

NOTICE TO RETIREES

Benefits Eligibility: Guaranteed Acceptance
No Waiting Period
30-Day Review

Rates: Retiree: \$147.66
Retiree and spouse: \$295.32

To Enroll: **Call 1-800-634-0168**
Or complete and return the enclosed form.

Dear PERS of Mississippi Retiree:

This is to alert you that, upon turning 65, you will be eligible to enroll in a **Public Employees' Retirement System (PERS) of Mississippi** benefit: the Retiree Medical Insurance Plan underwritten by Transamerica Premier Life Insurance Company.

The PERS of Mississippi Retiree Medical Plan is a plan for retirees currently enrolled in Medicare Parts A and B. It's designed to pay a number of the costs that Medicare does not cover (including most of the co-insurance amounts), reducing the out-of-pocket expenses you may pay.

Enclosed is a newsletter that outlines the benefits of this plan. It also provides you with some important tips and tools you can use to quickly evaluate this coverage. Please take a moment to read it carefully.

In brief, you will find that the PERS of Mississippi Retiree Medical Insurance Plan ensures the following:

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- **You can choose the doctors, hospitals, and clinics** you want to use who accept Medicare—anywhere in the U.S.
 - **You are guaranteed acceptance**, regardless of your present or past medical history, as long as you're enrolled in Medicare Parts A and B.
 - **You—and your spouse—can enjoy coverage immediately.** There's absolutely no waiting period; even pre-existing conditions are covered immediately.
 - **You can review your plan for a full 30 days**, and if you're not satisfied for any reason, you may cancel it for full refund of your premium. No questions asked.
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This Retiree Medical Insurance Plan is great coverage for PERS of Mississippi members like you!

If you have any questions, please call 1-800-634-0168 Monday through Friday from 7:00 a.m. – 5:00 p.m. CT. We look forward to hearing from you.

Sincerely,



Laurie A. Renko
Vice President, Transamerica Premier Life Insurance Company

P.S. To enroll, **call 1-800-634-0168 to speak to one of our licensed insurance professionals. Or complete and return the enclosed Enrollment Form with your first month's premium today.** After your first payment, your monthly premiums will be automatically deducted from your PERS of Mississippi pension check.

Answers to Your Questions About the PERS of Mississippi Retiree Medical Insurance Plan

Q. How do I know if I'm eligible for coverage?

A. You are eligible if you are retired from a system administered by PERS of Mississippi and have both Medicare Parts A and B.

Q. Can I go to any doctor, clinic, or hospital anywhere in the U.S.?

A. Yes. Plus, you are also covered for emergency medical care in foreign countries.

Q. Are there any plan exclusions?

A. Yes. This plan does not cover any expenses that are not Medicare approved, except those outlined on the plan chart (please see enclosed newsletter).

Q. Will my rates change as I get older?

A. No. Rates are not age based. The premium rates are the same for everyone. Rates will only increase if the rates for the entire group are increased.

Q. Will benefits keep pace with annual Medicare benefit changes?

A. Yes. You are guaranteed future benefit improvements that will keep pace with the annual changes in Medicare.

Q. Is there a 30-day, money-back cancellation period?

A. Absolutely. If for any reason you choose to cancel your coverage, you have up to 30 days to return your certificate for a full premium refund. No questions asked.

Q. If I currently have a Medicare supplement plan, can I still enroll in the Retiree Medical Insurance Plan?

A. You do not need both programs. If you choose coverage under the PERS of Mississippi Retiree Medical Insurance Plan and receive your new certificate of insurance, you can cancel your other supplemental coverage.

Q. If my pension check does not cover the premium payment, is there another way I can be billed?

A. There are three additional billing options:

- 1) direct monthly billing
- 2) monthly electronic drafts from your checking account
- 3) direct monthly billing to your Visa® or MasterCard®

Reminder: You can call to expedite your coverage.

Call 1-800-634-0168 or complete and mail the enclosed Form today.

Monday - Friday, 7 AM until 5 PM, Central Time.

BenefitWISE Newsletter

Your guide to getting the most from your PERS of Mississippi Retiree Medical Insurance Plan.

Spotlight on 5 Important Benefits Take a closer look

Take a closer look to see if the PERS of Mississippi Retiree Medical Insurance Plan is right for you.

▶ **Your choice of doctors, hospitals, and clinics throughout the U.S. who accept Medicare**

That means you can relax knowing you can keep the medical care providers you currently have...you never have to choose from a predetermined list of caregivers.

▶ **No premium increases due to your age**

Unlike many health insurance plans, the PERS of Mississippi Retiree Medical Insurance Plan is not age based. So your premium stays the same unless the rate is increased for all plan participants. You will never be singled out for a rate increase based solely on your age or change in your health.

▶ **Guaranteed acceptance**

There are no medical forms to fill out and no exams to take. Your coverage is guaranteed regardless of your present or past health condition, as long as you are enrolled in Medicare Parts A and B.

▶ **No waiting period**

There is absolutely no waiting for coverage. It begins the date your certificate of insurance is issued.

▶ **30-day free review**

You have a full 30 days to review your policy, and if you wish to cancel for any reason during that time, your premium will be 100% refunded. No questions asked. As a PERS of Mississippi retiree, it's important to us that you are completely satisfied with your coverage.

Did you
know?

You have 30 days to review the PERS of Mississippi Retiree Medical Insurance Plan risk-free.

If, for any reason, you wish to cancel your policy within 30 days of it being issued, you can, and your full premium will be returned. No questions asked.

To enroll today,
simply call

1-800-634-0168

7 a.m. – 5 p.m. CT,
Monday – Friday
or complete and
return the enclosed
Form today.

You, too, can take advantage of the benefits of the PERS of Mississippi Retiree Medical Insurance Plan. It's the program designed especially for retirees, like you, with benefits that fit your lifestyle.

RETIREE MEDICAL INSURANCE PLAN DESCRIPTION
MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD*

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies:			
■ First 60 days	All but \$1,288	\$1,288 (Part A Deductible)	\$0
■ 61st through 90th day	All but \$322 a day	\$322 a day	\$0
■ 91st day and after: While using 60 lifetime reserve days	All but \$644 a day	\$644 a day	\$0
■ Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0
■ Beyond the Additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital:			
■ First 20 days	All approved amounts	\$0	\$0
■ 21st through 100 th day	All but \$161 a day	Up to \$161 a day	\$0
■ 101st day and after	\$0	\$0	All costs
BLOOD			
■ First 3 pints	\$0	3 pints	\$0
■ Additional amounts	100%	\$0	\$0

*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.

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR*

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES			
In or Out of the Hospital and Outpatient Hospital Treatment , such as Physicians' services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
<ul style="list-style-type: none"> ■ First \$166 of Medicare Approved Amounts* 	\$0	\$0	\$166 (Part B Deductible)
<ul style="list-style-type: none"> ■ Remainder of Medicare Approved Amounts 	Generally 80%	16%	4%
<ul style="list-style-type: none"> ■ Part B Excess Charges (Above Medicare Approved Amounts) 	\$0	\$0	All costs
MENTAL HEALTH			
<ul style="list-style-type: none"> ■ First \$166 of Medicare Approved Amounts* 	\$0	\$0	\$166 (Part B Deductible)
<ul style="list-style-type: none"> ■ Remainder of Medicare Approved Amounts* 	Generally 80%	16%	4%
BLOOD			
<ul style="list-style-type: none"> ■ First 3 pints 	\$0	All costs	\$0
<ul style="list-style-type: none"> ■ First \$166 of Medicare Approved Amounts* 	\$0	\$0	\$166 (Part B Deductible)
<ul style="list-style-type: none"> ■ Remainder of Medicare Approved Amounts* 	80%	16%	4%
CLINICAL LABORATORY SERVICES			
<ul style="list-style-type: none"> ■ Blood tests for Diagnostic Services 	100%	\$0	\$0
PARTS A & B			
HOME HEALTH CARE			
MEDICARE APPROVED SERVICES:			
<ul style="list-style-type: none"> ■ Medically necessary skilled care services and medical supplies 	\$100	\$0	\$0
<ul style="list-style-type: none"> ■ Durable medical equipment: First \$166 of Medicare Approved Amounts* 	\$0	\$0	\$166 (Part B Deductible)
<ul style="list-style-type: none"> Remainder of Medicare Approved Amounts 	80%	16%	4%
OTHER BENEFITS — NOT COVERED BY MEDICARE			
FOREIGN TRAVEL			
<ul style="list-style-type: none"> ■ Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA: First \$100 each calendar year 	\$0	\$0	\$100
<ul style="list-style-type: none"> Remainder of Charges 	\$0	100% to usual and customary charges up to a lifetime maximum of \$50,000	\$0

*Once you have been billed \$166 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Did you
know?

This coverage includes medically necessary emergency care services for you and your spouse during the first 60 days of travel outside of the U.S. That's 100% of usual and customary charges up to a lifetime maximum of \$50,000.

Here's a WISE Tip:

Choosing the PERS of Mississippi Retiree Medical Insurance Plan can give you added peace of mind.

Transamerica Premier Life Insurance Company is an insurer you can trust. In fact, they have:

- ▶ Helped American families with their insurance needs since 1904.
- ▶ Received an "A+" (2nd of 16 ratings) from A.M. Best for Financial Strength, last affirmed July 15, 2015.
- ▶ Consistently provided the retirement community with innovative financial services and products geared specifically to their active lifestyles.

Want to learn more?

The PERS website is a valuable resource for retirees.

Visit www.pers.ms.gov and go to our retiree resources page. It links to policy providers and other pertinent information you may need as a retiree of PERS.

ENROLL in the way that's easiest for you:

- **Complete and mail the enclosed enrollment form with your first payment.**
- **Call 1-800-634-0168 to enroll over the phone.**

Exclusions

Benefit will not be paid for any expenses which are not determined to be Medicare Eligible Expenses by the Federal Medicare Program or its administrators, except as otherwise specified.

Underwritten by Transamerica Premier Life Insurance Company, Cedar Rapids, IA, a Transamerica Company
Master 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.



The PERS-Sponsored medical insurance plan is underwritten by Transamerica Premier Life Insurance Company (Cedar Rapids, IA).

Transamerica Premier Life Insurance Company (Cedar Rapids, Iowa)
Retiree Medical Insurance Plan Enrollment Form

**Complete and return this form
with your first premium**

PLEASE PRINT

Type of Coverage (check one): Member Only Member and Spouse

Name:
Address:

City: State: Zip:

Member's Date of Birth: / /
Social Security No.:

(If Member and Spouse Coverage checked, complete the following)

Spouse's Name: Sex: M F
Spouse's Date of Birth: / / Social Security No.:

I/We hereby enroll in the Public Employees' Retirement System of Mississippi Limited Medical Expense Insurance Plan provided under Group Master Policy Number [MZ0100711H0000A issued by Transamerica Premier 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.

I/We also understand this Plan will not pay benefits due to conditions for which I/we have been treated or advised during the six months immediately prior to the effective date, until I/we have been covered for six consecutive months.

Member's Signature: Date:
Spouse's Signature (if applicable): Date:
Licensed Resident Agent (where required by law): Date:

LM1000GAM

*Enrollment forms
received by the 1st
of the month will
be effective the
following month*

 **Call 1-800-634-0168 to expedite your enrollment.**

Please answer the following information:

Member's Medicare No.: Spouse Medicare No.:
Phone Number:
System you retired from: PERS Mississippi Highway Safety Patrol Municipal Plan Supplemental Legislative Plan
Date of Retirement: Employer Retired From:
Persons to be Covered: Retiree Only Retiree and Spouse Spouse Only
Monthly Premium: \$147.66 Retiree or Spouse Only Coverage \$295.32 Retiree and Spouse Coverage
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 health care service contract)?	Retiree	Spouse
a) If YES*, with which company? <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) What kind of policy/certificate? <input type="text"/>		
c) Length of time you have had coverage: <input type="text"/> Years <input type="text"/> Months		
d) Will you be replacing the above listed policy/certificate upon acceptance of this enrollment form?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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 acknowledge I have read the fraud warning statement on the reverse side of this form where applicable. I also authorize the Public Employee's 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:

RM1000GAM

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FRAUD WARNING

AR, CO, KY, LA, ME, NM, OH, OK, RI, TN and WA Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer files statement of claim or an application containing any false, incomplete or misleading information is guilty of a crime and may be subject to fines or confinement in prison.

DC Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FL Residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

MD Residents: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NJ Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

PA Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.



Underwritten by Transamerica Premier Life Insurance Company, Cedar Rapids, IA

Mail your completed application and initial payment to:

Transamerica Premier Life Insurance Company, Direct Response Division, P. O. Box 1341, Valley Forge, PA 19482-9946

Questions? Call 1-800-634-0168, Monday – Friday, 7 AM until 5 PM, Central Time