

**Transamerica Premier Life Insurance & Medicare Generation Rx
2016 Renewal Notice and Benefit Confirmation**

Group: Webb County

Anniversary Date: 1/1/2016

Below are the new renewal rates for Monumental medical and Medicare GenerationRX prescription drug coverages. Please initial and complete each section below. Authorized signature on the following page is required to confirm and accept your group's renewal.

RETIREE MEDICAL

Attained Age	Current Rates	New Rates Effective 1/1/2016
65 – 69	\$142.43	\$155.25
70 – 74	\$170.96	\$186.35
75 – 79	\$201.92	\$220.09
80 - 84	\$230.47	\$251.21
85 – 89	\$254.79	\$277.72
90+	\$266.40	\$290.38

_____ Initial to accept 2016 retiree medical rates

MEDICARE GENERATIONRX - PRESCRIPTION PART D

Current Rate

\$166.00

New Rate Effective 1/1/2016

\$199.00

_____ Initial to accept 2016 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 TPLIC.
- Please indicate contribution amount paid per month below.

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

2016 Medicare Generation Rx Prescription Drug Summary

Underwritten By Transamerica Life Insurance Company

Deductible	\$0		
All amounts listed represent the amount to be paid by the plan enrollee.	Retail		Mail Order
Initial Coverage Limit	(31 days)	(90 days)	(90 days)
Preferred Generic	\$10	\$20	\$20
Non-Preferred Generic	\$15	\$30	\$30
Preferred Brand	\$30	\$65	\$65
Non-Preferred Brand	\$65	\$170	\$170
Specialty	33%	33%	N/A
Coverage in the Gap*	(31 days)	(90 days)	(90 days)
Preferred Generic	\$10	\$20	\$20
Non-Preferred Generic	\$15	\$30	\$30
Preferred Brand	\$30	\$65	\$65
Non-Preferred Brand	\$65	\$170	\$170
Specialty	33%	33%	N/A
Catastrophic Coverage	Greater of 5% of the cost of the drug or copay of \$2.95 generics or \$7.40 brands		
Effective Date – 1/1/2016 – 12/31/2016			

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1 of each year.