Transamerica Life Insurance & Retiree RxCare
2025 Renewal Notice and Benefit Confirmation

Group: Webb County **Anniversary Date:** 1/1/2025

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 by September 30, 2024.

RETIREE MEDICAL

Attained Age	Current Rates	New Rates Effective 1/1/2025
65 – 69	$179.63	$179.63
70 – 74	$215.96	$215.96
75 – 79	$255.36	$225.36
80 - 84	$291.73	$291.73
85 – 89	$322.69	$322.69
90+	$337.48	$337.48

_____ Initial to accept 2025 retiree medical rates

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

RETIREE RXCARE - PRESCRIPTION PART D

Current Rate	New Rate Effective 1/1/2025
$213.62	$215.51

_____ Initial to accept 2025 retiree prescription rate.

BILLING AND CONTRIBUTION SCHEDULE

List Bill – A monthly invoice will be sent directly to the designated billing contact.

- Group is responsible for collecting premiums from the retirees/spouses.
- Group is responsible for submitting payment in full directly to TLIC.
- Please indicate contribution amount paid per month below.

	Amount Group Pays	Amount Retiree Pays
Medical Premium	$_____	$_____
RX Premium	$_____	$_____

_____ Initial to accept Billing Method.

CountyChoice Silver
Member Contact Designations
Webb 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:	**Monica Flores/Interim Risk Management Dir.**	
Address:	**1110 Washington St., Ste 204**	
	Laredo, TX 78040	
Phone:	**(956) 523-4143**	
Fax:	**(956) 523-5012**	
Email:	**mcflores@webbcountytx.gov**	

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

		Please list changes and/or corrections below
Name/Title:	**Samantha Sanchez/Employee Benefits Administrator**	
Address:	**1110 Washington St., Ste 204**	
	Laredo, TX 78040	
Phone:	**(956) 523-4143**	
Fax:	**(956) 523-5012**	
Email:	**samanthas@webbcountytx.gov**	

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:	**Cristina Garcia/Employee Benefits Coordinator**	
Address:	**1110 Washington St., Ste 204**	
	Laredo, TX 78040	
Phone:	**(956) 523-4143**	
Fax:	**(956) 523-5012**	
Email:	**cristinam@webbcountytx.gov**	

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

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Please PRINT Name and Title