

#15.



Texas Association of Counties
Retiree Medical Program

County/Entity: POLK COUNTY

Date: 11/10/08

Contact name: Jeanette Montgomery

Phone: 936-327-6802

Email: HR Supervisor

Fax: 936-327-6879

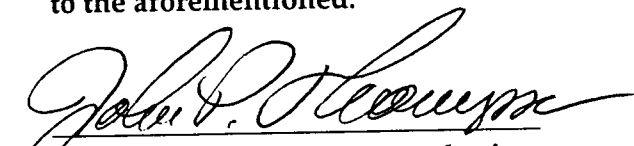
The Texas Association of Counties Health and Employee Benefits Pool (TAC HEBP) offers a Retiree Medical Benefits Program for Medicare eligible retirees through Monumental Life Insurance Company, Cedar Park, IA. Upon review of the Schedule of Benefits provided it has been decided to offer these benefits to retirees as of 01/01/09.

Participation Requirements:

County/Entity must submit payment for Monthly Billing

- County/Entity will enroll retiree via online enrollment system
- County/Entity must terminate retirees from TAC HEBP's health plan (if applicable.)
- CountyChoice Silver will be the only retiree medical program offered to your Medicare eligible retirees. (No other Medicare supplement or Medicare Advantage program will be offered to your retirees.)
- This coverage cannot be offered to any ACTIVE employee, regardless of age.

POLK (county/entity name) elects to offer CountyChoice Silver, authorizes its retirees to participate in the CountyChoice Silver Retiree Program, and agrees to the aforementioned.


Signature of Contracting Authority

11/10/08
Date

John P. Thompson
Print Name and Title

Please send completed document to:
TAC Health and Employee Benefits Program
Attention: Melissa Lopez
FAX: 512-481-8481
or P.O. Box 2131
Austin, TX 78768



Texas Association of Counties
Retiree Medical Program

Underwritten by Monumental Life Insurance Company, Cedar Rapids, IA
MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD*

*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.

Services	Medicare Pays	Plan Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies: First 60 days 61 st thru 90 th day 91 st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days Beyond the Additional 365 days	All but \$1,068 All but \$267 a day All but \$534 a day \$0 \$0	\$1,068 (Part A Deductible) \$267 a day \$534 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$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 21 st thru 100 th day each benefit period 101 st day and after	All approved amounts All but \$133.50 a day \$0	\$0 Up to \$133.50 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

Benefits 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. For more information, please refer to your Certificate.

CountyChoice Silver

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR*

*Once you have been billed \$135 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Medicare Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
MEDICAL EXPENSES – In or Out of the Hospital and Outpatient Hospital Treatment, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic test, durable medical equipment: First \$135 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts Part B Excess Charges (Above Medicare Approved Amounts)	\$0 generally 80% \$0	\$0 generally 20% \$0	\$135 (Part B Deductible) \$0 All costs
BLOOD* First 3 pints Next \$135 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$135 (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES Blood tests for Diagnostic Services	100%	\$0	\$0

MEDICARE PARTS A & B

HOME HEALTH CARE Medicare Approved Services: Medically necessary skilled care services and medical supplies Durable medical equipment: First \$135 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$135 (Part B Deductible) \$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: First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
---	------------	--	---

CountyChoice *Silver*
Texas Association of Counties
Retiree Benefits Program
Medical Plan - 2009

Underwritten by Monumental Life Insurance Company

(Benefits & Monthly Premium for Medical)

Core A
Core B – After payment of the standard Part B deductible plan pays 20% Medicare eligible Part B expenses.
Medicare Part A Deductible
Skilled Nursing – 1/8 Part A Deductible for days 21-100
Foreign Country Travel

Attained Age	Monthly Premium Per Retiree
65 – 69	\$122.12
70 – 74	\$146.58
75 – 79	\$173.13
80 - 84	\$197.61
85 - 89	\$218.46
90+	\$228.41

CountyChoice *Silver*

Texas Association of Counties Retiree Benefits Program

SilverScript Plan Design – 2009 Must be taken in conjunction with Medical Coverage

Monthly Premium for RX = \$137.62

Deductible	\$0	
Copay	Retail (34 day)	Mail (90 day)
Value Tier Generics*	\$5	\$8
Generic	\$10	\$15
Preferred Brand	\$25	\$56
Non Preferred Brand	\$60	\$165
Specialty	33%	N/A
Fill Gap with Generics, Brand & Specialty	Yes, see above copays	
Formulary	5 Tier	
Catastrophic Coverage	Greater of 5% of the cost of the drug, or copay of \$2.40 generics or \$6.00 brands.	

* At preferred pharmacies only, \$10 copay at non-preferred retail pharmacies

SilverScript Insurance Company is a leading nationwide Medicare Prescription Drug Plan covering over 540,000 beneficiaries. SilverScript Insurance Company is a Medicare Prescription Drug Plan that contracts with the Federal government.