Transamerica®

PERS of MISSISSIPPI

You may be eligible to enroll in PERS Retiree Medical Insurance.

Underwritten by Transamerica Life Insurance Company or Transamerica Financial Life Insurance Company. Administered by Amwins Group Benefits.

You may be surprised to learn that Medicare Parts A and B don't cover all healthcare costs. That's where your **PERS Retiree Medical Insurance** can help. This coverage is designed to work alongside Medicare to help reduce unexpected costs – helping you plan for medical expenses during retirement.

As a PERS of Mississippi retiree, you have access to **three Retiree Medical Insurance plan options**. Unlike Medicare Advantage policies, these options are focused on your care – not network restrictions, pre-certifications, or referrals.

- Guaranteed acceptance with no waiting period
- Competitive group rates – you cannot be singled out for an increase
- Coverage options available for eligible spouses
- Freedom to choose any provider who accepts Medicare

Ready to explore your Retiree Medical Insurance plan options?
Call **844-304-6636**. To enroll, complete and return the enclosed form with your first month's premium. After your first payment, monthly premiums will be automatically deducted from your PERS of Mississippi pension check.

Wishing you the best in your retirement journey,
Your Transamerica Team

Medicare doesn't cover everything.

Now may be a good time to consider how your PERS Retiree Medical Insurance can help fill the gaps.

To enroll, call 844-304-6636

Monday – Friday
7 a.m. – 7 p.m. CT

Policy Form Number LM1000GPM.SERIES Certificate Form Number LM1000GCS.SERIES. Benefits will not be paid for any expenses that are not determined to be Medicare-eligible expenses by the Federal Medicare Program or its administrators, except as otherwise specified. For complete details, please see the Master Policy. This policy's renewability, cancellability and termination provisions are at the option of the group policy holder except in cases of non-payment of premium. **Not connected with or endorsed by the U.S. government or federal Medicare program**. Medicare Advantage policies are not available in Alaska. Amwins is a third-party administrator for Transamerica Life Insurance Company. Amwins and Transamerica are not affiliated. **This is a solicitation for insurance. Your call may connect you with a licensed agent/producer**.

LOCID: 5544081
5544801

Retiree medical insurance

Underwritten by Transamerica Life Insurance Company or Transamerica Financial Life Insurance Company



For PERS of Mississippi retirees and spouses

If you're 65 or older and enrolled in Medicare Parts A and B, **PERS Retiree Medical Insurance** may help you cover costs Medicare doesn't.

- Freedom of choice with no provider networks
- Guaranteed acceptance; no medical questions or waiting period
- Three plan options to choose from

To enroll or learn more, call[1] 844-304-6636

Monday – Friday
7 a.m. – 7 p.m. CT

2027 monthly premiums – you must continue to pay your Medicare Part B premium

Age at time of enrollment	65–69	70–74	75–79	80–84	85–89	90+
Plan option 1	$114.94	$140.72	$169.65	$193.99	$220.45	$245.83
Plan option 2	$132.58	$161.42	$192.80	$217.40	$242.98	$265.74
Plan option 3	$221.66	$221.66	$221.66	$221.66	$221.66	$221.66

Meet Kathleen, an example of how retiree medical insurance works

Kathleen has been carefully planning for retirement. After exploring her options, she enrolled in her employer's group retiree medical insurance that coordinates with Medicare.*

Wherever she lives or travels, Kathleen can see any healthcare provider accepting Medicare patients. She has the freedom to get the care she needs without pre-authorization or a referral.

Filing claims is automatic. Her healthcare providers bill Medicare. After deductibles are met, her retiree medical policy covers up to 20% of eligible costs, depending on the specific plan chosen.

If questions come up, Kathleen doesn't have to contact her former employer's HR team. She knows she can reach out directly to a retiree advocate for support.

For illustrative purposes only. Actual costs and benefit payments may vary depending on the specific plan design selected by the employer.
*Assumes Kathleen is age 65 or over, retired, and enrolled in Original Medicare Parts A & B.

LOCID: 5540797
5540797

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Select from one of these three plan options[2]

Benefits for Medicare-covered services and approved amounts	Medicare pays	Plan option 1	Plan option 2	Plan option 3
Hospital services				
Part A hospital services — per benefit period	All but Part A deductible and coinsurance until lifetime reserve days are used	Part A deductible and coinsurance paid at 100%, plus coverage for 365 additional days after Medicare benefits end	Part A deductible and coinsurance paid at 100%, plus coverage for 365 additional days after Medicare benefits end	Part A deductible and coinsurance paid at 100%, plus coverage for 365 additional days after Medicare benefits end
Medical expenses				
Remainder of Medicare-approved amounts	Generally 80% after Part B deductible	After payment of the Part B Deductible and an annual Part B Benefit Deductible totaling $700 by each Covered Person, plan pays 16% until an annual out-of-pocket maximum of $1,500; thereafter plan pays 20%	After payment of the Part B Deductible and an annual Part B Benefit Deductible totaling $700 by each Covered Person, plan pays 20% of eligible expenses subject to a $20 co-payment for each physician office visit	After payment of the Part B Deductible and an annual Part B Benefit Deductible totaling $500 by each Covered Person, plan pays 16% of the Medicare-eligible Part B expenses
Part B excess charges	$0	100%	100%	100%
Skilled nursing facility (must meet Medicare's requirement)				
First 20 days	All approved amounts	$0	$0	$0
Day 21 through 100	All but daily coinsurance	100% of daily coinsurance*	100% of daily coinsurance*	100% of daily coinsurance*
Day 101 and after	$0	$0	$0	$0
Other benefits — not covered by Medicare				
Foreign travel medically necessary emergency care services beginning during the first 60 days of each trip outside the USA	$0	100% after $100 deductible to lifetime maximum of $50,000	100% after $100 deductible to lifetime maximum of $50,000	100% after $100 deductible to lifetime maximum of $50,000

*Plan pays actual expenses up to Medicare's daily coinsurance amount. Medicare calculates the Skilled Nursing Facility daily coinsurance by multiplying the Medicare Part A deductible by 1/8.

[1]This is a solicitation for insurance. Your call may connect you with a licensed agent/producer. Plan administered by Amwins Group Benefits. Amwins is a third party administrator for Transamerica Life Insurance Company. Amwins and Transamerica are not affiliated.

[2]For Public Employees' Retirement System of Mississippi (PERS) retirees and their dependents age 65 and older enrolled in Medicare Parts A and B.

*Transamerica Retiree Medical Insurance*SM is **underwritten by Transamerica Life Insurance Company (TLIC)**, Cedar Rapids, Iowa; or **Transamerica Financial Life Insurance Company (TFLIC)**, Harrison, NY. TFLIC is licensed to conduct business in New York. TLIC is authorized to conduct business in all other states. Policy form series: LM1000GPM, LM1000GCM, RM1000GPT, RM1000GCT; in New York RM1000GPTF and RM1000GCTF. Forms and form numbers may vary. Plans may not be available in some states. **Not connected with or endorsed by the U.S. Government or Federal Medicare Program**. Limitations and exclusions apply. Benefits are only paid for expenses that are Medicare Eligible as determined by the Federal Medicare Program or its administrators, except as otherwise specified. Refer to the policy, certificate, and riders for complete details. **OUTLINE OF COVERAGE AVAILABLE UPON REQUEST**. These Plan Descriptions may not include all benefits available to you. Descriptions and policy details may vary by state.

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Retiree Medical Insurance Enrollment Form

Underwritten by Transamerica Life Insurance Company or Transamerica Financial Life Insurance Company. Administered by Amwins Group Benefits.

Please print

Type of Coverage (check one): ☐ Member only ☐ Member and spouse

Member's full (legal) name: _____ Sex: ☐ Male ☐ Female

Address: _____

City: _____ State: _____ Zip: _____

Member's date of birth: _____ Social Security Number: _____

Member's Medicare ID #: _____ Member's Phone: _____

If member and spouse coverage checked, complete the following

Spouse's full (legal) name: _____ Sex: ☐ Male ☐ Female

Spouse's date of birth: _____ Social Security Number: _____

Spouse's Medicare ID #: _____ Spouse's Phone: _____

I/We hereby enroll in the Public Employees' Retirement System of Mississippi Limited Medical Expense Insurance Plan provided under Group Master Policy Numbers MZ0908161H, MZ0908162H, MZ0908163H and MZ0927934H issued by Transamerica Life Insurance Company or Transamerica Financial Life Insurance Company. I/We am/are age 65 or over and covered by Medicare Parts A & B. I/We understand this insurance will be effective on the date shown on the certificate schedule.

Member's Signature: _____ Date: _____

Spouse's Signature *(if applicable)*: _____ Date: _____

Licensed Resident Agent *(where required by law)*: _____ Date: _____

LM1000GAM

Complete and return this form with your first month's premium.

Call **844-304-6636** to expedite your enrollment.
Enrollment forms received by the 1st of the month will be effective the following month.

LOCID: 5783053
5783053

Please complete both sides of this form.
PERS-WEB27

System you retired from:

☐ PERS ☐ Mississippi Highway Safety Patrol ☐ Municipal Plan ☐ Supplemental Legislative Plan

Date of retirement: _____ Employer retired from: _____

Covered person(s): ☐ Retiree only ☐ Retiree and spouse ☐ Spouse only

2027 PERS of Mississippi Retiree Medical Insurance Rates

Select desired coverage		Age at time of enrollment					
Member	Spouse	65–69	70–74	75–79	80–84	85–89	90+
☐ **Plan option 1**	☐ **Plan option 1**	$114.94	$140.72	$169.65	$193.99	$220.45	$245.83
☐ **Plan option 2**	☐ **Plan option 2**	$132.58	$161.42	$192.80	$217.40	$242.98	$265.74
☐ **Plan option 3**	☐ **Plan option 3**	$221.66	$221.66	$221.66	$221.66	$221.66	$221.66

Premium Amount Enclosed $: _____ Effective Date of Coverage: _____

Do you currently have any Medicare Supplement policies or certificates in force (including Health Maintenance Organization contract or healthcare service contract)?

Retiree: ☐ Yes ☐ No
Spouse: ☐ Yes ☐ No

a) If **YES***, with which company?: _____

b) What kind of policy/certificate?: _____

c) Length of time you have had coverage: Years _____ Months _____

d) Will you be replacing the above listed policy/certificate upon acceptance of this enrollment form?: ☐ Yes ☐ No

*I understand it is my responsibility, if I desire to do so, to cancel my current coverage, if any, by notifying the provider or plan administrator of such coverage.

I authorize the Public Employees' Retirement System of Mississippi to automatically deduct the appropriate premiums from my monthly pension check.

Member's Signature: _____ Date: _____

Spouse's Signature *(if applicable)*: _____ Date: _____

Questions?

Call **844-304-6636**
Monday–Friday, 7 a.m. – 7 p.m. CT

Mail your completed application and initial payment to the Plan Administrator:

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

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Please complete both sides of this form.