CountyChoice
Texas Association of Counties
Retiree Medical Program

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

Group: Burnet 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.

_____ 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. (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	$_____	$_____	$_____

_____ Initial to accept Billing Method.

CountyChoice Silver
Member Contact Designations
Burnet 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:	**Sara Ann Luther/HR Director**	
Address:	**133 E. Jackson St**	
	Burnet, TX 78611	
Phone:	**512-756-5489**	
Fax:	**512-756-5487**	
Email:	**sluther@burnetcountytexas.org**	

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

Please list changes and or corrections below

Name/Title:	**Sara Ann Luther/HR Director**	
Address:	**133 E. Jackson St**	
	Burnet, TX 78611	
Phone:	**512-756-5489**	
Fax:	**512-756-5487**	
Email:	**sluther@burnetcountytexas.org**	

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:	Sara Ann Luther/HR Director
Address:	133 E. Jackson St. Burnet TX 78611
Phone:	512-756-5489
Fax:	512-756-5487
Email:	sluther@burnetcountytexas.org

Signature of County Judge or Contracting Authority — **Date**

James Oakley Burnet County Judge

Please PRINT Name and Title