



2021 Medicare Group Plan Rates

2021 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 \$132.60 Per Member Stipend Amount			
Monthly Cost Per Member:	\$295.24	\$224.49	\$190.50
LESS Wayne County Stipend:	\$132.60	\$132.60	\$132.60
Total Monthly Cost Per Member	\$162.64	\$91.89	\$57.90
Based on \$137.60 Per Member Stipend Amount			
Monthly Cost Per Member:	\$295.24	\$224.49	\$190.50
LESS Wayne County Stipend:	\$137.60	\$137.60	\$137.60
Total Monthly Cost Per Member	\$157.64	\$86.89	\$52.90

PLEASE NOTE:

- Rates above are effective from January 1, 2021 to December 31, 2021 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- Return the Direct Payment Authorization Form if you wish to have payments automatically withdrawn after the first month from your own financial institution.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: _____