

Concordia Health Plan Enrollment Guide for Medicare Members

Your 2024 Benefit Plans





The CHP options outlined in this guide are meant to supplement or replace Medicare. You must be 65 or older to participate. If you intend to begin this coverage effective {{_/_/___}}, please contact Social Security immediately to initiate enrollment into Medicare Part A & B. The Medicare set-up process can take 60 days and needs to be complete in order for this coverage to take effect. You will pay a monthly premium for Medicare Part B coverage to the Centers of Medicare & Medicaid Services (CMS). Prescription drug coverage is included in the Concordia Health Plan (CHP) Group Options, so there is no need to enroll in Medicare Part D.

You can reach Social Security by calling 800-772-1213 or visit them at ssa.gov.

Understanding Your Options

Concordia Plans partners with Amwins who administers CHP designed retiree health options as well as CHP group vision and group dental programs. Concordia Plans wants to pair you with the health coverage that best meets YOUR needs. Please note that the member or spouse who is enrolling in any post-65 retiree health plan must be enrolled in Medicare Part A and B.

This Enrollment Kit includes benefit information about the Supplemental Plans and the Advantage Plans as well as everything you need to activate your coverage:

- **Enrollment Instructions**
- **Benefit Summaries**

What are the benefits to choosing a CHP Group Plan?

There are six plans from which to choose. You have flexibility and choice!

All plans include:

- Prescription drug coverage – so you don't have to worry about enrolling in Medicare Part D.
- *SilverSneakers* free basic fitness membership to more than 13,000 gym/health club locations nationwide, as well as group exercise classes. If you don't have access to a *SilverSneakers* participating fitness club or class, you can still take advantage of wellness resources online at silversneakers.com/member or request an in-home exercise kit. This wellness benefit is offered at no additional cost to you.
- The TruHearing discount program which provides a complete hearing exam for \$45; discounts on hearing aids and supplies; 80 free batteries per aid per year for the non-rechargeable hearing aids; a worry free 60-day trial and a 3-year warranty for all purchases.

How to Enroll:

CHP Group Options

- Review the enclosed options carefully.
- Contact an Amwins Benefit Specialist at 877-517-1409 if you would like to discuss the options available.
- Once you have decided which option is right for you, you can enroll by:
 - Completing the Enrollment Form on page 23.
 - Contacting Amwins at 877-517-1409.

What are the benefits to choosing a CHP Group Plan? *(continued)*

The Medicare Advantage options include:

- A Go365 program that provides incentive rewards for wellness exams, exercise and fitness activities, and participation in social and educational events. Incentive points can be redeemed for gift cards. See page 30 for details.

The Group Supplemental options include:

- A Senior Wellness Assistance Careline which is a free personal phone counseling service through Charles Nechtem Associates, Inc. (CNA). Think of this Assistance Careline as your mental health support system for issues related to anxiety, depression, loneliness and all day-to-day stresses of life. See page 29 for details.

Optional group dental and vision programs are available for purchase at competitive prices. These low-premium plans are only available to members enrolled in one of the CHP Medical Options.



2024 CHP Group Supplemental Medical Plans

Insured by The Hartford Life Insurance Company and administered by Amwins

	PREMIUM PLAN You Pay⁺	PLUS PLAN You Pay⁺	BASIC Plan You Pay⁺
Annual deductible	\$240* Part B deductible	\$240* Part B deductible	\$240* Part B deductible
Retiree coinsurance amount	\$0	20%	20%
Annual medical out-of-pocket maximum	\$240*	\$500	\$2,000
Annual plan maximum	Unlimited	Unlimited	Unlimited

Medicare (Part A) - Hospital Services - per benefit period

In general, Medicare Part A covers hospital care, skilled nursing care (even if received in a nursing home), and some health services.

Inpatient Hospital Care

All Medicare days	\$0	\$0	\$0
Additional 365 reserve days	\$0	\$0	\$0
Skilled nursing facility care**			
First 100 days	\$0	\$0	\$0
Blood			
First three pints	\$0	\$0	\$0
Additional amounts	\$0	\$0	\$0

Medicare (Part B) - Medical Services - per calendar year

In general, Medicare Part B covers services such as lab tests, surgeries, doctor visits, and medical supplies considered medically necessary to diagnose or treat a disease or condition.

First \$240* of Medicare-approved amounts*	\$240* Part B deductible	\$240* Part B deductible	\$240* Part B deductible
Remainder of Medicare-approved amounts	\$0	20% up to \$500. Then \$0	20% up to \$2,000. Then \$0
Part B excess charges	\$0	\$0	\$0

⁺ This represents the amount you pay when the CHP Group Supplemental Plan and Medicare coverage are integrated.

*Once you have been billed \$240 of Medicare approved amounts for covered services, your Medicare Part B deductible will be satisfied for the calendar year.

**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.

2024 CHP Group Supplemental Medical Plans

Insured by The Hartford Life Insurance Company and administered by Amwins

	PREMIUM PLAN You Pay ⁺	PLUS PLAN You Pay ⁺	BASIC PLAN You Pay ⁺
Clinical laboratory services	\$0	\$0	\$0
Blood tests for diagnostic services	\$0	\$0	\$0

Medicare (Part A & B)

Home health care, medically necessary skilled care services, and medical durable medical equipment	\$0	\$0	\$0
Remainder of Medicare-approved amounts	\$0	20% up to \$500. Then \$0	20% up to \$2,000. Then \$0

Preventive Services

Annual wellness exam	\$0	\$0	\$0
Other preventive services (per Medicare schedule) including cardiovascular screenings, cancer screenings, flu shots, etc.	\$0	\$0	\$0

Other benefits—not covered by Medicare

Foreign travel emergency*** Foreign emergency outside of U.S.	\$250 deductible. Then 20% up to \$50,000 plan maximum, then 100%		
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Included Medicare Part D prescription plan (summaries are enclosed further in kit)

Medicare Part D prescription coverage	Premium Rx Plan	Plus Rx Plan	Basic Rx Plan
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⁺ This represents the amount you pay when the CHP Group Supplemental Plan and Medicare coverage are integrated.

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

In case of differences or errors in this summary of benefits, the Group Policy governs.

2024 CHP Medicare Advantage Medical Plan

Insured by Humana, Inc. and administered by Amwins

ADVANTAGE PLAN In-Network and Out-Of-Network You Pay⁺

Annual deductible

\$50 combined in and out of network

Annual medical out-of-pocket maximum – includes annual deductible and any medical copays or coinsurance (excludes Part D prescription drugs)

\$500* combined in and out of network

Annual plan maximum

Unlimited

Covered Medical and Hospital Benefits

In general, this covers hospital care, outpatient care, including skilled nursing care (even if received in a nursing home), and most health services.

Inpatient Hospital Care

Our plan covers an unlimited number of days for an inpatient hospital state. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital

\$0 per admit after deductible

Outpatient Hospital Coverage

Outpatient hospital visits
Ambulatory surgical center

\$0 to \$100 copay after deductible
\$50 copay after deductible

Doctor Office Visits

Primary Care Provider (PCP)
Specialists

\$0 copay after deductible
\$10 copay after deductible

Preventive Care

Including: annual wellness visit, flu vaccine, colorectal cancer and breast cancer screenings, any approved Medicare preventive services.

\$0 copay for Medicare-covered preventive services
\$0 copay for an annual physical exam

Emergency Care

Emergency Room
Ambulance

\$50 copay after deductible (Medicare-covered)
\$25 copay after deductible

Urgently Needed Services

For treatment of non-emergency, unforeseen medical illness, injury or condition requiring immediate attention

\$0 to \$25 copay after deductible

2024 CHP Medicare Advantage Medical Plan

Insured by Humana, Inc. and administered by Amwins

ADVANTAGE PLAN In-Network and Out-Of-Network You Pay⁺

Diagnostic Radiology, Diagnostic Tests, and Outpatient X-Rays

\$0 to \$50 copay after deductible

Lab Services

\$0 copay after deductible

Radiation Therapy

\$10 to \$50 copay after deductible

Other Covered Medical and Hospital Benefits

In general, this covers hospital care, outpatient care, including skilled nursing care (even if received in a nursing home), and most health services.

Skilled Nursing Facility

Days 0 – 100

\$0 copay per day after deductible

After day 100

All costs

Home Health Care

\$0 copay after deductible

Medical Equipment/Supplies

10% of the cost after deductible

Diabetes Monitoring Supplies

\$0 copay or 10% of the cost after deductible

Part B Prescription Drugs

10% of the cost after deductible

Physical Therapy

\$10 to \$25 copay after deductible

Rehabilitation Services

Occupational/Speech Therapy

\$10 to \$25 copay after deductible

Cardiac rehabilitation

Pulmonary rehabilitation

Mental Health and Substance Abuse Benefits

Inpatient

Inpatient hospital care limit applies to inpatient mental services. Except in an emergency, your doctor must tell Humana that you are going to be admitted to the hospital. 190-day lifetime limit in a psychiatric facility.

\$0 per admit after deductible

Outpatient Group and Individual Therapy Visits

\$0 to \$25 copay after deductible

Outpatient Group and Individual Substance Abuse Treatment Visits

\$0 to \$25 copay after deductible

2024 CHP Medicare Advantage Medical Plan

Insured by Humana, Inc. and administered by Amwins

Other Medicare-Covered Services

ADVANTAGE PLAN In-Network and Out-Of-Network You Pay⁺

Hearing Services Medicare-covered hearing	\$10 copay after deductible
Dental Services Medicare-covered dental	\$10 copay after deductible
Vision Services Medicare-covered vision exam	\$10 copay after deductible
Medicare-covered diabetic eye exam	\$0 copay after deductible
Medicare-covered glaucoma screening	\$0 copay after deductible
Medicare-covered eyewear (post-cataract)	\$10 copay after deductible
Allergy Allergy shots & serum	\$0 to \$10 copay after deductible
Chiropractic Services Medicare-covered chiropractic visit(s)	\$10 copay after deductible
Foot Care (Podiatry) Medicare-covered foot care	\$10 copay after deductible

Telehealth Services (In addition to traditional Medicare)

Primary Care Provider (PCP)	\$0 copay after deductible	Not covered
Specialist	\$10 copay after deductible	Not covered
Urgent Care Services	\$0 copay after deductible	Not covered
Substance Abuse or Behavioral Health Services	\$0 copay after deductible	Not covered

Other benefits—not covered by Medicare

Foreign Travel Emergency Foreign emergency outside of U.S. Deductible:	\$100 per year
Coinsurance / Maximum:	20% coinsurance limited to emergency Medicare-covered services. \$25,000 Maximum Benefit per year or 60 consecutive days.

2024 CHP Medicare Advantage Medical Plan

Insured by Humana, Inc. and administered by Amwins

Included Medicare Part D prescription plan (*summaries are enclosed further in kit*)

Medicare Part D prescription coverage

Premium Rx Plan

Plus Rx Plan

Basic Rx Plan

[†] This represents the amount you pay when the CHP Group Advantage Plans and Medicare coverage are integrated.

* Services that do not apply to the maximum out-of-pocket: Part D Pharmacy, Fitness Program, Health Education Services, Meal Benefit, Smoking Cessation (additional) and the Plan Premium (if applicable). If you reach the limit on out-of-pocket costs, Humana will pay the full cost for the rest of the year on covered hospital and medical services.

** In case of differences or errors in this summary of benefits, the Group Policy governs. You can see your plan's provider directory at [Humana.com](https://www.humana.com) or call us at the number listed on the bottom of this page. Humana is a Medicare Advantage PPO plan with a Medicare Contract. Enrollment in this Humana plan depends on contract renewal.

Note: Some services may require prior authorization by Humana.

2024 CHP Medicare BASIC Prescription Coverage

Administered by Express Scripts

Annual Deductible: \$545

Copay tier	Retail (31 Days)		Retail (90 Days)		Mail Order (90 Days)
	<i>Preferred</i>	<i>Standard</i>	<i>Preferred</i>	<i>Standard</i>	<i>Preferred & Standard</i>
Preferred Generic tier	\$5	\$10	\$15	\$20	\$5
Generic tier	\$10	\$15	\$30	\$35	\$10
Preferred brand tier	20%	20% + \$5	20%	20% + \$5	20%
Non-preferred brand tier	45%	45% + \$5	45%	45% + \$5	45%
Specialty tier	25%	25% + \$5	25%	25% + \$5	25%

Coverage gap*: Same copay schedule as above for Generic Drugs. Members pay 25% for Brand & Specialty drugs.

*After your total yearly drug costs reach \$5,030, you will pay the same copay schedule noted above for Generic Drugs. Member cost share on Brand drugs, including Brand Specialty drugs, will be 25% of the drug, the maximum allowable cost share as defined by CMS. The copays shown already include the manufacturer discounts on brand name drugs by the Medicare Coverage Gap Discount Program. The Medicare Coverage Gap Discount Program provides manufacturer discounts on brand name drugs to Part D enrollees who have reached the coverage gap and are not already receiving “Extra Help” through a low-income subsidy provided from Medicare. The amount discounted by the manufacturer counts toward your out-of-pocket costs as if you had paid this amount and moves you through the coverage gap.

Catastrophic coverage begins once your total yearly out-of-pocket drug costs reach \$8,000. In this stage, you will pay \$0 for generic drugs and brand-name drugs.

Prescription drug coverage is administered by Express Scripts, a Prescription Drug Plan (PDP) with a Medicare contract. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact Amwins. Limitations, copayments and restrictions may apply. Benefits, premium, deductible 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.

Preferred Pharmacies: Allows a lower copay for your drugs. All CVS and 27,000+ other pharmacies are included.

Standard Pharmacies: Require a \$5 higher copay for your drugs and include 64,000+ pharmacies nationwide.

To find a pharmacy near you, please visit <https://www.express-scripts.com/>

2024 CHP Medicare PLUS Prescription Coverage

Administered by Express Scripts

Annual Deductible: \$0

Copay tier	Retail (31 Days)	Retail (90 Days)	Mail Order (90 Days)
Generic tier	\$15	\$45	\$45
Preferred brand tier	\$40	\$120	\$120
Non-preferred brand tier	\$80	\$240	\$240
Specialty tier	\$100	\$300	\$300

Coverage gap*: This plan has NO coverage gap (also known as “Donut Hole”).

*After your total yearly drug costs reach \$5,030, you will pay the same copay schedule noted above. The copays shown already include the manufacturer discounts on brand name drugs by the Medicare Coverage Gap Discount Program. The Medicare Coverage Gap Discount Program provides manufacturer discounts on brand name drugs to Part D enrollees who have reached the coverage gap and are not already receiving “Extra Help” through a low-income subsidy provided from Medicare. The amount discounted by the manufacturer counts toward your out-of-pocket costs as if you had paid this amount and moves you through the coverage gap.

Catastrophic coverage begins once your total yearly out-of-pocket drug costs reach \$8,000. In this stage, you will pay \$0 for generic drugs and brand-name drugs.

Prescription drug coverage is administered by Express Scripts, a Prescription Drug Plan (PDP) with a Medicare contract. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact Amwins. Limitations, copayments and restrictions may apply. Benefits, premium 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.

2024 CHP Medicare PREMIUM Prescription Coverage

Administered by Express Scripts

Annual Deductible: \$0

Copay tier	Retail (31 Days)	Retail (90 Days)	Mail Order (90 Days)
Generic tier*	\$15	\$45	\$25
Preferred brand tier*	\$30	\$90	\$60
Non-preferred brand tier*	\$60	\$180	\$120

Coverage gap:** This plan has NO coverage gap (also known as “Donut Hole”).

*May include specialty drugs

**After your total yearly drug costs reach \$5,030, you will pay 50% of the copay schedule for the Preferred and Non-preferred brand tier noted above. The copays shown do not include the manufacturer discounts on brand name drugs by the Medicare Coverage Gap Discount Program. The Medicare Coverage Gap Discount Program provides manufacturer discounts on brand name drugs to Part D enrollees who have reached the coverage gap and are not already receiving “Extra Help” through a low-income subsidy provided from Medicare. The amount discounted by the manufacturer counts toward your out-of-pocket costs as if you had paid this amount and moves you through the coverage gap.

Catastrophic coverage begins once your total yearly out-of-pocket drug costs reach \$8,000. In this stage, you will pay \$0 for generic drugs and brand-name drugs.

Specialty drug copays for the Premium Plan may be less if purchased from the specialty-drug mail order pharmacy specified by Express Scripts.

Prescription drug coverage is administered by Express Scripts, a Prescription Drug Plan (PDP) with a Medicare contract. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact Amwins. Limitations, copayments and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change on Jan. 1 of each year. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

2024 CHP Group Dental 1500 Program

Insured by Ameritas Life Insurance Corp.

Class A – Preventive services	
Annual deductible per insured:	\$0
<i>Initial & periodic exam</i>	100%
<i>Two cleanings/year</i>	100%
<i>Annual bitewing series</i>	100%
<i>All other x-rays</i>	100%
<i>Waiting period</i>	None

Class B – Basic services	
Annual deductible per insured:	\$50/year
<i>Fillings</i>	80%
<i>Simple extractions*</i>	80%
<i>Oral surgery</i>	80%
<i>Waiting period</i>	None

Class C – Major services	
Annual deductible per insured:	\$50/year
<i>Inlays</i>	50%
<i>Crowns</i>	50%
<i>Bridges</i>	50%
<i>Waiting period</i>	None

Maximum benefit per insured: \$1,500	
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Please Note: You must be enrolled in a CHP medical plan to be eligible for the dental program.

*When a tooth is visible above the gum line and your dentist can easily remove it with forceps, the procedure is called a simple extraction.

Ameritas Customer
Service:
800-487-5553

2024 CHP Group Dental 1000 Program

Insured by Ameritas Life Insurance Corp.

Class A – Preventive services	
Annual deductible per insured:	\$0
<i>Initial & periodic exam</i>	100%
<i>Two cleanings/year</i>	100%
<i>Annual bitewing series</i>	100%
<i>All other x-rays</i>	100%
<i>Waiting period</i>	None

Class B – Basic services	
Annual deductible per insured:	\$50/year
<i>Fillings</i>	80%
<i>Simple extractions*</i>	80%
<i>Oral surgery</i>	80%
<i>Waiting period</i>	None

Class C – Major services **	
NOT COVERED	

Maximum benefit per insured: \$1,000	
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Please Note: You must be enrolled in a CHP medical plan to be eligible for the dental program.

*When a tooth is visible above the gum line and your dentist can easily remove it with forceps, the procedure is called a simple extraction.

**Major services that are not covered include bridges, inlays, dentures and porcelain crowns. However, prefabricated steel crowns are considered a Class B – Basic service and are covered. Please check with Ameritas for more information.

Ameritas Customer
Service:
800-487-5553

2024 CHP Group Vision Program

Insured by Vision Service Plan (VSP)

Your Coverage with a VSP Doctor	Extra Discounts and Savings	Your Coverage with Other Providers
<p>\$15 Copay – Every 12 months</p> <p>Well Vision exam focuses on your eye health and overall wellness –Every 12 months</p> <p>Prescription glasses Lenses – Every 12 months Single vision, lined bifocal, and lined trifocal lenses</p> <p>Frame – Every 24 months \$150 allowance for wide selection of frames \$170 allowance for featured frame brands 20% off the amount over your allowance</p> <p>OR</p> <p>Contacts (instead of glasses) – Every 12 months</p> <p>Up to \$60 copay for your contact lens exam (fitting and evaluation)</p> <p>\$150 allowance for contacts</p>	<p>Glasses and Sunglasses Average 20-25% savings on all non-covered lens options</p> <p>20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last Well Vision exam</p> <p>Contacts 15% off cost of contact lens exam (fitting and evaluation)</p> <p>Laser vision correction Average 15% off the regular price or 5% off the promotional price.</p> <p>Discounts only available from contracted facilities.</p>	<p>Visit vsp.com for details if you plan to see a provider other than a VSP doctor.</p> <p>Exam – up to \$45</p> <p>Single vision lenses – up to \$30</p> <p>Lined bifocal lenses – up to \$50</p> <p>Lined trifocal lenses – up to \$65</p> <p>Frame – up to \$70</p> <p>Contacts – up to \$105</p>

DOCTOR NETWORK: VSP CHOICE

Please Note: You must be enrolled in a CHP medical plan to be eligible for the vision program.

VSP Customer Service:
800-877-7195

Your coverage with a retail chain affiliate provider may be different than the coverage with a VSP doctor. Once your benefit is effective, visit vsp.com for details. VSP guarantees service from VSP providers only. In the event of a conflict between this information and Concordia Plan Services contract with VSP, the terms of the contract will prevail.

2024 CHP Group Plans

Monthly Cost Chart

Medicare Plans	Retiree Only		Retiree and Spouse	
PREMIUM SUPPLEMENTAL	\$490.40		\$980.80	
PLUS SUPPLEMENTAL	\$420.40		\$840.80	
BASIC SUPPLEMENTAL	Ages 65-66	\$179.40	Ages 65-66	\$358.80
	Ages 67-69	\$192.40	Ages 67-69	\$384.80
	Ages 70 and over	\$219.40	Ages 70 and over	\$438.80
PREMIUM ADVANTAGE	\$235.00		\$470.00	
PLUS ADVANTAGE	\$202.00		\$404.00	
BASIC ADVANTAGE	\$72.00		\$144.00	
OPTIONAL DENTAL 1000 PLAN	\$44.00		\$87.00	
OPTIONAL DENTAL 1500 PLAN	\$55.00		\$111.00	
OPTIONAL VISION PLAN	\$9.00		\$13.00	

The above rates are effective from 6/1/2024 to 12/31/2024 and are subject to change each year on January 1.

Payment Information

Monthly contributions for these options can be through an automatic deduction from your bank account via ACH. Please complete the ACH Authorization section on the Enrollment Form. You will have a choice of dates for payment deduction, which can coincide with your pension direct deposit date or Social Security payment date.

Enrollment Instructions

How to enroll in a CHP Group Plan

- 1 Review the enclosed plans carefully and make your selection(s).
- 2 Call an Amwins Benefit Specialist at 877-517-1409 if you would like to discuss available plan options.
- 3 Complete the Enrollment Form.
- 4 Monthly contributions for these options can be made through an automatic deduction from your bank account via ACH. Please complete the ACH Authorization section of the Enrollment Form. You will have a choice of dates for payment deduction, which can coincide with your pension direct deposit or Social Security payment date.
- 5 Return your signed form in the enclosed postage-paid envelope prior to your effective date.

HOW DO I SEARCH MY PRESCRIPTION DRUGS?

In order to check your medications and their associated costs, Express Scripts Medicare has provided an online look-up tool for the CHP Medicare prescription plans. In order to access the online tool and search for your medications, please follow the instructions below.

Visit <http://www.express-scripts.com/medd/concordiaplans> and follow these steps:

1. Select Plan Year 2024 in the pulldown menu.
2. Select which plan you are considering (Premium, Plus or Basic Rx coverage).
3. Select whether or not you receive special assistance from the government (also called Extra Help).
4. Click the "View Details" to get to the next set of options.
5. Click the "Price a Medication".
6. Enter the name of the drug (you need at least the first three letters to provide a result).
7. Select the strength from the pull-down menu.
8. Enter the quantity and days' supply in the pull-down menu, click continue.
9. The total cost and co-pay amount from the plan will display.

Note: To see the cost and co-pay amount from one of the other plan offerings from this results screen, select the plan name just above the displayed chart (you'll see a tab for Premium, Plus and Basic).

You can also enter "**Plan Compare**" at step-5 above and follow the prompts to add multiple drugs and see their costs by each plan.

You can also enter "**Find a Pharmacy**" at step-5 above and follow the prompts to locate a pharmacy.

Finally, there is a "**Help**" button in the top navigation bar that provides glossary info and other help topics.

If you need assistance, contact the Amwins Customer Care Center at **877-517-1409**, Monday - Friday, 8 a.m. to 8 p.m. (EST).

WHAT IS A MEDICARE ADVANTAGE PLAN?

Medicare Advantage Plans are another way to get your Medicare Part A and Part B coverage. Medicare Advantage Plans, sometimes called “Part C” or “MA Plans,” are offered by Medicare-approved private companies that must follow rules set by Medicare. The Humana Medicare Advantage Plan in this kit includes drug coverage (Part D) through Express Scripts Medicare. With the Humana plan, you’ll need to use health care providers who participate in the plan’s network and service area for the easiest provider experience. You can also go to providers who are out-of-network as long as they are willing to bill Humana and agree to original Medicare’s reimbursement rates. You pay the same amount both in and out-of-network. The Humana plan sets a limit on what you’ll have to pay out-of-pocket each year for covered services, to help protect you from unexpected costs. Remember, you must use the card from Humana to get your Medicare-covered services. Keep your red, white, and blue Medicare card in a safe place because you’ll need it if you ever switch back to original Medicare. Express Scripts Medicare will provide a separate prescription ID card for your medication purchases.

Does this sound “too good to be true”? Are you wondering “why are the rates so low”?

There are four major reasons that Medicare Advantage plan rates “seem too good to be true.”

1. They receive funding directly from Medicare to provide your Medicare benefits.
2. They negotiate reimbursement rates with providers and hospitals to reduce costs.
3. They manage care very effectively to ensure retirees are following-up on services before their health conditions become worse.
4. They receive financial incentives from Medicare for serving you well and keeping you healthy. Any advantage plan that receives “4-stars” (out of five) qualifies for these incentives which help offset your monthly cost. Humana is a 4-star plan.

How Medicare Advantage Plans compare to Medicare Supplement Plans?

Medicare Supplement plans have a monthly premium that is usually higher than the premium for a Medicare Advantage plan. Coverage is supplemental to Medicare so the cost of medical services will be paid by Medicare first. The balance of the cost will be paid by the Medicare Supplement plan with a portion of costs paid by you (varies by plan). With Medicare Supplement plans, you can go to any Medicare-approved healthcare provider. Also, Medicare Advantage plans actively engage providers to manage your care while Supplements are passive and rely solely on your providers for your care management.

If you would like to learn more about the CHP Advantage Plans administered by Humana, you can view a comprehensive presentation on the program at ConcordiaPlans.org/Medicare.

CHP Enrollment Form

Effective Date: / 1/2024

Member Information (Please print clearly in ink or type.)				
First Name:		Middle Initial:	Last Name:	
Address:				
City, State, Zip:				
Social Security Number:			Medicare ID Number (on Medicare Card):	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F			Birth Date:	
Phone Number:			Email Address:	
Employee ID: <Option_1>				
Spouse Information (Please print clearly in ink or type only if enrolling spouse in coverage.)				
First Name:		Middle Initial:	Last Name:	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Birth Date:	Medicare ID Number (on Medicare Card):	
Social Security Number:			Email Address:	
Plan Selection - Member and Spouse must elect the same plan.				
CHECK DESIRED COVERAGE:	SUPPLEMENTAL PREMIUM OPTION	SUPPLEMENTAL PLUS OPTION	SUPPLEMENTAL BASIC OPTION	
MEMBER				
SPOUSE				
CHECK DESIRED COVERAGE	ADVANTAGE PREMIUM OPTION	ADVANTAGE PLUS OPTION	ADVANTAGE BASIC OPTION	
MEMBER				
SPOUSE				
Dental/Vision Plan Selection (You must enroll in a <u>CHP Group Medical Option</u> to be eligible for dental or vision coverage.)				
CHECK DESIRED COVERAGE	DENTAL PROGRAM 1000	DENTAL PROGRAM 1500	VISION PROGRAM	I/WE DECLINE THIS COVERAGE
MEMBER				
SPOUSE				

Please Complete the Following Information:

Do you currently have any Medicare Supplement policies or Medicare Advantage Policies in force (other than the current CHP coverage)?

Member (if enrolling): Yes No

Spouse (if enrolling): Yes No

If YES, with which company?

Please be sure to sign, date and return this completed Enrollment Form along with a check for the first monthly payment* to: **Amwins/Concordia Health Plan, 50 Whitecap Drive, North Kingstown, RI 02852** using the enclosed postage-paid envelope or fax to 888-883-0774.

Member Signature:

Date:

Spouse Signature:

Date:

ACH AUTHORIZATION

Name (Last, First, Middle Initial):

Street Address:

City:

State:

Zip:

Type of Account:

Savings Checking

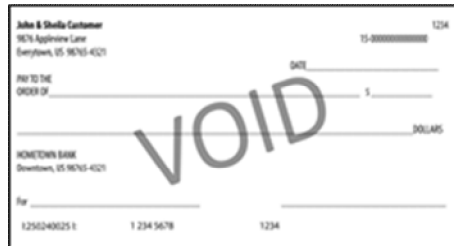
Select Monthly Withdrawal Date:

1st 8th 15th

Please ensure the following:

To deduct monthly from your **checking account**;
A **VOIDED** check must accompany this signed authorization (*starter checks are not accepted*).

To deduct monthly from your **savings account**;
A signed letter from your banking institution must accompany this signed authorization.



Monthly payments are withdrawn on the first 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.

I authorize Amwins to withdraw payment from my checking or savings account according to my agreed payment schedule. This authorization is to remain in force until Amwins has received written notification from me of its termination in such time and manner as to afford Amwins a reasonable opportunity to act on the request. If my account is erroneously charged, my financial institution will immediately credit the same amount to the account up to 15 days following issuance of the statement or 45 days after the erroneous posting, whichever occurs first.

Signature:

Date:

* Regardless of payment method elected, please return this completed form with a check for your first monthly payment.

CHP Group Plan Provisions

Please review the below provisions for the CHP Group Options:

- The Medical and Prescription Drug programs are only offered as a package.
- If you are enrolling your Medicare-eligible spouse in a CHP Group plan, you must both select the same plan.
Note: If you are both LCMS retirees, and you enroll together in a joint plan, you can't select separate elections later. Conversely, if you enroll separately, you cannot be in a joint option later.
- You must enroll in a CHP Group plan to also elect the optional dental and/or vision program.
- If a member cancels coverage, the spouse's coverage will be cancelled too.
- If a member passes away, there is no change to the surviving spouse's coverage.
- If a member or spouse is not yet Medicare-eligible, he/she will be able to join the same plan as the Medicare-eligible participant when he/she becomes Medicare eligible in the future.
- If your former employer is contributing towards your premiums, you should work with them regarding the details.

For more information about Medicare prescription drug coverage:

- Visit [medicare.gov](https://www.medicare.gov)
- Call your State Health Insurance Assistance Program for personalized help (see the inside back cover of your copy of the *Medicare & You* handbook for their telephone number).
- Call 800.MEDICARE (800-633-4227), 24 hours per day, 7 days per week. TTY users should call 877-486-2048.

Also, please note that you may have to pay a late enrollment penalty if within 63 continuous days after your current coverage with CHP ends:

- You do not enroll in another Medicare prescription drug plan (or a Medicare Advantage Plan with prescription drug coverage), or
- You do not have other coverage that is at least as good as Medicare prescription drug coverage (also referred to as "creditable coverage").

QUESTIONS AND ANSWERS TO REVIEW BEFORE CALLING AMWINS

Humana Advantage Plan Questions

1. Who is Humana?
 - a. Humana is an American health insurance company based in Louisville, Kentucky. They currently insure over 13 million members in the United States. They are insuring the CHP group Advantage plans.
2. Why do all three Medicare Advantage plans show the same Humana coverage?
 - a. We negotiated a single Humana medical plan. The difference is we are now offering this coverage with all prescription plan options.
3. How do I learn if my providers are in the Humana network?
 - a. Simple ... just visit <https://www.humana.com/medicare/find-a-doctor> and use the *search for your current doctors'* tool then select *PPO or Private Fee-for-Service plans* and add your providers.
4. What if my providers are not in the Humana network? Can I still use them?
 - a. Yes, but they must be willing to bill Humana and receive Medicare reimbursement amounts. A notice for your providers is included with your Humana welcome kit.
5. How can the Humana Advantage plan be so inexpensive compared to the Hartford Supplemental plans?
 - a. See page 20 to understand how the Humana plan is funded and how the plan saves you money with lower premiums.
6. What if I travel around the country visiting family? Will the Humana Advantage plan cover me when I am away?
 - a. Yes, for emergencies you are covered at any provider. For other services you are covered the same for in-network and out-of-network care.
7. What extra benefits are included with the Humana Advantage plan?
 - a. Humana includes a Go365 program that provides incentive rewards for wellness exams, exercise, and fitness activities, and for social and educational events. Incentive points can be redeemed for gift cards. More Information on these benefits will be provided in your welcome kit.
8. How do I learn more about the Humana Advantage plan?
 - a. Visit Humana.com or visit the online Humana presentation at www.Concordiaplans.org/Medicare.

Express Script Medicare Prescription Plan Questions

9. What is a formulary list and how do I find out if my drugs are covered by a specific plan option?
 - a. A "formulary list" is a list of "covered" drugs. You can search to see if your drugs are covered using the instructions on page 19.
10. What if my drugs are not covered by the plan, what can I do?
 - a. All Part D plans, including the Express Scripts Medicare plans, are required to cover at least two drugs for each therapeutic class. This provides you alternatives. If for some reason, your doctor says you cannot take the alternative, the doctor can submit an appeal to override the alternative so the

original drug may be considered. This override must be medically necessary as decided by your doctor and Express Scripts.

11. Is there a difference between the Basic, Plus and Premium prescription options other than the copayment amounts and deductible?
 - a. Yes, the formulary list is slightly different for each plan. The more expensive plans have more drugs covered.
12. How do I get my prescriptions filled?
 - a. Simply present your Express Scripts ID card and prescription to a participating pharmacy in the Plan network. You will also receive information about mail order prescriptions when you enroll. You can find more information about your prescription coverage by calling Amwins Group Benefits at 877-517-1409.
13. Can I continue to use my pharmacy with this plan?
 - a. Express Scripts has a national retail pharmacy network with more than 64,000 participating pharmacies. All major pharmacy chains participate; please call Amwins to verify that your current pharmacy is part of the network.
14. Where do I get information about using Mail Order Services?
 - a. Once you enroll, you will receive a fulfillment kit in the mail which will include mail order information from Express Scripts. Please expect your package and materials to arrive shortly before your plan effective date.

General Questions

15. How do the medical plans supplement Medicare?
 - a. Medicare has coverage gaps which are the costs that you must pay, like coinsurance, co-payments, and deductibles. These plans help cover those gaps. You may go to any doctor, specialist, or hospital that accepts Medicare. Medicare pays its share and then your plan pays based on the plan option you choose.
16. What services are covered by these medical plans?
 - a. Any service covered by Medicare is also covered by these plans. In general, services not covered by Medicare are not covered by these options. Please contact us or visit [medicare.gov](https://www.medicare.gov) for the Medicare exclusion list.
17. When will I receive my ID Cards?
 - a. ID cards will be sent prior to your effective date. They will arrive in separate mailings.
18. Who is the Hartford Insurance Company?
 - a. The Hartford Insurance Company was founded in 1810. They are rated "A" Excellent, by A.M. Best (a financial services rating agency). They are insuring the Medicare Supplemental Premium, Plus and Basic options.
19. Can I purchase just the dental and/or vision plan(s) by itself?
 - a. No. The dental and vision plans are only available to those who enroll in a CHP Medicare Supplemental or Medicare Advantage plan.

20. Can I purchase a medical only CHP option without the prescription drug coverage?
 - a. No, even though most options do NOT cover prescriptions drugs, except as an add-on, the CHP Medicare Supplemental or Advantage plans are only offered as a medical and prescription drug package.

21. Can I select a different option than my spouse elected?
 - a. No. A member and spouse must select the same option.

22. Can my spouse stay in a CHP option if I terminate my coverage?
 - a. If a member cancels any coverage option, the spouse's coverage for that option will also be canceled.

23. What happens to my spouse's coverage once I am deceased?
 - a. If a member passes away, the surviving spouse can remain on the plan.

24. When my spouse becomes Medicare eligible, what coverage will he/she be eligible for?
 - a. Often a married couple has one individual who becomes eligible for Medicare before the other. When the younger spouse becomes Medicare eligible, they will join the same plan as the enrolled member.

25. If my premium is paid by my former employer, will Amwins contact them to get the payment arrangement details?
 - a. No. If your former employer is paying all or part of your premium, you must work with them regarding the details.

Senior Wellness Assistance Program

Available at no cost through your CHP Medicare coverage.

Aiding seniors and their family members by maximizing their overall health and well-being.



The Senior Wellness Assistance Program is a free personal 24/7 phone careline counseling service provided by Charles Nechem Associates, Inc (CNA). Think of this Assistance Program as your mental health support system. Whatever your concern or worry might be, CNA counselors* are here to help. Your careline is completely confidential and is a benefit for you and your family members.

** All Counselors must possess a master's degree or Ph.D. in the counseling field and have 5 or more years of experience providing both English and Spanish services (other languages upon request).*

The Amwins Senior Wellness Assistance Program offers the following services:

- Navigating responses to age-related physical and physiological changes
 - Discovering a wise and successful approach to aging
 - Issues related to changes in life roles and job status
 - Consultation about nutrition, diet and exercise
 - Discovering rewarding activities and creative outlets
 - Grief and loss related to life transitions or the death of a loved one
 - Day-to-day stresses of living and caring for themselves, a spouse, children or loved ones
 - Optimizing leisure time
 - Anxiety, depression, loneliness and/or feelings of isolation
 - Finding and building community and social connections
 - Improving self-esteem, autonomy and confidence
 - Substance abuse issues
- Our skilled counselors can also assist in finding referrals for:
 - Financial planning and decision-making
 - Community services and senior activity centers
 - Retirement homes, assisted living facilities or nursing homes
 - Information about home care agencies and hospice care
 - Transportation, driving and mobility-related concerns
 - Alzheimer's and dementia resources and support
 - Medicare, Medicaid and Supplemental Security Income
 - Legal issues associated with aging, power of attorney, living wills, living trusts
 - Adult day care information
 - Meals on Wheels service



For additional information or assistance, call the Amwins Senior Wellness Program at 800-531-0200



AMWINS

Only for Medicare Advantage members

A FUN WAY TO EARN REWARDS FOR MAKING HEALTHIER CHOICES



Welcome to Go365[®] by Humana, the wellness program that rewards you for completing eligible healthy activities.



IT'S PART OF YOUR HUMANA MEDICARE PLAN

There's no extra charge – it's included in your plan.

Just sign in at [Humana.com](https://www.humana.com) and click on Go365. From there, you'll be able to view your Go365 dashboard, track your activities and manage your connected activity trackers. You may also submit the paper forms enclosed in your paper packet.



EARN REWARDS YOU CAN REDEEM FOR GIFT CARDS

More healthy activities = more gift cards for you.

Complete healthy activities like walking, getting your Annual Wellness Exam, or volunteering to earn rewards to redeem for gift cards. Once you've earned at least \$10 in rewards, choose your gift cards from the list of options in the Go365 Mall.



REGISTER ON MyHUMANA

Now it's time to get going with Go365.

To track your activities online anytime you wish, register at [humana.com/registration](https://www.humana.com/registration). Once you've signed in, click Go365 from your dashboard - it's that easy. Request paper materials by calling the number on the back of your Humana Member ID card.

[Humana.com](https://www.humana.com)

TRACK YOUR EXERCISE PROGRAM THE EASY WAY

To earn \$5 in rewards for exercise, complete at least 8 or more workouts a month. To earn \$10 in rewards for exercise, complete 16 or more workouts a month. Here are three easy ways to track and earn:

- 1. Attend a participating SilverSneakers[®] Fitness class** to earn rewards automatically. Your reward may take up to 45 days to show up in your Go365 account.
- 2. Connect a compatible activity tracker to Go365**, log at least 500 steps a day, and earn automatic rewards for workouts.
- 3. Log your workouts online** or use a paper workout tracker to record your exercise, and return it to us each month to earn your reward.

FIND Go365 COMPATIBLE ACTIVITY TRACKERS

Go365 is compatible with activity trackers from a variety of manufacturers like Fitbit and Garmin. For a full list, sign in to [Humana.com](https://www.humana.com) or call the number on the back of your Humana ID card.



Join the Go365 support community
community.medicare.Go365.com

EARN HEALTHY REWARDS WITH THESE HEALTHIER CHOICES

Choose activities to help you get healthy, active, or involved and earn rewards for each one you complete. Your rewards can be redeemed for gift cards in the Go365 Mall.

Activity	Reward	Activity limit
GET HEALTHY: Preventive screenings		
Annual Wellness Exam	\$25	1 per year
Mammogram	\$30	1 per year
Colorectal screening	\$30	1 per year
Cardiovascular disease screening	\$10	1 per year
Bone density screening	\$20	once every 2 years
Flu shot	\$10	1 per year
Your reward will show up automatically in your Go365 account if billed through your Humana medical or pharmacy plan. This can take up to 90 days.		
GET INVOLVED: Social and educational activities		
Attend a “Humana in your community” class	\$5	
Athletic event ¹ (e.g. 5k walk/run, cycling)	\$5	
Volunteering ¹	\$5	12 times per year
Connect virtually with friends or family ¹	\$5	(\$60 annual maximum)
Go365 Community post (community.medicare.Go365.com)	\$5	
Health education seminar class ¹	\$5	
GET ACTIVE: Exercise and fitness		
8-15 workouts per month - SilverSneakers®, connected activity tracker (minimum of 500 steps/day) or paper workout tracker	\$5	Once per month
16 or more workouts per month	\$10	(\$120 annual maximum)

The monetary amounts shown above represent the value of the reward earned for completing the activity, not actual dollars.

¹You will be required to fill out and submit a Go365 activity form to receive your reward for these activities. The forms can be found when you sign in at Humana.com or by requesting paper materials. The monetary amounts shown above represent the value of the reward earned for completing the activity. Rewards have no cash value.

You must redeem your rewards in the program year they are earned. Any rewards that are not redeemed by 12/31 will be forfeited. Rewards have no cash value.

Some items may be discontinued in the Go365 Mall and new items may be added. For the most updated list, visit Go365.com.

In accordance with the federal requirement of the Centers for Medicare & Medicaid Services, no amounts on the gift cards shall be used to purchase covered medical supplies or prescription drugs nor are they redeemable for cash.

The merchants represented are not sponsors of Go365 or otherwise affiliated with Go365. The logos and other identifying marks attached are trademarks of and owned by each represented company and/or its affiliates. Please visit each company’s website for additional terms and conditions.

Available to all members

YOU'RE FREE TO MOVE WITH SILVERSNEAKERS

SilverSneakers® is more than a fitness program. It's an opportunity to improve your health, gain confidence and connect with your community. Plus, it's yours at **no additional cost** when you enroll in a Concordia Health Plan Medicare plan.

With SilverSneakers, you're free to move in the ways that work for you.

At home or on the go

- SilverSneakers On-Demand™ fitness classes available 24/7
- SilverSneakers LIVE virtual classes and workshops throughout the week
- SilverSneakers GO™ mobile app with adjustable workout plans and more

In participating fitness locations

- Thousands of participating locations¹ with various amenities
- Ability to enroll at multiple locations at any time
- SilverSneakers classes² designed for all levels

In your community

- Group activities and classes² offered outside the gym
- Events including shared meals, holiday celebrations and class socials

You can get your SilverSneakers member ID number and start using the program once you enroll in **a Concordia Health Plan.**

Enroll today and get SilverSneakers at no additional cost.

877-517-1409

1. Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities are limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.

2. Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.

3. 2019 SilverSneakers Annual Participant Survey

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Did you know?

86%

of participants say SilverSneakers has improved their quality of life.³

A benefit through your



CONCORDIA PLANS



SilverSneakers

Available to all members

Get Back the Joy of Hearing

Better hearing helps you stay connected to the ones you love. That's why the Concordia Health Plan partners with TruHearing[®] to provide you a comprehensive hearing care solution.

The TruHearing program includes:



Personalized Care

Guidance and assistance from a TruHearing Hearing Consultant

Professional exam from a local, licensed provider

Three follow-up visits for fitting and adjustments to ensure you're completely satisfied with your hearing aids



Next-Generation Sound

The latest chips and algorithms combine to make speech clearer, even in the most challenging environments

Advanced sensors automatically adjust to the noise around you for better clarity and natural sound

New models include sound enhancement technology that makes your own voice less noticeable and natural sounding



Devices for Your Lifestyle

The latest models come with Bluetooth[®] so you can stream audio like Siri[®], music and phone calls right to your ears

A wide variety of rechargeable models that keep a charge for an entire day¹

Options to match your lifestyle including virtually undetectable devices

Think you might have hearing loss?

Try our free, fast online screening

Visit:

Concordia-HS.TruHearing.com

Accessible from your tablet, computer, or smartphone



Call TruHearing to learn more and schedule an appointment

Hours:

8am–8pm, Monday–Friday

1-855-213-3263


TTY: 711



Example Savings (per aid)

Product	Retail Price	TruHearing Price	Savings
TruHearing® Advanced	\$2,720	\$1,250	\$1,470
Starkey® Livio® 1000 †	\$1,795	\$975	\$820
Phonak® Audéo® P-R30 †	\$2,170	\$1,275	\$895
ReSound ONE™ 5 †	\$2,427	\$1,370	\$1,057
Oticon® Xceed3	\$2,268	\$1,425	\$843
Signia® Styletto® X7 †	\$3,385	\$2,145	\$1,240
Widex Moment® 440	\$3,604	\$2,095	\$1,509

† Rechargeable | Listed products are smartphone-compatible²

 Call TruHearing to learn more and schedule an appointment

1-855-213-3263 | TTY: 711

Hours: 8am–8pm, Monday–Friday

This program also includes:



- + Risk-free 60-day trial period
- + 80 free batteries with non-rechargeable models
- + Full 3-year manufacturer warranty

¹ Rechargeable features may not be available in all models and styles.

² Smartphone-compatible hearing aids connect directly to iPhone®, iPad®, and iPod® Touch devices. Connectivity also available to many Android® phones with use of an accessory. TV streaming available through most TVs with use of an accessory.

All content ©2021 TruHearing, Inc. All Rights Reserved. TruHearing® is a registered trademark of TruHearing, Inc. All other trademarks, product names, and company names are the property of their respective owners. Three follow-up visits must be used within one year after the date of initial purchase. Free battery offer is not applicable to the purchase of rechargeable hearing aid models. Three-year warranty includes repairs and one-time loss and damage replacement. Hearing aid repairs and replacements are subject to provider and manufacturer fees. For questions regarding fees, contact a TruHearing hearing consultant. CON_C_RET_F_0321

