



## Transamerica Life Insurance Company & Retiree Rx Care 2025 Renewal Notice and Benefit Confirmation

Group: Montague County  
Return to TAC by: September 30, 2025

Below are the new renewal rates for TPLIC medical and Retiree RxCare prescription drug coverages. Please initial and complete each section below. An authorized signature on last page is required to confirm and accept your group's renewal. Email renewals to [CCS@county.org](mailto:CCS@county.org).

### PACKAGE PLANS

**Current Plan:** Package 1

	Medical Only	Med + Rx	Medicare Advantage
<b>Current Rates:</b>	\$279.08	\$553.15	\$374.85
<b>New Rates:</b> (eff 1/1/2025)	\$279.08	\$559.39	\$392.96

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

### PACKAGE OPTIONS (Rates eff. 1/1/25)

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| <input type="checkbox"/> <b>Package 2</b> <ul style="list-style-type: none"> <li>• Medical Only: \$155.45</li> <li>• Med+Rx: \$242.33</li> <li>• MedAdvantage: \$305.52</li> </ul> | <input type="checkbox"/> <b>Package 3</b> <ul style="list-style-type: none"> <li>• Medical Only: \$255.43</li> <li>• Med+Rx: \$515.82</li> <li>• MedAdvantage: \$305.52</li> </ul> |
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\_\_\_\_\_ *RyB* Initial to accept 2025 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.



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

	Medical Premium	Med + Rx Premium	MedAdvantage (if applicable)
Paid by Employer	\$ _____	\$ _____	\$ _____
Paid by Retiree	\$ _____	\$ _____	\$ _____

KLB 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:** Jennifer Fenoglio/Treasurer  
**Address:** PO Box 186  
Montague, TX 76251  
**Phone:** (940) 894-2161  
**Fax:**  
**Email:** j.fenoglio@co.montague.tx.us

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**Primary Contact:** Main contact for daily matters pertaining to 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

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**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:**

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

09/23/2024

\_\_\_\_\_  
Date

Kevin Benton, County Judge

\_\_\_\_\_  
Please PRINT Name and Title