service, please call: 1-800-349-2178
Monday through Friday, 8:00 AM to 8:00 PM EST**

Questions: Call Amwins Customer Care Center at 1-800-349-2178 or visit the website at rhp.amwins.com

RHP_NCRGE_S65_CW_2023

DIRECT PAYMENT AUTHORIZATION FORM

Please read, sign and return with your Enrollment Forms

Name (Last, First, Middle Initial):		
Phone:		
Street Address:		
City:	State:	Zip:
Type of Account: <input type="checkbox"/> Savings <input type="checkbox"/> Checking	Select Monthly Withdrawal Date: <input type="checkbox"/> 1st <input type="checkbox"/> 8th <input type="checkbox"/> 15th	
Please fill in the below information:		
Routing Number:	Account Number: Confirm Account Number:	
<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%;"> <p>John & Sheila Customer 1234 9876 Appleview Lane 15-00000000000000 Everytown, US 98765-4321</p> <p style="text-align: right;">DATE _____</p> <p>PAY TO THE ORDER OF _____ \$ _____</p> <p style="text-align: right;">_____ DOLLARS</p> <p>HOMETOWN BANK Downtown, US 98765-4321</p> <p>For _____</p> <p>250240025 1 234 5678 1234 Routing Number Account Number</p> </div>		
<p>Monthly payments are withdrawn on the 1st business day on or after the date you selected above. You will receive a confirmation from Amwins Group Benefits that we have set up your account information to withdraw from your designated bank account. Note: Your monthly deduction will show as Amwins on your bank statement.</p>		
<p>I authorize Amwins to withdraw my payment as communicated to me, by invoice or letter, from my checking or savings account. I agree to notify Amwins in writing or by phone, if my account information changes or to stop the direct debit authorization at least 10 days in advance of the scheduled transfer. I understand that the premium to be withdrawn may change, in which case I will be notified in writing at least 10 days before the new premium is withdrawn. To the extent I have enrolled in preauthorized checking, I understand that the addition or removal of a dependent will impact the amount withdrawn, and hereby consent to such change. I understand that Amwins will confirm the new preauthorized amount, but depending on when I submit this request, such confirmation may occur after the amounts are withdrawn from my account. If my account is erroneously charged, my financial institution will immediately credit the same amount to the account up to the 15 days following issuance of the statement or 45 days after posting, which occurs first.</p>		
Signature:	Date:	

QUESTIONS AND ANSWERS Regarding your Medical Plan

1	Q: What are the operating hours of the Amwins Customer Care Center?	A: Monday through Friday, from 8 a.m. to 8 p.m. (Eastern Standard Time).
2	Q: Who is United American Insurance Company?	A: United American Insurance Company is an A.M. Best rated “A+, Superior” insurance company. They have been providing supplemental plans to Medicare since Medicare’s inception in 1966. They are located in McKinney, TX.
3	Q: How do the Medical plans supplement Medicare?	A: Medicare has coverage gaps which are the costs that you must pay, like coinsurance, copayments, and deductibles. These plans help fill those gaps.
4	Q: Will my doctors accept these plans? How are they paid?	A: Present your new ID card along with your Medicare ID card to any doctor, specialist, hospital or health-care provider that accepts Medicare. Medicare pays its share and then your United American plan pays based on your selected benefits. You will receive a Medicare Summary Notice in the mail (usually monthly), including information on the amount paid on your behalf and any additional amounts due.
5	Q: What services are not covered by these Medical plans?	A: Any service covered by Medicare is also covered by the enclosed plans. Services <i>not</i> covered by Medicare are also <i>not</i> covered by these plans. Please contact us for the Medicare exclusion list. You may also visit www.medicare.gov for this information.
6	Q: Can my spouse elect a different plan than me?	A: Yes, your spouse can elect a different plan.
7	Q: Will I have to re-enroll in the plan next year?	A: No. This Retiree Health Plan has a passive open enrollment. This means that if you do not wish to make any changes during an open enrollment period, you do not need to re-elect coverage. We will simply continue your coverage from year to year. We will inform you about plan changes and any changes to your monthly premiums on annual basis.
8	Q: When will I receive my ID cards?	A: ID cards will be sent once we process your Enrollment/ Direct Payment Authorization Forms. Medical ID cards will arrive directly from United American Insurance Company
9	Q: How can I get help comparing my current plan to the new plan options?	A: You can simply call the Amwins Customer Care Center and a trained agent will assist you at 1-800-349-2178.

IMPORTANT INFORMATION Regarding Medicare Enrollment

1	Q: What are the enrollment requirements for the Post 65 medical coverage?	A: You and/or your eligible spouse must be age 65 or older, and currently enrolled in both Medicare Part A and Medicare Part B.
2	Q: Can I be covered in a Post 65 retiree medical and/or prescription drug plan before I receive my Medicare Part A and Part B effective date?	A: No, you must be currently enrolled in both Medicare Part A and Medicare Part B at the time your coverage in the Post 65 retiree medical plan becomes effective. This medical plan supplements what Medicare pays for a covered service. If you are not enrolled in Medicare Part A & Part B, this plan will not pay benefits for covered services and we can not enroll you.
3	Q: How do I enroll in Medicare Part A and Part B?	A: Individuals currently collecting Social Security retirement benefits are automatically enrolled in Medicare Part A and Part B when they turn age 65 (during Initial Enrollment Period). The Initial Enrollment Period begins 3 months before the month you turn 65, includes the month you turn 65, and ends 3 months after the month you turn 65. Individuals who are not collecting Social Security retirement benefits must enroll in Part A and Part B. You can enroll by visiting your local Social Security office, or online at www.socialsecurity.gov . If you sign up for Part A and/or Part B during the first 3 months of your Initial Enrollment Period, in most cases, your Medicare coverage starts the first day of your birthday month. However, if your birthday is on the first day of the month, your coverage will start the first day of the prior month. If you enroll in Part A and/or Part B the month you turn 65, or during the last 3 months of your Initial Enrollment Period, the start date for your Medicare coverage will be delayed.
4	Q: Special Enrollment Period	A: If you didn't sign up for Part A and/or Part B when you were first eligible because you're covered under a group health plan based on current employment (your own employment or a spouse's employment if covered under another employer plan) you can sign up for Part A and/or Part B: <ul style="list-style-type: none"> • Anytime you're still covered by the group health plan • During the 8-month period that begins the month after the employment ends or the coverage ends, whichever happens first
5	Q: COBRA	A: Please note that COBRA coverage and retiree health plans aren't considered coverage based on current employment so the special enrollment period would not apply. To avoid paying a higher Medicare premium, make sure you sign up for Medicare when you're first eligible. Please note that a delay in Medicare Part A and B Enrollment can cause a delay in the start of your coverage in your employer's Post 65 retiree medical plan resulting in a gap in your coverage.

For more information on the Post 65 Retiree Medical program:

Amwins Customer Care Center
Toll Free: 1-800-349-2178
Monday - Friday, 8:00 am - 8:00 pm (EST)

For more information on Medicare enrollment:

Social Security
1-800-772-1213
www.socialsecurity.gov
Medicare
1-800-633-4227
www.medicare.gov

QUESTIONS AND ANSWERS

Individual Prescription Drug Plans

1	Q: What information do I need when I call Amwins for quotes on my Individual Prescription Drug plan options?	A: You will need to provide your Name, Address, DOB, Phone Number, County, Current RX list including dosage and frequency, preferred pharmacy, and any other information that you feel is pertinent. This information will need to be provided for your eligible spouse as well.
2	Q: How do I receive the information on the quotes that the Benefit Specialist and I discussed?	A: Please provide the Benefit Specialist with your preferred method of receiving the quote comparisons (email or mail) and they will be happy to send you the Plan Comparisons and Benefit Summaries of the plans that were discussed.
3	Q: How long should I expect the process of enrolling in an Individual Prescription Drug Plan to take?	A: Enrolling in an Individual Prescription Drug Plan can take up to two weeks, once you have received your Enrollment Kit it is important that you contact Amwins Customer Care Center at your earliest convenience to begin the process of enrolling in an Individual Prescription Drug plan. Please remember that you must be enrolled in an Individual Prescription Drug plan prior to your desired effective date.
4	Q: What do I need to do once I have reviewed my options and have chosen an Individual Prescription Drug plan?	A: Once you have chosen the Individual Prescription Drug plan you want to enroll in you must contact an Amwins Benefit Specialist and they will assist you with completing your enrollment. Amwins Customer Care Center Toll Free: 1.800.349.2178 Monday - Friday, 8:00 am - 8:00 pm (EST)
5	Q: Do I still need to send in the Medical enrollment forms received in this kit?	A: Yes. If you are enrolling in an Individual Prescription Drug plan through Amwins you must return the completed Medical enrollment form included in this kit.



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 1-800-349-2178.