



## Transamerica Life Insurance & Retiree RxCare 2024 Renewal Notice and Benefit Confirmation

**Group: Webb County**

**Anniversary Date: 1/1/2024**

Below are the new renewal rates for TLIC medical and Retiree RxCare 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. Email renewals to [CCS@county.org](mailto:CCS@county.org) by **9/30/2023**.

### RETIREE MEDICAL

Attained Age	Current Rates	New Rates Effective 1/1/2024
65 – 69	\$170.46	\$179.63
70 – 74	\$204.76	\$215.96
75 – 79	\$241.97	\$255.36
80 - 84	\$276.31	\$291.73
85 – 89	\$305.55	\$322.69
90+	\$319.51	\$337.48

\_\_\_\_\_ Initial to accept 2024 retiree medical rates

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

### RETIREE RXCARE - PRESCRIPTION PART D

<b>Current Rate</b>	<b>New Rate Effective 1/1/2024</b>
\$209.43	<b>\$213.62</b>

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

	<b>Amount Group Pays</b>	<b>Amount Retiree Pays</b>
Medical Premium	\$ _____	\$ _____
RX Premium	\$ _____	\$ _____

**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:** Pedro F. Alfaro/Risk Management  
**Dir.**  
**Address:** 1110 Washington St., Ste 204  
**Phone:** 956-523-4143  
**Fax:** 956-523-5012  
**Email:** palfaro@webbcountytx.gov

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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:**  
**Address:**  
**Phone:**  
**Fax:**  
**Email:**  
**\*HIPAA Secure Fax\***

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**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**

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**Date**

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**Please PRINT Name and Title**