



2017 Medicare Group Plan Rates

| 2017 MONTHLY PREMIUM PAYMENT SUMMARY | | | |
|--|---|---------------------------------------|---------------------------------------|
| Applicable ONLY IF You Elect to Enroll in an AmWINS Group Plan Option | | | |
| Plan Options | HIGH PLAN With ENHANCED Rx | MID PLAN With BASIC Rx | LOW PLAN With BASIC Rx |
| Based on \$130 Per Member Stipend Amount | | | |
| Monthly Cost Per Member: | \$248.85 | \$191.68 | \$161.68 |
| LESS Wayne County Stipend: | \$130.00 | \$130.00 | \$130.00 |
| Total Monthly Cost Per Member | \$118.85 | \$61.68 | \$31.68 |
| Based on \$135 Per Member Stipend Amount | | | |
| Monthly Cost Per Member: | \$248.85 | \$191.68 | \$161.68 |
| LESS Wayne County Stipend: | \$135.00 | \$135.00 | \$135.00 |
| Total Monthly Cost Per Member | \$113.85 | \$56.68 | \$26.68 |

PLEASE NOTE:

- Rates above are effective from January 1, 2017 to December 31, 2017 and are subject to change each year thereafter on January 1st.
- Once you have determined your monthly payment, make a check in the amount of your first monthly payment payable to "Wayne County/AmWINS Group Benefits, Inc." and mail to 50 Whitecap Drive, North Kingstown, RI 02852 in the enclosed postage-paid return envelope.
- Return the Direct Payment Authorization Form if you wish to have payments automatically withdrawn after the first month from your own financial institution.

Please detach and return with your check:

Member Name Spouse Name
 Address 1, Address 2
 City, State, Zip
 Stipend Amount: _____