

AMWINS

Bring on the **Future**



Silver
County Choice
Texas Association of Counties
Retiree Medical Program

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

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	Full Gap Coverage
OPX that Triggers Catastrophic		\$8,000	

*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.



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: Montague 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.

PACKAGE PLANS

Current Package: Package 1

Current Monthly Rates:

- Medical Only: \$279.08
- Rx: \$274.07
- Medicare Advantage: \$374.85

- Renew and keep current plan.
- Change Package option (select only one from the list below)

PACKAGE OPTIONS

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Package 2 | <input type="checkbox"/> Package 3 |
| • Medical: \$155.45 | • Medical: \$255.43 |
| • Rx: \$108.00 | • Rx: \$239.80 |
| • MedAdvantage: \$288.27 | • MedAdvantage: \$288.27 |

KTB Initial to accept 2024 retiree package options rates.

MANAGE MY HEALTH (OPTIONAL)

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

_____ Initial to accept Manage My Health.



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

Group: Montague County

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 indicate monthly contributions levels for Employer and Retirees:

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

 Initial to accept Billing Method.

CountyChoice Silver Member Contact Designations Montague 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: Treasurer/Jennifer Fenoglio
Address: PO Box 186
Montague, TX 76251
Phone: 940-894-2161
Fax:
Email: j.fenoglio@co.montague.tx.us

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

Please list changes and/or corrections below.

Name/Title: Jennifer Fenoglio/County
Treasurer
Address: PO Box 186
Montague, TX 76251
Phone: 940-894-2161
Fax: 940-894-3110
Email: j.fenoglio@co.montague.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

11 September 2023
Date

Kevin Benton, County Judge

Please PRINT Name and Title



c/o Amwins Group Benefits, LLC
50 Whitecap Drive
North Kingstown, RI 02852

Texas Association of Counties 2024 Post-65 Retiree Benefit Plans Package 1



**GROUP RETIREE MEDICAL
Package 1**



Medicare (Part A) – Hospital Services	Medicare Pays	Plan Pays	You Pay
HOSPITAL CONFINEMENT BENEFIT			
Semi-private room and board, general nursing and medical/nursing services and supplies.			

First 60 days	All but \$1,600	\$1,600 (Part A deductible)	\$0
61 st through 90 th day	All but \$400 per day	\$400 per day	\$0
91 st through 150 th day (while using 60 lifetime reserve days)	All but \$800 per day	\$800 per day	\$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

SKILLED NURSING FACILITY CARE			
You must meet Medicare's requirements, including being hospitalized 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 st through 100 th day	All but \$200 a day	Up to \$200 a day	\$0
101 st day and after	\$0	\$0	All costs

BLOOD DEDUCTIBLE – Hospital Confinement and Out-Patient Medical Expense			
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

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

Medicare (Part B) – Medical Services	Medicare Pays	Plan Pays	You Pay
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 nursing services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment)			
Medicare Part B Deductible: First \$226 of Medicare-approved amounts**	\$0	\$226 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	0%
Part B Excess Charges (Above Medicare Approve Amounts)	\$0	100%	0%

The Medicare Parts A and B deductibles and co-insurance amounts shown are the 2023 amounts. Your plan will automatically adjust to the changes to Medicare Parts A and B amounts for 2024.

**GROUP RETIREE MEDICAL
Package 1**



Medicare (Part B) – Medical Services	Medicare Pays	Plan Pays	You Pay
--------------------------------------	---------------	-----------	---------

BLOOD

First 3 pints	\$0	All costs	\$0
Next \$226 of Medicare Approved Amounts**	\$0	\$226 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

CLINICAL LABORATORY SERVICES

Blood tests for Diagnostic Services	Blood tests for Diagnostic Services	Blood tests for Diagnostic Services	Blood tests for Diagnostic Services
-------------------------------------	-------------------------------------	-------------------------------------	-------------------------------------

Medicare (Parts A & B)	Medicare Pays	Plan Pays	You Pay
------------------------	---------------	-----------	---------

HOME HEALTH CARE – Medicare Approved Services

Medically necessary skilled care services and medical supplies	100%	\$0	\$0
--	------	-----	-----

DURABLE MEDICAL EQUIPMENT

First \$226 of Medicare Approved Amounts**	\$0	\$226 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

Benefits Not Covered by Medicare	Medicare Pays	Plan Pays	You Pay
----------------------------------	---------------	-----------	---------

FOREIGN TRAVEL - Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA:

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.

**GROUP RETIREE PART D PLAN
Package 1**



Description	Package 1
Prescription Drug Plan	Custom Plan
Part D Gap Coverage	Full Gap Coverage
Rx Deductible	\$0
Formulary	Retiree RxCare Part D
PART D 30 DAY STANDARD RETAIL SUPPLY	
NOTE: 90 DAY RETAIL SUPPLY IS AVAILABLE FOR RX DAY-BY-AMOUNT	
Tier 1: Generic	\$5
Tier 2: Preferred Brand	\$25
Tier 3: Non-Preferred Brand	\$60
Tier 4: Specialty Tier	25%
PART D 90 DAY STANDARD MAIL ORDER SUPPLY	
Tier 1: Generic	\$10
Tier 2: Preferred Brand	\$50
Tier 3: Non-Preferred Brand	\$120
Tier 4: Specialty Tier	25%
Initial Coverage Limit	
Initial Coverage Limit	\$5,030
TrOOp Threshold	
TrOOp Threshold	\$8,000
Catastrophic Coverage over TrOOp (greater amount of)	
Catastrophic Coverage over TrOOp (greater amount of)	2024 Standard CMS Values
Copay for Generics	
Copay for Generics	\$0
Copay for all other drugs	
Copay for all other drugs	\$0
OR Coinsurance	
OR Coinsurance	\$0

GROUP MEDICARE ADVANTAGE PPO

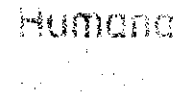
Package 1

Description	Amount You Pay - Package 1
Annual Medical Deductible	None
Annual Medical Out-of-Pocket Maximum	\$0
Is Annual Medical Out-of-Pocket Maximum combined for IN and OUT of network?	Yes
PRIMARY CARE PHYSICIAN	
Office Visit	\$0
Diagnostic Procedures and Tests	\$0
Lab Services	\$0
Surgical Procedures	\$0
Allergy Shots and Injections	\$0
Mental Health/ Substance Abuse Services	\$0
Administration of Drugs in a Physician's office	\$0
SPECIALIST	
Office Visit	\$0
Advanced Imaging Services	\$0
Diagnostic Procedures and Tests	\$0
Lab Services	\$0
Surgical Procedures	\$0
Diagnostic Colonoscopy	\$0
Podiatry Services (Medicare-covered)	\$0
Chiropractic Services (Medicare-covered)	\$0
Cardiac Therapy	\$0
Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services	\$0
Pulmonary Therapy	\$0
Therapies (Occupational, Physical, Audiology, and Speech)	\$0
Radiation Therapy	\$0
Allergy shots and Injections	\$0
Mental Health/ Substance Abuse Services	\$0
Opioid Treatment Services	\$0
Administration of Drugs in a Physician's Office	\$0
Chemotherapy Drugs	\$0
Dental Services (Medicare-covered)	\$0
Hearing Services (Medicare-covered)	\$0

**GROUP MEDICARE ADVANTAGE PPO
Package 1**

Description	Amount You Pay - Package 1
Vision Services (Medicare-covered)	\$0
Eyewear for Post-Cataract Surgery	\$0 For eyeglasses and contacts after cataract surgery
Diabetic Eye Exam	\$0
Acupuncture (Medicare-covered)	\$0 *20 visits per year
PREVENTATIVE SERVICES	
Abdominal Aortic Aneurysm Screening	
Alcohol Misuse Screening and Counseling	
Annual Wellness Visit	
Bone Mass Measurement	
Breast Cancer Screening	
Cardiovascular Disease Behavioral Therapy	
Cardiovascular Disease Screening	
Cervical and Vaginal Cancer Screening	
Colorectal Cancer Screening	
Depression Screening	
Diabetes Screening	
Diabetes Self-Management Training	\$0
Glaucoma Screening	
Hepatitis C Screening	
HIV Screening	
Kidney Disease Education Services	
Lung Cancer Screening	
Medical Nutrition Therapy	
Obesity Screening and Therapy	
Physical Exams (Routine)	
Prostate Cancer Screening Exam	
STI Screening and Counseling	
Smoking and Tobacco Use Cessation	
"Welcome to Medicare" Preventive Visit	
Medicare Diabetes Prevention Program (MDPP)	\$0
Immunizations	\$0
INPATIENT HOSPITAL SERVICES	
Inpatient Care (all authorized admissions)	\$0
Inpatient Physician Services	\$0
Inpatient Mental Health Care/ Substance Abuse Services (all authorized Admissions)	\$0

**GROUP MEDICARE ADVANTAGE PPO
Package 1**



Description	Amount You Pay - Package 1
INPATIENT PSYCHIATRIC FACILITY	
Inpatient Mental Health Care/ Substance Abuse Services (all authorized Admissions)	\$0 *190 Day lifetime limit
Inpatient Mental Health Care/ Substance Abuse Physician Services	\$0
PARTIAL HOSPITALIZATION	
Mental Health/ Substance Abuse Services	\$0
Opioid Treatment Services	\$0
OUTPATIENT HOSPITAL SERVICES	
Surgical Services	\$0
Diagnostic Colonoscopy	\$0
Advanced Imaging Services	\$0
Nuclear Medicine Services	\$0
Diagnostic Procedures and Tests	\$0
Lab services	\$0
Radiation Therapy	\$0
Cardiac Therapy	\$0
Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services	\$0
Pulmonary Therapy	\$0
Therapies (Occupational, Physical, Audiology, and Speech)	\$0
Chemotherapy Drugs	\$0
Renal Dialysis Services	\$0
Mental Health/Substance Abuse Services	\$0
Opioid Treatment Services	\$0
Outpatient Physician Services	\$0
SKILLED NURSING FACILITY (SNF)	
SNF Care (no 3-day hospital stay is required)	\$0 per days 1-100
SNF Physician Services	\$0
URGENT CARE	
Urgently Needed Care	\$0
Lab Services	\$0

**GROUP MEDICARE ADVANTAGE PPO
 Package 1**

Description	Amount You Pay - Package 1
EMERGENCY ROOM	
Emergency Services (2)	\$0
Emergency Room Physician Services	\$0
AMBULANCE	
Ambulance Services	\$0
NETWORK PROVIDER	
US Travel Benefit	Member receives in-network benefits
WORLDWIDE COVERAGE	
Emergency Services and Urgently Needed Care Only	N/A
COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY	
Pulmonary Therapy	\$0
Therapies (Occupational, Physical, Audiology, and Speech)	\$0
Advanced Imaging Services	\$0
Nuclear Medicine Services	\$0
Diagnostic Procedures and Tests	\$0
FREESTANDING RADIOLOGICAL FACILITY	
Advanced Imaging Services	\$0
Nuclear Medicine Services	\$0
Diagnostic Procedures and Tests	\$0
Radiation Therapy	\$0
AMBULATORY SURGICAL CENTER	
Surgical Procedures	\$0
Diagnostic Colonoscopy	\$0
FREESTANDING LABORATORY	
Lab Services	\$0
DIALYSIS CENTER	
Renal Dialysis Services	\$0
HOME HEALTH	
Home Health Care	\$0 Excludes Personal Home Care

**GROUP MEDICARE ADVANTAGE PPO
Package 1**

Description	Amount You Pay - Package 1
DMF PROVIDER	
Durable Medical Equipment	\$0
Diabetic Monitoring Supplies	\$0
MEDICAL SUPPLY PROVIDER	
Medical Supplies	\$0
PROSTHETICS PROVIDER	
Prosthetics	\$0
PHARMACY (PART B ONLY)	
Durable Medical Equipment	\$0
Medical Supplies	\$0
Diabetic Monitoring Supplies	\$0
Medicare-covered Part B Drugs	\$0
ADDITIONAL TELEHEALTH SERVICES	
Primary Care Physician – Virtual Visit	\$0
Specialist – Virtual Visit	\$0
Behavioral Health and Substance Abuse – Virtual Visit	\$0
Urgently Needed Care – Virtual Visit	\$0
OTHER BENEFITS	
COVID-19 Testing	\$0
Hearing Services	\$0 for fitting/ evaluation, exams up to 1 per ear. \$500 benefit coverage for both hearing aids up to 2 every 3 years.
Vision Services	\$0 for routine eye exam (1 per year)
EXTRA BENEFITS	
Silver Sneakers	In most service areas members will have free membership to a local fitness center
Personal Health Coaching	Personal Health Coaching is an interactive inbound and outreach on-line and telephonic wellness coaching for Medicare participants who elect to participate, for wellness improvement, including weight management, nutrition, exercise, back care, blood pressure management, and blood sugar management.

**GROUP MEDICARE ADVANTAGE PPO
Package 1**

Description	Amount You Pay - Package 1
Smoking Cessation	A Comprehensive smoking cessation program available online email and phone
Meal Program	After a member's overnight inpatient stay in a hospital or skilled nursing facility, they are eligible for nutritious meals delivered to their door at no cost.
COVID-19 Care Package	Coverage includes a Health Essentials Kit from our mail order catalog.
CARE MANAGEMENT	
<p>Clinical Programs/ Disease Management (3)</p> <ul style="list-style-type: none"> Case Management Humana At Home Chronic Condition Management Transplant Management Behavioral Health Care Coordination's 	Health education and clinical programs that provide support to members and caregivers to optimize health outcomes

**GROUP MEDICARE ADVANTAGE PPO
 Package 1 – Prescription Drug**

Description	Amount You Pay - Package 1
Prescription Drug Plan	Custom Plan
Part D Gap Coverage	Full Gap Coverage
Rx Deductible	\$0
Formulary	Group Plus
PART D 30-DAY STANDARD RETAIL SUPPLY	
NOTE: 30-DAY RETAIL SUPPLY IS AVAILABLE FOR 3X CO-PAY AMOUNT	
Tier 1: Generic	\$5
Tier 2: Preferred Brand	\$25
Tier 3: Non-Preferred Brand	\$60
Tier 4: Specialty Tier	33%
PART D 90-DAY STANDARD MAIL-ORDER SUPPLY	
Tier 1: Generic	\$10
Tier 2: Preferred Brand	\$50
Tier 3: Non-Preferred Brand	\$120
Tier 4: Specialty Tier	N/A
Initial Coverage Limit	
Initial Coverage Limit	\$5,030
TrOOp Threshold	
TrOOp Threshold	\$8,000
Catastrophic Coverage over TrOOp (greater amount of)	
Catastrophic Coverage over TrOOp (greater amount of)	2024 Standard CMS Values
Copay for Generics	
Copay for Generics	\$0
Copay for all other drugs	
Copay for all other drugs	\$0
OR Coinsurance	
OR Coinsurance	\$0

GROUP RETIREE PAYMENT SUMMARY
Package 1

TAC HEBP 2024 Payment Summary – Package 1		
<u>Plan Name</u>	<u>Plan Provider</u>	<u>Cost Per Month</u>
Group Retiree Medical Plan	Transamerica (pages 2-3)	\$279.08
Group Retiree Part D Plan	Retiree RxCare (page 4)	\$274.07
Group Medicare Advantage PPO Plan	Humana (pages 5-11)	\$374.85

*The costs above reflect the full monthly cost and do not include your employer subsidy, if applicable.