

Concordia Plan Services Enrollment Guide for Medicare Members

Your 2025 Benefit Plans





The CPS 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 (medical) coverage to Social Security (typically deducted from your Social Security check). Prescription drug coverage is included in the Concordia Plan Services (CPS) Group Options in this guide, so there is no need to enroll in another 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 CPS-designed retiree health coverage options, as well as CPS vision and 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 Parts A and B.

This Enrollment Kit includes benefit information about the CPS Medicare Plans with Prescription Coverage (Rx) as well as everything you need to activate your coverage:

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

What are the benefits to choosing a CPS Medicare Plan?

You have the flexibility to choose from three different plan options!

Plans Include:

- 100% coverage for inpatient hospital benefits.
- Outpatient medical benefits with low out-of-pocket costs.
- Prescription drug coverage – so you don't have to worry about enrolling in Medicare Part D elsewhere.
- *SilverSneakers* free basic fitness membership to more than 13,000 gym/health club locations nationwide, as well as group exercise classes.
- The TruHearing discount program.
- Available to Medicare Advantage enrollees: Go365 program that provides incentive rewards for wellness exams, exercise and fitness activities, and participation in social and educational events.
- Available to Medicare Supplement enrollees: free mental health phone counseling services through Charles Nechtem Associates, Inc. (CNA).
- For more information about benefits included in your coverage visit ConcordiaPlans.org/Medicare.

HOW TO ENROLL

CPS Medicare Options

- Review the enclosed options carefully.
- If you would like to discuss the options available, you can:
 - Contact an Amwins Benefit Specialist at 877-517-1409,
 - OR scan the QR code below to set an appointment for a Specialist to call you.
- Once you have decided which option is right for you, you can enroll by:
 - Completing the Enrollment Form on page 14.
 - Contacting Amwins at 877-517-1409.
 - Scanning the QR code below to set an appointment for a Specialist to call you.



2025 CPS Medicare Supplement Medical Plans

Insured by The Hartford Life Insurance Company and administered by Amwins

	CPS Supplement with Prescription Coverage (Rx) You Pay ⁺	CPS Supplement 2 with Prescription Coverage (Rx) You Pay ⁺
Annual Deductible	Part B Deductible	Part B Deductible
Retiree Coinsurance Amount	20%	\$0
Annual Medical Out-Of-Pocket Maximum	\$2,000 (Including Part B Deductible)	Part B Deductible Only
Annual Plan Maximum	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
Additional 365 Reserve Days	\$0	\$0
Skilled Nursing Facility Care**		
First 100 days	\$0	\$0
Blood		
First Three Pints	\$0	\$0
Additional Amounts	\$0	\$0
Medicare (Part B) - Medical Services - Per Calendar Year		
In general, Medicare Part B covers services such as doctor visits, surgeries, therapies, lab tests, and medical supplies considered medically necessary to diagnose or treat a disease or condition.		
First Dollars of Medicare-Approved Amounts*	Part B Deductible	Part B Deductible
Remainder of Medicare-Approved Amounts	20% Up To \$2,000 - Then \$0	\$0
Part B Excess Charges	\$0	\$0

⁺ This represents the amount you pay when the CPS Medicare Supplement Medical Plan and Medicare coverage are integrated.

*Once you have been billed the first dollars (\$240 in 2024) 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.

2025 CPS Medicare Supplement Medical Plans

Insured by The Hartford Life Insurance Company and administered by Amwins

	CPS Supplement with Prescription Coverage (Rx) You Pay ⁺	CPS Supplement 2 with Prescription Coverage (Rx) You Pay ⁺
Clinical Laboratory Services	\$0	\$0
Blood Tests for Diagnostic Services	\$0	\$0
Medicare (Part A & B)		
Home Health Care, Medically Necessary Skilled Care Services, and Medical Durable Medical Equipment	\$0	\$0
Remainder of Medicare-Approved Amounts	20% Up To \$2,000 - Then \$0	\$0
Preventive Services		
Annual Wellness Exam	\$0	\$0
Other Preventive Services (Per Medicare Schedule) Including Cardiovascular Screenings, Cancer Screenings, Flu Shots, Etc.	\$0	\$0
Other benefits—Not Covered by Medicare		
Foreign Travel Emergency ^{***}	\$250 Deductible. Then 20% Up To \$50,000 Plan Maximum. Then 100%.	
Foreign Emergency Outside of U.S.		
Included Medicare Part D Prescription Plan (summary enclosed further in this kit)		
Medicare Part D Prescription Coverage		

⁺ This represents the amount you pay when the CPS Medicare Supplement Medical Plan and Medicare coverage are integrated.

^{***}Foreign travel coverage deductible is a separate deductible and does not apply to the Part B Deductible or Out-Of-Pocket Maximum.

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

2025 CPS Medicare Advantage Medical Plan

Insured by Humana, Inc. and administered by Amwins

	CPS Advantage with Prescription Coverage (Rx) 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 stay. 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)	\$0 Copay After Deductible
Specialists	\$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

2025 CPS Medicare Advantage Medical Plan

Insured by Humana, Inc. and administered by Amwins

	CPS Advantage Plan with Prescription Coverage (Rx) 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 <i>Days 0 – 100</i> <i>After day 100</i>	\$0 Copay Per Day After Deductible All Costs
Home Health Care	\$0 Copay After Deductible
Medical Equipment/Supplies Diabetes Monitoring Supplies	10% of the Cost After Deductible \$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 <i>Occupational/Speech Therapy</i> <i>Cardiac Rehabilitation</i> <i>Pulmonary Rehabilitation</i>	\$10 to \$25 Copay After Deductible
Mental Health and Substance Abuse Benefits	
Inpatient <i>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.</i>	\$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

2025 CPS Medicare Advantage Medical Plan

Insured by Humana, Inc. and administered by Amwins

Other Medicare-Covered Services	
	CPS Advantage Plan with Prescription Coverage (Rx) In-Network and Out-Of-Network You Pay+
Hearing Services <i>Medicare-Covered Hearing</i>	\$10 Copay After Deductible
Dental Services <i>Medicare-Covered Dental</i>	\$10 Copay After Deductible
Vision Services <i>Medicare-Covered Vision Exam</i>	\$10 Copay After Deductible
<i>Medicare-Covered Diabetic Eye Exam</i>	\$0 Copay After Deductible
<i>Medicare-Covered Glaucoma Screening</i>	\$10 Copay After Deductible
<i>Medicare-Covered Eyewear (Post-Cataract)</i>	\$0 Copay After Deductible
Allergy <i>Allergy Shots & Serum</i>	\$0 to \$10 Copay After Deductible
Chiropractic Services <i>Medicare-Covered Chiropractic Visit(S)</i>	\$10 Copay After Deductible
Foot Care (Podiatry) <i>Medicare-Covered Foot Care</i>	\$10 Copay After Deductible
Telehealth Services (In addition to Traditional Medicare and provided by In-Network providers only)	
Primary Care Provider (PCP)	\$0 Copay After Deductible
Specialist	\$10 Copay After Deductible
Urgent Care Services	\$0 Copay After Deductible
Substance Abuse or Behavioral Health Services	\$0 Copay After Deductible
Other Benefits—Not Covered by Medicare	
Foreign Travel Emergency Deductible: <i>Foreign emergency outside of U.S.</i>	\$100 per year
Coinsurance / Maximum:	20% coinsurance limited to emergency Medicare-covered services. \$25,000 Maximum Benefit per year or 60 consecutive days.
Included Medicare Part D Prescription Plan (summary enclosed further in this kit)	
Medicare Part D Prescription Coverage	

+ This represents the amount you pay after the CPS Medicare Advantage Medical Plan pays on your behalf.
 *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 or call 877-517-1409. Humana is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in this Humana plan depends on Humana's Medicare contract renewal.
 Note: Some services may require prior authorization by Humana.

2025 CPS Medicare Prescription Coverage

Administered by Express Scripts

Annual Deductible: \$590 (CMS Standard)

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%
Catastrophic Coverage: Out-of-Pocket Maximum: \$2,000	\$0 Copays				

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 Jan. 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>.

2025 CPS Medicare Dental 1500 Program

Insured by Ameritas Life Insurance Corp.

Class A – Preventive Services	
Annual Deductible Per Insured:	\$0
Initial & Periodic Exam	100%
Two Cleanings/Year	100%
Annual Bitewing Series	100%
All Other X-Rays	100%
Waiting Period	None
Class B – Basic Services	
Annual Deductible Per Insured:	\$50/year
Fillings	80%
Simple Extractions*	80%
Oral Surgery	80%
Waiting Period	None
Class C – Major Services	
Annual deductible per insured:	\$50/year
Inlays	50%
Crowns	50%
Bridges	50%
Waiting Period	None
Maximum Benefit Per Insured: \$1,500	

Please Note: You must be enrolled in a CPS Medicare 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.

2025 CPS Medicare Dental 1000 Program

Insured by Ameritas Life Insurance Corp.

Class A – Preventive Services	
Annual Deductible Per Insured:	\$0
Initial & Periodic Exam	100%
Two Cleanings/Year	100%
Annual Bitewing Series	100%
All Other X-Rays	100%
Waiting Period	None
Class B – Basic Services	
Annual Deductible Per Insured:	\$50/year
Fillings	80%
Simple Extractions*	80%
Oral Surgery	80%
Waiting Period	None
Class C – Major Services	
NOT COVERED	
Maximum Benefit Per Insured: \$1,000	

Please Note: You must be enrolled in a CPS Medicare 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 not covered include bridges, inlays, dentures, and porcelain crowns. However, prefabricated steel crowns are considered a Class B – Basic service and are covered.

2025 CPS Medicare 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 – <i>Every 12 Months</i></p> <p>Well Vision Exam Focuses on your eye health and overall wellness – <i>Every 12 months</i></p> <p>Prescription Glasses <i>Lenses – Every 12 Months</i> Single vision, lined bifocal, and lined trifocal lenses</p> <p><i>Frame – Every 24 Months</i> \$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) – <i>Every 12 Months</i></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 – <i>Up To \$45</i></p> <p>Single Vision Lenses – <i>Up To \$30</i></p> <p>Lined Bifocal Lenses – <i>Up To \$50</i></p> <p>Lined Trifocal Lenses – <i>Up To \$65</i></p> <p>Frame – <i>Up To \$70</i></p> <p>Contacts – <i>Up To \$105</i></p>
DOCTOR NETWORK: VSP CHOICE		

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

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.

2025 CPS Medicare Plans

Monthly Cost Chart

Medicare Plans	Retiree Only		Retiree and Spouse	
CPS SUPPLEMENT WITH RX *	Ages 65-66	\$191.43	Ages 65-66	\$382.86
	Ages 67-69	\$204.43	Ages 67-69	\$408.86
	Ages 70 and over	\$231.43	Ages 70 and over	\$462.86
CPS SUPPLEMENT 2 WITH RX	\$369.43		\$738.86	
CPS ADVANTAGE WITH RX	\$100.59		\$201.18	
OPTIONAL DENTAL 1000 PLAN	\$44.00		\$87.00	
OPTIONAL DENTAL 1500 PLAN	\$55.00		\$111.00	
OPTIONAL VISION PLAN	\$9.00		\$13.00	

*Florida regulations require all Florida residents to pay the age 70+ rates.

The above rates are effective from Jan. 1, 2025 to Dec. 31, 2025 and are subject to change each year on Jan. 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.

CPS Enrollment Form

Effective Date: _____/01/2025

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	Date of Birth:	
Phone Number:	Email Address:	
Employee ID:		

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	Date of Birth:	Medicare ID Number (on Medicare Card):
Social Security Number:	Email Address:	

Plan Selection - Member and Spouse Must Elect the Same Plan

CHECK DESIRED COVERAGE

Member	<input type="checkbox"/> CPS Supplement with Rx	<input type="checkbox"/> CPS Supplement 2 with Rx
Spouse	<input type="checkbox"/> CPS Supplement with Rx	<input type="checkbox"/> CPS Supplement 2 with Rx

OR

Member	<input type="checkbox"/> CPS Advantage with Rx
Spouse	<input type="checkbox"/> CPS Advantage with Rx

Dental/Vision Plan Selection

(you must enroll in a CPS Medicare medical plan to be eligible for dental or vision coverage)

CHECK DESIRED COVERAGE

	Dental Program 1000	Dental Program 1500	Vision Program	I/We Decline Coverage
Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please Complete the Following Information

Do you currently have any Medicare Supplement policies or Medicare Advantage Policies in force (other than the current CPS 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

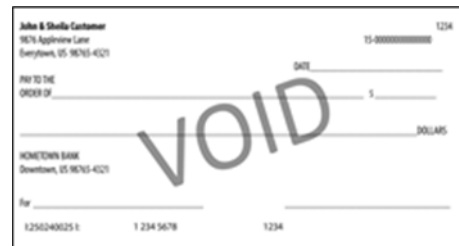
Select Monthly Withdrawal Date:

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.



Disclaimer: This document provides a summary of plans and rates. In case of errors or omissions, only the official plan documents and policies govern.