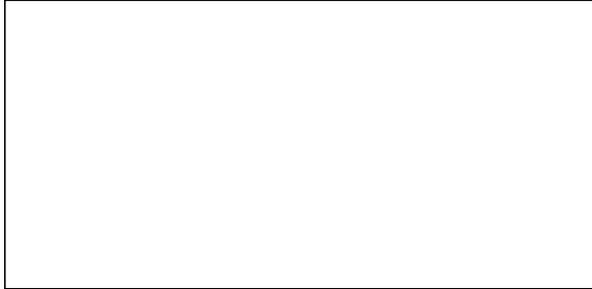




AmWINS Group Benefits  
50 Whitecap Drive  
North Kingstown, RI 02852



# Arlington County Government

**2020 Medicare Retiree Health Care Program**  
**Your Retiree Health Benefits**





HUMAN RESOURCES DEPARTMENT

Employee Services Division

2100 Clarendon Blvd. Suite 511 Arlington, VA 22201

TEL 703.228.3500 FAX 703.228.3265 TTY 703.228.4611 [www.arlingtonva.us](http://www.arlingtonva.us)

Dear Retiree:

Our records indicate that you will become eligible for Medicare Part B within the next two months either because you will be turning 65 or because you have been on Social Security Disability Insurance (SSDI) for two years.

If you have not received Medicare enrollment information from the Social Security Administration, you may contact Social Security at 1-800-772-1213 or by visiting their website at [www.socialsecurity.gov/medicareonly](http://www.socialsecurity.gov/medicareonly).

**In order for you to continue participating in Arlington County Government retiree medical benefits, you must enroll in Medicare Part B through Social Security.**

You are receiving this packet of information from AmWINS, the company that administers the County's health plan for supplemental Medicare coverage and Medicare Part D Rx coverage. Your existing Cigna health plan coverage will terminate no later than four (4) months after you turn 65 or when you enroll in the AmWINS Supplemental Medicare Plan offered through the County.

Please complete the enclosed information and return it to AmWINS immediately. Once AmWINS receives your completed information, they will enroll you in the County's AmWINS Supplemental Medicare Plan and AmWINS Retiree RxCare.

#### What you need to know:

- You must be enrolled in Medicare Parts A and B, you must continue to pay your Medicare Part B premium, and you must enroll in the AmWINS Supplemental Medicare Plan in order to continue participation in the County's retiree medical benefits.
- To supplement your primary medical coverage through Medicare, the County offers the AmWINS Supplemental Medicare Plan and AmWINS Retiree RxCare. This plan is used in conjunction with your Medicare Parts A and B, and it provides you with Part D prescription drug coverage. The AmWINS plan provides you with additional benefits such as lower copays for medical services and prescription drugs. Please see the enclosed Benefit Summary for details of your new plan.
- You will receive two new ID cards (one for medical services, a second for prescription drugs) and a Welcome packet from AmWINS. If you have questions about your new plan, feel free to call **the AmWINS Customer Service toll free at 1.877.809.7361 Monday through Friday between 8:00 a.m. and 8:00 p.m. Eastern Standard Time (EST)**. TTY/TTD users should also call 1.877.809.7361 for assistance.
- There is no AmWINS network of doctors. You will be able to receive care from any Medicare-approved doctor or other medical services provider, as long as he or she participates in Medicare.

- You will need to use an AmWINS Network pharmacy for retail prescriptions and Envision Mail Service Pharmacy for mail order maintenance prescriptions. Details are provided in the enclosed materials.
- Some prescriptions will need to be filled solely through the mail order, such as diabetic test strips, chemotherapy and transplant medications (if a prescription requires refrigeration it will be sent in special containers). This is because these medications are classified as Medicare Part B services. The good news is they will be covered at 100%.
- You need to reside in the United States (including the US Virgin Islands and Puerto Rico), if you wish to participate in the AmWINS Supplemental Medicare plan. If you move out of this service area, please contact the County's Human Resources Department at 703-228-3500, Option 1 (or 1-800-818-4910 out-of-area) immediately.
- Enrolling in this plan will automatically cancel any other Medicare Advantage plan or Medicare Part D plan you may have enrolled in through another resource (e.g. AARP). In the future if you purchase another Medicare Advantage plan or Medicare Part D plan, Medicare will cancel your County-sponsored AmWINS plan.

**If you decide you do not want to be enrolled in the County's AmWINS Supplemental Medicare and AmWINS Retiree RxCare Plans, please read the following notice:**

- If you are a County retiree and decide to not enroll in AmWINS and live in the DC Metro area, you may enroll in the Kaiser Medicare Advantage plan offered through the County. Please contact Human Resources.
- If you are a County retiree and decide to not enroll in AmWINS Supplemental Medicare or Kaiser Medicare Advantage, then medical plan coverage for you and all of your covered dependents will be cancelled.
- If you wish to re-enroll in a County retiree health plan at a later date, you must be able to demonstrate continuing health care coverage to the County.
- You may come back to the County plan within 60 days of losing alternative coverage. (For example, if you are currently employed and are enrolled in your employer's health insurance, you may enroll in the County's retiree health plan when you lose your coverage as an active employee from your current employer.)
- For information about other Medicare Plans available in your area, call Medicare at 1-800-MEDICARE (1-800-633-4273). TTY/TTD users should call 1-877-486-2048.

**Interested in more information?**

Please contact AmWINS Customer Service at 1.877.809.7361. The enclosed AmWINS Enrollment Booklet may also help answer your questions.

## FREQUENTLY ASKED QUESTIONS

### ENROLLMENT and NEW ID CARDS

**Q. What happens if I don't enroll in Medicare Part B?**

A. If you do not enroll in Medicare Part B, your current coverage in the Cigna plan will end no later than four months after your 65<sup>th</sup> birthday. Medical coverage for all of your dependents will end at the same time.

**Q. What happens if I am turning 65 or in the 25<sup>th</sup> month of disability with Social Security and have not received a card enrolling me in Parts A and B of Medicare?**

A. Contact the Social Security Administration to enroll in benefits. If you do not enroll in benefits when initially eligible, then you can only enroll during an annual Medicare Open Enrollment period (usually January – March) and the coverage will not be effective until July 1<sup>st</sup> of the year following enrollment. Additionally you may be required to pay a higher premium for Part B of Medicare as a penalty for enrolling late. For additional information on Medicare benefits, access the Social Security website [www.socialsecurity.gov/medicareonly](http://www.socialsecurity.gov/medicareonly) or call Social Security at 1.800.772.1213.

**Q. What happens if I am on SSDI and become eligible for Medicare Part B?**

A. Please contact Benefits in the County's HR Department immediately at 703.228.3500, option 1 or email: [benefits@arlingtonva.us](mailto:benefits@arlingtonva.us). The County will notify AmWINS and you will receive an enrollment packet. Please complete the Enrollment Packet and return it to AmWINS immediately.

**Q. What happens if I am currently enrolled in another Medicare Part D prescription coverage plan?**

A. Enrollment in the AmWINS Retiree RxCare plan will automatically cancel your current Medicare Part D prescription coverage plan. The County requires that if you enroll in the AmWINS Supplemental Medicare Plan that you must also participate in the AmWINS Retiree RxCare Plan.

**Q. What happens if I sign up for a Medicare Part D prescription coverage plan in addition to the AmWINS Retiree RxCare plan?**

A. If you enroll in any other Medicare Part D prescription coverage plan, Medicare will cancel your AmWINS Retiree RxCare prescription coverage, and the County will cancel your AmWINS medical plan.

**Q. How do I enroll in the County's AmWINS Supplemental Medicare Plan and the AmWINS Retiree RxCare Plan?**

A. Review the materials enclosed in this packet, which include detailed benefit information.

1. Make sure you've enrolled in Medicare Part B through Social Security.
2. Complete the enrollment information in this packet and return it to AmWINS immediately in the postage paid envelope provided in the enrollment materials.

**Q. When will my enrollment be effective?**

**A.** To ensure a timely transition, **please complete this packet as quickly as possible and send it to AmWINS/Arlington County Government, 50 Whitecap Drive, North Kingstown, RI 02852-9972 or use the postage paid return envelope provided with your enrollment form.** Your enrollment will be effective the 1<sup>st</sup> of the month in which your Medicare Part B is effective, or the 1<sup>st</sup> of the month following the date AmWINS receives your completed enrollment information.

**Q. Will I receive new health care ID cards?**

**A.** Yes, you will receive 2 new cards: the AmWINS WebTPA card is your Medicare Supplement card and has your copays on it. The prescription drug card is from AmWINS Retiree RxCare and has retail pharmacy copays on it. These ID cards will be mailed to you approximately 30 days after AmWINS receives your completed enrollment packet.

Non-Medicare eligible dependent(s) of a Medicare eligible retiree will be issued a new Cigna ID card with a new ID number. If a retiree has a Medicare eligible dependent but is not eligible for Medicare themselves, the dependent will receive a new AmWINS WebTPA Medical ID card and an AmWINS Retiree RxCare ID card. The non-Medicare retiree's Cigna ID card will not change.

**Q. I have received the AmWINS WebTPA card but not the AmWINS Retiree RxCare ID Card, how do I fill prescriptions until the prescription card is received?**

**A.** You or your pharmacist can contact AmWINS Customer Service at 1.877.809.7361 to verify benefits.

**Q. How do I get a replacement AmWINS WebTPA ID card or AmWINS Retiree RxCare ID card?**

**A.** To order a replacement medical or prescription drug ID card, please call AmWINS Customer Service at 1.877.809.7361 to request a new card.

**Q. How does this plan affect my covered dependents?**

**A.** Every Medicare eligible retiree and their Medicare eligible dependent is assigned their own individual ID number.

If you have dependents who are not yet Medicare eligible, your dependents will continue in the Cigna plan they are currently enrolled in with a new Cigna ID number. Cigna will automatically send new cards to your non-Medicare dependents when your coverage with Cigna ends and you are enrolled in the AmWINS Medicare Supplement Plan.

**Q. Do I keep my original Medicare card?**

**A.** Yes, keep your original Medicare card and present it to your medical service provider when you go to the doctor along with your AmWINS WebTPA Medicare card. They will bill Medicare as primary.

**Q. Will I receive a HIPAA notice (a notice advising that your enrollment in a CIGNA plan is cancelled) from CIGNA once I am enrolled in the AmWINS Medicare and AmWINS Retiree RxCare?**

**A.** Yes, CIGNA will mail notices indicating that your coverage under their plan has ended. Please keep this HIPAA notice for your records.

## MEDICAL COVERAGE

### **Q. What type of plan is this?**

**A.** This plan is a supplement to your Medicare plan. The plan includes some coverage for routine hearing and vision services and a Medicare Part D prescription drug plan.

### **Q. How should I handle an emergency situation?**

**A.** In an emergency you should seek appropriate care immediately. The doctor or hospital will bill Medicare.

## PRESCRIPTION COVERAGE

### **Q. Will prescriptions continue to be covered?**

**A.** Yes, the copay amounts will be \$10 for generic medications, \$30 for brand-name formulary medications and \$55 for brand-name non-formulary medications. This plan will also cover: certain prescription cold/cough medications, prescription vitamins, benzodiazepine/barbiturates, erectile dysfunction and weight loss/gain medications which are not usually covered by Medicare Part D plans.

### **Q. Will I need to get new prescriptions for my Cigna mail order medications that still have refills?**

**A.** Yes, you will need to get new prescriptions for your mail order medications. You will also need to register with Envision Mail Service Pharmacy to provide information about how to bill for these medications as well as information about other medications you are taking and any allergies.

### **Q. How do I register for mail order pharmacy service?**

**A.** Once you have enrolled in the AmWINS Supplemental Medicare Plan and have received your new prescription drug ID card, it's easy to register and order your first prescription with Envision Mail Service Pharmacy:

**Online:** Register at [Envisionpharmacies.com](http://Envisionpharmacies.com). From the registration confirmation page follow the instructions to submit your new prescription. You will need your Prescription ID Card to register for an account.

**By Mail:** Complete the registration form included with your Envision Mail Service Pharmacy packet. Mail the form along with your original prescription to:

Envision Mail  
7835 Freedom Ave NW  
North Canton, OH 44720

**By Phone:** Call Envision Customer Care Center at 866-909-5170 TTY: 711  
24hrs a day / 7 days a week. Please have your new prescription drug ID card handy.

### **Q. Will mail order refills be sent to me automatically?**

**A.** In 2015, new Medicare rules require your consent before deliveries on Part D Prescription Plans. While this may seem inconvenient, this protects you from receiving or being charged for unwanted medicines or medicines no longer needed. When you are enrolled with Envision Mail Service Pharmacy, you may request your refills by phone or online.

**Q. My physician uses e-prescribe to send my prescriptions to Envision. Will I receive these prescriptions automatically?**

**A.** When your physician uses e-prescribe, Envision mail service will contact you for approval prior to filling the medication and charging your credit card. This approval from the patient is a Medicare requirement to protect you from receiving or being charged for unwanted medicines.

**Q. Does this plan use the same formulary as the Cigna plans?**

**A. Not completely,** you may find some prescriptions have moved to a different tier and some may require prior authorization. When you enroll, you'll receive a detailed list of covered prescriptions with your AmWINS Retiree RxCare ID Card, or you may also contact AmWINS Customer Service at 1.877.809.7361 and a representative will assist you.

**Q. What do I need to do if my prescription requires a prior authorization?**

**A.** If your medication requires a prior authorization, you will need to have your doctor submit a new prescription to AmWINS Retiree RxCare for approval.

**Q. How do I find a pharmacy?**

**A.** As a member of AmWINS Retiree RxCare, you'll have access to AmWINS Retiree RxCare national network of more than 60,000 participating pharmacies, including national chains and independent stores. For help locating a pharmacy near you, visit or call AmWINS Customer Service at 1.877.809.7361.

**Q. How can I check on my mail order prescription status?**

**A.** Please call AmWINS Customer Service at 1.877.809.7361 and a representative will assist you. You may also check the status of your mail order prescriptions online at [Envisionpharmacies.com](http://Envisionpharmacies.com)

## COST

**Q. How much will this cost me?**

**A.** Your premium rate depends on your years of service and your retirement date. Premiums charts are available at the County's website [www.arlingtonva.us/retirement](http://www.arlingtonva.us/retirement) - click on "Retiree Info and Forms." You must also pay the Medicare Part B premium to the federal government, either by direct pay or by withholding from your Social Security check.

**Q. Do I continue to pay my Medicare premiums?**

**A.** Yes, you must continue to pay your Medicare Part B premiums.

**Q. Why do I still continue to pay Medicare Part B premiums?**

**A.** The AmWINS Medicare plan is a Medicare supplement plan. Medicare pays primary and AmWINS pays secondary for all Medicare approved services. The County has enriched the basic Medicare plan and for some procedures AmWINS will pay primary. However, in all cases, your medical service provider should bill Medicare first. AmWINS will not process a claim until it has been accepted or denied by Medicare.

## CLAIMS

### **Q. How will doctors know where to submit my claims?**

**A.** Your doctor will bill Medicare for all medical services. Medicare will advise AmWINS of what they have paid.

### **Q. How does claim processing work?**

**A.** When you receive health care services, you are responsible for paying the copay or coinsurance. Your doctors will bill Medicare for their services. After Medicare pays their portion, they pass the claim to AmWINS for further processing in accordance with the County's Medicare Supplement Plan. When you receive medical services, AmWINS/Web TPA will send you an explanation of benefits (EOB). If you receive prescription drugs, AmWINS Retiree RxCare will provide you with a monthly summary of your pharmacy claims. Medicare will also provide you with a quarterly EOB if you receive medical services.

### **Q. How do I file a claim for vision services?**

**A.** While you may use any vision provider, the provider may require you to pay for the service up front. If the provider will not bill WebTPA directly for the services rendered, you may submit your claim for reimbursement to WebTPA using the reimbursement form included in this kit (see forms section). Additional copies of the reimbursement forms may be accessed on the Arlington retiree website at <http://careers.arlingtonva.us/retiree-insurance-plans-2>.

### **Q. What if I have a question about an explanation of benefits form?**

**A.** Call the AmWINS Customer Service Team at 1.877.809.7361.

### **Q. How do I file a claim?**

**A.** In most cases, your doctor or other health care provider files the claim for you. But if you do need to file a claim, you will file with Medicare.

### **Q. Can I still use my original Medicare card?**

**A.** Yes, under the AmWINS Medicare plan you **MUST** use your Medicare card.

## PARTICIPATING DOCTORS AND FACILITIES

### **Q. How do I know a doctor will accept this plan?**

**A.** Just ask your doctor if s/he will accept Medicare.

### **Q. What if my doctor does not accept assignment from Medicare?**

**A.** If you choose a doctor or hospital that does not accept assignment from Medicare, you may pay more out of your own pocket as your doctor will be allowed to bill you for additional costs. This is the same as the Original Medicare.

### **Q. My doctor will not accept the AmWINS Medicare plan, what do I do?**

**A.** As long as your doctor will bill Medicare it is okay if they do not accept AmWINS.

### **Q. Do I have to worry about the prescription "donut hole"?**

**A.** AmWINS will continue to track your prescription payment information and advise you of where you are in relation to the donut hole – as they are required to do. However, the donut hole does not apply to you.

**Who do I contact for more information?**

If you need additional information, contact:

1. For medical and prescription benefit questions call the AmWINS Customer Service Line at 1.877.809.7361 Monday through Friday, 8 am to 8 pm EST.
2. For general benefit information call the County's Human Resources Department at 703-228-3500, Option 1.

# 2020 MEDICAL PLAN SUMMARY

## Arlington County Government/AmWINS Medicare Plan

**Out of Pocket Maximum: \$1,500**  
**Lifetime Maximum: Unlimited**

### MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b>			
Semiprivate room and board, general nursing, and miscellaneous services and supplies:			
First 60 days	All but \$1,408	100% after per admission copay	<b>\$150 per admission copay</b>
Days 61-90	All but \$352 per day	\$352 per day	<b>\$0</b>
Days 91 and later (while using 60 Lifetime Reserve days)	All but \$704 per day	100%	<b>\$0</b>
Once Lifetime Reserve days are used (or would have ended if used) additional 365 days of confinement per person per lifetime	\$0	100% of Medicare eligible expenses	<b>\$0</b>
Beyond the additional 365 days	\$0	100% of Medicare eligible expenses for additional 365 days	<b>\$0 for additional 365 days, then all costs</b>
<b>SKILLED NURSING FACILITY CARE*</b>			
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	100%	<b>\$0</b>
21 <sup>st</sup> through 100 <sup>th</sup> day	All but \$176.00 per day	100% after \$150 copay per benefit period	<b>\$150 copay per benefit period</b>
101 <sup>st</sup> day and after	\$0	\$0	<b>All costs</b>
<b>Blood:</b>			
First 3 pints	\$0	100%	<b>\$0</b>
Additional Amounts	100%	\$0	<b>\$0</b>
<b>HOSPICE CARE</b>			
Pain relief, symptom management and support services for terminally ill.			
Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services	All costs, but limited to costs for out-patient drug and in-patient respite care	Medicare co-payment/co-insurance	<b>\$0</b>

*\*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 nursing care in any other facility for 60 days in a row.*

*\*\*Once you have been billed \$198 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Medicare Part B deductible will have been met for the calendar year.*

# 2020 MEDICAL PLAN SUMMARY

## Arlington County Government/AmWINS Medicare Plan

### MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>Office Visits</b>			
Primary Care	80% after Part B Deductible	100% after \$20 per visit copay	<b>\$20 per visit</b>
Specialist	80% after Part B Deductible	100% after \$40 per visit copay	<b>\$40 per visit</b>
Allergy Injections	80% after Part B Deductible	100%	<b>\$0</b>
<b>Preventative Care Services</b>			
Annual Routine physicals, Welcome to Medicare exam, and immunizations	Generally 100% except certain services may be paid at 80%	100%	<b>\$0</b>
<b>Early Cancer Detection Screenings: follows Medicare standard guidelines.</b>			
Mammograms, Colorectal Screenings, Pap Tests, and Prostate Screenings	Generally 100% except certain services may be paid at 80%	100%	<b>\$0</b>
<b>Emergency Services</b>			
Emergency Room	80% after Part B Deductible	100% after \$200 per visit copay <sup>(1)</sup>	<b>\$200 per visit <sup>(1)</sup></b>
Urgent Care Facility	80% after Part B Deductible	100% after \$50 per visit copay	<b>\$50 per visit</b>
Ambulance	80% after Part B Deductible	100%	<b>\$0</b>
<b>Laboratory and Radiology Services:</b>			
Clinical Laboratory Services	100%	\$0	<b>\$0</b>
Radiology Services	80% after Part B Deductible	100% after \$50 per visit copay	<b>\$50 per visit</b>
<b>Outpatient Hospital Services</b>			
Surgical	80% after Part B Deductible	100% after \$50 per visit copay	<b>\$50 per visit</b>
Non-Surgical (includes services such as x-ray, PET/CAT/MRI, and radiation therapy when done in an outpatient hospital facility).	80% after Part B Deductible	100% after \$25 per visit copay	<b>\$25 per visit</b>
Non-Surgical (includes services such as dialysis, chemotherapy, and laboratory services when done in an outpatient hospital facility.)	80% after Part B Deductible	100%	<b>\$0</b>

# 2020 MEDICAL PLAN SUMMARY

## Arlington County Government/AmWINS Medicare Plan

Inpatient and Outpatient Professional Services			
Medicare approved amounts	80% after Part B Deductible	100%	\$0
Medical Equipment, External Prosthetics, Part B Prescription Drugs and Supplies			
Medicare approved amounts	80% after Part B Deductible	100%	\$0
Blood			
First 3 pints	\$0	All Costs	\$0
Remainder of Medicare-approved amounts	80% after Part B Deductible	100%	\$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

OTHER BENEFITS NOT COVERED BY MEDICARE			
SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>Foreign Travel:</b> Medically necessary emergency services beginning during the first 60 days of each trip outside the USA	\$0	80% after deductible to a lifetime maximum benefit of \$50,000	<b>20% after \$250 deductible and all amounts over the \$50,000 lifetime maximum</b>
<b>Part B Excess Charges:</b> Above Medicare approved amounts	\$0	\$0	<b>All Costs</b>
<b>Routine Hearing Exam</b> (once per year)	\$0	100% after \$30 per visit copay up to a maximum of \$300	<b>\$30 per visit and all amounts over the plan maximum of \$300</b>
<b>Routine Vision Exam</b> (once per year)	\$0	100% of usual and customary charges up to \$260 per calendar year per covered individual after \$10 per visit copay (member)	<b>\$10 copay per visit; all costs over \$260</b>
<b>Vision Hardware</b> (per calendar year per person)	\$0	100% up to a total of \$75 toward lenses, frames and contacts	<b>All costs over \$75</b>

*(1) The Emergency Room per visit copay is waived if you are admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.*

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



## 2020 Prescription Drug Benefit Medicare Part D Arlington County

January 1, 2020 – December 31, 2020

### Prescription Drug Benefits Deductible and Limits on How Much You Pay for Covered Services

#### Annual Deductible

There is no deductible for Retiree RxCare (PDP). 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 \$4,020. 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 Copay*	90 Day Mail Order Copay*
Tier 1	\$10.00	\$30.00	\$20.00
Tier 2	\$30.00	\$90.00	\$60.00
Tier 3	\$55.00	\$165.00	\$110.00
Tier 4*	\$55.00	A long-term supply is not available for drugs in Tier 4. <i>(Limited to 30 day supply only.)</i>	A long-term supply is not available for drugs in Tier 4. <i>(Limited to 30 day supply only.)</i>

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

#### Coverage Gap

Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there may be a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,020.

With Retiree RxCare, after you enter the coverage gap, you will continue to pay your Initial Coverage Stage copayment amount for covered drugs until your costs total \$6,350, which is the end of the coverage gap. Not everyone will enter the coverage gap.

#### Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,350

- **You pay the greater of:**
  - 5% of the cost, or
  - \$3.60 copay for generic (including brand drugs treated as generic) and a \$8.95 copay for all other drugs.
- **Our plan pays the rest** of the cost of covered drugs.

## Retiree Health Care Program

### Understanding the Insurance Companies and Vendors that manage your benefits

In order to provide competitive healthcare options with comprehensive coverage and exceptional service, your employer contracts with a program administrator to manage the retiree medical plan, the Medicare Part D prescription drug plan, claims adjudication (claims processing and payments), and all your customer service needs. The Program Administrator is AmWINS Group Benefits Inc.

As the program administrator, AmWINS Group Benefits works with other divisions of AmWINS Group Benefits to provide your benefits. We know the names of these different vendors can be confusing. We hope this summary will help you better understand the divisions of AmWINS Group Benefits and their role in your healthcare program.

Please remember AmWINS Group Benefits is the Program Administrator, and they should be your first point of contact, should you have questions regarding any issues with your retiree healthcare program.

### Program Administration:



Program Administration – They handle all retiree customer service, annual enrollment, plan changes, billing services, eligibility, Medicare Part D questions, claims issues, billing issues, and any general questions you may have regarding your healthcare program.

**Please familiarize yourself with the companies and vendors listed on the following page.**

## Prescription Drug Benefits:



AmWINS Rx is the Pharmacy Benefit Management division of AmWINS Group Benefits. They provide pharmacy benefit services including pharmacy claims adjudication, national pharmacy networks, preferred drug lists, mail order services, clinical services, and customer service for both retirees and pharmacies.



Retiree RxCare PDP offered by Envision is a Medicare Part D Plan Sponsor utilized by AmWINS Rx. They provide access to all of the Medicare prescription services. Envision, in conjunction with AmWINS Rx, work to ensure that providers are treating their patients responsibly and within the requirements of US law.



Envision Specialty is one of the nation's leading specialty pharmacies and source for all specialty medications that are generally prescribed to treat chronic, complex medical conditions included Oncology (Cancer), Transplants, Blood Disorders, Rheumatoid Arthritis, Multiple Sclerosis, and other complex conditions. [Envisionspecialty.com](http://Envisionspecialty.com) 1-877-437-9012



Envision Mail Service Pharmacy is the mail order prescription provider. You may register for mail order service online at [Envisionpharmacies.com](http://Envisionpharmacies.com) or contact (toll free) 1-866-909-5170 or TTY 711

## Medical Claims Processing and Adjudication:



WebTPA is the medical claims administrator for AmWINS Group Benefits. They process claims, mostly after Medicare has applied primary benefits. They work with Medicare to receive claims electronically and they send payments and Explanation of Benefits (EOB) statements to providers and members.



# Mail Service Pharmacy

Envision Mail Service Pharmacy is a pharmacy delivery service that works with your pharmacy benefit. Use our services for medications you take regularly, both for new prescriptions and refills.

1

## ENROLL IN THE AmWINS MEDICARE PLAN

Before registering for Home Delivery, you must enroll in the AmWINS Medicare plan to receive your Prescription Drug Plan ID information. Call AmWINS at 1-877-809-7361



2

## REGISTER WITH Envision Mail Service

Once enrolled with AmWINS, you must register with Envision Mail Service Pharmacy and create an account. Please contact Envision at 1-866-909-5170 or register online at [Envisionpharmacies.com](http://Envisionpharmacies.com). **You must have an open account with Envision before submitting your first prescription request.** You may also register by completing the Envision Mail Service Enrollment form and mail with your prescription to  
**Envision Mail**  
**7835 Freedom Ave NW**  
**North Canton, OH 44720**

3

## CONTACT YOUR DOCTOR

If you have existing mail order prescriptions with Cigna, please be aware that your prescriptions will not be transferred to Envision Mail. You must obtain new prescriptions from your physician:

- Envision Mail Service Pharmacy can contact your physician for you.
- You can obtain a prescription from your physician and send it to Envision Mail Service Pharmacy by mail.
- Your physician can send a prescription to Envision Mail Service Pharmacy by fax or through electronic prescribing.

**Be sure to ask your physician to write the prescription for a 90-day**

**To register for Mail Order Delivery Services, contact:**

**1-866-909-5170**

**24hrs a day / 7 days a week**

**[www.Envisionpharmacies.com](http://www.Envisionpharmacies.com)**

# IMPORTANT INFORMATION for your RETIREE MEDICARE COVERAGE

*What are the enrollment requirements for the AmWINS retiree medical coverage?*

- You and/or your spouse **are currently enrolled in both Medicare Part A and Medicare Part B.**

*Can I be covered in the retiree medical and prescription drug plan before I receive my Medicare Part A and Part B effective date?*

No, you must be currently enrolled in both Medicare Part A and Medicare Part B at the time your coverage in the 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.

You won't need to enroll in a separate Medicare Part D Prescription Drug plan, however. The prescription drug plan offered with the group medical coverage is a Medicare Part D Prescription Drug plan. You may not elect to have medical coverage only or prescription drug coverage only.

*How do I enroll in Medicare Part A and Part B?*

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](http://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.

**Continued on next page**

# **IMPORTANT INFORMATION** for your **POST 65 RETIREE MEDICAL COVERAGE**

## **Special Enrollment Period**

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;

- 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

*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 retiree medical plan, resulting in a gap in your coverage.*

## **For more information on the Arlington County Government Retiree Medical program:**

**AmWINS Customer Care Center**

**Toll Free: 1-877-809-7361**

**Monday - Friday, 8:00 am - 8:00 pm (ET)**

## **For more information on Medicare enrollment:**

**Social Security**

**1-800-772-1213**

**[www.socialsecurity.gov](http://www.socialsecurity.gov)**

**Medicare**

**1-800-633-4227**

**[www.medicare.gov](http://www.medicare.gov)**

## Forms

Please review the information below regarding the forms enclosed in this packet:

<b>Medical &amp; Rx Enrollment Form</b>	<p>Complete this form and return in the enclosed postage-paid return envelope to continue retiree medical coverage through Arlington County Government.</p> <p>Your existing Cigna health plan coverage will terminate no later than (4) months after you turn 65. You must enroll in the AmWINS Supplemental Medicare Plan to continue coverage.</p>
<b>Waiver of Coverage Form</b>	<p>Only complete this form if you are <u>declining</u> coverage through Arlington County Government. If you waive coverage, your enrollment in any and all Arlington County Medical plans will be terminated.</p>
<b>HIPAA Authorization Form</b>	<p>Complete this form only if you need to authorize a representative to speak on your behalf regarding your AmWINS retiree healthcare coverage.</p>
<b>Vision Plan Reimbursement Form</b>	<p>Please retain this form if you need to seek reimbursement for vision plan benefits. While you may use any vision provider for these benefits, your provider may require you to pay for the service up front. If the provider will not bill (WebTPA) for the services rendered, you may submit your claim for reimbursement to WebTPA using the enclosed reimbursement form and instructions.</p> <p>Additional copies of this form are available through AmWINS or on the Arlington retiree website at <a href="http://careers.arlingtonva.us/retiree-insurance-plans-2">http://careers.arlingtonva.us/retiree-insurance-plans-2</a>.</p>

AmWINS Group Benefits Provides customer service for all aspects of your retiree healthcare plan and should be your first point of contact for questions and concerns.

**Dedicated Arlington Retiree telephone number  
1-877-809-7361 (toll-free)  
Monday through Friday, 8:00 AM to 8:00 PM (EST)**

# 2020 RETIREE MEDICAL & PRESCRIPTION DRUG PLAN ENROLLMENT FORM

Arlington County Government Medicare Eligible

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			
<b>Effective Date: {effective_date}</b> <b>Check Desired Coverage:</b>	<b>Retiree Only</b>	<b>Retiree &amp; Spouse</b>	<b>Surviving Spouse</b>
<b>Medical &amp; Prescription Drug Plan</b>			
Please sign and date below:			
<b>Date:</b>	<b>Retiree Signature:</b>		
<b>Date:</b>	<b>Spouse/Surviving Spouse Signature:</b>		
<p><b>Please be sure to date and sign this form, answering all questions.</b>  <b>Return the form to: AmWINS Group Benefits/Arlington County, 50 Whitecap Drive, North Kingstown, RI 02852</b></p> <p><b>For customer service: Call 1.877.809.7361, Monday through Friday, 8:00 AM to 8:00 PM (Eastern)</b></p>			
<p><b>Note: To be eligible for benefits you (and your spouse, if enrolling) must be entitled to Medicare Part A and enrolled in Medicare Part B.</b></p>			







# HIPAA Privacy Rules

## AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

The following information is required to ensure compliance with the Health Insurance Portability & Accountability Act of 1996, Public Law 104-191, regarding the standards for privacy of individually identifiable health information.

**Please save this form and complete only if you need to authorize a representative to speak on your behalf.**

The written authorization of the insured, named under the insurance policy or insurance plan, is required when a third party representative of the insured, such as a spouse or other family member is authorized to communicate related Protected Health Information (PHI).

<b>Program:</b>	_____ Arlington County Government Medicare Retiree Health Care Program _____ <b>Insured Account Name</b>
<b>Insured Name (Your Name)</b>	_____ <b>Print Name</b>
<b>Insured's Address &amp; Phone Number</b>	_____ <b>Street Address</b> _____ <b>City, State, Zip Code</b> _____ <b>Phone Number</b>
<b>Insured ID #</b>	_____ <b>Last four digits of your Social Security #</b>
<b>Insured Signature</b>	_____ <b>Sign here authorizing the individual named below</b>
<b>Authorized Party's Name</b>	_____ <b>Print Name</b>
<b>Authorized Party's Address &amp; Phone Number</b>	_____ <b>Street Address</b> _____ <b>City, State, Zip Code</b> _____ <b>Phone Number</b>
<b>Authorized Party's ID #</b>	_____ <b>Last four digits of your Social Security #</b>
<b>Authorized Party's signature</b>	_____ <b>Authorized Party sign here</b>
<b>FOR INTERNAL USE ONLY – HIPAA PRIVACY OFFICE</b>	
_____ <b>Date Received</b>	_____ <b>Insured Account #</b>



Arlington County Medicare Retiree Vision Plan  
Reimbursement Form

**PLEASE READ COMPLETE SUBMISSION INSTRUCTIONS ON THE REVERSE SIDE OF  
THIS PAGE**

Please complete, sign and return this reimbursement form along with a copy of the provider's itemized statement and proof of your payment to  
**WebTPA, PO Box 1928, Grapevine, TX 76099-1928**

Please send reimbursement check to:		
Name:		
Address:		
City:	State:	Zip Code:
Group Number: 2015ACG		
Member number (from your medical ID card):		

I am requesting reimbursement for vision benefits under the Arlington County Medicare Retiree plan	
I have included the following items:  <input type="checkbox"/> Itemized statement from my vision provider for services rendered. Statement should include description of services or coding of services Must be typed (not handwritten).  <input type="checkbox"/> Copy of my receipt confirming payment to the provider	
Signature:	Date:





## Arlington County Government Medicare Retiree Vision Plan

**You may use any vision provider for your vision benefits.**

### **SUBMISSION INSTRUCTIONS:**

Your vision provider may directly bill WebTPA for payment.

WebTPA  
PO Box 1928  
Grapevine, TX 76099-1928

The provider's bill should include the description or coding of services provided, name of provider rendering the service, address, phone number and Tax ID number, and address to send the payment.

Provider should also include your name, member number from your medical ID card, and group number 2015ACG.

If your provider requires you to pay up front, please complete and return:

1. Vision Reimbursement Form
2. Attach a copy of the itemized statement or bill from your vision provider
3. Attach copy of proof of your payment

Please return these three items to:

WebTPA  
PO Box 1928  
Grapevine, TX 76099-1928

Additional copies of this reimbursement form may be obtained by calling AmWINS **dedicated Arlington Retiree telephone number (toll-free) 1-877-809-7361** or you may access this information on the Arlington retiree website.

Web Address: <http://careers.arlingtonva.us/retiree-insurance-plans-2>.





**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 1-877-809-7361**