



Webb County Commissioners Court

1000 Houston Street 1st Floor, Laredo, Texas 78040
Office (956) 523-5939 / Fax (956) 523-5938

Summary of Material Notification

Effective January 1, 2017 your Medical Benefit Plan is amended to reflect changes necessary due to the rising cost of Medical treatment and procedures. Your Plan Sponsor will offer only one benefit plan for retirees and spouse dependent with changes to benefit levels. The dental plan will be offered as an optional benefit to the spouse. Please review the following information;

Your Summary Benefit Description is hereby modified as set forth:

1. The Employer Sponsored Base plan has been amended to included the following benefit changes:

Deductible increase (In-Network)	\$2000 Individual/\$5500
Deductible increase (Out-of-Network)	\$4000/\$8000
Doctor/Specialist visits and other procedures	\$35/\$45
Payment Limit (In-Network)	\$7150/\$14,300
Payment Limit (Out of Network)	\$10,000/\$20,000
Percentage change	40/60

Rates:

Tier	Retiree Monthly Cost for Medical Only	Retiree Monthly Cost for Dental (Optional)	
		Base	Premium
Retiree Only	\$ 381.00	Included	\$26.60
Retiree plus Spouse	\$ 1,193.00	\$21.60	\$45.80

Aetna Insurance Company will be the Plan Administrator.

Please review the summary of benefits for additional information and keep this document with your other important papers for future reference.

For additional information regarding this change or any other questions, please contact the Risk Management office for information at: 956-523-4144.