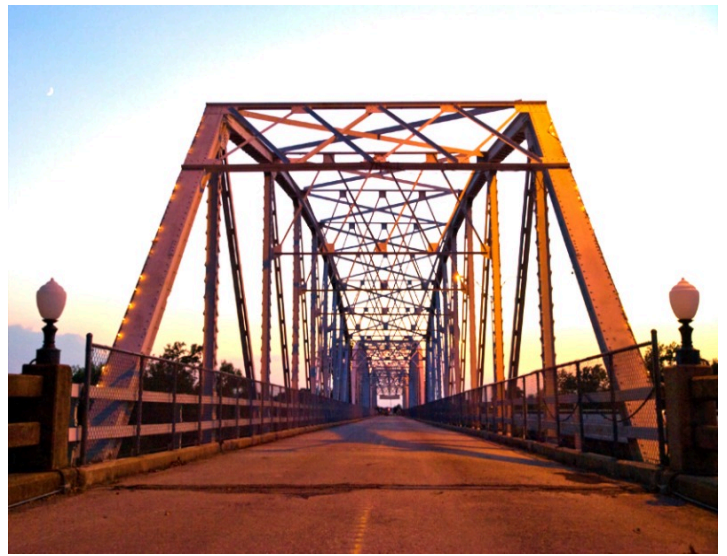




Bastrop County

Employee Benefits

Resource Guide

2025 - 2026



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Eligibility

Full-time employees who work a minimum of **20 hours per week** and are at least 18 years of age are eligible to participate in the benefits program. Enrollment must be completed by **1st of the month following date of employment**. Once your enrollment is completed, you will not be able to make changes to your benefits unless you have a Qualifying Life Event or your hours worked per week drop below the minimum.



Qualifying Life Event

If you experience a qualifying life event (for instance: getting married or having a baby) please contact the Benefits Enrollment Center to change your benefits. You must notify and provide proof of the event to your Plan Administrator within 30 days of the qualifying event. **CHANGES CANNOT BE MADE AFTER 30 DAYS HAVE LAPSED.**

Qualifying Events

- A change in the number of dependents (birth, adoption, death, guardianship);
- A change in marital status (marriage, divorce, death, legal separation);
- A dependent's loss of eligibility (attainment of limiting age);
- A change in associate's spouse's or dependent's work hours;
- A termination or commencement of employment of associate's spouse of eligible dependent with coverage;
- Other events as the Plan Administrator determines to be permitted or any other applicable guidelines issued by the Internal Revenue Service.

Eligible Dependents

Dependents considered eligible for benefits:

- Your legal spouse
- Your child(ren) up to age 26 (includes stepchildren, legally adopted children and children placed with you for adoption and foster children)

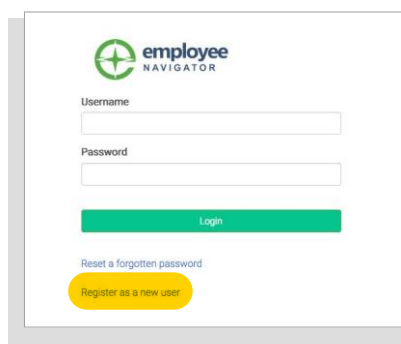


BASTROP COUNTY PLAN YEAR 2025-2026 PREMIUM RATES

Benefit		Premiums	County Pays	You Pay per Month	Amount Per Check
Health Insurance					
Plan 1: Bastrop County Health Plan+					
Employee Only		\$936.00	\$936.00	\$0.00	\$0.00
Employee & Child(ren)		\$1,286.00	\$936.00	\$350.00	\$175.00
Employee & Spouse		\$1,488.00	\$936.00	\$552.00	\$276.00
Employee Family		\$2,554.00	\$936.00	\$1,618.00	\$809.00
Plan 2: Cigna					
Employee Only		\$1,026.00	\$936.00	\$90.00	\$45.00
Employee & Child(ren)		\$1,411.00	\$936.00	\$475.00	\$237.50
Employee & Spouse		\$1,632.00	\$936.00	\$696.00	\$348.00
Employee Family		\$2,802.00	\$936.00	\$1,866.00	\$933.00
Lincoln Dental Insurance					
Employee Only		\$31.69	\$31.69	\$0.00	\$0.00
Employee & Child(ren)		\$69.95	\$31.69	\$38.26	\$19.13
Employee & Spouse		\$63.89	\$31.69	\$32.20	\$16.10
Employee Family		\$103.43	\$31.69	\$71.74	\$35.87
Lincoln Vision Insurance					
Employee Only		\$6.67	\$0.00	\$6.67	\$3.34
Employee + 1		\$12.15	\$0.00	\$12.15	\$6.08
Employee Family		\$21.06	\$0.00	\$21.06	\$10.53
Lincoln Voluntary Life Insurance			Long-Term Disability Insurance		
After 1st 31 days of employment, requires approval through evidence of insurability (EOI). Maximum coverage of \$200,000. Spouse up to 50% of employee coverage. Dependent children up to 10% of employee coverage to a maximum of \$10,000.	Your Age	You Pay/ \$1,000 of Coverage	90 day waiting period. Pays 60% of your income up to \$7,500. Pays to Social Security normal retirement age.	Your Age	You Pay/ \$100 of Coverage
	15-29	\$0.07		<25	\$0.42
	30-34	\$0.07		25-29	\$0.42
	35-39	\$0.11		30-34	\$0.53
	40-44	\$0.18		35-39	\$0.73
	45-49	\$0.26		40-44	\$1.09
	50-54	\$0.41		45-49	\$1.76
	55-59	\$0.68		50-54	\$2.50
	60-64	\$1.08		55-59	\$2.80
	65-69	\$1.74		60+	\$1.92
	70-74	\$2.83	Voluntary AD&D Insurance		
	75-79	\$4.99	\$.03/\$1,000 of Income (Per Person)		
	80-84	\$9.97			
	85-89	\$16.37	Texas Legal		
	90-94	\$25.72	Employee Only (Employer paid)		\$0.00
	95-99	\$39.32	Employee & Family		\$1.60
	Child(ren)	\$0.14	PHI Air Medical (Employer Paid)		
Additional Benefits					
Assurity Offers various options for voluntary and diversified Accident, Critical Illness, Disability and Whole Life policies.					
Ameriflex Bastrop County's HRA/FSA/Dependent Care Provider and administrator.					
TCDRS Bastrop County's Retirement Plan provider and administrator. *Mandatory 7% employee Contribution per paycheck.					
First Financial Group of America/TCG Bastrop County's optional 457b Retirement Plan.					

ENROLL IN YOUR BENEFITS

One step at a time



employee NAVIGATOR

Username

Password

Login

Reset a forgotten password

Register as a new user

Step 1: Log In

Go to www.employeenavigator.com and click **Login**

- **Existing Users:** Login using your existing username and password. If you can't access this information, click **Forgot Username?** or **Forgot Password?**

- **First Time Users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password.

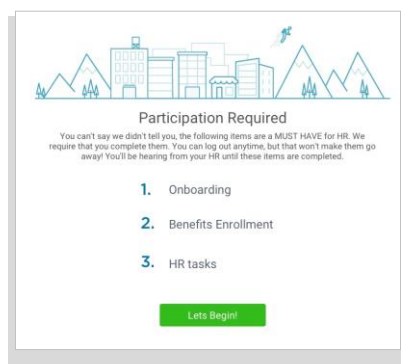
First Name:

Last Name:

Company Identifier: **BastropCounty** (Must be entered exactly as listed. Make sure to capitalize the B, and C. There is NO space in between.)

PIN: Last 4 digits of your SSN

Birth Date: mm/dd/yyyy



Participation Required

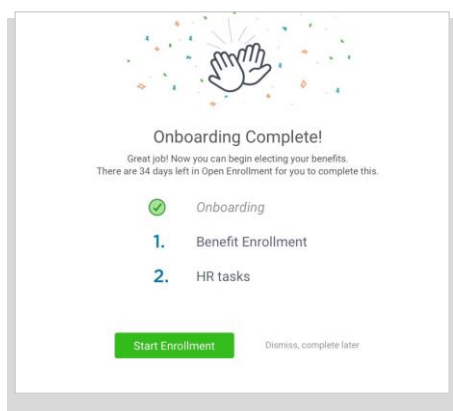
You can't say we didn't tell you, the following items are a MUST HAVE for HR. We require that you complete them. You can log out anytime, but that won't make them go away! You'll be hearing from your HR until these items are completed.

1. Onboarding
2. Benefits Enrollment
3. HR tasks

Let's Begin!

Step 2: Welcome!

After you login click **Let's Begin** to complete your required tasks.



Onboarding Complete!

Great job! Now you can begin electing your benefits. There are 34 days left in Open Enrollment for you to complete this.

Onboarding

1. Benefit Enrollment
2. HR tasks

Start Enrollment Dismiss, complete later

Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

TIP

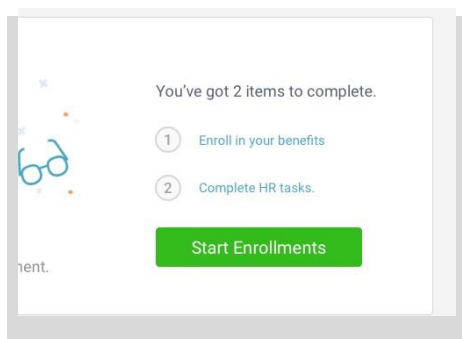
if you hit "**Dismiss, complete later**" you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking "**Start Enrollments**"

Step 4: Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

TIP

Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.



You've got 2 items to complete.

- 1 Enroll in your benefits
- 2 Complete HR tasks.

Start Enrollments

Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.

Who am I enrolling?

- ☒ Myself
- ☐ Elizabeth Reynolds (Spouse)
- ☐ Gwen Reynolds (Child)

The screenshot shows a benefit election interface. At the top, it displays a cost of \$138.46 per pay period, effective on 08/01/18 for an employee. Below this, there's a section titled 'How much will it cost?' with a table showing Plan Cost (\$138.46), Employer Contribution (\$138.46), and My Cost (\$0.00). A 'View employer contributions summary' link is present. At the bottom, there are two buttons: 'Save & Continue' (green) and 'Don't want this benefit?' (blue).

Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

The screenshot shows the 'Enrollment Summary' page. It includes a progress bar indicating 'Progress 6 of 8'. A yellow warning box states 'Enrollment Not Complete! Please complete the required highlighted steps from your enrollment progress menu.' Below this, there's a section for 'Enrolled Plans' showing 'Medical' and 'Key Care HSA PPO2017 404E2435 Long Plan Name'. On the right, a list of steps is shown, with steps 1 through 7 marked as complete and step 8 (Enrollment Summary) highlighted as the current step.

Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

TIP

If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.

The screenshot shows a celebratory screen titled 'High Five! Enrollment Complete!'. It states 'You've only got one more item to complete.' and lists '1. HR Tasks' as the remaining task. A green 'Start Tasks' button is prominently displayed, along with a link to 'Dismiss, complete later'.

Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!



You can login to review your benefits 24/7

DEDUCTIBLE AND ANNUAL OUT-OF-POCKET MAXIMUM	IMAGINE HEALTH PROVIDERS (You will pay the least)	ALL OTHER PROVIDERS (You will pay the most)	
Plan Year Deductible (Embedded) - Per Individual - Per Family	\$1,000 \$3,000	\$1,500 \$4,500	
Plan Year Out-of-Pocket Maximum (Embedded) (includes Deductible and all Copays) - Per Individual - Per Family	\$2,500 \$5,000	\$4,000 \$8,000	
BENEFIT PERCENTAGE FOR:	IMAGINE HEALTH PROVIDERS	ALL OTHER PROVIDERS	MAXIMUM BENEFITS, LIMITS & PROVISIONS
Inpatient Services	100% after Deductible	90% after Deductible	Precertification is required.
Inpatient Mental/Nervous Disorders, Chemical Dependency, Drug and Substance Abuse Services	100% after Deductible	90% after Deductible	
Outpatient Mental/ Nervous Disorders, Chemical Dependency, Drug and Substance Abuse Services Services performed during Physician office visit/Consultation (does not include psychological testing)	100% after \$10 Copay	100% after \$25 Copay	
Other Outpatient services and psychological testing	100% after Deductible	90% after Deductible	
Emergency Room Facility	100% after \$200 Copay; Deductible waived		Copay waived if admitted
Maternity Services	100% after Deductible	90% after Deductible	
Urgent Care	100% after \$25 Copay	100% after \$50 Copay	
Office Visit Services performed during the Physician’s office visit/consultation including lab & x-ray (Does not include certain <i>Diagnostic procedures and surgical services</i>).	100% after \$10 Copay (PCP) 100% after \$10 Copay (Spec)	100% after \$25 Copay (PCP) 100% after \$25 Copay (Spec)	
Recuro Health Telemedicine Virtual Emergent & Urgent Care consultations	\$0 Consult Fee		
Outpatient Surgery	100% after Deductible	90% after Deductible	Precertification is required.
Chiropractic Care	100% after Deductible	90% after Deductible	Limited to 35 visits per Plan Year.
Imaging Services (Certain diagnostic procedures such as: CT Scans, MRIs, PET Scans, etc.)	100% after Deductible	90% after Deductible	Precertification is required.
Lab/X-ray in other Outpatient facilities (Excluding certain <i>Diagnostic procedures</i>)	100% Deductible waived	90% after Deductible	Precertification is required.
Diagnostic Lab/X-ray (Freestanding Facility, Independent Lab, Physician’s office)	100%; Deductible waived	100% Deductible waived	
Preventive Care and Routine Wellness	100%; Copay/Deductible waived		
PRESCRIPTION DRUGS			
Retail (30-Day Supply)	Generic: \$10 Copay Preferred Brand: \$30 Copay Non-Preferred Brand: \$50 Copay		
Mail Order (90-Day Supply)	Generic: \$20 Copay Preferred Brand: \$60 Copay Non-Preferred Brand: \$100 Copay		
Specialty Drugs (30-Day Supply)	Generic: \$10 Copay Preferred Brand: \$30 Copay Non-Preferred Brand: \$50 Copay		



Imagine Health | Texas

Enjoy direct access to quality healthcare where you live.

- **No guesswork.** Choose to see a carefully selected Imagine Health provider and receive affordable, quality care.
- **New referrals.** You have the simplicity of direct access to quality hospitals and physicians in your area. It's that easy.
- **Walk-in care.** You have access to all CVS MinuteClinic® locations nationwide, which provide a broad range of services to help keep you and your family healthy.
- **Lab services.** Rely on Quest Diagnostics for all your lab-related diagnostic services.
- **Peace of mind.** When you use an Imagine Health provider, you won't be billed for more than your patient responsibility. It makes good sense.

Count on getting the most out of your plan when you
see one of our partners in Texas.

90+ hospitals

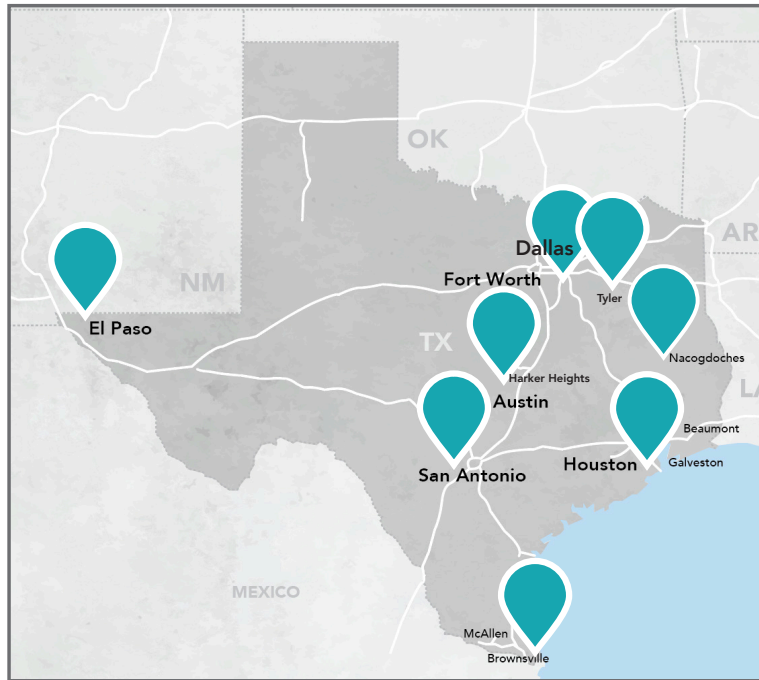
75+ ambulatory
surgical centers

150+ urgent care
centers

16,450+ providers

For a current and complete list of Imagine providers,
visit providers.imaginehealth.com.

Now it's easier than ever before to get quality healthcare.



Imagine Providers By Location:

Dallas, Fort Worth and Central Texas: Baylor Scott & White Health | Children's Health
Cook Children's Health Care System

El Paso: The Hospitals of Providence

Harker Heights: Baylor Scott & White Health | Seton Medical Center Harker Heights

Houston: HCA Gulf Coast | Texas Children's Hospital | Memorial Hermann

Nacogdoches: NMC Health Network

Rio Grande Valley: Valley Baptist Health System

San Antonio: Baptist Health System

Tyler: UT Health | Baylor Scott & White Texas Spine & Joint Hospital

Enjoy access to these hospitals, specialty locations and various physicians. They're counted among the thousands of Imagine providers in your plan.

Need to see a non-partner provider or have questions?
Call the Member Services number on your Benefits ID card.



DEDUCTIBLE AND ANNUAL OUT-OF-POCKET MAXIMUM	PPO NETWORK 1)	NON-PPO 2)	
Plan Year Deductible			
- Per Individual	\$4,000		\$8,000
- Per Family	\$12,000		\$24,000
Plan Year Out-of-Pocket Maximum (Includes all Copays)			
- Per Individual	\$4,700		\$9,400
- Per Family	\$5,400		\$5,400
BENEFIT PERCENTAGE FOR:	PPO NETWORK 1)	NON-PPO 2)	MAXIMUM BENEFITS, LIMITS & PROVISIONS
Inpatient Services	80% after Deductible	60% after Deductible	Precertification is required
Inpatient Mental/Nervous Disorders, Chemical Dependency, Drug and Substance Abuse Services	80% after Deductible	60% after Deductible	Precertification is required.
Outpatient Mental/ Nervous Disorders, Chemical Dependency, Drug and Substance Abuse Services Services performed during Physician office visit/Consultation (does not include psychological testing)	100% after \$40 Copay	60% after Deductible	
Other Outpatient services and psychological testing	80% after Deductible	60% after Deductible	
Emergency Room Facility	\$250 Copay + 80% Coinsurance; Deductible waived		Precertification is required if admitted.
Maternity Services	80% after Deductible	60% after Deductible	
Urgent Care	100% after \$50 Copay	60% after Deductible	
Office Visit Services performed during the Physician's office visit/consultation including lab & x-ray <i>(Does not include certain Diagnostic procedures and surgical services).</i>	100% after \$40 Copay (PCP) 100% after \$60 (SPEC)	60% after Deductible	
Allergy Injections	100%; Deductible waived	60% after Deductible	
Recuro Health Telemedicine Virtual Emergent & Urgent Care consultations	\$0 Consult Fee		
Outpatient Surgery	80% after Deductible	60% after Deductible	Precertification is required.
Chiropractic Care	80% after Deductible	60% after Deductible	Limited to 35 visits per Plan Year.
Imaging Services (Certain diagnostic procedures such as: CT Scans, MRIs, PET Scans, etc.)	80% after Deductible	60% after Deductible	Precertification is required.
Lab/X-ray in other Outpatient facilities (Excluding certain Diagnostic procedures)	100%; Deductible waived	60% after Deductible	
Diagnostic Lab/X-ray (Freestanding Facility, Independent Lab, Physician's office)	100%; Deductible waived	60% after Deductible	
Preventive Care and Routine Wellness	100%; Copay/Deductible waived		

- 1) Based on PPO Rate.
2) Based on Allowable Claim limit

PRESCRIPTION DRUGS	
Retail (30-Day Supply)	Generic: \$10 Copay Preferred Brand: \$30 Copay Non-Preferred Brand: \$50 Copay
Mail Order (90-Day Supply)	Generic: \$20 Copay Preferred Brand: \$60 Copay Non-Preferred Brand: \$100 Copay
Specialty Drugs (30-Day Supply)	Generic: \$10 Copay Preferred Brand: \$30 Copay Non-Preferred Brand: \$50 Copay

Your Health Plan With Imagine360

Helpful Tips

Explore how to make the most of your plan:

- 1 Register for the miBenefits Portal
- 2 Get Help Finding a Provider
- 3 Ask for Help With Transition of Care
- 4 Connect With Our Clinical Team

Your well-being is our top priority. We surround you with all the support you need for an easier healthcare experience.

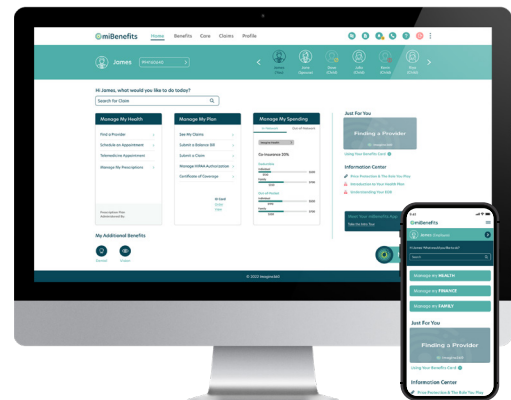
Need help? **Call us at the member number on your Benefits ID card.**

1 Register for the miBenefits Portal

Our online portal gives you 24/7 access to your health plan. You can quickly:

- See your benefits in one place.
- Find and compare providers.
- Track your spending at a glance.
- Review provider claims and how your plan processed them.

When your plan is live, register at miBenefits.imagine360.com. Or download the “i360 miBenefits” app.



Scan here to register for the miBenefits portal.

2 Get Help Finding a Provider

Call the member number on your Benefits ID card for help finding providers right for your needs.

We'll help you compare them based on:

- Cost
- Quality
- How well they work with your plan

You can also search for providers anytime at miBenefits.imagine360.com, when your plan starts.



Scan here to learn how we make your provider search easier.



3 Ask for Help With Transition of Care

If you have an active treatment plan, we want to make sure your care continues smoothly.

Let us know if you or covered family members:

- Are undergoing treatment
- Have a complex medical condition
- Have a procedure scheduled within the first 30 days of your new plan's effective date

Simply complete a Transition of Care form during open enrollment. You can also fill out the form online in the Document Library of mibenefits.imagine360.com, when your plan is live.

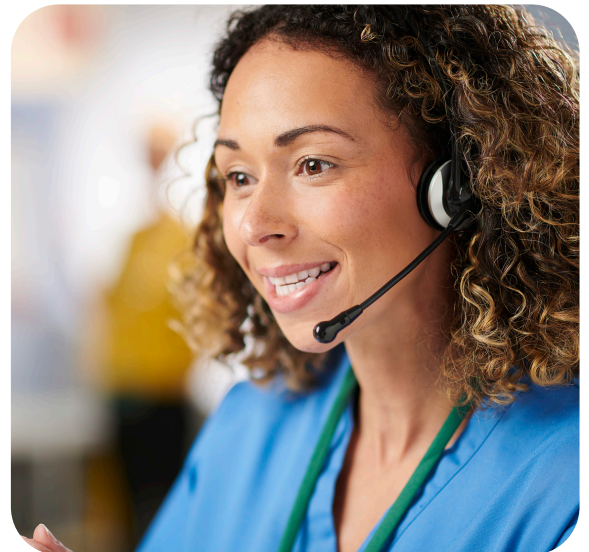


4 Connect With Our Clinical Team

Your plan's highly trained coaches – including nurses, dietitians and licensed counselors – provide confidential, phone-based guidance and education for chronic conditions, such as:

- Congestive heart failure
- Asthma
- Coronary artery disease
- COPD
- Diabetes
- Hypertension

Our nurses can also advise you on what level of care you need when you don't feel well. **For more information on our no-cost support, call the member number on your Benefits ID card, when your plan starts.**



Your health plan places a team of benefits experts, claims specialists and licensed medical professionals by your side. When you need help, just **call the member number on your Benefits ID card.**

24/7 access to your health benefits: miBenefits.imagine360.com

We're here to help. Call the number on your Benefits ID card.
Mon - Thurs: 7 a.m. – 9 p.m. CT | Fri: 7 a.m. – 7 p.m. CT



Answering Provider Questions



When you go to a provider, always bring your Benefits ID card with you. If you're asked for more plan information, tell the office staff to call the provider number on your card. We'll quickly confirm your benefits, copays and any deductibles.

It's normal for a provider's office to verify your plan benefits. Here are answers to commonly asked questions:

- ✓ **What's the name of your insurance?**
Imagine360 is the claims administrator for my group benefits plan.
- ✓ **How do I confirm your eligibility?**
Please call the provider number on the back of my card. It will just take a moment to talk with a plan representative.
- ✓ **Where do we submit your claims?**
The address for submitting claims is on the back of my Benefits ID card.

Your Member Support Line

If a provider says they don't recognize your plan or asks you to pay more than your copay or deductible (if you have one) at the time of care, we're here to help. Call the member number on your Benefits ID card, even if you're in the provider's office. We can talk with the provider for you.

When you see a provider:

- Always show your Benefits ID card.
- Forgot or lost your card? Go to **miBenefits.imagine360.com** to access it electronically, print a copy or order a replacement.



Scan here for more tips on a smooth provider visit.

24/7 access to your health benefits: **miBenefits.imagine360.com**

We're here to help. Call the number on your Benefits ID card.
Mon - Thurs: 7 a.m. - 9 p.m. CT | Fri: 7 a.m. - 7 p.m. CT



Your Benefits ID Card

Important information for you and your providers

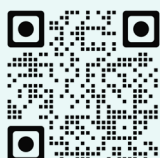
When you go to a provider, always bring your card with you. It has all your health plan details, including:

Front:

1	Sample Company Name Logo	Sample Company Name	3
		Group: H88XXXX Employee: JOHN SAMPLE ID: SMPL0001	
2	Medical Plan Network Access: Sample Network www.samplenetwork.com	Dependent: JANE SAMPLE Dependent: JIMMY SAMPLE	4
	Virtual Care 888-XXX-XXXX samplewebsite.com	Member Services: For help finding providers, questions on claims, or information on your health plan: • Email: myplan@imagine360.com or • Call (888) XXX-XXXX	

Back:

5	Information for Providers: For questions regarding your patient's health plan, summary of benefits, claims status and UR Notification, visit imagine360.com or call 800-XXX-XXXX. <i>*Notification of all hospital admissions must be made within 48 hours.*</i> NOTICE: Possession of this card or UR Notification does not guarantee coverage or payment for the services or procedure reviewed. Submit Claims to: EDI: Payer ID XXXX Mail: Imagine360 PO Box 749075 Dallas, TX 75374-9075 For Non-Imagine Facility & Non-Network Professional Claims: http://www.planlimit.com/imagine360	6
	Member Applicable Ded/CoOPM Amounts Plan Amounts Go Here Sample Pharmacy Plan RxBIN: XXXXXX RxPCN: SSN RxGRP: H880XXX	7



Scan here to view, print or order your Benefits ID card.

- Health System Access:** See physician networks and/or health systems included in your plan. Visit the websites listed to find providers, or use the provider search on miBenefits.imagine360.com.
- Telehealth Services:** Take advantage of 24/7 access to quality medical professionals for virtual urgent care, primary care* and mental health.* (*Not available on all health plans.)
- Group & Member Information:** Provides unique identifying information – your group number, member ID and enrolled members(s) – that providers use to verify coverage and submit claims.
- Member Services:** Use this contact information to get personalized service and support from Imagine360.
- For Providers:** Ask providers to call us at this number or visit our website if they have questions or want to verify coverage. Also has the information providers need to submit claims.
- Out-of-Pocket Responsibility:** View your plan deductible, copay amounts and out-of-pocket maximums, if applicable.
- Pharmacy Plan:** Get pharmacy plan details, if your plan includes this benefit.

24/7 access to your health benefits: miBenefits.imagine360.com

We're here to help. Call the number on your Benefits ID card.
Mon - Thurs: 7 a.m. – 9 p.m. CT | Fri: 7 a.m. – 7 p.m. CT



Price Protection & Billing Support

Your health plan includes built-in price protection so you don't overpay for care. And while you may not have billing questions often, we're always here to answer them.



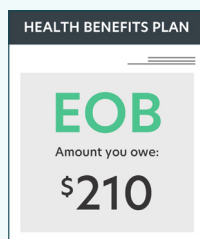
OUR ROLE: Provide Price Protection

1. After you receive care, your provider sends us a request for payment. This is called a claim.
2. We review claims from providers – including doctors (depending on your plan), hospitals, outpatient surgery centers and skilled nursing facilities – for errors and charges that are more than what your plan allows.
3. If needed, we adjust the amount paid to a provider. **Most providers accept this amount.**

YOUR ROLE: Keep an Eye on Provider Bills

Occasionally, a provider may bill you the difference between what your plan paid and what the provider charged. This is called a balance bill – and there's an easy way for you to spot one:

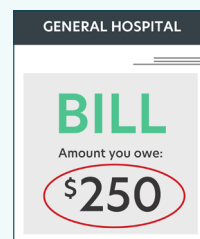
Compare your Explanation of Benefits (EOB) ...



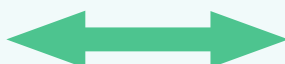
From your health plan (not a bill)

Shows what your plan covered and what you owe.

... to your provider bill



From your healthcare provider



If they don't match, you have a balance bill.

How to Send Us a Balance Bill

Most of the time, you won't have a reason to contact us about a provider bill. But if you ever receive a balance bill or aren't sure, let us know right away. We're here to help make sure you aren't being charged too much for care.

When you contact us, **always include the balance bill and the best number for us to reach you.**



Email: bb@imagine360.com

This is the fastest way to receive balance bill support.



Fax: 888-560-2447



Mail: 1550 Liberty Ridge Dr., Wayne, PA, 19087

Need help? **Just call the member number on your Benefits ID card.**

Advocating on Your Behalf

Once we receive your balance bill, we'll contact you to explain next steps. Our team does all the work, so you don't have to.

A designated advocacy expert will:

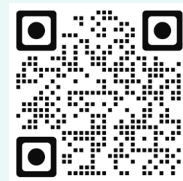
- Manage the bill resolution process on your behalf
- Provide regular updates
- Bring in legal support, if needed, at no cost to you

Don't Overpay: Helpful Tips

These tips can help keep your care costs fair and reasonable:

- Compare provider bills to your EOBs to check for balance bills.
- Send us balance bills right away.
- Quickly sign the authorization forms that allow us to advocate on your behalf.
- Keep a folder of EOBs and bills you receive, in case questions arise.

Remember, you can always call us at the member number on your Benefits ID card if you have questions about an EOB or a provider bill.



Scan here to learn more about how price protection keeps your care costs as affordable as possible.

24/7 access to your health benefits: miBenefits.imagine360.com

We're here to help. Call the number on your Benefits ID card.
Mon - Thurs: 7 a.m. – 9 p.m. CT | Fri: 7 a.m. – 7 p.m. CT



Real

DOCTORS.
CARE.
CONVENIENT!

24/7 Virtual Care From Recuro Health

When you don't feel well, you want care right away. Recuro Health gives you access to medical professionals – day or night – no matter where you are.

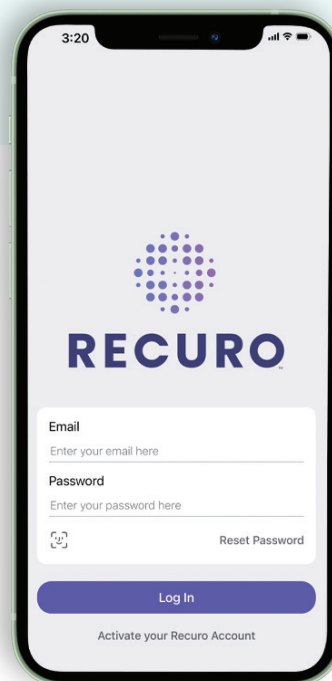
5 reasons to choose Recuro:

- 1 Comprehensive Services.** See board-certified providers for urgent care or primary care. You can also schedule consults with licensed counselors and psychiatrists. Prescriptions are sent to a pharmacy near you.
- 2 Convenience.** Skip the drive and avoid a crowded waiting room. Instead, get care in the comfort of your own home or while you're on the go. Choose from live video or phone options.
- 3 Speed.** Virtual visits fit your busy schedule and save time. When you're sick, you can see a provider almost immediately. For ongoing care or wellness visits, get appointments fast – sometimes even the same day.
- 4 Support.** Your provider will work with you to make sure you get all the care you need. If you need to be seen in person, Recuro can help you make an appointment.
- 5 Cost Savings.** Virtual care often costs you less than in-person options, such as urgent care clinics and emergency rooms.

Get Care Now

- Visit [imagine360.com/care](https://www.imagine360.com/care).
- Call **844-715-1724**.
- Download the “**Recuro Care**” app.

If you have different telehealth contact information on your Benefits ID card, it will also connect you to Recuro Health.



Virtual Care for a Range of Conditions

Board-certified providers, licensed counselors, psychiatrists and care coordinators are all ready to help you.

Urgent Care

Get 24/7 care almost immediately for common medical concerns, such as:

- Allergies
- Cold/flu/cough
- Eye/ear infections
- Headache
- Rashes/acne
- Nausea
- Respiratory issues
- Minor injuries

If you request a Recuro urgent care visit within 72 hours of an urgent care visit for the same health issue, you'll be asked to call Recuro Member Support. A nurse will talk with you to determine the next best steps.

Primary Care

Make scheduled appointments - including same-day, when available - with a designated provider for routine and ongoing care, including:

- Wellness visits
- Scheduling labs and imaging
- Smoking cessation
- Weight management
- Preventive screenings
- Nutrition counseling
- Prescriptions
- Chronic condition management

Counseling and Psychiatry

From therapy and counseling to psychiatry and medication management, you can schedule consults for conditions such as:

- ADHD/ADD
- Anger management
- Anxiety/depression
- Bipolar disorders
- Stress
- Substance abuse
- Grief/loss
- Eating/sleeping disorders

Recuro Health and Prescriptions

Recuro providers and psychiatrists can send medication prescriptions to a pharmacy near you. Prescriptions are based on the doctor's clinical judgement and laws they must follow.



Scan here to make a virtual care appointment.

24/7 access to virtual care.

Visit imagine360.com/care, download the "Recuro Care" app or call 844-715-1724.



Options for Care

You have several ways to get the care you need—
choose what works best for you.

Primary Care Provider (PCP)

Main healthcare provider for non-emergency situations.



Appointment required.

- Common health concerns
- Preventive care
- Chronic condition management
- Specialist referrals
- Prescriptions
- Lab and imaging management

There are many types of PCP providers, including family physicians, nurse practitioners and pediatricians (for kids). You also have access to primary care services through Recuro Telehealth.

Recuro Telehealth

Convenient, virtual option for a range of common ailments and care.



On-demand, same-day and scheduled appointments.

- Urgent care (24/7 care for non-life-threatening medical concerns like flu, cold and eye/ear infections)
- Primary care (Appointments with a designated provider for routine, preventive and ongoing care)
- Counseling/psychiatry (Scheduled consults for conditions like anxiety, depression and grief)

For telehealth services from Recuro Health, call **844-715-1724**. Or visit imagine360.com/care.

Urgent Care

For non-life-threatening conditions that need care quickly.



No appointment required, but may involve a long wait.

Examples include:

- Flu and cold
- Cough and sore throat
- High fever
- Allergies
- Nausea
- Cuts and severe scrapes
- Minor injuries and burns

You also have access to urgent care services through Recuro Telehealth.

Emergency Room (ER)

For severe and life-threatening conditions.



May involve a long wait, depending on the emergency.

Examples include:

- Allergic reactions
- Broken bones
- Chest pain
- Severe shortness of breath
- Weakness or pain in a leg or arm
- Head injuries
- Unconsciousness
- Deep wounds

In the case of a medical emergency, seek care or call 911 immediately.

24/7 access to your health benefits: miBenefits.imagine360.com

Stay Healthy With Preventive Care

Ask Your Plan About No-Cost Options



Preventive care, combined with a healthy lifestyle, is important for people of all ages. Some preventive screenings and tests can find conditions early when they may be easier to treat. Other preventive services, such as vaccines, can help protect you from certain illnesses or diseases.

Examples of Preventive Care

There are many types of preventive care, including:

- ✓ Adult annual physicals
- ✓ Well-child visits and routine childhood vaccines
- ✓ Flu, COVID-19 and pneumonia vaccines
- ✓ Cholesterol, blood pressure and diabetes tests
- ✓ Mammograms and colorectal cancer screenings
- ✓ Tobacco use intervention
- ✓ Obesity counseling
- ✓ Certain pregnancy-related services

For more information on preventive care recommendations, visit the U.S. Preventive Services Task Force website: uspreventiveservicestaskforce.org.

Talk With Your Primary Care Provider

Your primary care provider (PCP) can help you make the most of your preventive care benefits. Ask them what services you're eligible for.

Need help finding a PCP? Go to miBenefits.imagine360.com to compare local providers by cost, quality and how well they work with your plan. Or call the member number on your Benefits ID card.

Check Your Benefits Coverage

Most health plans in the United States are required to provide certain preventive care services at no cost. That means there are no copayment, coinsurance or deductible charges. For a list of those services, visit healthcare.gov and search for "Preventive Care."

To find out what preventive services your plan covers, as well as the eligibility requirements, call the member number on your Benefits ID card.

24/7 access to your health benefits: miBenefits.imagine360.com

We're here to help. Call the number on your Benefits ID card.
Mon - Thurs: 7 a.m. - 9 p.m. CT | Fri: 7 a.m. - 7 p.m. CT



Who is RxBenefits?

We are your Pharmacy Benefits Optimizer. We have partnered with CVS/Caremark to bring you greater discounts, better access, and improved member services.

RxBenefits® Member Services

Our Member Services representatives have access to the same system utilized by CVS/Caremark and are equipped to help you, your physician, and your pharmacy with questions such as:

- “Is my pharmacy in the network?”
- “Is my drug covered?”
- “How do I start using Mail Order for my medications?”
- “How do I get a Prior Authorization?”
- “Can you assist me with general benefit questions?”

No matter what the issue or need, members can always expect RxBenefits to:

- **Act with urgency**
- **Remain responsive to change**
- **Follow all issues to Resolution**

Contact the RxBenefits Member Services Team at **800.334.8134** or **CustomerCare@rxbenefits.com**

RxBenefits Member Services Team members are available from **7:00 AM to 8:00 PM CST, Monday – Friday**. On weekends, after hours, and on holidays, members are given the option to speak with a CVS/Caremark representative or leave a message for the RxBenefits Member Services Team to return their call.

Digital Features of CVS Caremark®



Whether you are most comfortable using your desktop or the mobile app on your smart phone, your laptop or iPad, CVS Caremark can help you digitally manage your prescription benefits.

Here's just a few of the things you can do with CVS Caremark's digital tools:

- **Check Drug Cost and Coverage**
Find out how much your medication will cost under your plan and whether there are opportunities to save money
- **Get Started with Delivery by Mail**
At Caremark.com, use the Request a New Prescription feature to enter the name and strength of your medication and your doctor's name. Or, use the mobile app to take and send a picture of your written prescription. We'll handle the rest
- **Easy Refills**
Refill your mail order prescription without logging in. Just enter the prescription number from your pill bottle and your date of birth
- **Manage Your Profile**
Set or change notifications, change your shipping, billing or contact information, and more
- **View ID Card**
You'll always have your member ID card available, which you can view and/or print from Caremark.com or access direct from your mobile app
- **Pharmacy Locator**
Find network pharmacies near you by entering a city and state or zip code at Caremark.com, or by using your current location with the CVS Caremark mobile app

Register today at [Caremark.com/Start](https://caremark.com/Start) or download the CVS Caremark mobile app to explore all of the features.



Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

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 **CVS caremark®**

 **RxBenefits®**



Rx Delivery by Mail

Convenience, savings and safety



Why get your Rx delivered by mail? Not only is delivery by mail a safe and secure way to get the medications you take regularly (like medication for asthma or high blood pressure) — you'll probably save money, too.

Want more convenience?

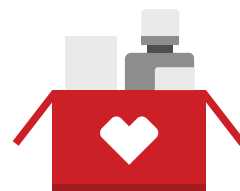
With delivery, you have one less thing to worry about. Your 90-day supplies will arrive at your door from CVS Caremark® Mail Service Pharmacy.

Like to save?

Filling your Rx in 90-day supplies usually comes with savings. Plus, there's no extra cost for shipping.

Looking to stay safe?

Contactless delivery keeps you and your loved ones safe. And our secure, nondescript packaging protects your privacy.



**90-day supplies
typically cost
less than 30-day
supplies.**

**Start Rx Delivery by Mail at [Caremark.com/RxDelivery](https://www.caremark.com/RxDelivery)
(after your benefits begin).**

Choose Generics First

Saving Money on Prescription Medications

In a time when budgets are tight, why spend more money on your prescription medications than is necessary? It's a fact that billions of dollars are wasted each year by using expensive brand-name medications when approved, clinically equivalent generic versions are available. The most cost-effective way to fill your prescription medications is to choose generics first.

By paying a lower copay/coinsurance, you save money.

Get Your Money's Worth

Compared to brand-name medications, generic drugs are:

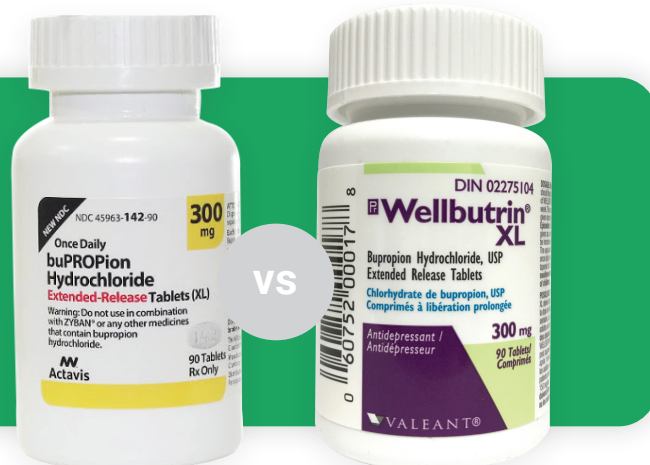
- Chemically equal
- Lower cost
- FDA approved

Each generic medication dispensed in the U.S. must meet the same strict Food and Drug Administration (FDA) standards for quality and clinical effectiveness.

Talk With Your Doctor

Only your doctor can advise you on your prescription medications, so be sure to ask if a generic version is appropriate for you.

Generic medications cost 30%-80% less than the equivalent brand-name version, leaving more money in your pocket!



Generic

Brand

Questions?

Contact RxBenefits Member Services at

1.800.334.8134 or customercare@rxbenefits.com

7:00 am to 8:00 PM CST, Monday – Friday



The Bastrop County Healthy Choice Wellness Program Elevate Your Health & Wellness

How to Begin Your Wellness Journey

Looking to maintain a healthy lifestyle? Manage your health and wellness with confidence. Participate in our free and comprehensive employee wellness program and make a lasting impact. Align your goals, stay motivated, celebrate successes, and redefine what health and wellness means to *you*.

Resources at your fingertips to balance both work and wellness!

- **Wellness Portal & Mobile App:** Technology at your fingertips
- **Unlimited Access to Health Coaches:** Experts answering your questions & helping you reach your goals
- **Wellbeing Place Blog:** Weekly posts focused on trending health and wellness topics
- **On-Demand Wellness Videos:** Learn to cook, meditate, or workout when it's convenient for you
- **Personal Health Assessments:** Questionnaire to help identify health risk areas
- **Wellness Challenges:** Opportunities to compete against your coworkers with wellness-focused goals
- **Monthly Webinars:** Educate yourself on how to make the best decisions for your well-being
- **Gym Membership Discounts:** Access to discounts at gyms nationwide

How Do I Get Started?

Beginning **October 1, 2025** follow the instructions below to access your account.

1. Log into mibenefits.imagine360.com or download the i360 miBenefits app.
2. Once logged into your account, click '**Wellness Benefits**' under Manage My Health.



Bastrop County Healthy Choice

Incentive Program
2025-2026

Complete an annual physical, well woman's visit, or a standard checkup and earn an extra day of PTO!

How? HR can provide you with a form to take to your doctor to verify your visit.



One Membership

Thousands of Ways to Stay Active and Save Money

Join a flexible and affordable fitness program in 3 easy steps:

1. **Find your perfect gym** from thousands of options nationwide.
2. **Enroll online in minutes**, with no long-term contracts or annual fees.
3. **Start working out today!**

Plus:

- Premium gym options at exercise studios, outdoor experiences, and others with 20% - 70% discounts at most locations¹
- Membership options for your spouse²



1. Get started today by logging in to mibenefits.imagine360.com.
2. Click 'Wellness Benefits' under Manage My Health.
3. Click the 'Gym Discounts' Tile under the Dashboard section.

¹ Costs for premium exercise studios exceed \$28/mo. and an enrollment fee will apply for each premium location selected, plus applicable taxes. Fees vary based on premium fitness studios selected.

² Add a spouse/domestic partner to a primary membership for additional monthly fees. Spouses/domestic partners must be 18 years or older. Fees may vary based on fitness center selection.





\$25 Office Copay
Bastrop County Health Plan+

\$60 Specialty Copay
Cigna



Airrosti visits are an in-network benefit for all Bastrop County employees, spouses and dependents on the county's health plan. *No referral needed!*



ACCURATE DIAGNOSIS

Thorough assessment and orthopedic testing to help provide an accurate diagnosis, along with injury education.



PERSONALIZED RECOVERY PLAN

Provider guided conservative treatment to restore function, increase mobility, and reduce pain.



EFFECTIVE INJURY RECOVERY

Personalized, active rehab and at-home exercises designed to help speed recovery and prevent future injuries.

Comprehensive, 1-on-1 Clinical Care.



Back/Neck



Knee



Shoulder



Foot



Wrist



Plus More



99%

PATIENT SATISFACTION



3.2 visits

AVG. TREATMENT DURATION



15,000 +

PHYSICIAN RECOMMENDED SURGERIES AVOIDED

*Based on in-clinic patient-reported outcomes
(Remote Recovery outcomes vary slightly).*



SCAN TO LEARN MORE OR VISIT:

AIRROSTI.COM

The resources
you need to meet
life's challenges



*EmployeeConnect*SM offers professional, confidential services to help you and your loved ones improve your quality of life.

 In-person guidance	 Unlimited 24/7 assistance	 Online resources
Some matters are best resolved by meeting with a professional in person. With <i>EmployeeConnect</i>, you and your family get: ▪ In-person help for short-term issues (up to five sessions¹ with a counselor per person, per issue, per year) ▪ In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and 25% off subsequent meetings	You and your family can access the following services anytime online, via the mobile app, or with a toll-free call: ▪ Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning, and more ▪ Legal information and referrals for family law, estate planning, and consumer and civil law² ▪ Financial guidance on household budgeting and short- and long-term planning	<i>EmployeeConnect</i> offers a range of information and resources you can research and access on your own. Expert advice and support tools are just a click away when you visit GuidanceResources.com or download the GuidanceNowSM mobile app. You'll find: ▪ Articles and tutorials ▪ Videos ▪ Interactive tools, including financial calculators, budgeting worksheets, and more

¹ In California, up to three sessions in six months, starting with initial contact by the employee.



Take advantage of *EmployeeConnect*

For more information about the program, visit **GuidanceResources.com**, download the **GuidanceNow** mobile app, or call 888-628-4824.

GuidanceResources.com login credentials:

Username: LFGSupport Password: LFGSupport1

*EmployeeConnect*SM

EMPLOYEE ASSISTANCE PROGRAM SERVICES

Confidential help available 24 hours a day, seven days a week for employees and their family members. Get help with:

- Family
- Parenting
- Addictions
- Emotional
- Legal
- Financial
- Relationships
- Stress



No matter how well you plan, unexpected challenges arise. When they do, help and support are nearby thanks to *LifeKeys*® services from Lincoln.

Your life and accidental death and dismemberment (AD&D) insurance policies include access to a variety of services to help you and your loved ones navigate life's most important matters.

Help, guidance, and support for beneficiaries following a loss

The emotional impact of losing a loved one can be deep and long-lasting. All too often, financial or legal issues can add to the stress. *LifeKeys* services can be a welcome resource for your beneficiaries.

Your beneficiaries will have access to six in-person sessions for grief counseling, legal or financial information, and unlimited phone counseling. Services are available for up to one year after a loss.

Grief counseling — advice, information, and referrals on:

- Coping with loss
- Stress, anxiety, and depression
- Memorial planning information
- Concerns about family, including children and teens

Legal support — access to legal information on:

- Estate and probate law
- Real estate transactions
- Social Security survivor and child benefits
- Important documents for beneficiaries

Financial services — online resources and advice from financial specialists on:

- Estate planning
- Budgeting
- Overcoming debt
- Bankruptcy
- Investments

Help with everyday life — comprehensive information on:

- Finding child or elder care
- Financing a home
- Moving and relocation
- Making major purchases

LifeKeys services include:

Discounts on shopping and entertainment

Help with important life matters

Protection against identity theft

Online will preparation

Guidance and support for your beneficiaries

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[LincolnFinancial.com](https://lincolnfinancial.com)

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

Affiliates are separately responsible for their own financial and contractual obligations.

LCN-3985132-121521

MAP 12/23 **Z05**

Order code: LFE-LKEYE-FLI001



To access *LifeKeys* services, visit GuidanceResources.com, download the *GuidanceNow*™ mobile app, or call 855-891-3684. First-time users enter web ID: *LifeKeys*

Download the app today!



LifeKeys® services are provided by ComPsych® Corporation, Chicago, IL. ComPsych® is not a Lincoln Financial Group® company. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations (except in Vermont). *GuidanceResources*® is a trademark of ComPsych® Corporation.

Google Play and the Google Play logo are trademarks of Google LLC.

App Store is a service mark of Apple Inc., registered in the U.S. and other countries.

State limitations apply. Beneficiary grief counseling is the only benefit available to a beneficiary(ies) of policies issued in the state of New York. Online will prep is the only benefit available to insured employee and dependents of policies issued in the state of Washington.

CredibleMind

**A mental health platform, built for
Bastrop County residents**

Bastropcounty.crediblemind.com

Accessible via a smartphone or computer,
CredibleMind is a free online resource which is
confidential, anonymous, and available 24/7.

Build self care skills
Take self-assessments
Learn about local resources
Become more resilient!

Brought to you by



Topics Include:

Stress & Burnout
Time Management
Parenting & Relationships
Anxiety
And so much more...

Benefits At-A-Glance

All Full-time and Regular Part-time Employees; Elected Officials and Retirees

Dental Insurance

The Lincoln DentalConnect® PPO Program:

- Covers many preventive, basic, and major dental care services
- Also covers orthodontic treatment for children and adults
- Features group coverage for employees
- Allows you to choose any dentist you wish, though you can lower your out-of-pocket costs by selecting a network provider
- Does not make you and your loved ones wait six months between routine cleanings

	In-Network	Out-of-Network
Calendar Deductible	Individual: \$50 Family: \$150 Waived for: Preventive	Individual: \$50 Family: \$150 Waived for: Preventive

Deductibles are combined for basic and major In-Network services.

Deductibles are combined for basic and major Out-of-Network services.

Annual Maximum	\$1,250	\$1,250
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MaxRewards® lets you and your covered family members roll a portion of unused dental benefits from one year into the next, so you have extra benefit dollars available when you need them most.

- **Eligible Range (claim threshold):** \$600
- **Rollover Amount:** \$300 per calendar year
- **Rollover Amount with Preferred Provider:** \$300 per calendar year
- **Maximum Rollover Account Balance:** \$1,250

Lifetime Orthodontic Max	\$1,000	\$1,000
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Orthodontic Coverage is available for dependent children and adults.

Waiting Period	This plan includes an additional waiting period if you do not enroll when it is first offered to you (known as late entrant waiting period). • Six months for basic services • 12 months for major services • 24 months for orthodontic services
-----------------------	--

Lincoln Dental Insurance	Premiums	County Pays	You Pay per Month	Amount Per Check
Employee Only	\$31.69	\$31.69	\$0.00	\$0.00
Employee & Child(ren)	\$69.95	\$31.69	\$38.26	\$19.13
Employee & Spouse	\$63.89	\$31.69	\$32.20	\$16.10
Employee Family	\$103.43	\$31.69	\$71.74	\$35.87

Preventive Services	In-Network	Out-of-Network
Routine oral exams Bitewing X-rays Full-mouth or panoramic X-rays Other dental X-rays (including periapical films) Routine cleanings Fluoride treatments Space maintainers for children Sealants Problem-focused exams Palliative treatment (including emergency relief of dental pain) Harmful habit appliances	100% No Deductible	100% No Deductible
Basic Services	In-Network	Out-of-Network
Injections of antibiotics and other therapeutic medications Fillings Prefabricated stainless steel and resin crowns Simple extractions Surgical extractions Oral surgery Biopsy and examination of oral tissue (including brush biopsy) General anesthesia and I.V. sedation Prosthetic repair and recementation services Endodontics (including root canal treatment) Periodontal maintenance procedures Non-surgical periodontal therapy Periodontal surgery Denture reline and rebase services Consultations Occlusal adjustments Occlusal guard	80% After Deductible	80% After Deductible
Major Services	In-Network	Out-of-Network
Bridges Full and partial dentures Crowns, inlays, onlays and related services TMJ Implants & implant related services	50% After Deductible	50% After Deductible
Orthodontics	In-Network	Out-of-Network
Orthodontic exams X-rays Extractions Study models Appliances	50%	50%

With the Lincoln Dental Mobile App

- Find a network dentist near you in minutes
- Have an ID card on your phone
- Customize the app to get details of your plan
- Find out how much your plan covers for checkups and other services
- Keep track of your claims

Lincoln DentalConnect® Online Health Center

- Determine the average cost of a dental procedure
- Have your questions answered by a licensed dentist
- Learn all about dental health for children, from baby's first tooth to dental emergencies
- Evaluate your risk for oral cancer, periodontal disease and tooth decay

Covered Family Members

When you choose coverage for yourself, you can also provide coverage for:

- Your spouse or domestic partner.
- Dependent children, up to age 26.

Benefit Exclusions

Like any coverage, this dental coverage does have some exclusions.

- Benefits are not payable for a condition that is covered under Workers' Compensation or a similar law; that occurs during the course of employment or military service or involvement in an illegal occupation, felony, or riot; or that results from a self-inflicted injury.
- In certain situations, there may be more than one method of treating a dental condition. The policy includes an alternative benefits provision that may reduce benefits to the lowest-cost, generally effective, and necessary form of treatment.
- Certain conditions, such as age and frequency limitations, may impact your coverage. See the policy for details.

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

Help reduce paper waste and receive electronic Explanation of Benefits (EOBs)! Starting on your effective date, visit LincolnFinancial.com to register and elect "Go paperless" through the Profile & Settings menu.

Benefits At-A-Glance

All Full-time and Regular Part-time Employees; Elected Officials and Retirees

Vision Insurance

Lincoln VisionConnect®:

- Provides 100% coverage for annual eye exams and eyeglass after low (or no) copay*
- Maternity Benefit and Children's Eye Care Program*
- Includes a generous allowance for eyeglass frames*
- Offers discounts for certain upgraded lenses*
- Preferred pricing on laser vision correction
- Gives you the option to choose contact lenses instead of eyeglass lenses
- Features group rates for Bastrop County employees
- Includes an online member portal where you can view your claims, print ID cards and more

Coverage Amounts	In-Network	Out-of-Network
Eye examination	100% after \$10 copay	Up to \$40 reimbursement
Eyeglass lenses		
Single vision	100% after \$25 copay	Up to \$40 reimbursement
Bifocal	100% after \$25 copay	Up to \$60 reimbursement
Trifocal	100% after \$25 copay	Up to \$80 reimbursement
Lenticular	100% after \$25 copay	Up to \$80 reimbursement
Eyeglass frames	\$25 copay; Up to \$130 allowance	Up to \$45 reimbursement
Contact lenses		
Covered Contact Lens Selection	100% after \$25 copay	Up to \$125 reimbursement
Other contact lens options	Up to \$125 allowance	Up to \$125 reimbursement
Medically necessary contact lenses	100% after \$25 copay	Up to \$210 reimbursement
How Often?		
Eye examination	Every 12 months	
Eyeglass lenses OR contact lenses	Every 12 months	
Eyeglass frames	Every 24 months	

Note: You can choose either eyeglass lenses or contact lenses every 12 months.

	Premiums	County Pays	You Pay per Month	Amount Per Check
Employee Only	\$6.67	\$0.00	\$6.67	\$3.34
Employee + 1	\$12.15	\$0.00	\$12.15	\$6.08
Employee Family	\$21.06	\$0.00	\$21.06	\$10.53

Plan Features

In-Network vs. Out-of-Network Coverage

- *Lincoln VisionConnect*® members are supported through the Spectera Vision network. When you visit your eye care provider, **let the office know you are a Spectera customer** to make the most of your in-network provider benefits.



- To find a Spectera vision network provider close to work or home, call 1-800-440-8453 or **locate a provider in a few easy steps**:
 - Visit **lvc.lfg.com**. On the left side of the page, use the **Provider Quick Search**.
 - In the **Provider Quick Search** box, enter a ZIP Code or street address.
 - Click the **Search** button to display a list of providers near you.
- If you choose an out-of-network provider, you pay the provider in full and submit a claim for reimbursement of covered services and products.
- Lincoln's exclusive in-network partnership with Warby Parker lets employees use their annual allowances to purchase eyeglasses and/or contact lenses from this convenient online and retail vendor.

Covered Contact Lens Selection

- *Lincoln VisionConnect*® gives you the option to choose contact lenses instead of eyeglass lenses.
- *Lincoln VisionConnect*® features a Covered Contact Lens Selection benefit.
- This benefit covers fitting and evaluation fees, up to four boxes of contact lenses (depending on the prescription), and two follow-up visits.
- To view your current covered contact lens choices*, visit lvc.lfg.com or call 1-800-440-8453.
- The Covered Contact Lens Selection is not available at 1-800 Contacts, Costco®, LensCrafters, Sam's Club®, Target, Walmart® or Warby Parker locations.

Other Contact Lens Options

- A \$125 allowance is provided for all other contact lenses, as well as for contact lenses purchased at 1-800 Contacts, Costco®, LensCrafters, Sam's Club®, Target, Walmart® or Warby Parker with no copay.
 - This allowance does not include the cost of a fitting/evaluation or follow-up.

Medically Necessary Contact Lenses

- Contact lenses are considered "medically necessary" at the discretion of the eye care provider and are covered 100% (after a low or no copay) when you choose a network provider.

Eyeglass Frames

- *Lincoln VisionConnect*® provides a \$130 retail frame allowance. This covers many of today's popular eyeglass frames.
- If the cost of the frames you choose exceeds \$130, you simply pay the remaining balance (which includes a discount of up to 30% at participating providers).

Plan Discounts

Further maximize your plan with in-network discounts.

Eyeglass Lens Option Discounts**	
Coatings	
Standard scratch coating	No charge
Scratch warranty	\$10
Tint	\$14
UV coating	\$16
Photochromic	\$67
Tier I anti-reflective coating	\$30
Tier II anti-reflective coating	\$50
Tier III anti-reflective coating	\$75
Tier IV anti-reflective coating	\$95
Lenses	
Roll and polish edges	\$13
Tier I progressive	\$55
Tier II progressive	\$100
Tier III progressive	\$150
Tier IV progressive	\$200
Tier V progressive	\$250
Material	
High index (1.66 or lower)	\$53
High index (1.67-1.73)	\$63
Polycarbonate	\$33
Polycarbonate for dependents under the age of 19	No charge

Other Discounts	
Additional eyeglasses and contact lenses	Up to 20%
Mail order contact lenses	10%

Preferred Pricing on Laser Vision Correction

- Free LASIK consultation with in-network providers
- Convenient access to experienced LASIK surgeons at more than 900 locations nationwide
- Flexible 0% financing options available to qualified applicants
- For more information, visit vision.qualsight.com or call 855-250-2020

Covered Family Members

When you choose coverage for yourself, you can also provide coverage for:

- Your spouse or domestic partner.
- Dependent children, up to age 26.

Wellness Benefits — Maternity Benefit and Children's Eye Care Program:

Pregnant or breastfeeding women, and children up to age 13 receive additional coverage for each service frequency period:

- A second eye exam, after any applicable co-pay
- A new pair of glasses including frames and lenses (if the prescription changes .5 diopter or greater)

Benefit Exclusions

Like any insurance, this vision insurance plan does have some exclusions. The plan does not cover:

- Post-cataract lenses
- Non-prescription items
- Medical or surgical treatment for eye disease that requires the services of a physician
- Workers' Compensation services or materials
- Services or materials that the patient, without cost, obtained from any governmental organization or program
- Services or materials that are not specifically covered by the plan
- Replacement or repair of lenses and/or frames that have been lost or broken
- Cosmetic extras, except as stated in the policy

A complete list of benefit exclusions is included in the policy. State variations apply.



**Bastrop County provides this valuable benefit
at no cost to you.**

All Full-time and Regular Part-time Employees; and Elected Officials

Life and AD&D Insurance



Safeguard the most important people in your life.

Consider what your loved ones may face after you're gone. Term life insurance can help them in so many ways, like helping to cover everyday expenses, pay off debt, and protect savings. Accidental death and dismemberment (AD&D) insurance provides additional benefits if you die or suffer a covered loss in an accident, such as losing a limb or your eyesight.

At a glance:

- A cash benefit of \$10,000 to your loved ones in the event of your death, plus an additional cash benefit if you die in an accident
- Includes *LifeKeys*® services, which provide access to counseling, financial, and legal support services.
- *TravelConnect*® services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home.

You also have the option to increase your cash benefit by securing additional coverage at affordable group rates.

See the enclosed voluntary life insurance information for details.

Additional details

Continuation of coverage for ceasing active work: You may be able to continue your coverage if you leave your job for reasons including and not limited to Family and Medical Leave, lay-off, leave of absence, leave of absence due to disability.

Waiver of premium: This provision relieves you from paying premiums during a period of disability that has lasted for a specified length of time.

Continuation of coverage: You may be able to continue your coverage until you attain age 70 if you leave your job for any reason other than sickness, injury, or retirement.

Accelerated death benefit: Enables you to receive a portion of your policy death benefit while you are living. To qualify, a medical professional must diagnose you with a terminal illness with a life expectancy of fewer than 24 months.

Conversion: You may be able to convert your group term life coverage to an individual life insurance policy if your coverage decreases or you lose coverage due to leaving your job or for other reasons outlined in the plan contract.

Benefit reduction: Your employee Life/AD&D coverage amount will reduce by 35% when you reach age 65; an additional 25% of the original amount when you reach age 70; an additional 15% of the original amount when you reach age 75; and an additional 10% of the original amount when you reach age 80. Benefits end when you retire, unless eligible for retiree benefits.

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

Benefits At-A-Glance

All Full-Time and Regular Part-Time Employees; and Elected Officials

Voluntary Life

The Lincoln Term Life Insurance Plan:

- Provides a cash benefit to your loved ones in the event of your death or if you die in an accident
- Provides a cash benefit to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight
- Features group rates for employees
- Includes *LifeKeys*® services, which provide access to counseling

Employee Life	
Coverage Options	Increments of \$10,000
Maximum coverage amount	This amount may not exceed the lesser of five times Annual Earnings (rounded up to the nearest \$10,000) or \$200,000
Minimum coverage amount	\$10,000
Guaranteed Life coverage amount	\$200,000 <i>at initial enrollment</i>
Your coverage amount will reduce by 35% when you reach age 65, by an additional 25% of the original amount when you reach age 70, and an additional 15% of the original amount when you reach age 75, and an additional 10% of the original amount when you reach age 80. Benefits end when you retire.	
Spouse Life The amount of Dependent Life Insurance coverage cannot be greater than 50% of the Employee Benefit.	
Coverage Options	Increments of \$5,000
Maximum coverage amount	This amount may not exceed the lesser of 2.5 times Annual Earnings (rounded up to the nearest \$5,000) or \$100,000
Minimum coverage amount	\$5,000
Guaranteed Life coverage amount	\$30,000 <i>at initial enrollment</i>
Coverage amounts are reduced by 35% when an employee reaches age 65. Benefits terminate when you retire or attain age 70 which ever occurs first.	
Dependent Child(ren) Life	
At least 14 days but under 26 years	Increments of \$1,000 (up to \$10,000)

Lincoln Voluntary Life Insurance		
After 1st 31 days of employment, requires approval through evidence of insurability (EOI). Maximum coverage of \$200,000. Spouse up to 50% of employee coverage. Dependent children up to 10% of employee coverage to a maximum of \$10,000.	Your Age	You Pay/ \$1,000 of Coverage
	15-29	\$0.07
	30-34	\$0.07
	35-39	\$0.11
	40-44	\$0.18
	45-49	\$0.26
	50-54	\$0.41
	55-59	\$0.68
	60-64	\$1.08
	65-69	\$1.74
	70-74	\$2.83
	75-79	\$4.99
	80-84	\$9.97
	85-89	\$16.37
	90-94	\$25.72
	95-99	\$39.32
	Child(ren)	\$0.14

What your benefits cover

Employee Coverage

Guaranteed Life Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to \$200,000 without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase your coverage amount by two levels without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined or withdrawn, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.

Maximum Insurance Coverage Amount

- You can choose a coverage amount up to the lesser of five times Annual Earnings or \$200,000. Evidence of Insurability may be required for voluntary life coverage. See the Evidence of Insurability page for details.

Spouse Coverage - You can secure term life insurance for your spouse if you select coverage for yourself.

Guaranteed Life Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to \$30,000 for your spouse without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase the coverage amount for your spouse by two levels without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined or withdrawn, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.

Maximum Insurance Coverage Amount

- You can choose a coverage amount up to the lesser of 2.5 times Annual Earnings or \$100,000 for your spouse. Evidence of Insurability may be required.

Dependent Child(ren) Coverage - You can secure term life insurance for your dependent children when you choose coverage for yourself.

Guaranteed Life Insurance Coverage Options:

- You can choose a coverage amount up to \$10,000 if at least six months but under 26 years for your child(ren).

Additional Plan Benefits Included with Life Coverage

Waiver of Premium	Included
Portability	Included
Accelerated Death Benefit	Included
Conversion	Included

Benefit Exclusions

Like any insurance, this term life insurance policy does have exclusions.

For life insurance, a suicide exclusion may apply.

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

Questions? Call 800-423-2765 and mention Group ID: 1143608.

Benefits At-A-Glance

Voluntary Accidental Death and Dismemberment (AD&D) Insurance

The Lincoln Voluntary AD&D Insurance plan:

- Provides a cash benefit to your loved ones if you die in an accident
- Provides a cash benefit to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight
- Features group rates for employees
- Includes *LifeKeys*® services, which provide access to counseling

All Full-Time Employees

Employee AD&D	
Coverage options	Increments of \$10,000
Maximum coverage amount	This amount may not exceed the lesser of five times Annual Earnings (rounded to the nearest \$10,000) or \$500,000

Your employee AD&D coverage amount will reduce by 35% when you reach age 65, by an additional 25% of the original amount when you reach age 70, and an additional 15% of the original amount when you reach age 75, and an additional 10% of the original amount when you reach age 80. Benefits end when you retire.

Dependent Spouse AD&D: The amount of dependent AD&D insurance coverage cannot be greater than 50% of the employee benefit.	
Coverage options	Increments of \$5,000
Maximum coverage amount	This amount may not exceed \$250,000

You can secure AD&D insurance for your spouse if you select coverage for yourself.

Your spouse AD&D coverage amount will reduce by 35% when you reach age 65. Benefits end when you reach age 70 or retire, whichever occurs first.

Dependent Child(ren) AD&D	
Coverage options	Increments of \$1,000 (up to \$10,000) if at least 14 days but under 26 years

You can secure AD&D insurance for your dependent children if you select coverage for yourself.

Voluntary AD&D Insurance
\$.03/\$1,000 of Benefit (Per Person)

Benefit exclusions

Like any insurance, this AD&D insurance policy does have exclusions. Benefits will not be paid if death or dismemberment occurs as the result of:

- War, declared or undeclared, or any act of war
- Intentionally self-inflicted injuries, while sane or insane
- Suicide, or suicide attempt, while sane or insane
- Active participation in a riot
- Committing or attempting to commit a felony
- Disease, bodily or mental illness, or medical or surgical treatment thereof
- Infections
- Controlled substances voluntarily taken, ingested, or injected, unless prescribed or administered by a physician
- Serving on full-time active duty in the Armed Forces of any country or international authority
- The presence of alcohol in the covered person's blood which raises the presumption that the covered person was under the influence of alcohol and contributed to the cause of the accident

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

Bastrop County Benefits At-A-Glance

All Full-Time Employees

Voluntary Long-term Disability Insurance

The Lincoln Long-term Disability Insurance Plan:

- Provides a cash benefit after you are out of work for 90 days or more due to injury, illness, or surgery
- Features group rates for eligible employees
- Includes *EmployeeConnect*SM services, which give you and your family confidential access to counselors as well as personal, legal, and financial assistance

Voluntary LTD

Monthly benefit amount	60% of Salary limited to \$7,500
Elimination period	90 days
Coverage Period for Your Occupation	24 Months
Maximum Coverage Period	Up to age 65 or Social Security Normal Retirement Age (SSNRA), whichever is later

Elimination Period

- This is the number of days you must be disabled before you can collect disability benefits.
- The 90 day elimination period can be met through either total disability (out of work entirely) or partial disability (working with a reduced schedule or performing different types of duties).

Coverage Period for Your Occupation

- This is the coverage period for the trade or profession in which you were employed at the time of your disability (also known as your own occupation).
- You may be eligible to continue receiving benefits if your disability prohibits you from any employment for which you are reasonably suited through your training, education, and experience. In this case, your benefits are extended through the end of your maximum coverage period.

Maximum Coverage Period

- This is the total amount of time you can collect disability benefits (also known as the benefit duration).
- Benefits are limited to 24 months for mental illness; 24 months for substance abuse. See contract for details on other specified illnesses.

Long-Term Disability Insurance

	Your Age	You Pay per \$100 of Coverage
90 day waiting period. Pays 60% of your income up to \$7,500. Pays to Social Security normal retirement age.	<25	\$0.42
	25-29	\$0.42
	30-34	\$0.53
	35-39	\$0.73
	40-44	\$1.09
	45-49	\$1.76
	50-54	\$2.50
	55-59	\$2.80
	60+	\$1.92

Additional Plan Information	
Family Care Expense Benefit	Included
Family Income Benefit	Included
Portability	Included

Pre-existing Condition

- If you have a medical condition that begins before your coverage takes effect, and you receive treatment for this condition within the three months leading up to your coverage start date, you may not be eligible for benefits for that condition until you have been covered by the plan for 12 months.

Benefit Exclusions & Reductions

Like any insurance, this long-term disability insurance policy does have some exclusions. You will not receive benefits if:

- Your disability is the result of a self-inflicted injury or act of war
- You are not under the regular care of a doctor when you request disability benefits
- Your disability occurs while you are committing a felony or misdemeanor or participating in a riot
- Your disability occurs while you are committing a felony or participating in a riot
- Your disability occurs while you are imprisoned for committing a felony
- Your disability occurs while you are residing outside of the United States or Canada for more than 12 consecutive months for a purpose other than work

Your benefits may be reduced if you are eligible to receive benefits from:

- A state disability plan or similar compulsory benefit act or law
- A retirement plan
- Social Security
- Any form of employment
- Workers' Compensation
- Salary continuance
- Sick leave

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.



Flexible Spending Account (FSA)

As part of your employer's benefit plan, you have the option to enroll in a flexible spending account (FSA) to save money on out-of-pocket healthcare expenses. Participating in an FSA is an easy way to pay for everyday health needs and unexpected medical emergencies.

What is an FSA?

An FSA is a tax-advantaged spending account for healthcare expenses. When you enroll in an FSA, you will choose an amount to contribute, tax-free, to pay for thousands of eligible expenses. Whether it's \$1 or the IRS maximum of \$3,300, you will have the flexibility to choose a contribution amount that you're comfortable with and makes sense for your situation. Your total contribution will be available to you on the first day of the plan year, providing a safety net should you need that money right away.

Rollover

You may have the option to roll over up to \$640 of unused FSA funds remaining at the end of the 2024-2025 plan year. For the 2025-2026 plan year, rollover amount will increase to \$660. If you need ideas for spending any unused funds, head over to FSAstore.com, where everything is FSA-eligible and you can pay with your Ameriflex card.

Health Reimbursement Arrangement (HRA)

As part of your employer's benefit plan, you can get reimbursed for certain healthcare expenses through a health reimbursement arrangement (HRA).

What is an HRA?

An HRA is an allowance provided by your employer for you to use for eligible medical purchases. Your employer decides how much your monthly reimbursement allowance is and designates which expenses are eligible for reimbursement.

Dependent Care Account (DCA)

With a DCA, you can contribute up to \$5,000 pre-tax per year to use on a child dependent under the age of 13 or dependents who are unable to care for themselves. Funds can be used for a nanny, daycare, elder care, before/after school care, preschool, private sitter, and summer camp.

Ameriflex | New User Guide

Welcome to Ameriflex

We're excited to be your partner in health savings. We designed this guide to help you get the most out of your benefits and show you where to go if you need help or have questions. From tracking your account balance and spending, to using your card and understanding eligible expenses, you'll find everything you need to manage your account with ease.

Register Your Account

If you haven't registered your account, go to myameriflex.com/login and select New User Registration. After registering, you can log into your account to:

- Check your balance
- Order replacement cards
- Submit claims for reimbursement
- Update your reimbursement method, and more...

Mobile App



If you have an Apple or Android device, be sure to download the Ameriflex mobile app. This is the quickest and easiest way to access your account on the go. The mobile app offers the same functionality as your online account.



Using Your Ameriflex Card

You'll receive a Mastercard debit card linked to your Ameriflex account that can be used to pay for eligible expenses. If you have more than one account, such as a flexible spending account and dependent care account, your card is linked to both accounts and knows which funds to pull from when you make a purchase. If you lose your card, you can request a complimentary replacement by logging into your Ameriflex account or the Ameriflex mobile app.

Eligible Expenses

Before you make a purchase, it's important to verify that the expense is eligible under the rules of your plan. Flexible spending accounts (FSA) and health savings accounts (HSA) reimburse a wide variety of expenses such as copays, dental and vision, prescriptions, etc. Health reimbursement arrangements (HRA) and dependent care accounts (DCA) reimburse specific expenses unique to those accounts. Visit our [Help Center](#) for more information about eligible expenses.

Help Center and Support

Your satisfaction is our top priority, and our team of experts are ready to help whenever you need it. The Help Center is the best place to go for quick answers to your questions and more information about your account.

You can access the Help Center at myameriflex.com/HelpCenter.

The Ameriflex Participant Services team is available Monday - Friday: 7:00 AM to 8:00 PM CST and Saturday: 9:00 AM to 1:00 PM CST.

Call: 888.868.3539

Email: service@myameriflex.com

Live Chat: myameriflex.com





How your plan works

- ★ **7%** is deposited into your account and earns 7% compound interest annually.
- ★ Benefit your employer provides is based on your final account balance and employer matching. Current employer matching is **200%**.
- ★ You receive a lifetime monthly benefit when you become eligible and choose to retire.

Naming a beneficiary

- ★ You can designate/update beneficiaries by signing in to www.TCDRS.org.
- ★ If no beneficiary on file, we will pay benefit to spouse (if married) or estate.
- ★ A Will has no effect on how we pay out your TCDRS benefit.

Survivor Benefit

- ★ With four or more years of TCDRS service, your beneficiary is eligible for the Survivor Benefit should you pass away before retirement.
- ★ Your beneficiary has two payment options:
 - Lifetime monthly benefit (employer matching included)
 - Withdrawal of account balance (no employer matching, tax penalty)
- ★ You can remove the withdrawal option for your beneficiary.

Group Term Life

- ★ Provides single payment equal to your yearly salary should you pass away while employed.
- ★ **Retirees receive single payment of \$5,000**

Vesting: 8 years of service

- ★ Once vested, you have a right to a lifetime monthly benefit that will include employer matching when you reach retirement eligibility.
- ★ Even if you leave your job, you can choose to get a lifetime monthly benefit when you become eligible to retire as long as you haven't taken your money out of your account.

Retirement eligibility

Age		Service
Age 60	and	8 Years
Age	plus	Years* = 75
Any Age	and	30 Years

* Must be vested

Other ways to earn service time

- ★ Multiple TCDRS accounts
- ★ Proportionate Retirement Program
 - ERS (State of Texas)
 - JRS (Courts)
 - TRS (Schools)
 - TMRS (Select Cities)
 - COA (City of Austin)
- ★ Military or USERRA

Leaving employment

- ★ **Option 1: Keep money with TCDRS**
Account continues to earn 7% interest each year.
- ★ **Option 2: Rollover**
Avoid paying tax penalties. Lose employer matching and lifetime benefit.
- ★ **Option 3: Withdraw**
Significant tax consequences and possible penalty. Lose employer matching and lifetime benefit.

Benefit Payment Options

- ★ 7 options to choose from at retirement
- ★ All options provide a lifetime monthly benefit to the retiree
- ★ Difference in monthly amounts reflects possible payments to a beneficiary
- ★ Consider if someone will be dependent on your retirement income

Single Life

- ★ Highest monthly amount; all payments stop when retiree passes away
- ★ Select multiple beneficiaries, change if needed

Guaranteed Term

- ★ Select 10-Year or 15-Year Guaranteed Term
- ★ Retiree receives lifetime monthly benefit
- ★ Term begins on retirement date
- ★ If retiree passes away before the end of the term, beneficiary receives benefit for remainder of term
- ★ Select multiple beneficiaries, change if needed

Dual Life

- ★ Select 50%, 75% or 100% of payment amount to continue for beneficiary's lifetime
- ★ Variation: 100% with pop-up option
 - If beneficiary passes away before retiree, the monthly payment amount “pops up” to the Single Life monthly payment amount.
- ★ Only select one beneficiary, no changes

TCDRS Virtual Services!

- ★ Try online counseling and receive personalized estimates and review benefit payment options.
- ★ Attend a webinar to learn about retirement planning at each career stage.
- ★ See the full calendar of webinars, and link to schedule an online counseling appointment.
- ★ <https://www.TCDRS.org/library/webinars-tailored-to-members/> or scan the QR Code below:



Applying for retirement

- ★ **Selecting a date**
 - Retirement effective last day of any month
 - Interest applied monthly
- ★ **Receiving payment**
 - Direct deposit last business day of following month
 - Subject to income taxes
- ★ **Specify federal withholding**
 - Follow IRS tax tables
 - No income taxes withheld
- ★ **Once you are ready to retire, you can apply for benefits online. Applying online is secure and lets you track the progress of your application.**

Rules against return to work

- ★ Apply to returning to work for same employer
- ★ No prior agreement to be rehired
- ★ One calendar month break in service
- ★ Non-compliance results in suspension of benefit plus repayment
- ★ State and federal law requires signatures upon retiring certifying awareness and compliance

Register online at www.TCDRS.org

- ★ Estimate your retirement benefit
- ★ Update your beneficiaries and contact information
- ★ Track your progress on the road to retirement

Notes

Members, don't forget to:

☐ Register **Your Account at TCDRS.org**

Registering online gives you access to your account information and ensures no one else has access. For your security, be sure to use a personal device, such as your cell phone or tablet. You'll need your TCDRS account number, which you can obtain from your employer or by calling TCDRS Member Services.

☐ Designate or Review **Your Beneficiary**

Naming a beneficiary helps protect your loved ones. Be sure to review your beneficiaries each year and after a life-changing event like getting married or having a child.

☐ Report **Service Time** (if applicable)

If you've ever worked for another eligible Texas public entity, such as the state, a city or school district, you may be able to add that service time to your TCDRS account.



☐ Explore **Your Online Account**

In addition to keeping your account information up to date, you can watch your account grow and estimate your future benefit.

☐ Follow us on **Social Media**

Connect with fellow members on **Facebook** or **Instagram** and stay up to date with TCDRS.

REGISTER YOUR ACCOUNT **TODAY!**



TCDRS.org • 800-823-7782



457(b) Retirement Savings Plan

A Section 457(b) plan is a special type of employer-sponsored retirement plan that certain governmental employers, and other tax-exempt organizations can establish for their employees.

Your employer offers a 457(b) plan as a way to help you save for life beyond your full-time working years. Contributing regularly to a 457(b) can help give you the power and confidence to retire with more in your pocket to cover housing, health care, vacations, bills, and other expenses upon retirement.



2025 Contribution Limits

You can contribute 100% of your compensation up to \$23,500, whichever is less. If you are age 50 or older, you can contribute up to an additional \$7,500 for a total of \$31,000. If you are ages 60-63, you can contribute up to an additional \$11,250 for a total of \$34,750. You can contribute to both 403(b) and 457(b) plans simultaneously.

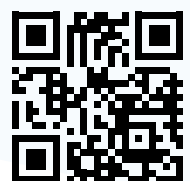


Plan Highlights

- Plan is overseen by investment professionals with a legal fiduciary duty to act in your best interest
- Low, transparent fees
- Wide range of investments to choose from—including managed portfolios, target date funds, and self-directed options
- No 10% early distribution tax/penalty
- No surrender charges or hidden fees
- No product commissions
- Full control on starting/pausing contributions

Get started at www.tcgservices.com/457b

Enrollment assistance is available at www.tcgservices.com/telewealth or by calling the Enrollment Hotline at 800-943-9179.



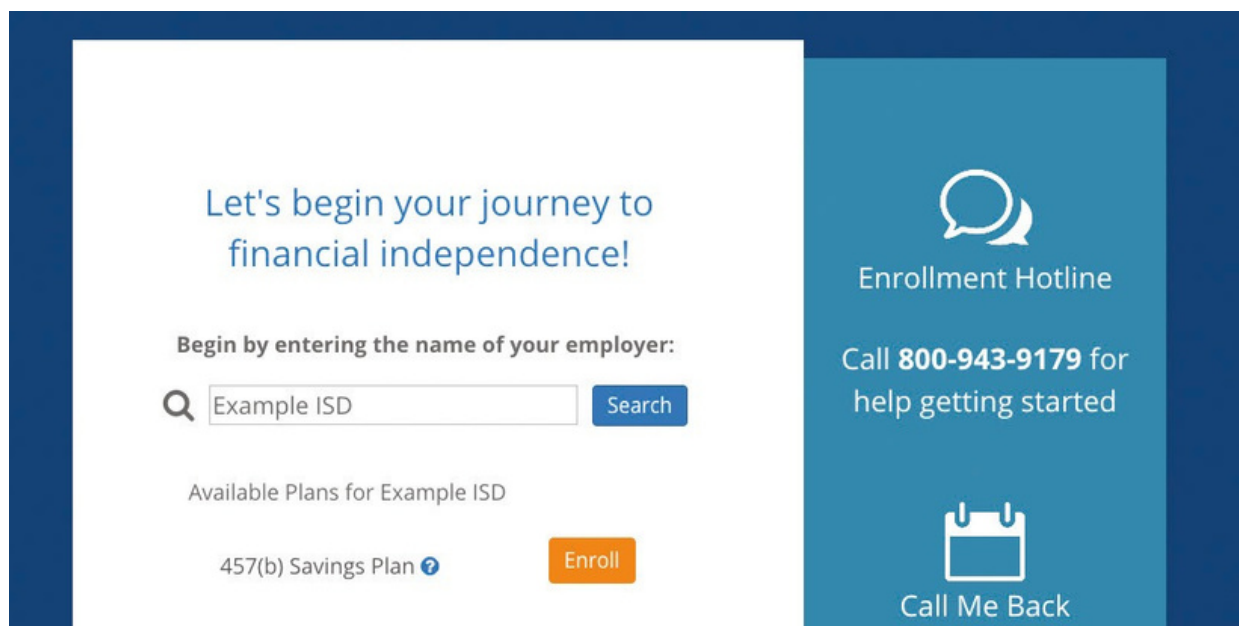
How to Register

Create your 457(b) account in minutes!

1. Start at www.tcgservices.com/enroll.
2. Enter the name of your employer and choose the 457(b) Savings Plan.
3. Follow the steps on screen to select your salary contribution and investment options. Don't forget to designate an account beneficiary.

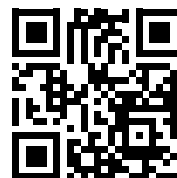
Note: If you're unsure about which investment option to select, please contact us using the information below.

4. Continue until you get a confirmation notice, and you're done!

A screenshot of the TCG enrollment website. The main heading reads "Let's begin your journey to financial independence!". Below this, it says "Begin by entering the name of your employer:". There is a search bar with "Example ISD" entered and a blue "Search" button. Underneath, it says "Available Plans for Example ISD" and lists "457(b) Savings Plan" with a question mark icon and an orange "Enroll" button. To the right, a blue sidebar contains an "Enrollment Hotline" section with a speech bubble icon, the text "Call 800-943-9179 for help getting started", and a "Call Me Back" section with a calendar icon.

Get started at www.tcgservices.com/457b

Enrollment assistance is available at www.tcgservices.com/telewealth or by calling the Enrollment Hotline at 800-943-9179.



Accident Expense 24 Hour Coverage

Please see Accident Expense Brochure for full coverage details

Group Accident Expense pays a benefit directly to you when you receive treatment for a covered accident.

Wellness Benefit up to two times per insured per calendar year, subject to a maximum of four times for all insured persons per calendar year, for the following:				\$50
● Annual physical exam	● Routine eye exam	● Immunization	● Blood screening for triglycerides, cholesterol, HDL, LDL or fasting blood glucose	
Emergency Care Payable within 60 days of accident unless otherwise noted				
Initial Accident Treatment One physician's office, urgent care or emergency room visit per accident within 60 days of accident for doctor's office and urgent care; within 30 days of accident for emergency room.				\$450 - Dr. Office/Urgent Care with X-Ray \$150 - Dr. Office/Urgent Care without X-Ray \$600 - ER visit with X-Ray \$300 - ER visit without X-Ray
Telemedicine Treatment				\$60
Ambulance				\$300 - Ground \$900 - Air
Supportive Care				
Follow-Up Treatment: Benefit paid per visit, up to 2 visits per accident				\$100
Physical, Occupational or Speech Therapy, Chiropractic/Acupuncture Treatment: Benefit paid per visit, up to 6 visits per accident.				\$60
Appliances: Rented or purchased, such as crutches or wheelchair.				\$250
Specific Injury Care				
Burns: Pays a percentage of the burn benefit, based on degree of burn and percentage of body affected. Burns — Skin Graft - Pays 50 percent of the burn benefit.				\$1,500
Dislocations/Fractures: Pays a percentage of the benefits for open reduction or closed reduction; where the percentage payable is based on the joint or bone affected and degree of dislocation				\$6,000 – Open Reduction/ Fracture \$3,000 – Closed Reduction/ Fracture
Gunshot Wound: Requiring Hospitalization or Surgery				\$1,500
Eye Injury: Requiring Surgery or removal of foreign object				\$300
Concussion:				\$75
Traumatic Brain Injury: Diagnosed by CT, CAT, MRI, EEG, PET, or X-Ray				\$900
Child Organized Sport Benefit: Pays 10% additional benefits resulting from injury of dependent child during amateur organized athletic competition or supervised practice.				Up to \$1,000 maximum
Hospitalization Dailey benefit paid within 180 days of accident				
Hospital Admission:				\$1,000
Hospital Confinement: Dailey benefit paid up to 365 per accident				\$200
Intensive Care: Dailey benefit paid up to 30 days per accident				\$400
Rehabilitation Unit: Dailey benefit paid up to 30 days per accident, 60 days per year				\$200
Surgical Care Paid within 180 days of accident				
Open Abdominal, Thoracic or Cranial Surgery:				\$2,000
Tendon, Ligament, Rotator Cuff, Knee Cartilage Surgery or Ruptured Disc:				\$1,000
Hernia or Exploratory Surgery: Diagnostic arthroscopic or laparoscopic				\$500
Anesthesia				\$200
Accidental Death and Dismemberment Rider				
Accidental Death and Accidental Dismemberment Benefit				\$50,000 – Employee \$25,000 – Spouse \$12,500 – Child

Semi-Monthly Premiums (24 pay)

Employee	Employee & Spouse	Employee & Child(ren)	Family
\$8.54	\$14.81	\$17.38	\$25.76

Group Critical Illness

Please see Group Critical Illness Brochure for full coverage details

Pays a lump-sum benefit directly to you if you are diagnosed with a covered critical illness.

Health Screening Benefit per calendar year per insured person for the following:				\$50
• Biopsy for skin cancer • Breast Ultrasound • Chest X-Ray • CA 15-3 (blood test for breast cancer)	• Colonoscopy • Stress Test • Pap Smear • CA 19-9 (blood test for pancreatic cancer)	• Mammography • Thermography • Flexible Sigmoidoscopy • CA 125 (blood test for ovarian cancer)	• CEA (blood test for colon and cervical cancer) • Bone marrow biopsy and aspiration • PSA (blood test for prostate cancer)	

Increasing Benefit Rider Increases the policy's benefit amount by 5% for each policy anniversary coverage is in force.

Heart Attack	100%
Coronary Artery Bypass Surgery	25%
Stroke	100%
Invasive Cancer (30-day waiting period)	100%
Non-Invasive Cancer (30-day waiting period)	25%
Skin Cancer (30-day waiting period)	\$250/calendar year
Kidney (Renal) Failure	100%
Major Organ Transplant	100%
Advanced Alzheimer's Disease	100%
Coma	100%
Paralysis	100%
Loss of Sight	100%
Loss of Speech	100%
Loss of Hearing	100%
Advanced Parkinson's Disease	100%
Benign Brain Tumor	100%

Semi-Monthly Premiums (24 pay)

Non-Tobacco		Benefit Amount					
Issue Age		\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-24		\$1.75	\$2.96	\$4.15	\$5.36	\$6.56	\$7.75
25-29		\$2.19	\$3.66	\$5.14	\$6.61	\$8.09	\$9.56
30-34		\$2.62	\$4.42	\$6.20	\$8.00	\$9.78	\$11.58
35-39		\$3.46	\$5.80	\$8.14	\$10.49	\$12.83	\$15.18
40-44		\$4.43	\$7.44	\$10.44	\$13.45	\$16.46	\$19.47
45-49		\$5.63	\$9.67	\$13.73	\$17.78	\$21.83	\$25.88
50-54		\$7.50	\$13.19	\$18.88	\$24.56	\$30.25	\$35.95
55-59		\$9.79	\$17.68	\$25.56	\$33.46	\$41.35	\$49.24
60-64		\$12.18	\$22.58	\$32.97	\$43.36	\$53.75	\$64.15
65-69		\$16.47	\$31.14	\$45.80	\$60.47	\$75.13	\$89.80
70+		\$27.82	\$53.38	\$78.95	\$104.49	\$130.06	\$155.61

**Rates based on employee's age. Spouse benefit is equal to 50% of employee benefit. Child(ren) covered at NO cost for 25% of Employee benefit.

Additional Diagnosis Benefit: Benefits are payable for each additional critical illness when the date of diagnosis is at least 30 days apart, and if the subsequent critical illness is not caused or contributed to by a critical illness for which benefits were paid.

Reoccurrence Benefit: Once benefits have been paid for a covered critical illness, benefits are payable for that same critical illness up to one time per insured person per lifetime, if the insured person is symptom and treatment-free for a period of 12 consecutive months, and if the subsequent critical illness is not caused or contributed to by a critical illness for which benefits were paid.

Waiver of Premium Benefit: Waives the premium for coverage after 90 consecutive days of total disability of the covered employee, for as long as total disability continues, if the disability is due to a critical illness for which benefits were paid.

Return of Premium for Non-Critical Illness Death: Returns 100% of all premiums paid for the policy and riders minus any benefits paid under the policy and riders if the covered employee dies from a cause other than a covered critical illness.

Short-Term Disability

Please see Short-Term Disability Brochure for full coverage details

Pays benefits if you become disabled and can't perform the important duties of your occupation as advised by a medical professional.

Benefit Period: 13 Weeks

Elimination Period: 7/7 days

Semi-Monthly Premiums (24 pay)

Weekly benefit amount from \$100 to \$1,000 by \$25 increments, subject to a maximum benefit of 60% of weekly income.

Annual Income	\$19,500	\$24,000	\$26,000	\$28,250	\$32,500	\$34,750	\$39,000	\$41,250	\$45,500
Weekly Benefit	\$225	\$275	\$300	\$325	\$375	\$400	\$450	\$475	\$525
18 - 49	\$10.12	\$12.36	\$13.49	\$14.60	\$16.86	\$17.98	\$20.23	\$21.35	\$23.60
50 - 59	\$11.23	\$13.72	\$14.97	\$16.22	\$18.71	\$19.95	\$22.46	\$23.70	\$26.20
60 - 69	\$13.66	\$16.71	\$18.21	\$19.73	\$22.76	\$24.29	\$27.32	\$28.84	\$31.87
70+	\$16.78	\$20.50	\$22.36	\$24.24	\$27.96	\$29.83	\$33.55	\$35.43	\$39.15

Annual Income	\$50,000	\$54,250	\$56,500	\$58,500	\$60,750	\$65,000	\$69,500	\$78,000	\$86,750
Weekly Benefit	\$575	\$625	\$650	\$675	\$700	\$750	\$800	\$900	\$1,000
18 - 49	\$25.85	\$28.09	\$29.21	\$30.34	\$31.46	\$33.71	\$35.96	\$40.45	\$44.95
50 - 59	\$28.70	\$31.19	\$32.43	\$33.69	\$34.93	\$37.42	\$39.93	\$44.90	\$49.90
60 - 69	\$34.91	\$37.95	\$39.47	\$40.99	\$42.50	\$45.55	\$48.57	\$54.65	\$60.72
70+	\$42.87	\$46.60	\$48.47	\$50.33	\$52.20	\$55.93	\$59.66	\$67.10	\$74.57

This policy includes the following Riders: Total Disability, Partial Disability, Presumptive Disability, Recurrent Disability, Childbirth, Organ Donor, Mental and Nervous Disorder, Substance Abuse, Waiver of Premium, Accidental Death, Survivor, Terminal Illness, Workplace Modification, Catastrophic Disability.

Whole Life

Please see Whole Life Brochure for full coverage details

Provides a permanent benefit that can protect those you love, now and in the future.

- **Portable Coverage** – if you switch jobs or retire you can take your coverage with you.
- **Death benefit amounts that won't decrease** and premiums that won't increase.
- **Access to cash value**
- **Accelerated Death Benefits** available to age 70
- **Coverage to Age 121**

50/50 Term/Whole Life Blend: Provides level premium, level benefit term for a 10-year period that is 50% of the benefit amount. The other 50% of the benefit amount is whole life coverage and cash value accumulation that continue to maturity at age 121.

Employee (Age 18-60): \$75,000		Employee (Age 61-90): \$20,000	
Guarantee Issue:	Spouse (Age 18-70): Subject to underwriting. Can elect up to 100% of Employee benefit.	Child (Age 0-25): Subject to underwriting. Child benefit may not exceed employee benefit. \$5,000 & \$10,000 Whole Life policies available	

Semi-Monthly Premiums (24 pay)								
Issue Age	\$5,000	\$15,000	\$25,000	\$35,000	\$45,000	\$55,000	\$65,000	\$75,000
20	\$0.79	\$2.38	\$3.97	\$5.57	\$7.16	\$8.76	\$10.35	\$11.94
25	\$0.94	\$2.83	\$4.73	\$6.62	\$8.51	\$10.41	\$12.30	\$14.19
30	\$1.14	\$3.41	\$5.68	\$7.95	\$10.22	\$12.50	\$14.77	\$17.04
35	\$1.44	\$4.31	\$7.19	\$10.06	\$12.94	\$15.82	\$18.70	\$21.57
40	\$1.82	\$5.48	\$9.14	\$12.80	\$16.45	\$20.11	\$23.78	\$27.44
45	\$2.30	\$6.93	\$11.55	\$16.17	\$20.80	\$25.42	\$30.04	\$34.67
50	\$2.95	\$8.85	\$14.74	\$20.64	\$26.54	\$32.44	\$38.33	\$44.23
55	\$3.86	\$11.61	\$19.36	\$27.11	\$34.85	\$42.60	\$50.35	\$58.10
60	\$5.41	\$16.25	\$27.07	\$37.90	\$48.74	\$59.56	\$70.39	\$81.23
65	\$11.42	\$34.26	\$57.10	\$79.94	\$102.78	n/a	n/a	n/a
70	\$16.22	\$48.68	\$81.14	\$113.59	\$146.05	n/a	n/a	n/a

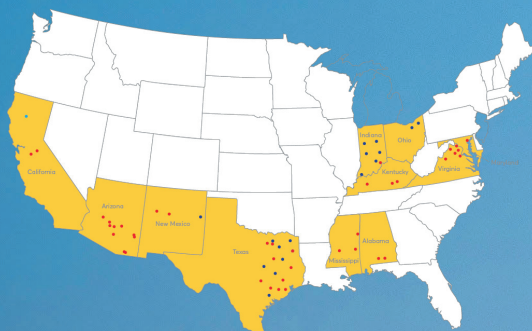


BASTROP COUNTY EMPLOYEES

Bastrop County now provides PHI Cares membership for all benefit eligible employees and their household members. This means zero out-of-pocket costs for PHI Air Medical transports in case of air medical emergencies. When time is crucial, focus on what matters most—you and your loved ones.

Your PHI Cares Membership Includes:

- **No Out-of-Pocket Expenses:** For PHI Air Medical or partner transports.
- **Comprehensive Coverage:** Membership includes both scene calls and inter-facility hospital transfers.
- **Household Coverage:** Extends to immediate family members and up to 3 additional non-family household members who share the same address.
- **Wide-Ranging Coverage:** Valid in all areas we fly across 11 states.
- **No Financial Limitations:** Enjoy unlimited financial coverage.
- **Unlimited Flights:** No cap on the number of flights covered by the membership.



**For More Information please reach out to:
Nathan Martin**

Senior Membership Sales Manager

512-269-0253 nmartin@phiairmedical.com

Visit: <https://phicare.com/nathaniel-martin/>





When You Need an Attorney, Texas Legal Has You Covered

Texas Legal, a nonprofit organization, founded by the State Bar and the Texas State Legislature, provides legal plans to Texans. Our legal plans cover the in-network Attorney's billable time, ensuring the resolution of personal legal matters is always affordable, accessible, and convenient.

Why You Should be a Member of Texas Legal

Always Have Legal Help When You Need It

Every year, 70 percent of people have a legal issue. But many Texans don't get the help they need because hiring an attorney is too expensive, time-consuming, or stressful. Texas Legal can help.

"Texas Legal has saved us thousands of dollars and provides peace of mind knowing we don't have to worry about legal issues."

- Gloria R., Texas Legal Member

Affordable Access to High-Quality Attorneys

Texas Legal has experienced and qualified attorneys to serve our members in multiple practice areas. We have the most comprehensive plans on the market covering:

- Wills & Trusts
- Divorce
- Criminal Defense
- ID Monitoring
- Consumer Protection
- And Much More

With a vast network of licensed attorneys across the State of Texas, our members have access to the best legal help without the high price tag.

Serving Texans – Not Profiting

As a nonprofit, our mission is to protect and serve Texans, not profit from them. Our goal is to make receiving comprehensive legal services from high-quality attorneys affordable and accessible for every Texan. Rest easy knowing Texas Legal has you and your family covered for the majority of life's personal legal needs.

Need a Will? We Have You Covered!

PROBLEM: You need a will, but you don't know an attorney and wills are expensive.

SOLUTION: A Texas Legal membership fully covers estate planning. You simply call one of our attorneys, and he or she takes you through the whole process.

\$1,600 - The average cost of a basic will and estate planning package

\$300 - The average yearly premium paid by Texas Legal Members

Process: Easy

Saved: \$1,300

Gained: Priceless
Peace of Mind



Please see the next page to learn about our legal plans.



Payroll Group Plan Coverage

Please note that while the vast majority of personal legal needs are covered, not all limitations or exclusions are listed below, especially for contested/complex matters. *

Preferred Plan*

Employee Only – Employer Paid
Family Coverage – \$3.20 per month

GENERAL ATTORNEY ACCESS & DISCOUNTS

Legal Access Line Dedicated hotline for quick legal questions and general legal advice	Included!
Attorney Consultations	4 Consultations
General Legal Services Anything not covered, but not excluded	6 Hours Covered
In-Network Discount	25% Discount

ESTATE PLANNING

Wills, Trusts, Living Wills & Power of Attorney	Covered!
Elder Law	4 Hours Covered
Social Security / Veterans / Medicare	4 Hours Covered
Probate	Uncontested — Covered! All Others — 15 Hours Covered

FAMILY LAW

Pre / Postnuptial Agreements	Covered!
Adoption	Covered!
Name Change	Covered!
Gender Identifier Change	Covered!
Divorce -OR- Modification / Establishment or Enforcements	All Uncontested — Covered! Contested Divorce: w/o children — 15 Hours Covered with children — 30 Hours Covered Contested Mod/Establishment/Enforce: 20 Hours Covered
Protective Order	Covered!
Guardianship / Conservatorship	Uncontested — Covered! Contested — 15 Hours Covered
Annual Accounting of Guardianship	6 Hours Covered
Family Immigration Assistance	6 Hours Covered

CIVIL LAW

Defense of Civil Action	20 Hours Covered
Consumer Protection	Covered!
School Administrative Hearings	4 Hours Covered

CRIMINAL LAW

Habeas Corpus	Covered!
Misdemeanor	Covered!
Felony	Covered!
Driving / Boating while Intoxicated	Covered!
Public Intoxication	Covered!
Defense of Incompetency or Infirmary	Covered!
Juvenile Court	Covered!
Traffic Tickets	Covered!
Defense of Driving Privileges	Covered!
Expunction & Order of Nondisclosure	Covered!

REAL ESTATE & FINANCIAL

Residential Real Estate Transaction	Covered!
Property Tax - Primary Residence	Covered!
Deeds	2 Hours Covered
Bankruptcy Chapter 7-OR-Chapter 13	Covered!
Tax Audit	4 Hours Covered
Free Financial Counseling with Balance Pro	Included!
Experian Identity Theft Monitoring & Repair	Included!

This document is for illustrative purposes only, and is not a contract. Please see the Summary of Benefits or a sample Plan Policy for details.

Gain priceless peace of mind – don't put legal issues off another day

Contact your **HR department** and join today!

For more information, visit TexasLegal.org or contact us at **1.800.252.9346**.



