**Jennifer Fenoglio**

**From:** Drea Smith <dreas@county.org> on behalf of CountyChoice Silver <ccs@county.org>
**Sent:** Friday, August 28, 2026 11:03 AM
**To:** Jennifer Fenoglio
**Cc:** Jennifer Fenoglio
**Subject:** Montague County TAC HEBP CountyChoice Silver 2027 Renewal
**Attachments:** County Choice Silver PY2027 Renewal Packet_Montague County.pdf

## MEMORANDUM

**TO:** **Montague County**

**FROM:** Texas Association of Counties Health & Employee Benefits Pool (TAC HEBP)

**RE:** 2027 CountyChoice Silver Retiree Medical Program Renewal

**DATE:** **August 28, 2026**

Attached is the **CountyChoice Silver renewal packet for 2027.**

After a coordinated review with the TAC Health and Benefits Services (HBS) staff, Transamerica Life Insurance Company (TLIC), and AmWINS Group Benefits, the 2027 renewal rates for the CountyChoice Silver program have been finalized.

Because renewal rates came in higher than expected, TAC HBS staff selected an alternate Plan G for the 2027 plan year. As a result, retiree medical supplement plan rates will remain unchanged with a 0% increase for 2027.

The Inflation Reduction Act (IRA), was signed into law in September 2022. This law made extensive changes to all Medicare Part D Prescription Drug Plans.

1. The Out-of-Pocket maximum cost contained within all Medicare Part D prescription plans will be reduced to **$2,400** in 2027, after which, the retiree pays $0 for their drug costs for the balance of the year.
2. The IRA will also provide a "Medicare Prescription Payment Plan". This feature enables those who may reach the new $2,400 Out of pocket maximum early in the plan year or all at once, to pay their costs in equal monthly payments throughout the remainder of the plan year. This helps to "smooth" the retiree's costs over time, rather than have the burden to pay their costs all at once.

There will be a 6.0% increase for the retiree prescription drug plan offered through AmWINS Group Benefits and a 5.75% increase for the Medicare Advantage Plan.

Montague County has the option to select the same plan offering from the previous year which is Package 1. Montague County also has the option to choose a different package plan.

A Package Plan 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 will includes a Part D prescription plan.

If the retiree opts to change their plan option, this should be done during the Open Enrollment period for the Centers for Medicare and Medicaid Services (CMS) from October 15th to December 7th.

**All enrolled retirees will move to the newly selected plan beginning January 1, 2027.**

**Please confirm Montague County's renewal in CountyChoice Silver by returning the signed Renewal and Policies and Procedures documents by October 1, 2026.**

For questions regarding renewals and renewal submission for CountyChoice Silver, please contact Andrea Walker at ccs@county.org or by phone at (800) 456-5974. We appreciate Montague County's participation in the TAC HEBP's CountyChoice Silver program.

**Drea Smith**
*Business Intelligence Analyst*
Health & Benefits Services
dreas@county.org | www.county.org

Office: (512) 615-8920
Toll-free (800) 456-5974
1210 San Antonio Street Austin, Texas 78701

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***The mission of the Texas Association of Counties is to unite counties to achieve better solutions.***

**TAC Way Fundamental #19. TREASURE, PROTECT AND PROMOTE OUR REPUTATION.** We're all caretakers and beneficiaries of our image and reputation at all times and in all situations. Consider how your actions affect our collective reputation, and act in a way that brings honor to TAC.

The information contained in this communication is confidential, private, proprietary, or otherwise privileged and is intended only for the use of the addressee. Unauthorized use, disclosure, distribution, or copying is strictly prohibited and may be unlawful. If you have received this communication in error, please notify the sender immediately at (512) 478-8753 or (800) 456-5974.

Silver CountyChoice
Texas Association of Counties
Retiree Medical Program

# Transamerica Life Insurance Company & Retiree Rx Care
# 2027 Renewal Notice and Benefit Confirmation

**Group: Montague County**
Return to TAC by: October 1, 2026

Below are the new renewal rates for TLIC 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.

## PACKAGE PLANS

**Current Plan:** Package 1

| | Current Rates | New Rates Effective 1/1/2027 |
|---|---|---|
| **Medical Only:** | $298.51 | $298.51 |
| **Medical + RX:** | $592.84 | $610.50 |
| **Medicare Advantage:** | $427.50 | $452.07 |

☑ **Renew and Keep** current plan. OR

☐ **Change Package Option** (select only one from the list below)

## PACKAGE OPTIONS (Rates eff. 1/1/2027)

☐ **Package 2**
- **Medical Only:** $183.81
- **Med+Rx:** $278.03
- **MedAdvantage:** $351.13

☐ **Package 3**
- **Medical Only:** $298.51
- **Med+Rx:** $568.01
- **MedAdvantage:** $351.13

_____ Initial to accept 2027 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.

Silver CountyChoice
Texas Association of Counties
Retiree Medical Program

# Transamerica Life Insurance Company & Retiree Rx Care
# 2027 Renewal Notice and Benefit Confirmation

**Group: Montague County**
Return to TAC by: October 1, 2026

## 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 | Medical + Rx Premium | MedAdvantage |
|---|---|---|---|
| Paid by Employer | $ _____ | $ _____ | $ _____ |
| 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:** | **Jennifer Fenoglio/Treasurer** | Kevin Benton - County Judge |
| **Address:** | **PO Box 186** | PO Box 475 |
| | **Montague, TX 76251** | Montague Tx 76251 |
| **Phone:** | **(940) 894-2161** | 940-894-3401 |
| **Fax:** | | 940-894-3999 |
| **Email:** | **j.fenoglio@co.montague.tx.us** | co.judge@co.montague.tx.us |

**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:** | N/A | |
| **Address:** | | |
| **Phone:** | | |
| **Fax:** | | |
| **Email:** | | |

**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** | |

**Signature of County Judge or Contracting Authority**

09/14/2026
**Date**

KEVIN L. BENTON COUNTY JUDGE
**Please PRINT Name and Title**

Silver CountyChoice
Texas Association of Counties
Retiree Medical Program

# 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.
- Stand-alone prescription drug coverage is not available.

## Available Billing Options

- Groups can elect to change billing options at renewal. 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.

Silver CountyChoice
Texas Association of Counties
Retiree Medical Program

## 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.**

Silver
CountyChoice
Texas Association of Counties
Retiree Medical Program

## Transamerica Life Insurance Company (TLIC)

## PROGRAM REQUIREMENTS & PROCEDURES

Acknowledgement

Montague County (Group Name) 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

9/14/2026
Date

Kevin L. Benton
Print Name

Title County Judge

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*

AMWINS
BENEFITS

# A Better Benefit

TEXAS ASSOCIATION OF COUNTIES
UHC Takeover Groups

# Renewal Summary

We are pleased to provide the 2027 Group Retiree Medical Insurance 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 2027. Please review the program details enclosed in this summary.

Your Prescription Drug plan will continue to include Retiree RxCare Specialty Savings Program. This program allows members, who choose to opt in, to fill certain specialty medications at $0 with a preferred pharmacy during the plan year. Retiree RxCare will send your eligible members information regarding this program.

Amwins Benefits Retiree Healthcare continues to provide 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 2027, 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

As always, Amwins Benefits Retiree Healthcare 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

## Retiree Medical Insurance Plan

**Underwritten by:** Transamerica Life Insurance Company
Effective January 1, 2027 – December 31, 2027

| | 2026 | 2027 | % Increase | # of Lives |
|---|---|---|---|---|
| **Medical Package 1*** | $298.51 | $298.51 | 0.00% | 396 |
| **Medical Package 2** | $165.61 | $183.81 | 10.99% | 42 |
| **Medical Package 3*** | $273.09 | $298.51 | 9.31% | 11 |

***Effective 1/1/27, Medical Packages 1 and 3 will move from their current plan design to a Plan G.***
***Members residing in FL receive state mandated rates, which are subject to renew off cycle. Last renewed 3/1/26.*
*Amwins Benefits Retiree Healthcare is a third-party administrator for Transamerica Life Insurance Company. Amwins and Transamerica are not affiliated. Retiree Medical Supplemental medical insurance is underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa/ Transamerica Financial Life Insurance Company, Harrison, NY. Limitations and exclusions apply. Refer to the policy, certificate, and riders for complete details. Plans may not be available in some states. Not connected with or endorsed by the U.S. Government or Federal Medicare Program.*

## Prescription Drug Plan

**Underwritten by:** Retiree RxCare
Effective January 1, 2027 – December 31, 2027

| | 2026 | 2027 | % Increase | # of Lives |
|---|---|---|---|---|
| **Rx Package 1** | $294.33 | $311.99 | 6.00% | 317 |
| **Rx Package 2** | $94.22 | $94.22 | 0.00% | 42 |
| **Rx Package 3** | $269.50 | $269.50 | 0.00% | 199 |

*Amounts are inclusive of all services performed by Amwins Benefits Retiree Healthcare, insurance premiums and non-insurance costs. Administration services are provided by Amwins Benefits, a division of Amwins Group, Inc.*

## MAPD Plan

**Underwritten by:** Humana
Effective January 1, 2027 – December 31, 2027

| | 2026 | 2027 | % Increase | # of Lives |
|---|---|---|---|---|
| **MAPD Package 1** | $427.50 | $452.07 | 5.75% | 39 |
| **MAPD Package 2 & 3** | $332.17 | $351.13 | 5.71% | 7 |

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

# Retiree Program Plan Designs

## Retiree Medical Insurance Plan

**Underwritten by:** Transamerica Life Insurance Company
Effective January 1, 2027 – December 31, 2027

| | Package 1** | Package 2 | Package 3** |
|---|---|---|---|
| **Deductible *** | Part B Deductible | 50% Part A & B Deductible | Part B Deductible |
| **Skilled Nursing** | 0% | 50% | 0% |
| **Part B Co-Insurance** | 0% | 50% | 0% |
| **Total OOP Max ***** | Part B Deductible | $4,620 | Part B Deductible |
| **Office Visit Copay** | $0 | 50% | $0 |
| **ER Visit Copay** | $0 | 50% | $0 |

** Part B Deductible (2026: $283), 2027 has not yet been released. Retiree is responsbile for 50% of both the Part A and B deductible if enrolled in Package 2; only resonsible for 50% of the Part B deductible if enrolled in Package 3.*

*****Effective 1/1/27, Medical Packages 1 and 3 will move from their current plan design to a Plan G.***

****Includes Calendar Year Deductible. Package 2 OOP Max will remain the same each year, regardless of Medicare's annual changes.*

## Prescription Drug Plan

**Underwritten by:** Retiree RxCare
Effective January 1, 2027 – December 31, 2027

| **Prescription Drug Plan** *(30 Day Retail)* | **Package 1** | **Package 2** | **Package 3** |
|---|---|---|---|
| **Calendar Year Deductible:** | $0 | $700 | $0 |
| **Tier 1: Generic** | $5 | 25% | $10 |
| **Tier 2: Preferred Brand** | $25 | 25% | $30 |
| **Tier 3: Non-Preferred Brand** | $60 | 25% | $65 |
| **Tier 4: Specialty** | 25% | 25% | 25% |
| **Catastrophic Coverage: Out-of-Pocket Maximum: $2,400** | | $0 Copays | |

## MAPD Plan

**Underwritten by:** Humana
Effective January 1, 2027 – December 31, 2027

| Medical | Package 1 High Plan | Package 2 & 3 Low Plan |
|---|---|---|
| **Calendar Year Deductible** | $0 | $0 |
| **Part B Co-Insurance** | 0% | 0% |
| **Out-of-Pocket Maximum**** | $0 | $2,400 |
| **Office Visit Copay** | $0 | $10 |
| **ER Visit Copay** | $0 | $90 |
| **Prescription Drug** | **30 Day Standard Retail** | |
| **Calendar Year Deductible:** | $0 | $0 |
| **Tier 1: Generic** | $5 | $5 |
| **Tier 2: Preferred Brand** | $25 | $25 |
| **Tier 3: Non-Preferred Brand** | $60 | $60 |
| **Tier 4: Specialty** | 33% | 33% |
| **Catastrophic Coverage: Out-of-Pocket Maximum: $2,400** | $0 | |