



Dear PERS of Mississippi Retiree:

Budgeting for your health care costs can be difficult, especially should Medicare not provide all the coverage you need. Fortunately, retiree medical insurance plans are designed to complement your Medicare benefits and help reduce the costs you have to pay out of your own power, which make it easier to budget your health care costs. Now might be a good time to consider a Retiree Medical Insurance plan.

You are now eligible to enroll in any one of three Retiree Medical insurance plans available through Public Employees' Retirement System of Mississippi (PERS). **Underwritten by Transamerica Life Insurance Company** of Cedar Rapids, IA and administered by Amwins Group Benefits, the three Retiree Medical Insurance plan options give you the flexibility to choose a plan that best fit your needs and budget.

In brief, you will find that the PERS of Mississippi Retiree Medical insurance plans ensure the following...

1. Competitive Rates.

The Retiree Medical Insurance plans have competitive group rates. That means you will not be singled out for a rate increase. Rates will only increase if rates for the entire group are increased. Compare the premiums of the Retiree Medical Insurance plans to those of other plans and see for yourself. If you're on a budget or just trying to manage monthly costs, competitive premiums may help you plan your budget.

2. Simplicity—no underwriting or health questions.

Your acceptance into the plan is guaranteed, regardless of your present or past medical history, as long as you're enrolled in Medicare Parts A and B.

3. Selection and Choice.

Select from three different plan designs and prices. With all three plans, you can choose the doctors, hospitals, and clinics you want to use who accept Medicare.

If you have any questions, please call 1-844-304-6636, Monday through Friday, from 7 AM to 7 PM, Central.

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.** This is a solicitation for insurance. Your call may connect you with a licensed agent/producer.

RETIREE MEDICAL INSURANCE PLANS

FOR PERS OF MISSISSIPPI RETIREES AND SPOUSES

If you're 65 or older and enrolled in Medicare parts A and B, Transamerica Life Insurance Company's Group Retiree Medical Insurance may help you cover costs Medicare doesn't pay such as co-insurance and deductibles. Benefits include:

- Guaranteed acceptance
- National coverage with freedom of choice
- No network restrictions

2025 MONTHLY PREMIUM TABLE COMPARISON

RETIREES AND SPOUSES HAVE MULTIPLE PLAN CHOICES		Premium rates are based on each individual's age and plan selection at the time you enroll.		
AGE AT ENTRY	PLAN ONE	PLAN TWO	PLAN THREE	
65 - 69	\$109.47	\$126.27	Composite Rate All Ages \$211.10	
70 - 74	\$134.02	\$153.73		
75 - 79	\$161.57	\$183.62		
80 - 84	\$184.75	\$207.05		
85 - 89	\$209.95	\$231.41		
90+	\$234.12	\$253.09		

You must continue to pay your Medicare Part B premium.

Master Policy Form Number LM1000GPM.SERIES Certificate Form Number LM1000GCS.SERIES

Exclusions - 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. This is a solicitation for insurance. Your call may connect you with a licensed agent/producer. These Plan Descriptions may not include all benefits available to you. Descriptions and policy details may vary by state.

Amwins is a third-party administrator for Transamerica Life Insurance Company. Amwins and Transamerica are not affiliated.

To Enroll



By mail: Complete, sign and mail the enrollment form to Amwins Group Benefits (Plan Administrator).



By phone (or for questions): call 1-844-304-6636 M-F, 7am - 7pm CT



2025 RETIREE MEDICAL INSURANCE PLAN COMPARISON-OUTLINE

For Public Employees' Retirement System of Mississippi (PERS) retirees and their dependents age 65 and older enrolled in Medicare Parts A and B. Plans for residents of all states except Florida, New York and Washington. The PERS of Mississippi Retiree Medical Insurance Plans are underwritten by Transamerica Life Insurance Company (Cedar Rapids, IA).

OUTLINE OF MOST FREQUENTLY USED BENEFITS. A COMPLETE BENEFIT SUMMARY IS AVAILABLE FOR EACH PLAN.

Benefits for Medicare-covered services and approved amounts	MEDICARE PAYS	PLAN ONE	PLAN TWO	PLAN THREE
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				
Part B Medicare deductible	\$0	\$0	\$0	\$0
Remainder of Medicare-approved amounts	Generally 80% after Part B deductible	After \$300 Part B and Benefit deductibles, pays 16% until annual out-of-pocket expenses maximum of \$1,000; thereafter plan pays 20%	After Part B deductible, plan pays 20% of eligible expenses subject to \$20.00 co-payment for each physician office visit	After Part B deductible, plan pays 16% of eligible expenses
Part B Excess Charges	\$0	100%	100%	0%
SKILLED NURSING FACILITY (MUST MEET MEDICARE'S REQUIREMENT)				
First 20 days	All approved amounts	\$0	\$0	\$0
21 st through 100 th day	All but daily coinsurance	100% of daily coinsurance*	100% of daily coinsurance*	100% of daily coinsurance*
101 st day 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.

Retiree Medical Insurance Plan

Transamerica Life Insurance Company

Enrollment Form

PLEASE PRINT

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

Member's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Sex M F

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 Numbers MZ0927931H, MZ0927932H, MZ0927933H and MZ0927934H issued by Transamerica 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

Please turn over and complete both sides...

Complete and return this form with your first premium.

Call 1-844-304-6636 to expedite your enrollment.

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

Please answer the following information:

Member's Medicare No.: _____ Spouse's Medicare No.: _____

Phone Number: (_____) _____

System you retired from: PERS Mississippi Highway Safety Patrol Municipal Plan Supplemental Legislative Plan

Date of Retirement: _____ Employer Retired From: _____

Check Box for Desired Coverage:

<p>Check box for covered person/s</p> <p><input type="checkbox"/> Retiree Only</p> <p><input type="checkbox"/> Retiree and Spouse</p> <p><input type="checkbox"/> Spouse Only</p>
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<input type="checkbox"/> PLAN ONE <small>(DIV. 0004-0005)</small>	<input type="checkbox"/> PLAN TWO <small>(DIV. 0006-0007)</small>	<input type="checkbox"/> PLAN THREE <small>(DIV. 0000-0002)</small>
Age at Entry	Age at Entry	Composite Rate
65 - 69 \$109.47	65 - 69 \$126.27	All Ages \$211.10
70 - 74 \$134.02	70 - 74 \$153.73	
75 - 79 \$161.57	75 - 79 \$183.62	
80 - 84 \$184.75	80 - 84 \$207.05	
85 - 89 \$209.95	85 - 89 \$231.41	
90+ \$234.12	90+ \$253.09	

Monthly Premiums are based on each individual's age and plan selection at the time when you enroll.

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

<p>Do you currently have any Medicare Supplement policies or certificates in force (including Health Maintenance Organization contract or health care service contract)?</p> <p>a) If YES*, with which company? _____</p> <p>b) What kind of policy/certificate? _____</p> <p>c) Length of time you have had coverage _____ Years _____ Months</p> <p>d) Will you be replacing the above listed policy/certificate upon acceptance of this enrollment form? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*I understand it is <u>my responsibility</u>, if I desire to do so, to cancel my current coverage, if any, by notifying the provider or plan administrator of such coverage.</p>	<p>Retiree</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Spouse</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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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: _____



Underwritten by Transamerica Life Insurance Company, Cedar Rapids, IA
 Mail your completed application and initial payment to the Plan Administrator:
 Amwins Group Benefits, 50 Whitecap Drive, North Kingstown, RI 02852

Questions? Call 1-844-304-6636, Monday – Friday, 7 AM until 7 PM, Central Time