

# Texas Association of Counties 2024 Post-65 Retiree Benefit Plans Package 2



**GROUP RETIREE MEDICAL  
Package 2**



Medicare (Part A) – Hospital Services	Medicare Pays	Plan Pays	You Pay
<b>HOSPITAL CONFINEMENT BENEFIT*</b>			
Semiprivate room and board, general nursing and miscellaneous services and supplies:			

First 60 days	All but \$1,600	<b>\$800 (50% of Part A Deductible)</b>	<b>\$800 (50% of Part A Deductible)</b>
61 <sup>st</sup> through 90 <sup>th</sup> day	All but \$400 per day	\$400 per day	\$0
91 <sup>st</sup> through 150 <sup>th</sup> day (while using 60 lifetime reserve days)	All but \$800 per day	\$800 per day	\$0
Once Lifetime Reserve days are used:			
Additional 365 days:	\$0	100% of Medicare Eligible Expenses	\$0
Beyond the Additional 365 days:	\$0	\$0	<b>All costs</b>

<b>SKILLED NURSING FACILITY CARE*</b>			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital:			

First 20 Days	All approved amounts	\$0	\$0
21 <sup>st</sup> through 100 <sup>th</sup> day	All but \$200 a day	<b>\$100 per day</b>	<b>\$100 per day</b>
101 <sup>st</sup> day and after	\$0	\$0	<b>All costs</b>

<b>BLOOD DEDUCTIBLE – Hospital Confinement and Outpatient Medical Expenses</b>			
When furnished by a hospital or skilled nursing facility during a covered stay.			

First 3 pints	\$0	<b>50%</b>	<b>50%</b>
Additional amounts	100%	\$0	\$0

**HOSPICE CARE**

Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	<b>Balance</b>	<b>Balance</b>
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Medicare (Part B) – Medical Services	Medicare Pays	Plan Pays	You Pay
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<b>OUTPATIENT MEDICAL EXPENSES - In or Out of the Hospital and Outpatient Hospital Treatment</b> , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
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Medicare Part B Deductible: First \$226 of Medicare-approved amounts**	\$0	<b>\$113 (50% of Part B Deductible)</b>	<b>\$113 (50% of Part B Deductible)</b>
Remainder of Medicare-approved amounts	Generally 80%	<b>10%</b>	<b>10%</b>
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	<b>50%</b>	<b>50%</b>

***The Medicare Parts A and B deductibles and co-insurance amounts shown are the 2023 amounts. Your plan will automatically adjust to the changes to Medicare Parts A and B amounts for 2024.***

**GROUP RETIREE MEDICAL  
Package 2**



Medicare (Part B) – Medical Services	Medicare Pays	Plan Pays	You Pay
<b>BLOOD</b>			
First 3 pints	\$0	50%	50%
Next \$226 of Medicare Approved Amounts**	\$0	\$113 (50% of Part B Deductible)	\$113 (50% of Part B Deductible)
Remainder of Medicare Approved Amounts	80%	10%	10%
<b>CLINICAL LABORATORY SERVICES</b>			
Blood tests for Diagnostic Services	100%	\$0	\$0
Medicare (Parts A & B)	Medicare Pays	Plan Pays	You Pay
<b>HOME HEALTH CARE – Medicare Approved Services:</b>			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
<b>DURABLE MEDICAL EQUIPMENT</b>			
First \$226 of Medicare Approved Amounts**	\$0	\$113 (50% of Part B Deductible)	\$113 (50% of Part B Deductible)
Remainder of Medicare Approved Amounts	80%	10%	10%

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

\*\*Once you have been billed the first dollars of Medicare-Approved amounts for covered services (which are noted with two asterisks), your Medicare Part B Deductible will have been met for the calendar year.

***Benefits are paid only for those expenses which have been approved as eligible by the Federal Medicare program.***

***Benefits will not be paid for any expenses which are not determined to be Medicare Eligible Expenses by the Federal Medicare Program or its administrators, except as otherwise specified.***

***This policy's renewability, cancellability, and termination provisions are at the option of the group policy holder except in cases of non-payment of premium.***

***The summary of program benefits described herein is for illustrative purposes only. In case of differences or errors, the Group Policy governs.***

**GROUP RETIREE PART D PLAN**  
**Package 2**



Description		Package 2
Prescription Drug Plan		Custom Plan
Part D Gap Coverage		Tier 1 Gap Coverage Only
Rx Deductible		\$0
Formulary		Retiree RxCare Part D
PART D 30 DAY STANDARD RETAIL SUPPLY		
NOTE: 90 DAY RETAIL SUPPLY IS AVAILABLE FOR 3X COPAY AMOUNT		
Tier 1: Generic		\$5
Tier 2: Preferred Brand		\$25
Tier 3: Non-Preferred Brand		\$60
Tier 4: Specialty Tier		25%
PART D 90 DAY STANDARD MAIL ORDER SUPPLY		
Tier 1: Generic		\$10
Tier 2: Preferred Brand		\$50
Tier 3: Non-Preferred Brand		\$120
Tier 4: Specialty Tier		25%
Initial Coverage Limit		\$5,030
TrOOp		\$8,000
Catastrophic Coverage over TrOOp (greater amount of)		2024 Standard CMS Values
Copay for Generics		\$0
Copay for all other drugs		\$0
OR Coinsurance		\$0

**GROUP MEDICARE ADVANTAGE PPO  
Package 2**

Description	Amount You Pay - Package 2
Annual Medical Deductible	None
Annual Medical Out-of-Pocket Maximum	\$2,400
Is Annual Medical Out-of-Pocket Maximum combined for IN and OUT of network?	Yes
<b>PRIMARY CARE PHYSICIAN</b>	
Office Visit	\$10
Diagnostic Procedures and Tests	\$10
Lab Services	\$0
Surgical Procedures	\$10
Allergy Shots and Injections	\$10
Mental Health/ Substance Abuse Services	\$10
Administration of Drugs in a Physician's office	\$0
<b>SPECIALIST</b>	
Office Visit	\$20
Advanced Imaging Services	\$20
Diagnostic Procedures and Tests	\$20
Lab Services	\$0
Surgical Procedures	\$20
Diagnostic Colonoscopy	\$20
Podiatry Services (Medicare-covered)	\$20
Chiropractic Services (Medicare-covered)	\$20
Cardiac Therapy	\$20
Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services	\$20
Pulmonary Therapy	\$20
Therapies (Occupational, Physical, Audiology, and Speech)	\$20
Radiation Therapy	\$20
Allergy shots and Injections	\$20
Mental Health/ Substance Abuse Services	\$20
Opioid Treatment Services	\$20
Administration of Drugs in a Physician's Office	\$0
Chemotherapy Drugs	20%
Dental Services (Medicare-covered)	\$20

Hearing Services (Medicare-covered)

\$20

**Humana.**  
 Group Medicare  
 Advantage

**GROUP MEDICARE ADVANTAGE PPO  
 Package 2**

Description	Amount You Pay - Package 2
Vision Services (Medicare-covered)	\$20
Eyewear for Post-Cataract Surgery	\$20 For eyeglasses and contacts after cataract surgery
Diabetic Eye Exam	\$0
Acupuncture (Medicare-covered)	\$20 *20 visits per year
<b>PREVENTATIVE SERVICES</b>	
Abdominal Aortic Aneurysm Screening	
Alcohol Misuse Screening and Counseling	
Annual Wellness Visit	
Bone Mass Measurement	
Breast Cancer Screening	
Cardiovascular Disease Behavioral Therapy	
Cardiovascular Disease Screening	
Cervical and Vaginal Cancer Screening	
Colorectal Cancer Screening	
Depression Screening	
Diabetes Screening	
Diabetes Self-Management Training	
Glaucoma Screening	\$0
Hepatitis C Screening	
HIV Screening	
Kidney Disease Education Services	
Lung Cancer Screening	
Medical Nutrition Therapy	
Obesity Screening and Therapy	
Physical Exams (Routine)	
Prostate Cancer Screening Exam	
STI Screening and Counseling	
Smoking and Tobacco Use Cessation	
"Welcome to Medicare" Preventive Visit	
Medicare Diabetes Prevention Program (MDPP)	\$0
Immunizations	\$0
<b>INPATIENT HOSPITAL SERVICES</b>	
Inpatient Care (all authorized Admissions)	\$500 copay per admission
Inpatient Physician Services	\$0

Inpatient Mental Health Care/ Substance Abuse Services (all authorized Admissions)

\$500 copay per admission

**Humana**  
Group Medicare  
Advantage

**GROUP MEDICARE ADVANTAGE PPO**  
**Package 2**

Description	Amount You Pay - Package 2
<b>INPATIENT PSYCHIATRIC FACILITY</b>	
Inpatient Mental Health Care/ Substance Abuse Services (all authorized Admissions)	\$500 copay per admission *190 Day lifetime limit
Inpatient Mental Health Care/ Substance Abuse Physician Services	\$0
<b>PARTIAL HOSPITALIZATION</b>	
Mental Health/ Substance Abuse Services	\$20
Opioid Treatment Services	\$20
<b>OUTPATIENT HOSPITAL SERVICES</b>	
Surgical Services	\$250
Diagnostic Colonoscopy	\$250
Advanced Imaging Services	\$20
Nuclear Medicine Services	\$20
Diagnostic Procedures and Tests	\$10
Lab services	\$0
Radiation Therapy	\$25
Cardiac Therapy	\$25
Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services	\$25
Pulmonary Therapy	\$25
Therapies (Occupational, Physical, Audiology, and Speech)	\$25
Chemotherapy Drugs	20%
Renal Dialysis Services	20%
Mental Health/Substance Abuse Services	\$20
Opioid Treatment Services	\$20
Outpatient Physician Services	\$0
<b>SKILLED NURSING FACILITY (SNF)</b>	
SNF Care (no 3-day hospital stay is required)	\$0 per days 1-20; \$75 per days 21-100
SNF Physician Services	\$0
<b>URGENT CARE</b>	
Urgently Needed Care	\$35

Lab Services

\$0

**Humana**  
 Group Medicare  
 Advantage
**GROUP MEDICARE ADVANTAGE PPO****Package 2**

Description	Amount You Pay - Package 2
<b>EMERGENCY ROOM</b>	
Emergency Services (2)	\$90
Emergency Room Physician Services	\$0
<b>AMBULANCE</b>	
Ambulance Services	\$100
<b>NETWORK PROVIDER</b>	
US Travel Benefit	N/A
<b>WORLDWIDE COVERAGE</b>	
Emergency Services and Urgently Needed Care Only	\$100 Deductible, 80% coinsurance to \$25,000 Maximum or 60 consecutive days, whichever is reached first.
<b>COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY</b>	
Pulmonary Therapy	\$20
Therapies (Occupational, Physical, Audiology, and Speech)	\$20
<b>FREESTANDING RADIOLOGICAL FACILITY</b>	
Advanced Imaging Services	\$20
Nuclear Medicine Services	\$10
Diagnostic Procedures and Tests	\$25
Radiation Therapy	\$25
<b>AMBULATORY SURGICAL CENTER</b>	
Surgical Procedures	\$250
Diagnostic Colonoscopy	\$250
<b>FREESTANDING LABORATORY</b>	
Lab Services	\$0
<b>DIALYSIS CENTER</b>	
Renal Dialysis Services	20%
<b>HOME HEALTH</b>	
Home Health Care	\$0 Excludes Personal Home Care

**GROUP MEDICARE ADVANTAGE PPO**  
**Package 2**

Description	Amount You Pay - Package 2
<b>DME PROVIDER</b>	
Durable Medical Equipment	20%
Diabetic Monitoring Supplies	20%
<b>MEDICAL SUPPLY PROVIDER</b>	
Medical Supplies	20%
<b>PROSTHETICS PROVIDER</b>	
Prosthetics	20%
<b>PHARMACY (PART B ONLY)</b>	
Durable Medical Equipment	20%
Medical Supplies	20%
Diabetic Monitoring Supplies	\$0
Medicare-covered Part B Drugs	20%
<b>OTHER BENEFITS</b>	
COVID-19 Testing	\$0
Hearing Services	\$0 for fitting/ evaluation (1 every 2 years). \$0 for routine hearing exams (1 every 3 years). \$400 coverage amount for both hearing aids (2 every 3 years).
Vision Services	\$10 for routine eye exam (1 per year)
<b>EXTRA BENEFITS</b>	
Silver Sneakers	In most service areas members will have free membership to a local fitness center through the SilverSneakers program.
Personal Health Coaching	Personal Health Coaching is an interactive inbound and outreach on-line and telephonic wellness coaching for Medicare participants who elect to participate, for wellness improvement, including weight management, nutrition, exercise, back care, blood pressure management, and blood sugar management.

**GROUP MEDICARE ADVANTAGE PPO  
Package 2**

Description	Amount You Pay - Package 2
Smoking Cessation	A comprehensive smoking cessation program available online, email, and phone.
Meal Program	After a member's overnight inpatient stay in a hospital or skilled nursing facility, they are eligible for nutritious meals delivered to their door at no cost.
COVID-19 Care Package	Coverage includes a Health Essentials Kit from our mail order catalog.
CARE MANAGEMENT	
Clinical Programs/ Disease Management (3) Case Management Humana At Home Chronic Condition Management Transplant Management Behavioral Health Care	Health education and clinical programs that provide support to members and caregivers to optimize health outcomes

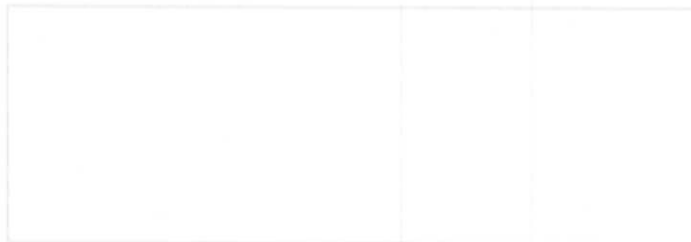
**GROUP MEDICARE ADVANTAGE PPO**  
**Package 2 – Prescription Drug**

Description	Amount You Pay - Package 2
Prescription Drug Plan	Custom Plan
Part D Gap Coverage	Tier 1 Gap Coverage Only
Rx Deductible	\$0
Formulary	Group Plus
PART D 30 DAY STANDARD RETAIL SUPPLY	
NOTE: 90 DAY RETAIL SUPPLY IS AVAILABLE FOR 3X COPAY AMOUNT	
Tier 1: Generic	\$5
Tier 2: Preferred Brand	\$25
Tier 3: Non-Preferred Brand	\$60
Tier 4: Specialty Tier	33%
PART D 90 DAY STANDARD MAIL ORDER SUPPLY	
Tier 1: Generic	\$10
Tier 2: Preferred Brand	\$50
Tier 3: Non-Preferred Brand	\$120
Tier 4: Specialty Tier	N/A
Initial Coverage Limit	\$5,030
TrOOp	\$8,000
Catastrophic Coverage over TrOOp (greater amount of)	2024 Standard CMS Values
Copay for Generics	\$0
Copay for all other drugs	\$0
OR Coinsurance	\$0

**GROUP RETIREE PAYMENT SUMMARY**  
**Package 2**

TAC HEBP 2024 Payment Summary – Package 2		
<u>Plan Name</u>	<u>Plan Provider</u>	<u>Cost Per Month*</u>
Group Retiree Medical Plan	Transamerica (pages 2-3)	\$155.45
Group Retiree Part D Plan	Retiree RxCare (page 4)	\$108.00
Group Medicare Advantage PPO Plan	Humana (pages 5-11)	\$288.27

\*The costs above reflect the full monthly cost and do not include your employer subsidy, if applicable.



# Texas Association of Counties 2024 Post-65 Retiree Benefit Plans

## Package 3



**GROUP RETIREE MEDICAL  
Package 3**



Medicare (Part A) – Hospital Services	Medicare Pays	Plan Pays	You Pay
<b>HOSPITAL CONFINEMENT BENEFIT*</b>			
Semiprivate room and board, general nursing and miscellaneous services and supplies:			

First 60 days	All but \$1,600	\$1,600 (Part A deductible)	\$0
61 <sup>st</sup> through 90 <sup>th</sup> day	All but \$400per day	\$400per day	\$0
91 <sup>st</sup> through 150 <sup>th</sup> day (while using 60 lifetime reserve days)	All but \$800 per day	\$800per day	\$0
Once Lifetime Reserve days are used:			
Additional 365 days:	\$0	100% of Medicare Eligible Expenses	\$0
Beyond the Additional 365 days:	\$0	\$0	All costs

<b>SKILLED NURSING FACILITY CARE*</b>			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital:			

First 20 Days	All approved amounts	\$0	\$0
21 <sup>st</sup> through 100 <sup>th</sup> day	All but \$200 a day	Up to \$200 a day	\$0
101 <sup>st</sup> day and after	\$0	\$0	All costs

<b>BLOOD DEDUCTIBLE – Hospital Confinement and Outpatient Medical Expenses</b>			
When furnished by a hospital or skilled nursing facility during a covered stay.			

First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0

**HOSPICE CARE**

Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance
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Medicare (Part B) – Medical Services	Medicare Pays	Plan Pays	You Pay
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<b>OUTPATIENT MEDICAL EXPENSES - In or Out of the Hospital and Outpatient Hospital Treatment</b> , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
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Medicare Part B Deductible: First \$226 of Medicare-approved amounts**	\$0	\$113 (50% of Part B Deductible)	\$113 (50% of Part B Deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	0%
Part B Excess Charges (Above Medicare Approve Amounts)	\$0	100%	0%

**The Medicare Parts A and B deductibles and co-insurance amounts shown are the 2023 amounts. Your plan will automatically adjust to the changes to Medicare Parts A and B amounts for 2024.**

**GROUP RETIREE MEDICAL  
Package 3**



Medicare (Part B) – Medical Services	Medicare Pays	Plan Pays	You Pay
<b>BLOOD</b>			
First 3 pints	\$0	All costs	0%
Next \$226 of Medicare Approved Amounts**	\$0	<b>\$113</b> (50% of Part B Deductible)	<b>\$113</b> (50% of Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	0%
<b>CLINICAL LABORATORY SERVICES</b>			
Blood tests for Diagnostic Services	100%	\$0	\$0
Medicare (Parts A & B)	Medicare Pays	Plan Pays	You Pay
<b>HOME HEALTH CARE – Medicare Approved Services:</b>			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
<b>DURABLE MEDICAL EQUIPMENT</b>			
First \$226 of Medicare Approved Amounts**	\$0	<b>\$113</b> (50% of Part B Deductible)	<b>\$113</b> (50% of Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	0%
Benefits Not Covered by Medicare	Medicare Pays	Plan Pays	You Pay
<b>FOREIGN TRAVEL - Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA:</b>			
First \$250 each calendar year	\$0	\$0	<b>\$250</b>
Remainder of charges	\$0	80% to a lifetime maximum of \$50,000	20% and amounts over the \$50,000 lifetime max

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

\*\*Once you have been billed the first dollars of Medicare-Approved amounts for covered services (which are noted with two asterisks), your Medicare Part B Deductible will have been met for the calendar year.

***Benefits are paid only for those expenses which have been approved as eligible by the Federal Medicare program.***

***Benefits will not be paid for any expenses which are not determined to be Medicare Eligible Expenses by the Federal Medicare Program or its administrators, except as otherwise specified.***

***This policy's renewability, cancellability, and termination provisions are at the option of the group policy holder except in cases of non-payment of premium.***

***The summary of program benefits described herein is for illustrative purposes only. In case of differences or errors, the Group Policy governs.***

**GROUP RETIREE PART D PLAN**  
**Package 3**



Description		Package 3
Prescription Drug Plan		Custom Plan
Part D Gap Coverage		Full Gap Coverage
Rx Deductible		\$0
Formulary		Retiree RxCare Part D
PART D 30 DAY STANDARD RETAIL SUPPLY		
NOTE: 90 DAY RETAIL SUPPLY IS AVAILABLE FOR 3X COPAY AMOUNT		
Tier 1: Generic		\$10
Tier 2: Preferred Brand		\$30
Tier 3: Non-Preferred Brand		\$65
Tier 4: Specialty Tier		25%
PART D 90 DAY STANDARD MAIL ORDER SUPPLY		
Tier 1: Generic		\$20
Tier 2: Preferred Brand		\$60
Tier 3: Non-Preferred Brand		\$130
Tier 4: Specialty Tier		25%
Initial Coverage Limit		\$5,030
TrOOp		\$8,000
Catastrophic Coverage over TrOOp (greater amount of)		2024 Standard CMS Values
Copay for Generics		\$0
Copay for all other drugs		\$0
OR Coinsurance		\$0

**GROUP MEDICARE ADVANTAGE PPO**  
**Package 3**

Description	Amount You Pay - Package 3
Annual Medical Deductible	None
Annual Medical Out-of-Pocket Maximum	\$2,400
Is Annual Medical Out-of-Pocket Maximum combined for IN and OUT of network?	Yes
<b>PRIMARY CARE PHYSICIAN</b>	
Office Visit	\$10
Diagnostic Procedures and Tests	\$10
Lab Services	\$0
Surgical Procedures	\$10
Allergy Shots and Injections	\$10
Mental Health/ Substance Abuse Services	\$10
Administration of Drugs in a Physician's office	\$0
<b>SPECIALIST</b>	
Office Visit	\$20
Advanced Imaging Services	\$20
Diagnostic Procedures and Tests	\$20
Lab Services	\$0
Surgical Procedures	\$20
Diagnostic Colonoscopy	\$20
Podiatry Services (Medicare-covered)	\$20
Chiropractic Services (Medicare-covered)	\$20
Cardiac Therapy	\$20
Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services	\$20
Pulmonary Therapy	\$20
Therapies (Occupational, Physical, Audiology, and Speech)	\$20
Radiation Therapy	\$20
Allergy shots and Injections	\$20
Mental Health/ Substance Abuse Services	\$20
Opioid Treatment Services	\$20
Administration of Drugs in a Physician's Office	\$0
Chemotherapy Drugs	20%
Dental Services (Medicare-covered)	\$20
Hearing Services (Medicare-covered)	\$20

**GROUP MEDICARE ADVANTAGE PPO**  
**Package 3**

Description	Amount You Pay - Package 3
Vision Services (Medicare-covered)	\$20
Eyewear for Post-Cataract Surgery	\$20 For eyeglasses and contacts after cataract surgery
Diabetic Eye Exam	\$0
Acupuncture (Medicare-covered)	\$20 *20 visits per year
<b>PREVENTATIVE SERVICES</b>	
Abdominal Aortic Aneurysm Screening	
Alcohol Misuse Screening and Counseling	
Annual Wellness Visit	
Bone Mass Measurement	
Breast Cancer Screening	
Cardiovascular Disease Behavioral Therapy	
Cardiovascular Disease Screening	
Cervical and Vaginal Cancer Screening	
Colorectal Cancer Screening	
Depression Screening	
Diabetes Screening	
Diabetes Self-Management Training	
Glaucoma Screening	\$0
Hepatitis C Screening	
HIV Screening	
Kidney Disease Education Services	
Lung Cancer Screening	
Medical Nutrition Therapy	
Obesity Screening and Therapy	
Physical Exams (Routine)	
Prostate Cancer Screening Exam	
STI Screening and Counseling	
Smoking and Tobacco Use Cessation	
"Welcome to Medicare" Preventive Visit	
Medicare Diabetes Prevention Program (MDPP)	\$0
Immunizations	\$0
<b>INPATIENT HOSPITAL SERVICES</b>	
Inpatient Care (all authorized Admissions)	\$500 copay per admission
Inpatient Physician Services	\$0
Inpatient Mental Health Care/ Substance Abuse Services (all authorized Admissions)	\$500 copay per admission

**GROUP MEDICARE ADVANTAGE PPO  
Package 3**

Description	Amount You Pay - Package 3
<b>INPATIENT PSYCHIATRIC FACILITY</b>	
Inpatient Mental Health Care/ Substance Abuse Services (all authorized Admissions)	\$500 copay per admission *190 Day lifetime limit
Inpatient Mental Health Care/ Substance Abuse Physician Services	\$0
<b>PARTIAL HOSPITALIZATION</b>	
Mental Health/ Substance Abuse Services	\$20
Opioid Treatment Services	\$20
<b>OUTPATIENT HOSPITAL SERVICES</b>	
Surgical Services	\$250
Diagnostic Colonoscopy	\$250
Advanced Imaging Services	\$20
Nuclear Medicine Services	\$20
Diagnostic Procedures and Tests	\$10
Lab services	\$0
Radiation Therapy	\$25
Cardiac Therapy	\$25
Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services	\$25
Pulmonary Therapy	\$25
Therapies (Occupational, Physical, Audiology, and Speech)	\$25
Chemotherapy Drugs	20%
Renal Dialysis Services	20%
Mental Health/Substance Abuse Services	\$20
Opioid Treatment Services	\$20
Outpatient Physician Services	\$0
<b>SKILLED NURSING FACILITY (SNF)</b>	
SNF Care (no 3-day hospital stay is required)	\$0 per days 1-20; \$75 per days 21-100
SNF Physician Services	\$0
<b>URGENT CARE</b>	
Urgently Needed Care	\$35
Lab Services	\$0

**GROUP MEDICARE ADVANTAGE PPO**  
**Package 3**

Description	Amount You Pay - Package 3
<b>EMERGENCY ROOM</b>	
Emergency Services (2)	\$90
Emergency Room Physician Services	\$0
<b>AMBULANCE</b>	
Ambulance Services	\$100
<b>NETWORK PROVIDER</b>	
US Travel Benefit	N/A
<b>WORLDWIDE COVERAGE</b>	
Emergency Services and Urgently Needed Care Only	\$100 Deductible, 80% coinsurance to \$25,000 Maximum or 60 consecutive days, whichever is reached first.
<b>COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY</b>	
Pulmonary Therapy	\$20
Therapies (Occupational, Physical, Audiology, and Speech)	\$20
<b>FREESTANDING RADIOLOGICAL FACILITY</b>	
Advanced Imaging Services	\$20
Nuclear Medicine Services	\$10
Diagnostic Procedures and Tests	\$25
Radiation Therapy	\$25
<b>AMBULATORY SURGICAL CENTER</b>	
Surgical Procedures	\$250
Diagnostic Colonoscopy	\$250
<b>FREESTANDING LABORATORY</b>	
Lab Services	\$0
<b>DIALYSIS CENTER</b>	
Renal Dialysis Services	20%
<b>HOME HEALTH</b>	
Home Health Care	\$0 Excludes Personal Home Care

**GROUP MEDICARE ADVANTAGE PPO  
Package 3**



Description	Amount You Pay - Package 3
<b>DME PROVIDER</b>	
Durable Medical Equipment	20%
Diabetic Monitoring Supplies	20%
<b>MEDICAL SUPPLY PROVIDER</b>	
Medical Supplies	20%
<b>PROSTHETICS PROVIDER</b>	
Prosthetics	20%
<b>PHARMACY (PART B ONLY)</b>	
Durable Medical Equipment	20%
Medical Supplies	20%
Diabetic Monitoring Supplies	\$0
Medicare-covered Part B Drugs	20%
<b>OTHER BENEFITS</b>	
COVID-19 Testing	\$0
Hearing Services	\$0 for fitting/ evaluation (1 every 2 years). \$0 for routine hearing exams (1 every 3 years). \$400 coverage amount for both hearing aids (2 every 3 years).
Vision Services	\$10 for routine eye exam (1 per year)
<b>EXTRA BENEFITS</b>	
Silver Sneakers	In most service areas members will have free membership to a local fitness center through the SilverSneakers program.
Personal Health Coaching	Personal Health Coaching is an interactive inbound and outreach on-line and telephonic wellness coaching for Medicare participants who elect to participate, for wellness improvement, including weight management, nutrition, exercise, back care, blood pressure management, and blood sugar management.

**GROUP MEDICARE ADVANTAGE PPO  
Package 3**



Description	Amount You Pay - Package 3
Smoking Cessation	A comprehensive smoking cessation program available online, email, and phone.
Meal Program	After a member's overnight inpatient stay in a hospital or skilled nursing facility, they are eligible for nutritious meals delivered to their door at no cost.
COVID-19 Care Package	Coverage includes a Health Essentials Kit from our mail order catalog.
<b>CARE MANAGEMENT</b>	
Clinical Programs/ Disease Management (3) Case Management Humana At Home Chronic Condition Management Transplant Management Behavioral Health Care	Health education and clinical programs that provide support to members and caregivers to optimize health outcomes

**GROUP MEDICARE ADVANTAGE PPO**  
**Package 3 – Prescription Drug**



Description	Amount You Pay - Package 3
Prescription Drug Plan	Custom Plan
Part D Gap Coverage	Tier 1 Gap Coverage Only
Rx Deductible	\$0
Formulary	Group Plus
PART D 30 DAY STANDARD RETAIL SUPPLY	
NOTE: 90 DAY RETAIL SUPPLY IS AVAILABLE FOR 3X COPAY AMOUNT	
Tier 1: Generic	\$5
Tier 2: Preferred Brand	\$25
Tier 3: Non-Preferred Brand	\$60
Tier 4: Specialty Tier	33%
PART D 90 DAY STANDARD MAIL ORDER SUPPLY	
Tier 1: Generic	\$10
Tier 2: Preferred Brand	\$50
Tier 3: Non-Preferred Brand	\$120
Tier 4: Specialty Tier	N/A
Initial Coverage Limit	\$5,030
TrOOp	\$8,000
Catastrophic Coverage over TrOOp (greater amount of)	2024 Standard CMS Values
Copay for Generics	\$0
Copay for all other drugs	\$0
OR Coinsurance	\$0

**GROUP RETIREE PAYMENT SUMMARY**  
**Package 3**

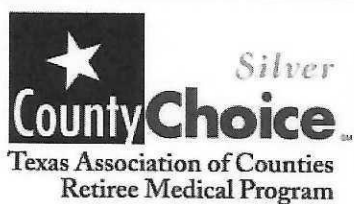
TAC HEBP 2024 Payment Summary – Package 3		
<u>Plan Name</u>	<u>Plan Provider</u>	<u>Cost Per Month*</u>
Retiree Medical Plan	Transamerica (pages 2-3)	\$255.43
Prescription Drug Plan	Retiree RxCare (page 4)	\$239.80
Medicare Advantage	Humana (pages 5-11)	\$288.27

\*The costs above reflect the full monthly cost and do not include your employer subsidy, if applicable.

AMWINS™

## Bring on the Future

2024 Renewal Summary:



# Texas Association of Counties 2024 Retiree Medical & Rx Plan Renewal

## Renewal Summary

We are pleased to provide the 2024 Group Retiree Medical 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 2024. Please review the program details enclosed in this summary.

Amwins is also excited to offer 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 2024, 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

We are confident your retirees will greatly benefit from this retiree assistance program. Each employer group will need to select MMH for 2024 on their Renewal Acceptance, if they are choosing to include it in the 2024 benefits.

As always, Amwins Group Benefits 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



# Texas Association of Counties 2024 Retiree Medical & Rx Plan Renewal

## Medical Plan

Underwritten by: Transamerica Life Insurance Company  
Effective January 1, 2024 – December 31, 2024

	2023	2024	% Increase	# of Lives
Medical Package 1	\$261.00	\$279.08	6.93%	368
Medical Package 2	\$146.00	\$155.45	6.47%	42
Medical Package 3	\$239.00	\$255.43	6.87%	0

## Prescription Drug Plan

Underwritten by: Elixir Insurance Company through Retiree RxCare  
Effective January 1, 2024 – December 31, 2024

	2023	2024	% Increase	# of Lives
Rx Package 1	\$264.80	\$274.07	3.50%	291
Rx Package 2	\$104.35	\$108.00	3.50%	41
Rx Package 3	\$231.69	\$239.80	3.50%	166

## MAPD Plan

Underwritten by: Humana  
Effective January 1, 2024 – December 31, 2024

	2023	2024	% Increase	# of Lives
MAPD Package 1	\$359.43	\$374.85	4.29%	36
MAPD Package 2 & 3	\$276.51	\$288.27	4.25%	5

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

# Texas Association of Counties 2024 Retiree Medical & Rx Plan Renewal

## Retiree Program Plan Designs

### Medical Plan

**Underwritten by:** Transamerica Life Insurance Company

Effective January 1, 2024 – December 31, 2024

	Package 1	Package 2	Package 3
<b>Deductible *</b>	\$0	50%	50%
<b>Skilled Nursing</b>	0%	50%	0%
<b>Part B Co-insurance</b>	0%	50%	0%
<b>Total OOP Max **</b>	Unlimited	\$4,620	Unlimited
<b>Office Visit Copay</b>	\$0	50%	\$0
<b>ER Visit Copay</b>	\$0	50%	\$0

*\*Includes Part B Deductible (2023: \$226). Retiree is responsible for 50% of both the Part A and B deductible if enrolled in Package 2. Only responsible for 50% of Part B deductible for Package 3.*

*\*\*Includes Calendar Year Deductible*

### Prescription Drug Plan:

**Underwritten by:** Elixir Insurance Company through Retiree RxCare

Effective January 1, 2024 – December 31, 2024

Prescription Drug Plan (30 Day Retail)	Package 1	Package 2	Package 3
<b>Annual Deductible:</b>	\$0	\$0	\$0
<b>Tier 1: Generic</b>	\$5	\$5	\$10
<b>Tier 2: Preferred Brand</b>	\$25	\$25	\$30
<b>Tier 3: Non-Preferred Brand</b>	\$60	\$60	\$65
<b>Tier 4: Specialty</b>	25%	25%	25%
<b>Coverage in Gap*</b>	Full Gap Coverage	Tier 1 only Gap Coverage	Full Gap Coverage
<b>OPX that Triggers Catastrophic</b>		\$8,000	

*\*After your total yearly drug costs reach \$5,030, you will pay the same co-payment schedule as noted above. The co-payments shown already include the manufacturer discounts on brand name drugs provided by the Medicare Coverage Gap Discount Program.*



# Texas Association of Counties 2024 Retiree Medical & Rx Plan Renewal

## Retiree Program Plan Designs *(continued)*

### MAPD Plan:

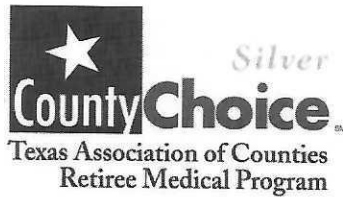
Underwritten by: Humana

Effective January 1, 2024 – December 31, 2024

MAPD Plan	Package 1 High Plan	Package 2 & 3 Low Plan
Calendar Year Deductible	\$0	\$0
Part B Co-Insurance	0%	0%
Out-of-Pocket Maximum**	Unlimited	\$2,400
Office Visit Co-pay	\$0	\$10
Emergency Room Co-pay	\$0	\$90
Part D Prescription	30-day standard retail	
Tier 1: Generic	\$5	\$5
Tier 2: Preferred Brand	\$25	\$25
Tier 3: Non-Preferred Brand	\$60	\$60
Tier 4: Specialty	33%	33%
Coverage in Gap	Full Gap Coverage	Tier 1 Only Gap Coverage (25% all other Tiers)
OPX that Triggers Catastrophic	\$8,000	\$8,000



GROUP BENEFITS, LLC



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

**Group:** Montague 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](mailto:CCS@county.org).

### PACKAGE PLANS

**Current Package:** Package 1

**Current Monthly Rates:**

- Medical Only: \$279.08
- Rx: \$274.07
- Medicare Advantage: \$374.85

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

### PACKAGE OPTIONS

- |                                    |                                    |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Package 2 | <input type="checkbox"/> Package 3 |
| • Medical: \$155.45                | • Medical: \$255.43                |
| • Rx: \$108.00                     | • Rx: \$239.80                     |
| • MedAdvantage: \$288.27           | • MedAdvantage: \$288.27           |

\_\_\_\_\_ Initial to accept 2024 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.



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

Group: Montague County

### 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 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**  
**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:** Treasurer/Jennifer Fenoglio  
**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 the 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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\*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:**  
**Address:**  
**Phone:**  
**Fax:**  
**Email:**

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

11 September 2023  
\_\_\_\_\_  
Date

Kevin Benton, County Judge  
\_\_\_\_\_  
Please PRINT Name and Title