



**Transamerica Life Insurance & Retiree RxCare  
2024 Renewal Notice and Benefit Confirmation**

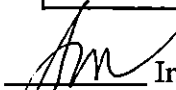
**Group: Polk County**

**Anniversary Date: 1/1/2024**

Below are the new renewal rates for TLIC medical and Retiree RxCare prescription drug coverages. Please initial and complete each section below. Authorized signature on the following page is required to confirm and accept your group's renewal. Email renewals to [CCS@county.org](mailto:CCS@county.org) by **9/30/2023**.

**RETIREE MEDICAL**

Attained Age	Current Rates	New Rates Effective 1/1/2024
65 – 69	\$170.46	\$179.63
70 – 74	\$204.76	\$215.96
75 – 79	\$241.97	\$255.36
80 - 84	\$276.31	\$291.73
85 – 89	\$305.55	\$322.69
90+	\$319.51	\$337.48

 Initial to accept 2024 retiree medical rates

Add Manage My Health for an additional \$10 per retiree per month.


**RETIREE RXCARE - PRESCRIPTION PART D**

**Current Rate**

**New Rate Effective 1/1/2024**

\$209.43

**\$213.62**

 Initial to accept 2024 retiree prescription rate.

**BILLING AND CONTRIBUTION SCHEDULE**

**List Bill** – A monthly invoice will be sent directly to the designated billing contact.

- Group is responsible for collecting premiums from the retirees/spouses.
- Group is responsible for submitting payment in full directly to TLIC.
- Please indicate contribution amount paid per month below.

	Amount Group Pays	Amount Retiree Pays
Medical Premium	\$ 179.63 - \$400.00	\$ 29.58 - \$151.10
RX Premium	\$ 213.62	\$ 0

**CountyChoice Silver  
Member Contact Designations  
Polk County**

**Contracting Authority:** As specified in the Interlocal Participation Agreement, each Member hereby designates and appoints a Contracting Authority of department head rank or above and agrees that TAC HEBP shall not be required to contact or provide notices to any other person. Further, any notice to, or agreement by, a Member's Contracting Authority, with respect to service or claims hereunder, shall be binding on the Member. Each Member reserves the right to change its Contracting Authority from time to time by giving written notice to TAC HEBP. Please complete each category below:

Please list changes and/or corrections below.

**Name/Title:** Fern Caddenhead/HR Director  
**Address:** 602 E Church St Ste 105  
Livingston, TX 77341  
**Phone:**  
**Fax:**  
**Email:**  
fern.caddenhead@co.polk.tx.us

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**Primary Contact:** Main contact for daily matters pertaining to the retiree benefits.

Please list changes and/or corrections below.

**Name/Title:** Amber Leloux/HR Director  
**Address:** 602 E. Church St, Suite 105  
Livingston, TX 77351  
**Phone:** 9363276802  
**Fax:** 9363276879  
**Email:** amber.leloux@co.polk.tx.us  
\*HIPAA Secure Fax\*

Fern Caddenhead/HR Director

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Fern.Caddenhead@co.polk.tx.us

**Billing Contact:** Responsible for receiving all invoices relating to retiree benefits. (Not applicable if Direct Bill)

Please list changes and/or corrections below.

**Name/Title:**  
**Address:**  
**Phone:**  
**Fax:**  
**Email:**

Fern Caddenhead/HR Director

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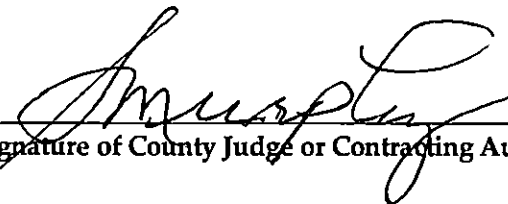
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\_\_\_\_\_  
**Signature of County Judge or Contracting Authority**

September 12, 2023  
\_\_\_\_\_  
**Date**

Sydney Murphy, Polk County Judge  
\_\_\_\_\_  
**Please PRINT Name and Title**



**AMWINS™**

## Bring on the Future

**2024 Renewal Summary:**  
Texas Association of Counties  
(Bundled Group)



# Texas Association of Counties (Bundled Group) 2024 Retiree Rx Plan Renewal

We are pleased to provide the 2024 Group Retiree Medical and Prescription Drug Program Renewal for Texas Association of Counties. Other than the annual Medicare deductible and co-insurance adjustments for Parts A, B, and D, the plan designs will remain unchanged for 2024. Please review the program details enclosed in this summary

Amwins is also excited to offer a comprehensive Retiree Assistance Program. This program, **Manage My Health**, offers greater assistance to retirees and spouses by giving them easy, confidential access to an immense suite of programs and services aimed at improving their physical, mental, and financial wellbeing. In 2024, retirees will have:

- Fitness Program & Membership
- 24/7 Telehealth Solutions
- Food Delivery Service
- 24/7 Counseling & Intervention
- Hearing Services & Benefits
- Health & Wellness Support
- Access to Discounts & Rewards

We are confident your retirees will greatly benefit from this retiree assistance program. Each employer group will need to select MMH for 2024 on their Renewal Acceptance, if they are choosing to include it in the 2024 benefits.

As always, Amwins Group Benefits will continue to provide our extensive administrative services including:

- |                                |                                      |
|--------------------------------|--------------------------------------|
| Eligibility Management         | Program Administration               |
| Annual and Monthly Enrollments | Billing and Collection of Premiums   |
| Retiree Communications         | Retiree Specialty Contact Center     |
| Customer Service               | Ongoing Retiree Advocacy and Support |

# Texas Association of Counties (Bundled Group) 2024 Retiree Rx Plan Renewal

## Medical Plan

Underwritten by: Transamerica Life Insurance Company

Effective January 1, 2024 – December 31, 2024

Plan G w/ \$20 OVC	2023	2024	% Increase	# of Lives
65-69	\$170.46	\$179.63	5.38%	146
70-74	\$204.76	\$215.96	5.47%	144
75-79	\$241.97	\$255.36	5.53%	91
80-84	\$276.31	\$291.73	5.58%	80
85-89	\$305.55	\$322.69	5.61%	38
90+	\$319.51	\$337.48	5.62%	6

## Prescription Drug Plan

Underwritten by: Elixir Insurance Company through Retiree RxCare

	2023	2024	% Increase	# of Lives
Rx Plan	\$209.43	\$213.62	2.00%	555

# Texas Association of Counties (Bundled Group) 2024 Retiree Rx Plan Renewal

## Retiree Program Plan Designs

### Medical Plan

Underwritten by: Transamerica Life Insurance Company  
Effective January 1, 2024 – December 31, 2024

	Plan G w/ \$20 OVC
Deductible *	\$226
Skilled Nursing	0%
Part B Co-insurance	0%
Total OOP Max **	Unlimited
Office Visit Copay	\$20
ER Visit Copay	\$0

\*Includes Part B Deductible (2023: \$226).

\*\*Includes Calendar Year Deductible

### Prescription Drug Plan Design:

Underwritten by: Express Scripts Medicare

2024	30 Day Retail (30 Day Retail)**	90 Day Retail Pharmacy (30 Day Retail)**
Calendar Year Deductible:	\$0	\$0
Tier 1	\$10	\$20
Tier 2	\$15	\$30
Tier 3	\$30	\$60
Tier 4	\$60	\$120
Tier 5	25%	25%
Coverage in the Gap*	Same copay schedule as above	
OOP over \$8,000	\$0	

\*After your total yearly drug costs reach \$5,030, you will pay the same co-payment schedule as noted above. The co-payments shown already include the manufacturer discounts on brand name drugs provided by the Medicare Coverage Gap Discount Program. Rates are effective through January 1, 2024 to December 31, 2024.



# Texas Association of Counties (Bundled Group) 2024 Retiree Rx Plan Renewal

## Retiree Program Plan Designs

### MAPD Plan: (WASHINGTON COUNTY ONLY)

Underwritten by: Humana

Effective January 1, 2024 – December 31, 2024

MAPD Plan	Package 1 High Plan
Calendar Year Deductible	\$0
Part B Co-Insurance	0%
Out-of-Pocket Maximum**	Unlimited
Office Visit Co-pay	\$0
Emergency Room Co-pay	\$0
Part D Prescription	30-day standard retail
Tier 1: Generic	\$5
Tier 2: Preferred Brand	\$25
Tier 3: Non-Preferred Brand	\$60
Tier 4: Specialty	33%
Coverage in Gap	Full Gap Coverage
OPX that Triggers Catastrophic	\$8,000

## Retiree Medical Insurance Plan Summary of Benefits

Underwritten by: Transamerica Premier Life Insurance Company

Calendar Year Deductible:                      Part B Deductible  
Office Visit Copay:                                \$20

### MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD\*

Services	Medicare Pays	Plan Pays	You Pay
<b>HOSPITAL CONFINEMENT BENEFIT*</b>			
Semiprivate room and board, general nursing and miscellaneous services and supplies:			
First 60 days	All but Part A Deductible	Part A Deductible	\$0
61 <sup>st</sup> through 90 <sup>th</sup> day	All but Part A Coinsurance	Part A Coinsurance	\$0
91 <sup>st</sup> through 150 <sup>th</sup> day (While using 60 lifetime reserve days)	All but Part A Coinsurance	Part A Coinsurance	\$0
Once Lifetime Reserve days are used:			
Additional 365 days:	\$0	100% of Medicare Eligible Expenses	\$0
Beyond the Additional 365 days	\$0	\$0	All costs
<b>SKILLED NURSING FACILITY CARE*</b>			
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	All approved amounts	\$0	\$0
21 <sup>st</sup> through 100 <sup>th</sup> day	All but Part A Coinsurance	Part A Coinsurance	\$0
101 <sup>st</sup> day and after	\$0	\$0	All costs
<b>BLOOD DEDUCTIBLE – Hospital Confinement and Out-Patient Medical Expense</b>			
When furnished by a hospital or skilled nursing facility during a covered stay.			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
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



## Retiree Medical Insurance Plan Summary of Benefits

Underwritten by: Transamerica Premier Life Insurance Company

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

Services	Medicare Pays	Plan Pays	You Pay
<b>OUT-PATIENT MEDICAL EXPENSES - - In or Out of the Hospital and Out-Patient Hospital Treatment, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:</b>			
Medicare Part B Deductible: First Dollars of Medicare-approved amounts**	\$0	\$0	Part B Deductible
Additional Medicare-approved amounts	80%	20%	\$0
Office Visit Copay	\$0	\$0	\$20
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	100%	0%
<b>BLOOD</b>			
First 3 pints	\$0	All costs	\$0
Next Dollars of Medicare Approved Amounts**	\$0	\$0	Part B Deductible
Additional Medicare-approved amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES</b>			
Blood tests for Diagnostic Services	100%	\$0	\$0

## Retiree Medical Insurance Plan Summary of Benefits

Underwritten by: Transamerica Premier Life Insurance Company

### MEDICARE PARTS A & B

Services	Medicare Pays	Plan Pays	You Pay
<b>HOME HEALTH CARE – Medicare Approved Services:</b>			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
<b>DURABLE MEDICAL EQUIPMENT</b>			
First Dollars of Medicare Approved Amounts*	\$0	\$0	Part B Deductible
Additional Medicare-approved amounts	80%	20%	\$0

### OTHER BENEFITS NOT COVERED BY MEDICARE

Services	Medicare Pays	Plan Pays	You Pay
<b>FOREIGN TRAVEL - Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA:</b>			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum of \$50,000	20% and amounts over the \$50,000 lifetime max

\*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.

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

***Benefits are paid only for those expenses which have been approved as eligible by the federal Medicare program.***

***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.***

***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***

***The summary of program benefits described herein is for illustrative purposes only. In case of differences or errors, the Group Policy governs.***



**2024 Prescription Drug Benefit Medicare Part D 5-Tier Plan**

January 1, 2024 – December 31, 2024

**Prescription Drug Benefits**

**Deductible and Limits on How Much You Pay for Covered Services**

**Annual Deductible**

There is no deductible for Retiree RxCare. You begin in the Initial Coverage Stage when you fill your first prescription of the year.

**Initial Coverage**

You pay the following until your total yearly drug costs reach \$5,030. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.

Tier	30 Day Retail Pharmacy Copay	90 Day Retail Pharmacy or Mail Order Copay
Tier 1	\$10	\$20
Tier 2	\$15	\$30
Tier 3	\$30	\$60
Tier 4	\$60	\$120
Tier 5	25%	25%

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

**Coverage Gap**

Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there may be a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$5,030.

With Retiree RxCare, after you enter the coverage gap, you will continue to pay your Initial Coverage Stage copayment amount for covered drugs until your costs total \$8,000, which is the end of the coverage gap. Not everyone will enter the coverage gap.

**Catastrophic Coverage**

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$8,000.

- You pay:
  - \$0