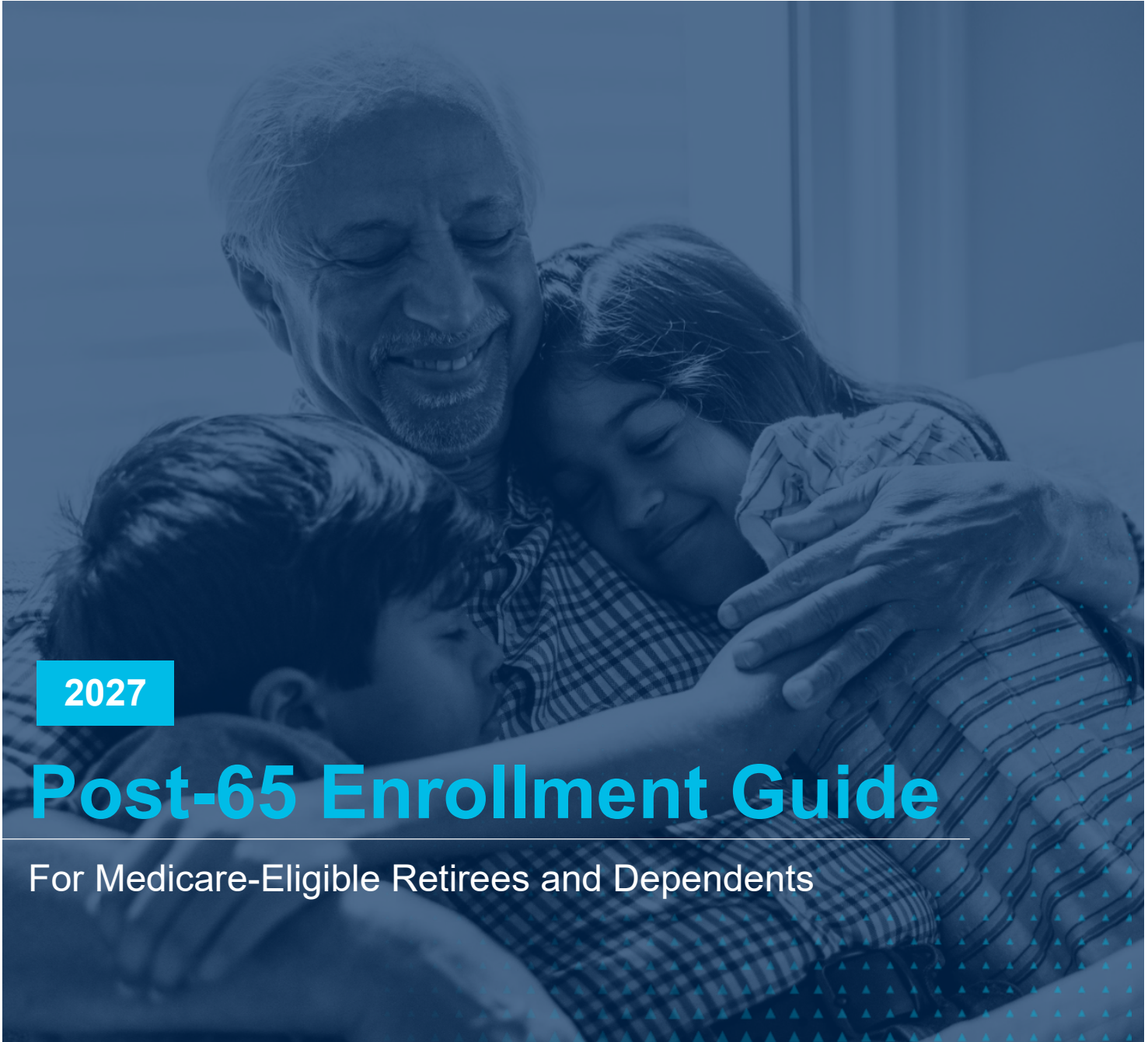
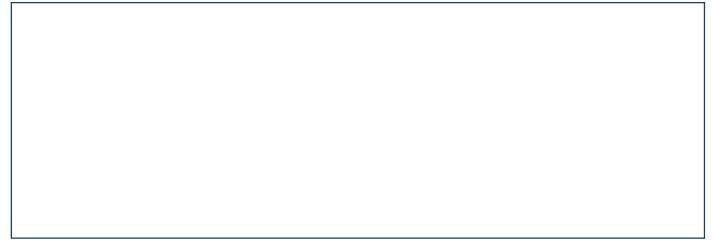




2027

Post-65 Enrollment Guide

For Medicare-Eligible Retirees and Dependents



Before You Enroll

The CPS options detailed in this guide are designed to either supplement or replace Medicare. To be eligible for coverage, you must be age 65 or older and enrolled in Medicare Parts A and B before your CPS coverage can become effective.

If you are turning 65

Contact Social Security promptly to begin the enrollment process for Medicare Parts A and B.

If you are already age 65 or older and are retiring

Contact Social Security promptly to confirm that your Medicare Parts A and B coverage will be active by your CPS coverage effective date.

The Medicare enrollment process may take up to 60 days, so we recommend starting as early as possible. You will pay a monthly premium for Medicare Part B, which is typically deducted from your Social Security benefits.

Prescription drug coverage is included with the CPS Medicare options presented in this guide, so you do not need to enroll in a separate Medicare Part D plan.

You can reach Social Security by calling 800-772-1213 or visiting ssa.gov.

Understanding Your Options

Concordia Plan Services works with Amwins Benefits Retiree Healthcare to administer CPS-designed health coverage options for Medicare-eligible retirees, along with CPS dental and vision programs. Our goal is to help you understand your available options and select the coverage that best meets your healthcare needs.

This Enrollment Guide provides information about the CPS Medicare plans available to you, including prescription drug coverage (Rx), as well as the information you need to enroll in coverage:

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

What are the benefits of choosing a CPS Medicare Plan?

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

Plans Include:

- Inpatient hospital benefits covered at 100% after the applicable plan deductible.
- 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.
- A free basic SilverSneakers fitness membership at more than 13,000 gym and health club locations nationwide, as well as group exercise classes.
- The TruHearing discount program.
- Available to Medicare Advantage enrollees: the Go365 program, which 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

Review the enclosed options carefully.

If you would like help reviewing your options or would like to enroll by phone:

- Call an Amwins Benefits Specialist at **1-877-517-1409**.

OR

- **Scan the QR code below** to schedule a call with an Amwins Benefits Specialist.

Your specialist can review your options, answer questions, and assist you with completing your enrollment.



If you prefer to enroll by mail or fax:

- Complete the **Enrollment Form beginning on page 16**.
- Sign and date the completed form.
- Complete the **ACH Authorization** if you are electing automatic monthly withdrawals.
- Return the required forms along with a **check for your first monthly payment** using the instructions provided on page 17.

If you enroll by phone: You do not need to complete and return the paper Enrollment Form. Your Amwins Benefits Specialist will complete your enrollment with you. You will still need to submit your first monthly payment and the completed ACH Authorization.

What's Next?

- **You will receive separate medical and prescription drug ID cards.** Your ID cards will generally be mailed within 10 business days after Amwins receives and processes your completed enrollment.
- Enroll as early as possible. If your enrollment is completed fewer than 10 business days before your effective date, delivery of your ID cards may be delayed.
- The Amwins Customer Care Center is available to assist you with questions about your new coverage.



Amwins Customer Care

1-877-517-1409 | Monday through Friday | 7:00 AM – 7:00 PM (CT)

Compare Your CPS Medicare Plan Options

CPS offers three Medicare medical plan options, each with prescription drug coverage through Express Scripts Medicare. The plans differ in how your medical coverage works, your provider access, and your out-of-pocket costs.

Use the comparison below as a starting point when reviewing your options. Additional benefit details for each plan are provided on the following pages.

	CPS Supplement with Prescription Coverage (Rx)	CPS Supplement 2 with Prescription Coverage (Rx)	CPS Advantage with Prescription Coverage (Rx)
Plan Type	Medicare Supplement	Medicare Supplement	Medicare Advantage PPO
Medical Plan Underwritten By	The Hartford Life and Accident Insurance Company	The Hartford Life and Accident Insurance Company	Humana
How Medical Coverage Works	Works with Original Medicare to help pay eligible costs Medicare does not fully cover	Works with Original Medicare to help pay eligible costs Medicare does not fully cover	Humana provides your Medicare Part A and Part B benefits
Provider Access	Any provider who accepts Medicare	Any provider who accepts Medicare	In-network and out-of-network coverage available. Out-of-network providers must be willing to bill Humana and accept the reimbursement amount established by Original Medicare.
Annual Medical Deductible	Medicare Part B deductible	Medicare Part B deductible	\$500
Annual Medical Out-of-Pocket Maximum	\$3,000, including the Part B deductible*	Part B deductible only	\$500, including the medical deductible
Prescription Drug Coverage	Express Scripts Medicare	Express Scripts Medicare	Express Scripts Medicare

*Florida residents enrolled in CPS Supplement with Rx are subject to a \$2,000 annual medical out-of-pocket maximum, including the Medicare Part B deductible.

Your CPS medical and prescription drug benefits are provided through separate plans. Depending on the option you select, your medical coverage is provided through Humana or The Hartford Life and Accident Insurance Company. Prescription drug coverage for all three CPS medical plan options is provided through Express Scripts Medicare.

What's the main difference?

CPS Supplement and CPS Supplement 2 work alongside Original Medicare and allow you to receive care from any provider who accepts Medicare.

CPS Advantage provides your Medicare Part A and Part B benefits through Humana and includes both in-network and out-of-network coverage, subject to plan provisions.

Keep in mind: Prescription drug coverage is included with each CPS Medicare plan option. You do not need to enroll in a separate Medicare Part D plan.



2027 CPS Medicare Supplement Medical Plans

Underwritten by: The Hartford Life and Accident Insurance Company

Administered by: Amwins Benefits Retiree Healthcare

	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 (OOP Max)	\$3,000 (<i>Florida Residents: \$2,000*</i>) 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% to applicable OOP Max, then \$0	\$0
Part B Excess Charges	\$0	\$0

*Amounts shown reflect your cost after Medicare and the CPS Medicare Supplement Medical Plan coordinate benefits.

*Florida residents enrolled in CPS Supplement with Rx have a \$2,000 annual medical out-of-pocket maximum, including the Medicare Part B deductible.

**A benefit period begins with an inpatient hospital admission and ends after 60 consecutive days without inpatient hospital or skilled facility care.

***The 2026 Medicare Part B deductible is \$283. The 2027 amount has not yet been released and will apply once established.

2027 CPS Medicare Supplement Medical Plans (continued)

	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 and B)		
Home Healthcare, Medically Necessary Skilled Care Services, and Medical Durable Equipment	\$0	\$0
Remainder of Medicare-Approved Amounts	20% to applicable OOP Max, 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 you pay 20% up to the \$50,000 plan maximum. After the maximum is reached, the plan pays 100% of covered expenses.	
Foreign Emergency Outside the U.S.		
Included Medicare Part D Prescription Plan (<i>summary provided later in this guide</i>)		
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.

2027 CPS Medicare Advantage Medical Plan

Underwritten by: Humana

Administered by: Amwins Benefits Retiree Healthcare

CPS Advantage with Prescription Coverage (Rx) In-Network and Out-of-Network You Pay *

Annual Deductible	\$500 Combined In- and Out-of-Network
--------------------------	---------------------------------------

Annual Medical Out-of-Pocket Maximum (OOP Max) - Includes medical deductible and cost-sharing. Excludes Part D Pharmacy, Extra Services, Worldwide Coverage, and Plan Premium.	\$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

Unlimited inpatient hospital days. Except in an emergency, your doctor must notify Humana before admission.

\$0 After Deductible

Outpatient Hospital Coverage

Outpatient Hospital Visits	\$0 to \$100 Copay After Deductible
Ambulatory Surgical Center	\$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 (waived if admitted within 24 hours)
\$25 Copay After Deductible

Urgently Needed Services

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

\$25 Copay

2027 CPS Medicare Advantage Medical Plan (continued)

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 1–100</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
Part B Prescription Drugs	Varies by drug**
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

Using Out-of-Network Providers

The CPS Advantage plan includes both in-network and out-of-network coverage. If you choose to receive care from an out-of-network provider, the provider must be willing to bill Humana and accept the reimbursement amount established by Original Medicare. Different plan provisions may apply depending on the provider you use.

2027 CPS Medicare Advantage Medical Plan (continued)

CPS Advantage Plan with Prescription Coverage (Rx) In-Network and Out-of-Network You Pay *	
Other Medicare-Covered Services	
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
<i>Medicare-Covered Glaucoma Screening</i>	\$0 Copay
<i>Medicare-Covered Eyewear (Post-Cataract)</i>	\$10 Copay After Deductible
Allergy <i>Allergy Shots and 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
Additional Telehealth Services (provided by in-network providers only)	
Primary Care Provider (PCP)	\$0 Copay
Specialist	\$10 Copay
Urgent Care Services	\$0 Copay
Substance Abuse or Behavioral Health Services	\$0 Copay
Worldwide Coverage	
Emergency Services and Urgently Needed Care Only <i>Limited to emergency Medicare-covered services.</i>	\$0 Copay
Included Medicare Part D Prescription Plan (summary provided later in this guide)	
Medicare Part D Prescription Coverage	

*This represents the amount you pay for covered services under the CPS Medicare Advantage Medical Plan.

* Services excluded from the medical out-of-pocket maximum include Part D Pharmacy, Extra Services, Worldwide Coverage, and the Plan Premium. Once you reach the \$500 medical out-of-pocket maximum, Humana pays 100% of covered hospital and medical services for the remainder of the calendar year.

** Part B drug cost sharing varies. Medicare Part B insulin drugs are covered at \$0. Other Part B drugs are covered at \$0 after the deductible, while chemotherapy drugs have a \$50 copay after the deductible.

In case of differences or errors in this summary of benefits, the Evidence of Coverage governs. You can see your plan's provider directory at [Humana.com](https://www.humana.com) or call 877-517-1409. The Humana plan 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.



2027 CPS Medicare Prescription Coverage

Underwritten by: Express Scripts Medicare

Administered by: Amwins Benefits Retiree Healthcare

Annual Deductible: \$700 (CMS Standard)

	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: \$2,400	\$0 copay for additional covered Part D prescriptions for the remainder of the year.				

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

Benefits, premiums, deductibles, and/or copayments or 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 allow a lower copay for your drugs. All CVS pharmacies 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>.

2027 CPS Medicare Dental 1500 Program

Underwritten by: Ameritas Life Insurance Corp.

Class A – Preventive Services

Service	Plan Benefit
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

Service	Plan Benefit
Annual Deductible Per Insured	\$50/year
Fillings	80%
Simple Extractions*	80%
Oral Surgery	80%
Waiting Period	None

Class C – Major Services

Service	Plan Benefit
Annual Deductible Per Insured	\$50/year
Inlays	50%
Crowns	50%
Bridges	50%
Waiting Period	None

Maximum Benefit Per Insured: \$1,500

**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.*

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

2027 CPS Medicare Dental 1000 Program

Underwritten by: Ameritas Life Insurance Corp.

Class A – Preventive Services

Service	Plan Benefit
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

Service	Plan Benefit
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

**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.*

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

2027 CPS Medicare Vision Program

Underwritten by: Vision Service Plan (VSP)

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

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.

2027 CPS Medicare Plans

Monthly Payment Summary

Medicare Plans	Retiree Only		Retiree and Spouse	
CPS SUPPLEMENT WITH RX	Ages 65-66 Ages 67-69 Ages 70 and over	\$271.00 \$286.00 \$315.00	Ages 65-66 Ages 67-69 Ages 70 and over	Rate is based on each covered individual's age*
CPS SUPPLEMENT WITH RX <i>Florida Residents Only</i>	\$348.00		\$696.00	
CPS SUPPLEMENT 2 WITH RX	\$526.00		\$1,052.00	
CPS ADVANTAGE WITH RX	\$181.00		\$362.00	
OPTIONAL DENTAL 1500 PLAN	\$55.00		\$111.00	
OPTIONAL DENTAL 1000 PLAN	\$44.00		\$87.00	
OPTIONAL VISION PLAN	\$9.00		\$13.00	

*For non-Florida residents enrolled in the CPS Supplement with Rx plan, each covered individual is rated separately based on their age. The total monthly premium for retiree and spouse coverage is the sum of each individual's applicable rate.

The above rates are effective from January 1, 2027 through December 31, 2027 and are subject to change each year on January 1.

Payment Information

Monthly premiums may be paid through automatic bank withdrawal using ACH. To select this payment option, complete the ACH Authorization section of the Enrollment Form.

Concordia Plan Services Enrollment Form

Effective Date: ____/01/2027

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: ☐ M ☐ 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: ☐ M ☐ 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	☐ CPS Supplement with Rx	☐ CPS Supplement 2 with Rx
Spouse	☐ CPS Supplement with Rx	☐ CPS Supplement 2 with Rx

OR

Member	☐ CPS Advantage with Rx
Spouse	☐ 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 1500	Dental Program 1000	Vision Program	I/We Decline Coverage
Member	☐	☐	☐	☐
Spouse	☐	☐	☐	☐

Please Complete the Following Information

Member (if enrolling): ☐ Yes ☐ No Spouse (if enrolling): ☐ Yes ☐ No

Spouse (if enrolling): ☐Yes ☐No

If YES, with which company?

If enrolling using this paper Enrollment Form, please sign and date below.

Member Signature: _____ **Date:** _____

Spouse Signature: _____ **Date:** _____

ACH Authorization
If you completed your enrollment by phone with an Amwins Benefits Specialist, you do not need to complete or return the paper Enrollment Form. Please complete the ACH Authorization below and return it with a check for your first monthly payment.

Name (Last, First, Middle Initial): _____

Street Address:

City:	State:	Zip:
-------	--------	------

State:

Zip:

☐ Savings ☐ Checking ☐ 1st ☐ 8th ☐ 15th

Please ensure the following:

☐ 1st ☐ 8th ☐ 15th

☐ For monthly deductions from your **checking account**, a **VOIDED** check must accompany this signed authorization (starter checks are not accepted).

☐ For monthly deductions 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 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.

Account Holder Signature: _____ **Date:** _____

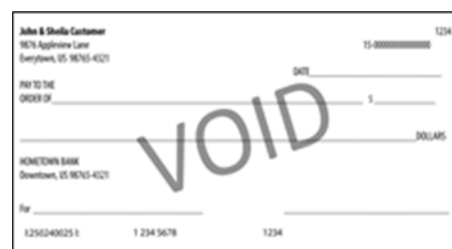
Date:

Return your completed form and first monthly payment using the enclosed postage-paid envelope to:

Amwins/Concordia Plan Services
50 Whitecap Drive
North Kingstown, RI 02852

50 Whitecap Drive
North Kingstown, RI 02852

2027 Concordia Plan Services Enrollment Guide | Call Amwins at: 877-517-1409 | ConcordiaPlans.org/Medicare 17





**CONCORDIA
PLAN SERVICES**

► **Designed Exclusively for Concordia Plan Services | 2027**

Disclaimer: The benefit information contained in this guide is subject to change at any time, and Concordia Plan Services reserves the unlimited right to make benefit plan changes at any time. Any changes to the benefit plans implemented by Concordia Plan Services will be considered effective, regardless of whether notice has been given, on the date set by Concordia Plan Services. If you are ever in doubt about your benefits, please contact Amwins Benefits Retiree Healthcare at 1-877-517-1409.