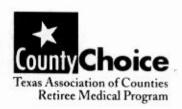


Transamerica Life Insurance Company & Retiree Rx Care 2025 Renewal Notice and Benefit Confirmation

Group: Lamb County Return to TAC by: September 30, 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.

REPORT OF MINISTER STREET	PACKAGE	PLANS			
Current Plan: Packag	e 1				
O	Medical Only	Med + Rx	Medicare Advantage		
Current Rates:	\$279.08	\$553.15	\$374.85 \$392.96		
New Rates: (eff 1/1/2025)	\$279.08	\$559.39			
☑ Renew and keep curr	rent plan. OR				
☐ Change Package opti	on (select only one from	the list below)			
	PACKAGE OPTIONS	(Rates eff. 1/1/25)			
☐ Package 2		☐ Package 3			
Medical Only: \$155.45		Medical Only: \$255.43			
 Med+Rx: \$242.33 		• Med+Rx: \$515.82			
MedAdvantage: \$305.52		 MedAdvantage: \$305.52 			
Initial to acce	pt 2025 retiree package o	options rates.			
	MANAGE MY HEALT	H (OPTIONAL)			
☐ Add <u>Manage My Hea</u>	i <u>lth</u> for an additional \$10		th.		



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

Group: Lamb County Return to TAC by: September 30, 2025

BILLING AND CONTRIBUTION SCHEDULE

Please select yo	our prefer	red billing option (Current bi	lling option is Direc	ct):	
☑ Direct Bill:	Invoice fo	or 100% of the cost to	each retir	ee.		
				ne cost for each retire ue from retirees/spo		yer
invoice	to retiree f it Billing:	or their remaining p	portion.	oyer subsidy and A		
	Med	lical Premium	al Premium Med + Rx		x Premium MedAdvant (if applicable	
Paid by Employer	\$	0.00	\$	0.00	\$	0.00
Paid by Retiree	\$	279.08	\$	559.39	\$	392.96

Initial to accept Billing Method.

CountyChoice Silver Member Contact Designations

Lamb 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:	James M DeLoach/County Judge	
Address:	100 6th Drive	
	Littlefield, TX 79339	
Phone:	(806) 385-4222	
Fax:	(806) 385-6897	
Email:	jmdeloach@co.lamb.tx.us	
Primary Conta	ct: Main contact for daily matters pertaining to	retiree benefits.
		Please list changes and/or corrections below
Name/Title:	Jerry Yarbrough/Treasurer	
Address:	100 6th Drive, Rm 111	
	Littlefield, TX 79339	-
Phone:	(806) 485-0080	
Fax:	(806) 385-6897	
Email:	jyarbrough@co.lamb.tx.us	
Billing Contac	t: Responsible for receiving all invoices relating	g to retiree benefits. (Not applicable if Direct Bill).
		Please list changes and/or corrections below
Name/Title:		
Address:		
Phone:		
Fax:		
Email:	11el A	Clarker
Signature of C	ounty Judge or Contracting Authority	Date 7 29

James M DeLoach, Lamb County Judge

Please PRINT Name and Title