Transamerica Life Insurance & Retiree RxCare
2027 Renewal Notice and Benefit Confirmation

Group: Webb County **Anniversary Date:** 1/1/2027

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 by October 1, 2026.

RETIREE MEDICAL

Plan Name: Plan G

Attained Age	Current Rates	New Rates Effective 1/1/2027
65 – 69	$189.51	$189.51
70 – 74	$228.02	$228.02
75 – 79	$269.78	$269.78
80 - 84	$308.33	$308.33
85 – 89	$341.15	$341.15
90+	$356.83	$356.83

_____ Initial to accept 2027 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 1/1/2027
$226.29	$226.29

_____ Initial to accept 2027 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 2027 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:	**Samantha Sanchez/Risk Management Dir.**	
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 Martin/Employee Benefits Coord.**	
Address:	**1110 Washington St., Ste 204**	
	Laredo, TX 78040	
Phone:	**(956) 523-4143**	
Fax:	**(956) 523-5012**	
Email:	**cristinam@webbcountytx.gov**	

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

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

_____ _____

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

_____

Please PRINT Name and Title

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.

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.**

Transamerica Life Insurance Company (TLIC)

PROGRAM REQUIREMENTS & PROCEDURES

Acknowledgement

_____ (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 Date

_____

Print Name Title

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 | Retiree Healthcare

A Better Benefit Experience

2027 Renewal Summary:

TEXAS ASSOCIATION OF COUNTIES (BUNDLED GROUP)

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.

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

Medical Plan*	2026	2027	% Increase	# of Lives
65-69	$189.51	$189.51	0.00%	102
70-74	$228.02	$228.02	0.00%	149
75-79	$269.78	$269.78	0.00%	103
80-84	$308.33	$308.33	0.00%	92
85-89	$341.15	$341.15	0.00%	60
90+	$356.83	$356.83	0.00%	13

Effective 1/1/27, the Retiree Medical Plan deductible has been increased from $500 to $750

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 Plan	$226.29	$226.29	0.00%	519

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

	Medical Plan
Deductible *	$750[1]
Coinsurance	0%
Total OOP Max **	N/A
Office Visit Copay	$20
Lifetime Benefit Max	Unlimited

** Part B Deductible (2026: $283), 2027 has not yet been released*
*** Includes Calendar Year Deductible*
[1] Effective 1/1/27, the Retiree Medical Plan deductible has been increased from $500 to $750

Prescription Drug Plan

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

2027	30 Day Retail	90 Day Retail
Calendar Year Deductible:	$0	
Tier 1: Preferred Generic	$10	$20
Tier 2: Non-Preferred Generic	$15	$30
Tier 3: Preferred Brand	$30	$60
Tier 4: Non-Preferred Brand	$60	$120
Tier 5: Specialty	25%	25%
Catastrophic Coverage: Out-of-Pocket Maximum: $2,400	$0 Copays	

MAPD Plan

Medical	
Calendar Year Deductible	$0
Part B Co-Insurance	0%
Out-of-Pocket Maximum**	Unlimited
Office Visit Co-pay	$0
Emergency Room Co-pay	$0
Prescription Drug	30-day standard retail
Tier 1: Generic	$5
Tier 2: Preferred Brand	$25
Tier 3: Non-Preferred Brand	$60
Tier 4: Specialty	33%
Catastrophic Coverage: Out-of-Pocket Maximum: $2,400	$0