Transamerica Life Insurance Company & Retiree Rx Care
2027 Renewal Notice and Benefit Confirmation

Group: Waller County
Return to TAC by: October 1, 2026

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.

PACKAGE PLANS

Current Plan: Package 1

	Current Rates	New Rates Effective 1/1/2027
Medical Only:	$298.51	$298.51
Medical + RX:	$592.84	$610.50
Medicare Advantage:	$427.50	$452.07

☑ **Renew and Keep** current plan. OR

☐ **Change Package Option** (select only one from the list below)

PACKAGE OPTIONS (Rates eff. 1/1/2027)

☐ **Package 2**
- **Medical Only**: $183.81
- **Med+Rx**: $278.03
- **MedAdvantage**: $351.13

☐ **Package 3**
- **Medical Only**: $298.51
- **Med+Rx**: $568.01
- **MedAdvantage**: $351.13

_____ Initial to accept 2027 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.

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BILLING AND CONTRIBUTION SCHEDULE

Please select your preferred billing option (Current billing option is Split):

☐ **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.

- **List/Split Billing**: Please indicate monthly contributions levels for Employer and Retirees:

	Medical Premium	Medical + Rx Premium	MedAdvantage
Paid by Employer	$ 200.00	$ 400.00	$ 300.00
Paid by Retiree	$ 98.51	$ 210.50	$ 152.07

_____ Initial to accept Billing Method.

CountyChoice Silver
Member Contact Designations
Waller 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:	**Carbett "Trey" J. Duhon/County Judge**	
Address:	**425 FM 1488 Rd #102**	836 Austin St, Ste 4300
	Hempstead, TX 77445	
Phone:	**(979) 826-7700**	
Fax:	**(979) 826-2112**	
Email:	**t.duhon@wallercounty.us**	

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:	**Joan Beaty/County Treasurer**	
Address:	**425 FM 1488 Rd #102**	836 Austin St, Ste 2200
	Hempstead, TX 77445	
Phone:	**(979) 826-7707**	
Fax:	**(979) 472-3909**	
Email:	**j.beaty@wallercounty.us**	

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

		Please list changes and/or corrections below
Name/Title:	**Joan Beaty/County Treasurer**	
Address:	**425 FM 1488 Road #102**	836 Austin St, Ste 2200
	Hempstead, TX 77445	
Phone:	**(979) 472-3909**	
Fax:	**(979) 826-7709**	
Email:	**j.beaty@wallercounty.us**	

_____ 09/30/2026

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

Carbett "Trey" J. Duhon, III, Waller County Judge

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

Waller County (Group Name) acknowledges the attached document has been read and agrees to comply with the retiree program requirements and procedures.

	09/30/2026
Signature of County Judge or Contracting Authority	Date
Carbett "Trey" J. Duhon, III, Waller County Judge	
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

UHC Takeover Groups

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.

Amwins Benefits Retiree Healthcare continues to provide 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 2027, 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

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

	2026	2027	% Increase	# of Lives
Medical Package 1*	$298.51	$298.51	0.00%	396
Medical Package 2	$165.61	$183.81	10.99%	42
Medical Package 3*	$273.09	$298.51	9.31%	11

Effective 1/1/27, Medical Packages 1 and 3 will move from their current plan design to a Plan G.

***Members residing in FL receive state mandated rates, which are subject to renew off cycle. Last renewed 3/1/26.*

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 Package 1	$294.33	$311.99	6.00%	317
Rx Package 2	$94.22	$94.22	0.00%	42
Rx Package 3	$269.50	$269.50	0.00%	199

Amounts are inclusive of all services performed by Amwins Benefits Retiree Healthcare, insurance premiums and non-insurance costs. Administration services are provided by Amwins Benefits, a division of Amwins Group, Inc.

MAPD Plan

Underwritten by: Humana
Effective January 1, 2027 – December 31, 2027

	2026	2027	% Increase	# of Lives
MAPD Package 1	$427.50	$452.07	5.75%	39
MAPD Package 2 & 3	$332.17	$351.13	5.71%	7

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

	Package 1**	Package 2	Package 3**
Deductible *	Part B Deductible	50% Part A & B Deductible	Part B Deductible
Skilled Nursing	0%	50%	0%
Part B Co-insurance	0%	50%	0%
Total OOP Max ***	Part B Deductible	$4,620	Part B Deductible
Office Visit Copay	$0	50%	$0
ER Visit Copay	$0	50%	$0

** Part B Deductible (2026: $283), 2027 has not yet been released. Retiree is responsbile for 50% of both the Part A and B deductible if enrolled in Package 2; only resonsible for 50% of the Part B deductible if enrolled in Package 3.*

*****Effective 1/1/27, Medical Packages 1 and 3 will move from their current plan design to a Plan G.***

****Includes Calendar Year Deductible. Package 2 OOP Max will remain the same each year, regardless of Medicare's annual changes.*

Prescription Drug Plan

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

Prescription Drug Plan *(30 Day Retail)*	**Package 1**	**Package 2**	**Package 3**
Calendar Year Deductible:	$0	$700	$0
Tier 1: Generic	$5	25%	$10
Tier 2: Preferred Brand	$25	25%	$30
Tier 3: Non-Preferred Brand	$60	25%	$65
Tier 4: Specialty	25%	25%	25%
Catastrophic Coverage: Out-of-Pocket Maximum: $2,400	$0 Copays		

MAPD Plan

Underwritten by: Humana
Effective January 1, 2027 – December 31, 2027

Medical	Package 1 High Plan	Package 2 & 3 Low Plan
Calendar Year Deductible	$0	$0
Part B Co-Insurance	0%	0%
Out-of-Pocket Maximum**	$0	$2,400
Office Visit Copay	$0	$10
ER Visit Copay	$0	$90
Prescription Drug	**30 Day Standard Retail**	
Calendar Year Deductible:	$0	$0
Tier 1: Generic	$5	$5
Tier 2: Preferred Brand	$25	$25
Tier 3: Non-Preferred Brand	$60	$60
Tier 4: Specialty	33%	33%
Catastrophic Coverage: Out-of-Pocket Maximum: $2,400	$0	