

Thank you your interest in the CountyChoice Silver program. In order to provide competitive healthcare options with comprehensive coverage and exceptional service, TAC HEBP contracts with a program administrator to manage the CountyChoice Silver retiree medical plan underwritten by Transamerica Life Insurance Company, the Retiree RxCare Medicare Part D prescription drug plan underwritten by Elixir Insurance, and the Medicare Advantage plan underwritten by Humana. The program administrator beginning January 1, 2022 was Amwins Group Benefits, LLC. The TLIC retiree medical plans offer excellent benefits and minimal out of pocket expenses for retirees, at a reasonable premium. This program provides access to a NurseLine, Disease Management, Wellness advice, and various discount programs.

We offer three retiree packages in which the group may select one to offer retirees. The billing methods vary to accommodate each employer.

Each package outlined in this proposal includes one Medicare Supplement Plan, which may be combined with one Prescription Drug plan as well as one Medicare Advantage PPO Plan with Prescription Drug coverage. Retirees are able to choose which of these plans they wish to enroll in based on their needs.

Medicare Supplement Plan only:

- Requires retirees to have both Medicare Part A & B
- A Medicare Supplement Plan is designed to supplement Medicare Parts A &
 B. Medicare pays primary and supplement plan pays secondary
- Nationwide coverage
- Retirees may see any provider who accepts Medicare
- Retirees will have one ID card

Medicare Supplement Plan with Rx:

- Requires retirees to have both Medicare Part A & B
- A Medicare Supplement Plan is designed to supplement Medicare Parts A&B. Medicare pays primary and supplement plan pays secondary
- Nationwide coverage
- Retirees may see any provider who accepts Medicare
- Retirees will have two ID cards

Medicare Advantage Plan with Rx:

- Requires retirees to have both Medicare Part A & B
- A Medicare Advantage plan is similar to a health insurance plan with all the rights and privileges of traditional Medicare
- Nationwide coverage
- Retirees may see any provider who accepts Medicare
- Non-differential PPO same benefits in and out-of-network
- One ID card for medical and Rx (no need to show Medicare card)

Enclosed are rates, program requirements and summaries for all package plan options for your review. Should your group elect to participate in the CountyChoice Silver (CCS) retiree benefits program, the required group enrollment paperwork must be submitted.

For questions, please contact your Employee Benefits Specialist. You may contact them by phone at (800) 456-5974 or by email.

SUMMARY OF PLANS & RATES

Fully Insured Retiree Medical Plan Options

Underwritten by Transamerica Life Insurance Company

Medical Plan	Package 1 Plan F	Package 2 Plan K	Package 3 Plan G
Monthly Cost	\$261.00	\$146.00	\$239.00
Calendar Year Deductible*	\$0	50%	50%
Skilled Nursing	0%	50%	0%
Part B Co-Insurance	0%	50%	0%
Out-of-Pocket Maximum**	Unlimited	\$4,620	Unlimited
Office Visit Co-pay	\$0	50%	\$0
Emergency Room Co-pay	\$0	50%	\$0

Fully Insured Prescription Drug Plan Option

Underwritten by Retiree RxCare underwritten by Elixir Insurance

Prescription Drug Plan (30 Day Retail)	Package 1 Plan 1	Package 2 Plan 2	Package 3 Plan 3
Monthly Cost:	\$264.80	\$104.42	\$231.69
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	Full Gap Coverage
Out-of-Pocket over \$6,550	Greater of 5% of the cost of the drug or co-pay of \$3.95 for Generics and 9.85 for Brands		

Plans and Rates shown are effective 1/1/2023 and are subject to change each year on January 1st.



GROUP BENEFITS, LLC

2022 Post-65 Group Retiree Healthcare Program

SUMMARY OF PLANS & RATES, continued

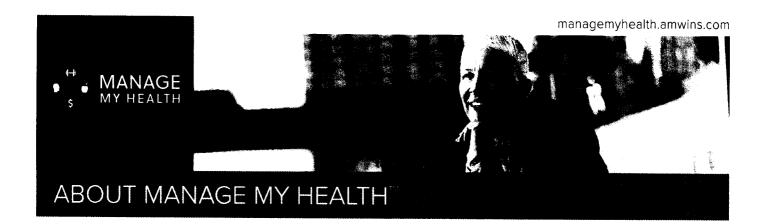
Medicare Advantage (MAPD) Plan Options

Underwritten by Humana

MAPD Plan	Package 1 High Plan	Package 2 & 3 Low Plan
Monthly Cost	\$359.43	\$276.51
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		
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



GROUP BENEFITS, LLC



CREATING HAPPIER AND HEALTHIER 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.

Common colds Sprains and strains	 Respiratory infections Arthritic pain 	 Rx authorizations \$0 Copay	 Access to experienced caregivers In-depth background checks 	 Caregiver/Client matching process Savings up to 50%
Counselin to counselors	ng & Intervention— ; unlimited counseling set	24/7 immediate access ssions. Ideal for:	Health & Wellness S personal health and wellnes	Support—Online resource for ss. Features include:
Alcohol or drug abus Anxiety, depression Debt & money mana	and grief • And more!		 Health risk assessments Senior-friendly workouts and instructions 	 Daily tips on nutrition, weight loss and exercise Medical diagnosis library
You or your lo	ivery Service-Health oved ones	y meals delivered to		 Access a network of specialists based on your specific needs:
you or your lo	eals delivered • Single ord • Can be ord	-		
You or your lo Freshly prepared me to your door Special senior & diet	eals delivered • Single ord • Can be ord	er or meal program dered for loved ones	 At least three recommended specialists Verified insurance acceptance 	 based on your specific needs: Confirmation of appointment availability and necessary medical records or tests iscount hearing benefits for you

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



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.

Transamerica Packet Revised 08/22



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.**

Transamerica Packet Revised 07/22



Transamerica Life Insurance Company (TLIC)

PROGRAM REQUIREMENTS & PROCEDURES

Acknowledgement

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

Signature of County Judge or Contracting Authority

SENTON Print Name

<u>H/28/2022</u> Date Courety Jubles 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

Transamerica Packet 08/22



Amwins & Transamerica Life Insurance Company (TLIC)

Group Authorization Form

<u>Montague County</u> has elected to offer the CountyChoice Silver (CCS) retiree medical benefits program and authorizes its retirees to participate in CCS. Furthermore, the group agrees to comply with the participation requirements listed below.

Effective date for retiree benefits: <u>**D**</u><u>**2**</u><u>**1**</u><u>**2**</u><u>**2**</u><u>**3**</u>

PACKAGE **OPTIONS**

Indicate below the plan selection that will be offered to your retirees:

Select one:

XPACKAGE 1 (Medicare Advantage Plan 1 and Senior Supplement Plan F with Rx Plan 1)

□PACKAGE 2 (Medicare Advantage Plan 2 and Senior Supplement Plan K with Rx Plan 2)

PACKAGE 3 (Medicare Advantage Plan 2 and Senior Supplement Plan G with Rx Plan 3)

BILLING OPTIONS

Indicate below billing method that will be offered to your retirees:

Select one:

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

□ List Bill: A monthly invoice will be sent to the designated Billing Contact. Payment must be submitted directly to Amwins. The County will be responsible for collecting premiums from retirees/spouses.

Please indicate monthly contribution levels for Employer and Retirees: amount totals below must equal 2023 premium.

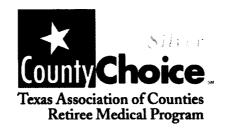
Medical Premium

Rx Premium

\$ _____ paid by Employer
\$ _____ paid by Retiree

\$ _____ paid by Employer
\$ _____ paid by Retiree

New Group Setup Packet Revised 08/22



BILLING OPTIONS CONTINUED

□ **Split Bill** – 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.
- Amount totals below must equal 2023 premium.

Please indicate monthly contribution levels for Employer and Retirees:

Medical Premium

\$_____ paid by Employer

\$ _____ paid by Retiree

Rx Premium

\$_____ paid by Employer

\$ _____ paid by Retiree

Signature of County Judge or Contracting Authority

or contracting Authority <u>11/28/2022</u> Date BENTOH, COUNTY JUNCE Please PRINT Name and Title

New Group Setup Packet Revised 08/22



Member Contact Designations

Contracting Authority: As specified in the Interlocal Participation Agreement, each Member hereby designates and appoints, as indicated in the space provided below, 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 HEBP.

Name:	Kevin Benton
Title:	County Judge
Address:	PO Box 475
	Montague Tx 76251
Phone:	940-894-2401
Fax:	940-894-3999
Email:	CO. judge @ CO. montague. tx. us

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

Name:	Jenniter Fenoalio
Title:	County Treasurer
Address:	PO BOX 184
	Montaque Tx 76251
Phone:	940-894-2161
Fax:	940-894-3110
Email:	j. fenoglio @ co. montague. tr. us
	- 0

Billing Contact: Responsible for receiving all invoices relating to retiree benefits. ****NOTE:** NOT REQUIRED FOR DIRECT BILL GROUPS**

Name:		_
Title:		
Address:		
Phone:		
Fax:		
Email:		
HIPAA Secu	red FAX number:	
P	3 T	
Signature of		-

County Judge or Contracting Authority EXIL Please PRINT Name and Title

11/23/2022 Date