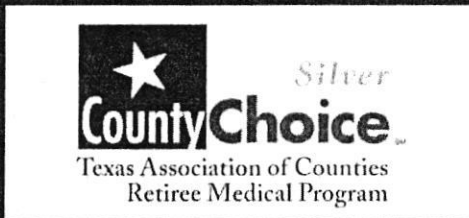


AMWINS™

Bring on the Future

2024 Renewal Summary:



Texas Association of Counties 2024 Retiree Medical & Rx Plan Renewal

Renewal Summary

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
Annual and Monthly Enrollments
Retiree Communications
Customer Service

Program Administration
Billing and Collection of Premiums
Retiree Specialty Contact Center
Ongoing Retiree Advocacy and Support

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GROUP BENEFITS, LLC

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Texas Association of Counties 2024 Retiree Medical & Rx Plan Renewal

Medical Plan

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

	2023	2024	% Increase	# of Lives
Medical Package 1	\$261.00	\$279.08	6.93%	368
Medical Package 2	\$146.00	\$155.45	6.47%	42
Medical Package 3	\$239.00	\$255.43	6.87%	0

Prescription Drug Plan

Underwritten by: Elixir Insurance Company through Retiree RxCare
Effective January 1, 2024 – December 31, 2024

	2023	2024	% Increase	# of Lives
Rx Package 1	\$264.80	\$274.07	3.50%	291
Rx Package 2	\$104.35	\$108.00	3.50%	41
Rx Package 3	\$231.69	\$239.80	3.50%	166

MAPD Plan

Underwritten by: Humana
Effective January 1, 2024 – December 31, 2024

	2023	2024	% Increase	# of Lives
MAPD Package 1	\$359.43	\$374.85	4.29%	36
MAPD Package 2 & 3	\$276.51	\$288.27	4.25%	5

Amounts are inclusive of all services performed by Amwins Group Benefits, insurance premiums, and non-insurance costs (\$10 for TAC).
Administration services are provided by Amwins Group Benefits, LLC, a division of Amwins Group, Inc.

Texas Association of Counties 2024 Retiree Medical & Rx Plan Renewal

Retiree Program Plan Designs

Medical Plan

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

	Package 1	Package 2	Package 3
Deductible *	\$0	50%	50%
Skilled Nursing	0%	50%	0%
Part B Co-insurance	0%	50%	0%
Total OOP Max **	Unlimited	\$4,620	Unlimited
Office Visit Copay	\$0	50%	\$0
ER Visit Copay	\$0	50%	\$0

*Includes Part B Deductible (2023: \$226). Retiree is responsible for 50% of both the Part A and B deductible if enrolled in Package 2. Only responsible for 50% of Part B deductible for Package 3.

**Includes Calendar Year Deductible

Prescription Drug Plan:

Underwritten by: Elixir Insurance Company through Retiree RxCare
Effective January 1, 2024 – December 31, 2024

Prescription Drug Plan (30 Day Retail)	Package 1	Package 2	Package 3
Annual Deductible:	\$0	\$0	\$0
Tier 1: Generic	\$5	\$5	\$10
Tier 2: Preferred Brand	\$25	\$25	\$30
Tier 3: Non-Preferred Brand	\$60	\$60	\$65
Tier 4: Specialty	25%	25%	25%
Coverage in Gap*	Full Gap Coverage	Tier 1 only Gap Coverage \$8,000	Full Gap Coverage

*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.

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GROUP BENEFITS, LLC

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Texas Association of Counties 2024 Retiree Medical & Rx Plan Renewal

Retiree Program Plan Designs *(continued)*

MAPD Plan:

Underwritten by: Humana

Effective January 1, 2024 – December 31, 2024

MAPD Plan	Package 1 High Plan	Package 2 & 3 Low Plan
Calendar Year Deductible	\$0	\$0
Part B Co-Insurance	0%	0%
Out-of-Pocket Maximum**	Unlimited	\$2,400
Office Visit Co-pay	\$0	\$10
Emergency Room Co-pay	\$0	\$90
Part D Prescription	30-day standard retail	
Tier 1: Generic	\$5	\$5
Tier 2: Preferred Brand	\$25	\$25
Tier 3: Non-Preferred Brand	\$60	\$60
Tier 4: Specialty	33%	33%
Coverage in Gap	Full Gap Coverage	Tier 1 Only Gap Coverage (25% all other Tiers)
OPX that Triggers Catastrophic	\$8,000	\$8,000



Transamerica Life Insurance Company & Retiree Rx Care 2024 Renewal Notice and Benefit Confirmation

Group: Sabine County
Return to TAC by: 9/30/2023

Please complete and initial each section confirming your groups retiree health benefits. Renewal rate is effective on 1/1/2024. Email renewals to CCS@county.org.

MEDICAL + PRESCRIPTION PLAN

Current Plan: Plan F, Rx Option 1

Current Monthly Rate:

- Medical: \$279.08
- Rx: \$274.07
- Total: \$553.15

Renew and keep current plan.

Change to a Package Option (select only one from the list below):

PACKAGE OPTIONS

Package 1

- Medical: \$279.08
- Rx: \$274.07
- MedAdvantage:
\$374.85

Package 2

- Medical: \$155.45
- Rx: \$108.00
- MedAdvantage:
\$288.27

Package 3

- Medical: \$255.43
- Rx: \$239.80
- MedAdvantage:
\$288.27

_____ Initial to accept 2024 retiree Medical plan and Rx option or package options rates.

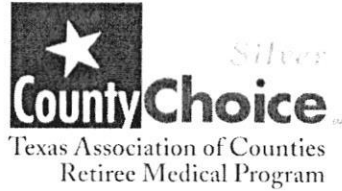
MANAGE MY HEALTH (OPTIONAL)

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

Dm Initial to accept Manage My Health.

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Transamerica Life Insurance Company & Retiree Rx Care 2024 Renewal Notice and Benefit Confirmation

BILLING AND CONTRIBUTION SCHEDULE

Please select your preferred billing option (Current billing option is Direct):

- Direct Bill:** Invoice for 100% of the cost to each retiree.
- List Bill:** Invoice sent to the employer for 100% of the cost for each retiree. Employer will be responsible for collecting any premium due from retirees/spouses.
- Split Bill:** Invoice will be sent to the group for employer subsidy and Amwins will send invoice to retiree for their remaining portion. (Please see next page.)

- **Split Billing:** Please indicate monthly contributions levels for Employer and Retirees:

	Medical Premium	Rx Premium	MedAdvantage
Paid by Employee	\$ _____	\$ _____	\$ _____
Paid by Retiree	\$ _____	\$ _____	\$ _____

 Djn 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:

Please list changes and/or corrections below.

Name/Title: Daryl Melton/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.


Please list changes and/or corrections below.

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

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:



 Signature of County Judge or Contracting Authority

09/25/2023

 Date

 Daryl Melton, Sabine County Judge
 Please PRINT Name and Title