

Tricia Jacks

From: Andrea Walker <AndreaW@county.org> on behalf of CountyChoice Silver <ccs@county.org>
Sent: Wednesday, July 27, 2022 7:43 AM
To: Tricia Jacks
Cc: Daryl Melton
Subject: Sabine County CountyChoice Silver 2023 Renewal
Attachments: Package 1.pdf; Sabine County.pdf; CCS Policies and Procedures 2023.pdf

MEMORANDUM

TO: Sabine County
FROM: Texas Association of Counties Health & Employee Benefits Pool (TAC HEBP)
RE: 2023 CountyChoice Silver Retiree Medical Program Renewal
DATE: July 27, 2022

Attached is the retiree benefits renewal packet for the 2023 Plan Year.

Counties can choose a Package Plan. This will provide your retirees the option to choose Medical ONLY, Medical and Rx (includes a Medicare supplement plan which is combined with a Part D prescription plan), or a Medicare Advantage plan which includes a Part D prescription plan. Choosing a Package Plan provides the retirees more options and better pricing. Retirees can choose from one of three of the plans within the Package.

For CountyChoice Silver groups that subsidize retiree benefits, choosing a Package Plan will not affect your costs. The retiree would pay the difference for any extra benefits chosen.

Please note: If your County switches to a Package Plan and the retiree would like to keep the current Plan F and Rx Option 1, there is no action that needs to be taken. If the retiree opts to change to Medical Only or the Medicare Advantage, this should be done during the Open Enrollment period for the Centers for Medicare and Medicaid Services (CMS) from October 15th to December 7th. Retirees also have the option to drop their CountyChoice Silver coverage during this period. Once coverage is dropped, retirees cannot re-enroll into CountyChoice Silver. All changes will be effective January 1, 2023

Rates and details about what each plan covers are included in the attachment to this email. Please see page 2 to review the County's current plan in the CountyChoice Silver Program Summary. **If you change your plan option, all enrolled retirees will move to the newly selected plan as of January 1, 2023.**

To continue participation in the program, select your plan option, complete and sign the attached Sabine County 2023 Renewal Notice and Benefit Confirmation (RNBC), and the revised CountyChoice Silver Policies and Procedures. Return the forms by August 31, 2022. The signed documents can be emailed, faxed, or mailed to:

TAC HEBP
P.O. Box 2131
Austin, TX 78768



**Transamerica Life Insurance Company & Retiree Rx Care
2023 Renewal Notice and Benefit Confirmation**

Group: Sabine County

Please complete and initial each section. Signature on the following page is required to confirm your renewal. Renewal rate is effective on 1/1/2023.

MEDICAL PLAN

Current Plan: Plan F
Current Monthly Rate: \$261.00

- Renew and keep current plan. Rate effective 1/1/2023: \$261.00
- Renew and change to Package _____ Rate effective 1/1/2023: \$ _____
Medicare Supplement \$ _____ Medicare Advantage \$ _____

DM Initial to accept 2022 retiree medical rates

RETIREE RXCARE - PRESCRIPTION PART D

Current Plan: Rx Option 1
Current Monthly Rate: \$264.80

- Renew and keep current Rx option. Rate effective 1/1/2023: \$264.80
- Renew and change to Package _____ Rate effective 1/1/2023: \$ _____
Retiree RxCare: \$ _____
Medicare Advantage: _____ (Rx included in Medical Plan rate)

DM Initial to accept 2022 retiree prescription rate.

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

BILLING AND CONTRIBUTION SCHEDULE

Direct Bill: Retiree pays 100% of premium and will be billed directly by Transamerica each month.

DM Initial to accept Billing Method.

CountyChoice Silver
Member Contact Designations
Sabine 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:

Name: Daryl Melton
Title: County Judge
Address: PO Box 716
Hemphill, TX 75948
Phone: 409-787-3543
Fax: _____
Email: daryl.melton@co.sabine.tx.us

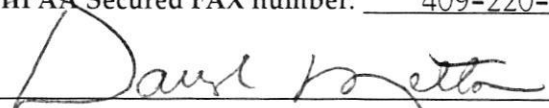
Primary Contact: Main contact for daily matters pertaining to the retiree benefits.

Name: Tricia Jacks
Title: County Treasurer
Address: PO Box 597
Hemphill, TX 75948
Phone: 409-787-2210
Fax: 409-220-8379
Email: treasurer@co.sabine.tx.us

Billing Contact: Responsible for receiving all invoices relating to retiree benefits.

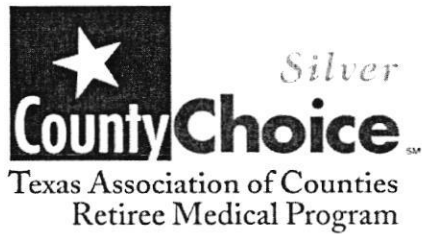
Name: Tricia Jacks
Title: County Treasurer
Address: PO Box 597
Hemphill, TX 75948
Phone: 409-787-2210
Fax: 409-220-8379
Email: treasurer@co.sabine.tx.us

HIPAA Secured FAX number: 409-220-8379


Signature of County Judge or Contracting Authority

08/08/2022
Date

Daryl Melton, County Judge
Please PRINT Name and Title



Transamerica Life Insurance Company (TLIC)

PROGRAM REQUIREMENTS & PROCEDURES

Acknowledgement

Sabine County acknowledges the attached document has been read and agrees to comply with the retiree program requirements and procedures.

Daryl Melton
Signature of County Judge or Contracting Authority

08/08/2022
Date

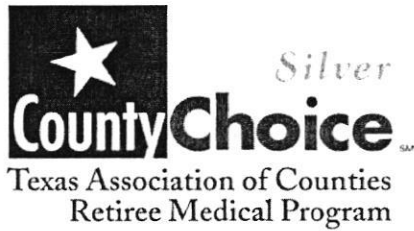
Daryl Melton
Print Name

County Judge
Title

If there are questions about requirements and procedures please contact your Employee Benefits Specialist at 800-456-5974.

PLEASE PROVIDE A COPY OF THIS NOTICE TO YOUR PRIMARY CONTACT AND BILLING CONTACT

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Transamerica Life Insurance Company (TLIC) Supplement Plan

The Texas Association of Counties Health and Employee Benefits Pool (TAC HEBP) offers a Retiree Medical Benefits Program for Medicare eligible retirees through Amwins and Transamerica Life Insurance Company (TLIC). The following contains program information along with requirements that must be met in order to participate in the CountyChoice Silver (CCS) retiree program.

Program Requirements & Procedures

- Participants must meet the group's retirement qualifications and must be enrolled in Medicare Parts A & B.
- CCS will be the only retiree medical program offered to your Medicare eligible retirees. (No other Medicare supplement or Medicare Advantage program or group plan may be offered to your retirees.)
- By Federal Law this coverage cannot be offered to any ACTIVE employee, regardless of age.
- Transamerica does not coordinate benefits with any other individual or group coverage plan.
- This program offers three Package Plans for medical and prescription drug coverage. The group must elect one Package Plan to be offered to all retirees.

NOTE: Stand-alone prescription drug coverage is not available.

Billing Options

- Group must sign authorization form to confirm billing option selected. Below are the options available.
 1. **LIST** (the Employer pays 100% of premiums); the monthly bill is sent to the Employer.
 2. **DIRECT** (the Employer pays \$0 premium); the bill is sent to the retiree monthly.
 3. **SPLIT** (the Employer pays a portion of the premium); employer must indicate the contribution levels for Employer and for Retirees. Bills will be created and sent to the Employer for the Employer portion and to the Retiree for any remaining balance.

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New Group Set-up

- 90 days is required for group set up process and implementation: 60 days to set up a new group and 30 days to process retiree enrollment into TLIC.

Retiree Enrollments

- Group will be responsible for providing the retiree enrollment packet at the time the employee retires.
- Enrollment requests form must be submitted to TAC HEBP or to Amwins.
- Benefits will be effective the first of the month following the date enrollment form is received.

Termination Reporting

TAC HEBP Group Health Terminations

- All group health employee terminations must be processed by the group prior to the TLIC effective date.
- Terminations processed via the TAC HEBP's Online Administrative System (OASYS) must be submitted by the group within the allowed 5-day grace period.
- Terminations reported after the 5th of the next month will be extended to the end of the following month, and the employer is responsible for these contributions.

Transamerica (TLIC) Terminations

- Termination requests must be submitted in writing to Amwins.
- Termination will be effective the first of the month following the date request is received.
- Group and retiree payments must be made to Amwins within 30 days. There is a 30-day grace period after the payment due date. Coverage will be terminated if payment has not been received after the 30-day grace period.

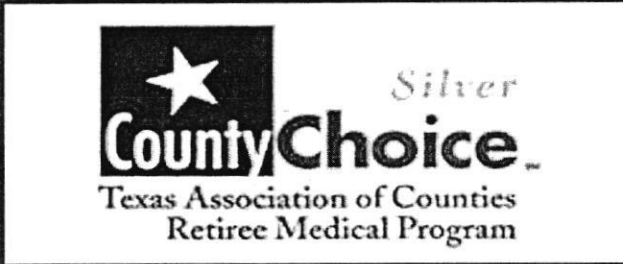
Open Enrollment Entries

Open enrollment for current and new members begins October 15th through December 7th of this year. This is the **only** time election changes will be accepted by the Centers for Medicare and Medicaid Services (CMS); **midyear changes will no longer be accepted.**

AMWINS™

Bring on the Future

2023 Package 1
Program Summary



2023 Package 1 Program Summary

Texas Association of Counties Health and Employee Benefits Pool is pleased to provide the 2023 Post-65 Group Retiree Healthcare Package 1 Program Summary.

Plan Designs & Rates:

Medical Plan

Underwritten by Transamerica Life Insurance Company

Medical Plan	Package 1
Monthly Cost	\$261.00
Calendar Year Deductible*	\$0
Skilled Nursing	0%
Part B Co-Insurance	0%
Out-of-Pocket Maximum**	Unlimited
Office Visit Co-pay	\$0
Emergency Room Co-pay	\$0

*Includes Part B Deductible (2022: \$233.00).

**Includes Calendar Year Deductible

Prescription Drug Plan

Underwritten by Retiree RxCare underwritten by Elixir Insurance

Prescription Drug Plan (30 Day Retail)	Package 1
Monthly Cost:	\$264.80
Annual Deductible:	\$0
Tier 1: Generic	\$5
Tier 2: Preferred Brand	\$25
Tier 3: Non-Preferred Brand	\$60
Tier 4: Specialty	25%
Coverage in Gap*	Full Gap Coverage
Out-of-Pocket over \$7,400.01+	Greater of 5% of the cost of the drug or co-pay of \$4.15 for Generics or \$10.35 for Brands.

2023 Package 1 Program Summary

Plan Designs & Rates (continued):

MAPD Plan

Underwritten by Humana

MAPD Plan	Package 1
Monthly Cost	\$359.43
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	
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

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About Manage My Health

Available to Medicare Supplement Members



Creating healthier and happier Retirees.

Manage My Health is the most comprehensive retiree assistance program on the market, featuring a robust package of services available exclusively to retirees and their families. The program helps seniors enjoy a healthier and happier lifestyle by providing access to physical, mental, nutritional and financial support through a trusted network of senior-centric program partners.

Manage My Health is a powerful resource and a great opportunity for organizations to encourage their former workers to take an active interest in improving their personal well-being.



Fitness Program

Healthy aging and exercise program that includes nationwide fitness center access, home fitness kits, personal coaching, and a mobile app.



Telehealth Solutions

24/7 Physician consultations by phone. (\$0 copay) Treatments include: Common colds, Rx authorizations, sprains, strains and more.



Hearing Services

Hearing benefits, including free screenings, discounts, low-price guarantees, warranties, no interest financing and more.



Counseling & Intervention

24/7 immediate access to counselors. Ideal for: Anxiety, depression, addiction, family issues, debt & money management.



Health & Wellness Support

Online resource for personal health and wellness. Including: Nutrition, senior friendly workouts, and health risk assessments.



Food Delivery Service

Healthy meals prepared to meet any dietary restriction and delivered to you and your loved ones.



Discounts and Rewards

Access to extensive savings and discounts through an exclusive, easy-to-use online marketplace.

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**MANAGE
MY HEALTH**

AMWINS

2023 Package 1 Program Summary

Please contact your TAC HEBP Employee Benefit Specialist by **August 31, 2022** if:

- If you don't already offer the complete Package 1 and are interested in offering the complete Package 1 for 2023.
- If you should need to make any changes to your primary contact or billing method for 2023.
- If your county doesn't already offer Manage My Health and would like to include this benefit for 2023 at an additional \$10 Per Member Per Month.

Included with this summary is the TAC HEBP 2023 Renewal Notice and Benefit Confirmation. Please complete and initial each section and sign to confirm your renewal for 2023. The notice should be returned to your TAC HEBP Employee Benefit Specialist by **August 31, 2022**.

The following contacts at Amwins are available to help you with any questions about your plans.

Amwins Points of Contact

Heide Sisson, Director, Relationship Management
Phone: 401-734-5939 Email: heide.sisson@amwins.com

Vanessa Hagen, Team Lead, Relationship Manager
Phone: 401-734-4118 Email: vanessa.hagen@amwins.com

- All Day-to-Day issues, Escalations, Billing, ID cards, General Questions and Client Support.
- The Relationship Management Team will engage internal and external resources as needed.

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