

2022 Post-65 Group Retiree Healthcare Program

CONFIRMATION OF PLANS & RATES

If your county is currently enrolled in a package or would like to switch to a package program for 2022:

Please confirm below if you would like to remain in your current package or switch to an alternative package

Monthly Cost	Package 1	Package 2	Package 3
Medicare Supplement	\$261.00	\$146.00	\$239.00
Medicare Advantage	\$354.11	\$272.46	\$272.46
Prescription Drug	\$264.80	\$104.42	\$243.88
Please check box:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If your county is not enrolled in a package and would like to remain in your current plan for 2022:

Please check this box below and provide the name of your plan

We would like to remain in our current plan for 2022
 Plan Name: Medicare Supplement Plan F
 (Refer to your renewal email for your current plan selection)

Manage My Health

Please check this box if you would like to add MMH to your 2022 package

Yes, we would like to offer Manage My Health for 2022
 *\$10 Per Retiree Per Month added to monthly rates

James M. Dehner

Print Name

County Judge

Print Title

Signature

Date

8-30-21

AMWINS™

GROUP BENEFITS, LLC