



# Bring on the Future

## 2025 Renewal Summary:

Texas Association of Counties  
(FORT BEND)



# Texas Association of Counties (FORT BEND)

## 2025 Retiree Medical Plan Renewal

We are pleased to provide the 2025 Group Retiree Medical Program Renewal for Texas Association of Counties – Fort Bend. Other than the annual Medicare deductible and co-insurance adjustments for Parts A and B, the plan designs will remain unchanged for 2025. Please review the program details enclosed in this summary

As always, Amwins Group Benefits will continue to provide our extensive administrative services including:

Eligibility Management	Program Administration
Annual and Monthly Enrollments	Billing and Collection of Premiums
Retiree Communications	Retiree Specialty Contact Center
Customer Service	Ongoing Retiree Advocacy and Support

### Medical Plan

**Underwritten by:** Transamerica Life Insurance Company

Effective January 1, 2025 – December 31, 2025

Plan F	2024	2025	% Increase	# of Lives
<b>65-69</b>	\$203.24	\$203.24	0%	255
<b>70-74</b>	\$243.81	\$243.81	0%	229
<b>75-79</b>	\$334.55	\$334.55	0%	166
<b>80+</b>	\$359.37	\$359.37	0%	138

### Medical Plan

**Underwritten by:** Transamerica Life Insurance Company

Effective January 1, 2025 – December 31, 2025

	Plan F
<b>Deductible</b>	\$0
<b>Skilled Nursing</b>	0%
<b>Part B Co-insurance</b>	0%
<b>Total OOP Max **</b>	\$0
<b>Office Visit Copay</b>	\$20
<b>ER Visit Copay</b>	\$0

*\*\*Includes Calendar Year Deductible*





## Transamerica Life Insurance Company & Retiree Rx Care 2025 Renewal Notice and Benefit Confirmation

Group: Fort Bend County

Anniversary Date: 1/1/2025

Below are the new renewal rates for TPLIC 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](mailto:CCS@county.org) by September 30, 2024.

### RETIREE MEDICAL

Attained Age	Current Rates	New Rates Effective 1/1/2025
65 – 69	\$203.36	\$203.36
70 – 74	\$243.81	\$243.81
75 – 79	\$334.55	\$334.55
80+	\$359.67	\$359.67

\_\_\_\_\_ Initial to accept 2025 retiree medical rates.

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

### 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	\$ _____	\$ _____

Kg Initial to accept Billing Method.

**CountyChoice Silver**  
**Member Contact Designations**  
**Fort Bend 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:** KP George/County Judge  
**Address:** 301 Jackson Street  
Richmond, TX 77469  
**Phone:** (281) 341-8608  
**Fax:** (281) 341-8609  
**Email:** kp.george@fortbendcountytexas.gov

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

**Please list changes and/or corrections below**

**Name/Title:** Wyatt Scott/Risk Mgmt. Director  
**Address:** 301 Jackson Street  
Richmond, TX 77469  
**Phone:** (281) 341-4493  
**Fax:** (281) 341-3751  
**Email:** wyatt.scott@forbendcountytexas.gov

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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:** Destanie Galarza/Retiree Benefits  
**Address:** 301 Jackson Street  
Richmond, TX 77469  
**Phone:** (281) 341-3751  
**Fax:** (281) 341-3751  
**Email:** destanie.galarza@fortbendcountytexas.gov

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Signature of County Judge or Contracting Authority

10/23/2024  
Date

\_\_\_\_ KP George \_\_\_\_\_  
Please PRINT Name and Title