



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

BASTROP COUNTY

Group# 94528

Health Benefits



Waiting period

A waiting period is a set amount of time that must pass from an employee's date of hire to when that employee's health insurance benefits begin.

Employees and Elected Officials: 60 days - 1st of the month BUT 1st of month: Eligible for coverage on the first of the month following 60 days from date of hire; however, if the 60th day falls on the first day of a month, there is no further delay in coverage.

Examples: Hire Date = June 3 + 60 days = August 1, coverage effective August 1

Hire Date = June 15 + 60 days = August 13, coverage effective September 1

Contact Information

Vendor	Benefit	Phone Number	Website
 BlueCross BlueShield of Texas	Medical Blue Cross Blue Shield of Texas	855-357-5228	www.bcbstx.com
 NAVITUS <small>PHARMACY BENEFITS REINVENTED™</small>	Prescription Navitus Health Solutions	866-333-2757	www.navitus.com
 MDLIVE	Telemedicine Blue Cross Blue Shield of Texas	855-357-5228	www.MDLive.com/BCBSTX
 alliance work partners	Employee Assistance Program Alliance Work Partners	800-448-1823	www.awpnow.com
 Guardian ®	Dental & Vision Guardian	888-600-1600	www.GuardianAnytime.com
	Davis Vision Guardian	877-393-7363	www.GuardianAnytime.com
	Life and AD&D Guardian	888-600-1600	www.GuardianAnytime.com
	Long Term Disability Guardian	888-600-1600	www.GuardianAnytime.com
	Work Life Matters EAP Guardian	888-600-1600	www.GuardianAnytime.com
	Will Prep Guardian	888-600-1600	www.GuardianAnytime.com
 TASC	Flexible Spending Account (FSA) TASC	800-422-4661	www.tasconline.com
	Health Reimbursement Arrangement (HRA) TASC	800-422-4661	www.tasconline.com

	<p>Allstate/Colonial The Carlyn Group</p>	<p>888-922-7596</p>	<p>mrichardson@carlyngroup.com</p>
	<p>Legal Insurance Texas Legal</p>	<p>512-327-1372</p>	<p>www.TexasLegal.org</p>
	<p>Air Medical Transport PHIcares</p>	<p>888-435-9744</p>	<p>www.PHIcares.com</p>
	<p>Retirement System TCDRS</p>	<p>800-823-7782</p>	<p>www.tcdrs.org</p>
	<p>Wellness Program TAC Healthy County</p>	<p>800-456-5974</p>	<p>www.mybenefits.county.org</p>

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I.
Online Benefits Portal /
Employee Self Service



ONLINE BENEFITS PORTAL: EMPLOYEE SELF-SERVICE (ESS)

Accessing your current health benefits and wellness program resources online should be easy. That’s why we created Employee Self-Service (ESS) for **county and district employees**. ESS is one single website with all the links you need. Just one password here gets you access to Blue Cross and Blue Shield of Texas (BCBSTX), Navitus (prescription drugs), Healthy County wellness initiatives and more.

WHERE CAN I ACCESS ESS ONLINE?

Go To: <https://mybenefits.county.org>

Save or bookmark this web address as a favorite so you can reference your benefits and tools with one simple click!

WHAT CAN I DO IN THE EMPLOYEE SELF-SERVICE (ESS) TOOL?

Get Benefits Information

See the benefits available through your employer, including wellness program details, plus links to TCDRS (retirement system) and more.

My County Benefits

Access your current health and prescription coverage* Benefits Summaries and details; find claim forms, order replacement ID cards and more.

** plus Dental, Vision and Life if provided through TAC HEBP*

Review Current Enrollment

Retrieve and review your benefit selections, update your contact information, change Life beneficiary*, and more.

** if Life coverage provided through TAC HEBP*



FIRST TIME USER INFORMATION

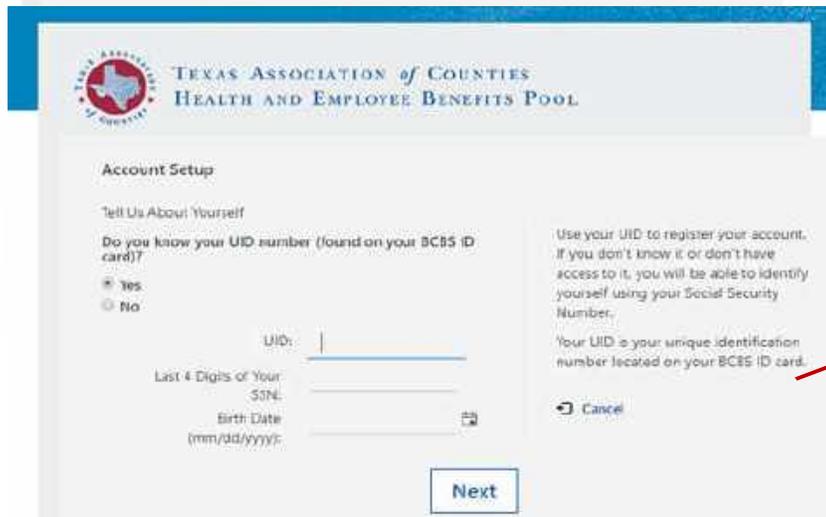
First-time users will need to set up an account using a unique password before logging onto the ESS portal.

From the mybenefits.county.org page, *first-time users* should click on the **Create an account** link displayed at the bottom of the window.

First-time users will need to follow the steps on each screen, then acknowledge and accept an online authorization.



Step 1. Create an account

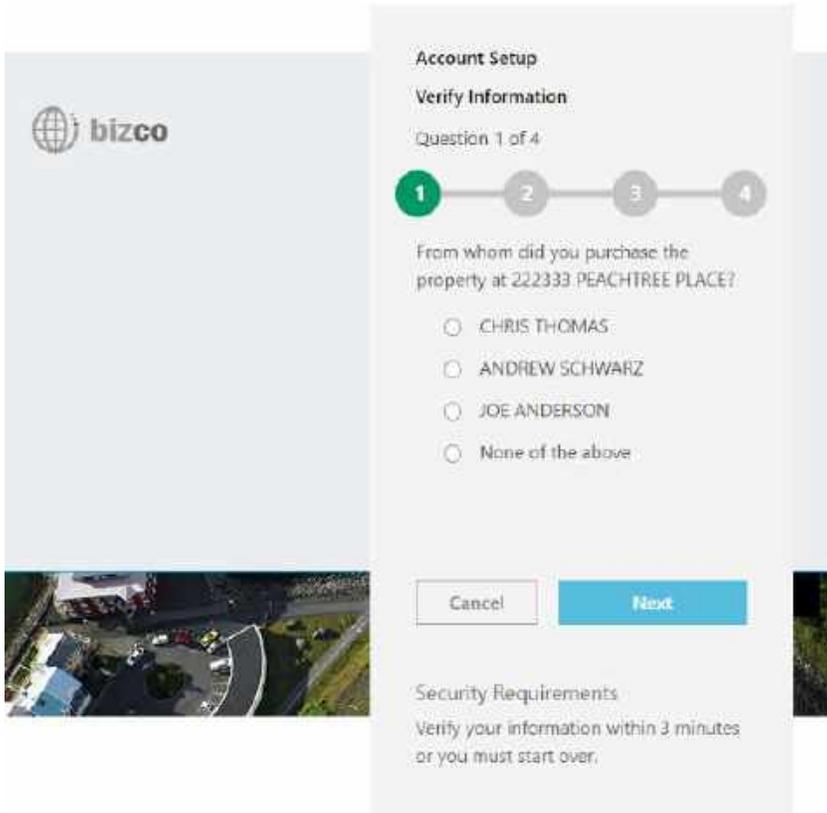


Step 2. Locate your record in the OASys system using your UID



If you don't know your UID, locate your record in the OASys system using your SSN and date of birth

FIRST TIME USER INFORMATION, continued



Account Setup
Verify Information
Question 1 of 4

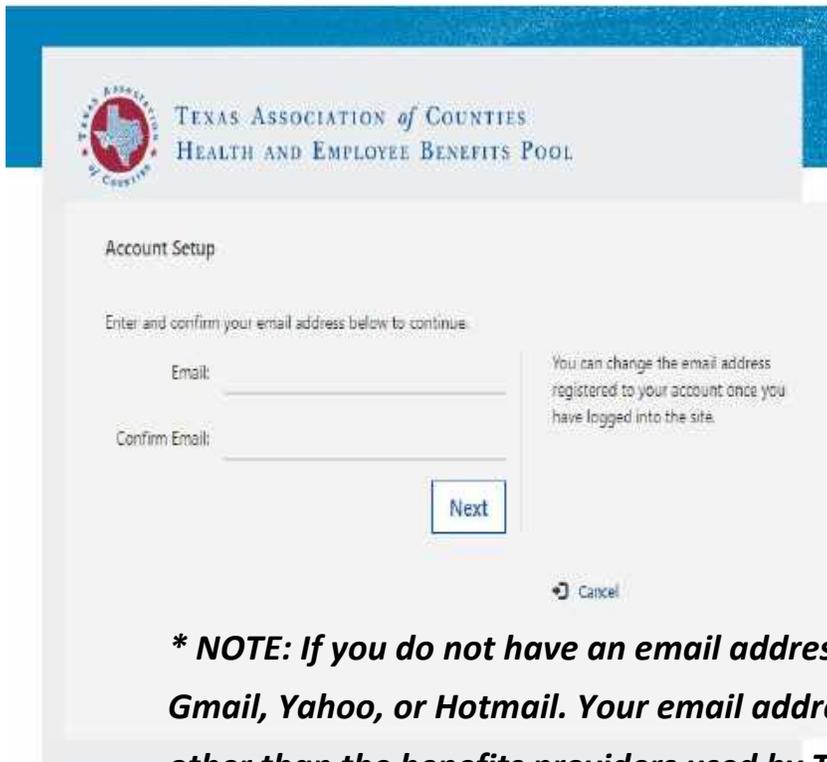
1 — 2 — 3 — 4

From whom did you purchase the property at 222333 PEACHTREE PLACE?

- CHRIS THOMAS
- ANDREW SCHWARZ
- JOE ANDERSON
- None of the above

Security Requirements
Verify your information within 3 minutes or you must start over.

Step 3. Confirm your identity - you will be required to correctly answer 3 out of 4 questions to verify your identity. Click 'Next' to proceed through each question window.



TEXAS ASSOCIATION OF COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Account Setup

Enter and confirm your email address below to continue.

Email: _____

Confirm Email: _____

You can change the email address registered to your account once you have logged into the site.

*** NOTE: If you do not have an email address, you can set one up for free at Gmail, Yahoo, or Hotmail. Your email address will not be shared with any entity other than the benefits providers used by TAC HEBP (Blue Cross, Navitus, etc.)**

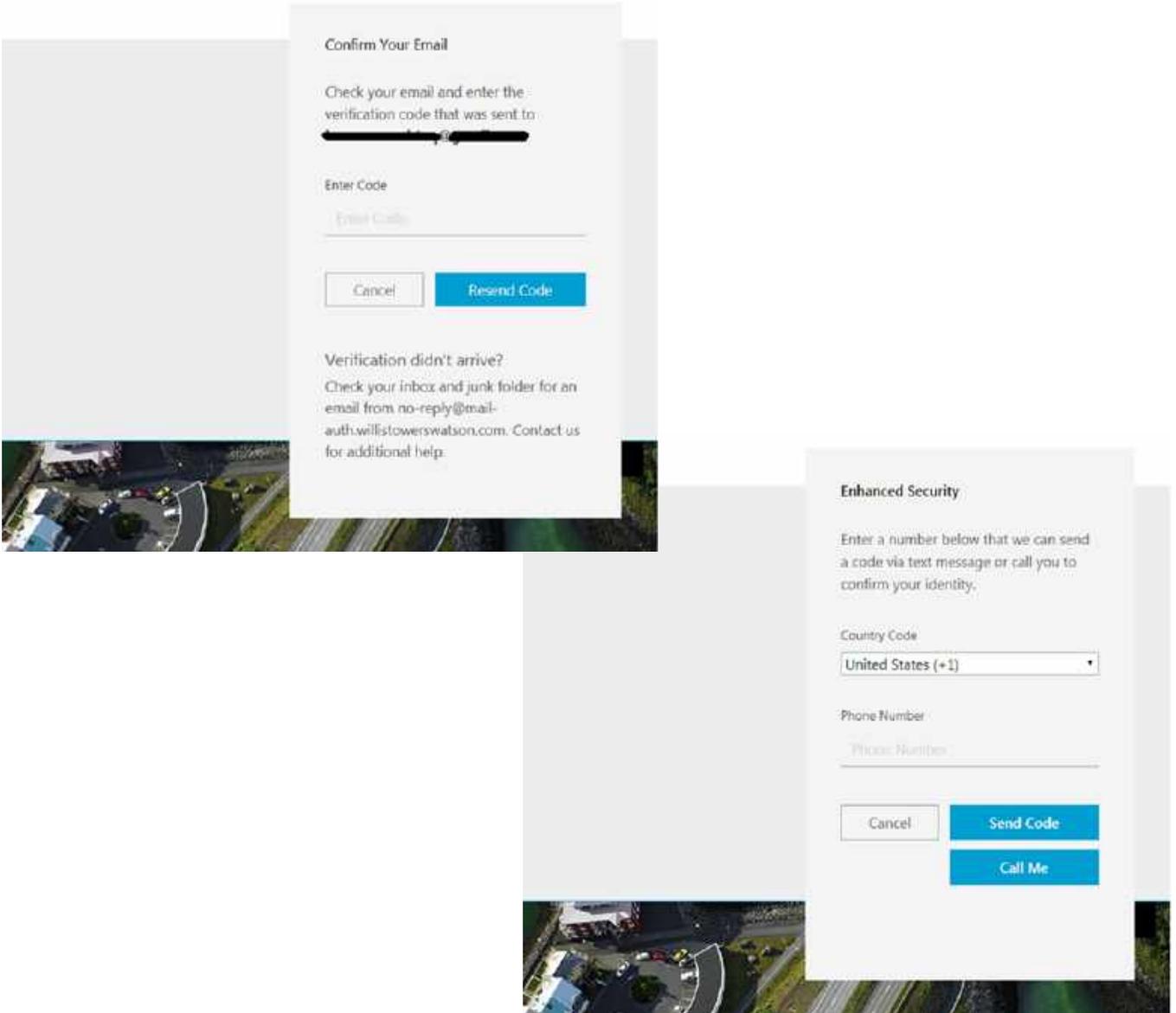
Step 4. Establish Username*

Step 5. Proceed through Multi-Factor Authentication steps on the next page, then set your Password. You're ready to begin using ESS!

MULTI-FACTOR AUTHENTICATION

Because this site contains access to your Protected Health Information (PHI), enhanced security steps are required. Multi-factor authentication means the system will require more than one way to verify your identity.

Multi-factor authentication will be required each time you log onto the portal.



NOTE: If you do not have an email address, you can set one up for free at Gmail, Yahoo, or Hotmail. Your email address will not be shared with any entity other than the benefits providers used by TAC HEBP (Blue Cross, Navitus, etc.)

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II. Benefit Highlights



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

BENEFIT HIGHLIGHTS PLAN 1520-NGS

(Non-Grandfathered ACA Plan)

BLUECHOICE NETWORK

This is a general summary of your benefits. Please refer to your benefit booklet for additional details and a description of the plan requirements and benefit design. This plan does not cover all health care expenses. Upon receipt of your benefit booklet, carefully review the plan's limitations and exclusions.

Overall Payment Provisions	In-Network Benefits	Out-of-Network Benefits
<p>Plan Year Deductibles Per-admission Deductible Deductible <i>Applies to all Eligible Expenses except Inpatient Hospital Expenses (unless otherwise indicated)</i></p>	<p>None \$3,000 Individual / \$9,000 Family</p>	<p>None \$7,500 Individual / \$22,500 Family</p>
<p>Plan Year Out-of-Pocket Maximum Deductibles are not applied to the Out-of-Pocket Maximum. Copayment Amounts will apply and will not be required after Out-of-Pocket Maximum has been satisfied. Your benefit booklet will provide more details</p>	<p>\$4,150 Individual / \$5,300 Family <i>Network Deductible & Out-of-Pocket Maximum will only apply toward Network Deductible & Out-of-Pocket Maximum</i></p>	<p>\$8,000 Individual / \$24,000 Family <i>Out-of-Network Deductible & Out-of-Pocket Maximum do not apply toward Network Deductible & Out-of-Pocket Maximum</i></p>
<p>Copayment Amounts Required Physician office visit/consultation <i>Refer to Medical/Surgical Expenses section for more information</i> Specialty Care Copayment Amount for office visit/consultation when services rendered by a Specialty Care Provider MDLive (Telemedicine) Urgent Care Outpatient Hospital Emergency Room/Treatment Room <i>Refer to Emergency Room/Treatment Room section for more information</i></p>	<p>\$40 Copayment Amount \$50 Copayment Amount \$10 Copayment Amount \$40 / \$50 Copayment Amount \$150 Copayment Amount</p>	<p>N/A-Refer to Medical/Surgical Expense section for benefits 70% of Allowable Amount after Plan Year Deductible Not Applicable 70% of Allowable Amount \$150 Copayment Amount</p>
<p>Maximum Lifetime Benefits Per Participant</p>	<p>Unlimited</p>	
<p>Inpatient Hospital Expenses</p>		
<p>Inpatient Hospital Expenses <i>All services must be preauthorized</i> <i>All usual Hospital services and supplies, including semiprivate room, intensive care, and coronary care units</i> Penalty for failure to preauthorize services</p>	<p>80% of Allowable Amount None</p>	<p>60% of Allowable Amount \$250</p>





TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Medical/Surgical Expenses	In-Network Benefits	Out-of-Network Benefits
Medical / Surgical Expenses Services performed during the Physician's office visit/consultation, including lab & x-ray (does not include Certain Diagnostic Procedures and surgical services)	100% of Allowable Amount after \$40 Copayment	70% of Allowable Amount after Plan Year Deductible
Lab & x-ray in other outpatient facilities (excluding Certain Diagnostic Procedures)	100% of Allowable Amount	70% of Allowable Amount after Plan Year Deductible
Allergy Injections	100% of Allowable Amount	70% of Allowable Amount after Plan Year Deductible
Colonoscopy (All places of treatment and diagnoses)	100% of Allowable Amount	70% of Allowable Amount after Plan Year Deductible
Physician surgical services performed in any setting	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
Certain Diagnostic Procedures; such as Bone Scan, Cardiac Stress Test, CT -Scan (with or without contrast), Ultrasound, MRI, Myelogram, PET Scan.	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
Home Infusion Therapy (Services must be preauthorized)	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
Organ Transplants	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
All other outpatient services and supplies	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
In Vitro Fertilization Services		Declined

Extended Care Expenses		
Extended Care Expenses All services must be preauthorized	100% of Allowable Amount	70% of Allowable Amount after Plan Year Deductible
Skilled Nursing Facility Home Health Care Hospice Care	25 day maximum each Plan Year* 60 visit maximum each Plan Year* Unlimited	

Special Provisions Expenses		
Serious Mental Illness All services must be preauthorized		
Inpatient Services		
-Hospital services (facility)	80% of Allowable Amount	60% of Allowable Amount
-Physician services	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
Outpatient Services		
-Services performed during Physician office visit/consultation (does not include psychological testing)	100% of Allowable Amount after \$40 Copayment	70% of Allowable Amount after Plan Year Deductible
-All outpatient services and psychological testing	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible

* Benefits used In-Network and Out-of-Network will apply toward satisfying any day, visit, Plan Year, Annual Maximum, series of treatments benefits indicated



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Special Provisions Expenses, cont.

In-Network Benefits

Out-of-network Benefits

Mental Health Care/Chemical Dependency

All services must be preauthorized

Inpatient Services

-Hospital services (facility)

80% of Allowable Amount

60% of Allowable Amount

-Physician services

80% of Allowable Amount after
Plan Year Deductible

60% of Allowable Amount after Plan
Year Deductible

Plan Year Maximum

30 inpatient days/30 inpatient Physician
visits each Plan Year*

30 inpatient days/30 inpatient
Physician visits each Plan Year*

Outpatient Services

-Services performed during Physician office visit/consultation
(does not include psychological testing)

100% of Allowable Amount after \$40
Copayment Amount

70% of Allowable Amount after Plan
Year Deductible

-Emergency Room/Treatment Room

80% of Allowable Amount after
\$150 Copayment Amount

60% of Allowable Amount after \$150
Copayment Amount & Plan Year
Deductible

(Copayment Amount waived if
admitted, Inpatient Hospital Expenses
will apply)

(Copayment Amount waived if
admitted, Inpatient Hospital
Expenses will apply)

-Other Outpatient Services and psychological testing

80% of Allowable Amount after
Plan Year Deductible

60% of Allowable Amount after Plan
Year Deductible

Plan Year Maximum

30 outpatient visits each Plan Year*

Chemical Dependency Maximum

(Inpatient treatment must be provided in a Chemical Dependency
Treatment Center)

Limited to three separate series of treatments for each covered individual per
lifetime *

Emergency Room/Treatment Room

Accidental Injury & Emergency Care

-Facility charges (outpatient Hospital emergency treatment room
charges)

80% of Allowable Amount after \$150 Copayment Amount
(Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)

-Physician charges

80% of Allowable Amount after Plan Year Deductible

Non-Emergency Care

-Facility charges (outpatient Hospital emergency treatment room
charges)

80% of Allowable Amount after \$150
Copayment Amount
(Copayment Amount waived if
admitted, Inpatient Hospital Expenses
will apply)

60% of Allowable Amount after \$150
Copayment Amount & Plan Year
Deductible
(Copayment Amount waived if
admitted, Inpatient Hospital
Expenses will apply)

-Physician charges

80% of Allowable Amount after
Plan Year Deductible

60% of Allowable Amount after Plan
Year Deductible

Ground and Air Ambulance Services

80% of Allowable Amount after Plan Year Deductible

* Benefits used In-Network and Out-of-Network will apply toward satisfying any day, visit, Plan Year, Annual Maximum, series of treatments benefits indicated



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Special Provisions Expenses, cont.	In-Network Benefits	Out-of-network Benefits
Preventive Care		
Routine annual physical examinations, well-baby care exams, immunizations 6 years of age & over, vision exams, hearing exams, and any other preventive health services as determined by USPSTF	100% of Allowable Amount	70% of Allowable Amount after Plan Year Deductible
Immunizations for Dependent children through the date of the child's 6 th birthday	100% of Allowable Amount	100% of Allowable Amount
Speech and Hearing Services		
Services to restore loss of or correct an impaired speech or hearing function without hearing aids	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
Physical Medicine Services		
Chiropractic Care-Office Services	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
Airrosti Rehab Centers	\$40 Copayment Amount	Not Applicable
Plan Year Maximum	35 visit maximum each Plan Year*	
	<i>All other Physical Medicine Services rendered by any other eligible Provider will be allowed on the same basis as any other sickness.</i>	

* Benefits used In-Network and Out-of-Network will apply toward satisfying any day, visit, Plan Year, Annual Maximum, series of treatments benefits indicated

EMPLOYEE INFORMATION

This is a general Summary of your benefit design. Please refer to your benefit booklet for other details and for limitations and exclusions.

MDLive (Telemedicine) is part of your benefit plan design. Access to an independently contracted board-certified doctor is available 24 hours a day, seven days a week to speak to immediately or schedule an appointment based on your availability. Please refer to your benefit booklet for other details.

The following benefits apply to dependent coverage:

- Dependent children are covered to age 26.
- Automatic coverage for newborns for the first 31 days following birth. Infants not enrolled for coverage within the first 31 days after birth will not be eligible for coverage until the following open enrollment period or special enrollment event.

Payments: Network providers agree to accept amounts negotiated with BCBSTX and are paid according to this BCBSTX-determined Allowable Amount. Covered individuals are responsible for any required Deductibles, Coinsurance Amounts, and Copayments. Plan benefits paid to Out-of-Network providers are based on the BCBSTX-determined Allowable Amount, except in the event of Emergency Care received in an outpatient hospital emergency treatment room within 48 hours of the incident. For all other services received by an Out-of-Network Provider, the covered individual will be responsible for charges in excess of the Allowable Amount in addition to any applicable Deductibles, Coinsurance Amounts, and Copayments. For cost savings information, refer to the section on ParPlan Providers and the definition of Allowable Amount in the benefit booklet.

Replacement of Medical Coverage: In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the following provisions apply to each eligible participant who has health coverage under the employer's plan immediately prior to the effective date of the health contract between the employer and BCBSTX (the contract date):

- Benefits for eligible expenses incurred for any service or supplies prior to the contract date, are not covered under the contract.
- Eligible expenses for services or supplies incurred on or after the effective date will be considered for benefits subject to all applicable contract provisions.

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TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

PRESCRIPTION DRUG PLAN OPTION 5C-NG \$250 DEDUCTIBLE

Prescription Drug Program

Up to a 30-day Supply at Participating Navitus Health Solutions Network Retail Pharmacy

Plan Year Deductible	\$250 Individual / \$750 Family
Tier 3 Drug	\$50 Copayment Amount
Tier 2 Drug	\$30 Copayment Amount
Tier 1 Drug	Lesser of \$10 Copayment Amount OR Actual Cost

ATTENTION: Please note the following guidelines regarding your Prescription benefits:

- 1) Members electing to purchase brand name drugs when a generic is available will be required to pay the difference between the cost of the Generic drug and Brand Name drug, plus the Brand Name Copayment.
- 2) Specialty and biotech medications are available only through mail order unless purchased and administered through the doctor's office.

Up to a 90-day supply at In-Network Retail or Mail Service Pharmacy

Tier 3 Drug	\$100 Copayment Amount
Tier 2 Drug	\$60 Copayment Amount
Tier 1 Drug	\$20 Copayment Amount

Note: Prescription Drug Benefits are provided by Navitus Health Solutions through a master contract with the Texas Association of Counties Health and Employee Benefits Pool. Prescription Drugs are not administered by Blue Cross and Blue Shield of Texas



Alliance Work Partners is
here for you as life happens.

AWP is proud to serve as your EAP, offering you and your household valuable, confidential services at no cost to you.

Your benefits are designed to help you manage daily responsibilities, major events, work stresses, or any issue affecting your quality of life.

All benefits can be
accessed by calling:

toll free

1-800-343-3822

TDD

1-800-448-1823

teen line

1-800-334-TEEN (8336)

We are available to take your call
24 hours a day, 7 days a week.



Visit your EAP website at
awpnow.com

and create a
customized account.

Go to

<https://www.awpnow.com>

Select "Access Your Benefits"

Registration Code:

AWP-TACHEBP-4661

Your EAP Benefits:

LawAccess

Legal and Financial services provided by a lawyer or financial professional specializing in your area of concern. Available online or by telephone.

HelpNet

Customized EAP website featuring resources, skill-building tools, online assessments and referrals.

WorkLife

Resources and referrals for everyday needs. Available by telephone.

SafeRide

Reimbursement for emergency cab or rideshare fare for eligible employees and dependents that opt to use a cab/rideshare service instead of driving while impaired.

1 to 6 Counseling Sessions

Per problem, per year. Short-term counseling sessions which include assessment, referral, and crisis services. *(Same day appointments available for urgent/crisis callers, or facilitation of immediate hospitalization)*

Newsletters

Webinar Training Series
Tips for Everyday Living

Here for you as life happens ...



Employee Assistance Program (EAP)

Criteria for Benefits Eligibility

Full Benefits:

- Employee, retiree, married/divorced spouse, partner, significant other
- Any household member, regardless of age or relationship, residing in employee's home, including significant other and their children
- All covered employees may bring anyone with them to their authorized/covered sessions regardless of relationship to employee.
- Children and grandchildren, **age 26 or under**, residing in US or Puerto Rico. This includes children and grandchildren of significant other or partner.
- Any person meeting benefit eligibility prior to lay-off or termination of an employee will continue to be eligible for benefits up to 6 months from the date of employee's lay-off or termination. Benefits are extended for 6 months from date of employee's call within this timeframe.

Assessment & Referral:

- Children and grandchildren **age 27 and over** of employee, married/divorced spouse, partner, or significant other living outside employee's home
- Employee instructed by law to receive court-ordered counseling
- All crisis cases (suicidal/homicidal, domestic violence, chemical dependence, substance abuse, child/elderly abuse) not otherwise covered
- Any person meeting benefit eligibility prior to lay-off or termination of an employee will continue to be eligible for assessment and referral after 6 months and up to 1 year from the date of employee's lay-off or termination. Benefits are extended 1 year from date of employee's call within this timeframe.

Information & Referral:

- Anyone contacting Alliance Work Partners regardless of contract status

Children under the age of 18 must have a written, signed release by their guardian who has custody (whether living in the home or not) to attend counseling on their own. This release is given to their affiliate provider. Divorced parents who bring their children in for counseling must bring a copy of their divorce decree or have signed permission from the other parent before bringing a child into counseling. Grandparents who bring their grandchildren into counseling must have proof of guardianship or written permission from the child's parents.

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III.
BCBSTX Medical



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

YOUR TAC HEBP / BLUE CROSS BLUE SHIELD IDENTIFICATION CARD

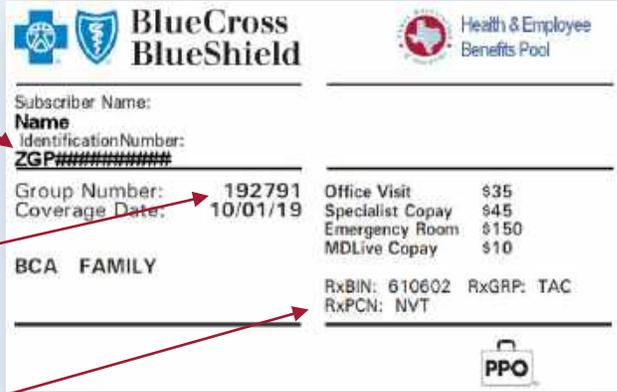
FRONT

The Identification Number (UID) and Group Number identify you and allow providers to verify your benefits

IdentificationNumber:
ZGP#####

192791

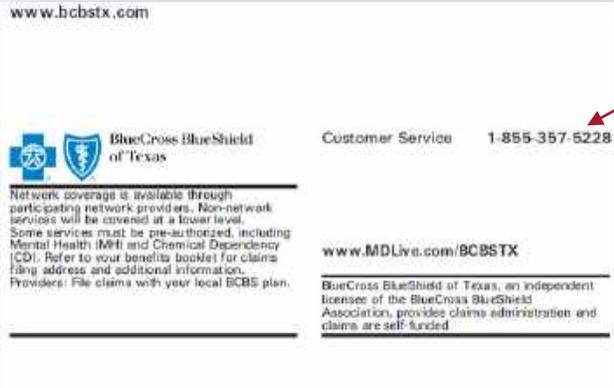
RxBIN: 610602 RxGRP: TAC
RxPCN: NVT



This information is used by your pharmacy to fill prescriptions

BACK

1-855-357-5228



Call the **Customer Service Number** on the back of your ID card for assistance with these benefits:

- Medical
- Prescriptions (Navitus)
- MDLive (Telemedicine)
- 24/7 Nurseline
- Dental (if provided through TAC)
- Vision (if provided through TAC)



Take Advantage of Preventive Services

Your family's race to better health begins with a single step: Taking advantage of preventive health care services

Preventive check-ups and screenings can help find illnesses and medical problems early and improve the health of you and everyone in your family.

Your health plan covers screenings and services with no out-of-pocket costs like copays or coinsurance as long as you visit a doctor in your plan's provider network. This is true even if you haven't met your deductible.

Some examples of preventive care services covered by your plan include general wellness exams each year, recommended vaccines, and screenings for things like diabetes, cancer or depression. Preventive services are provided for women, men and children of all ages.

For more details on what preventive services are covered at no cost to you, refer to the back of this flier for a listing of services, or see your benefits materials.

Learn more on immunization recommendations and schedules by visiting the Centers for Disease Control and Prevention website at [cdc.gov/vaccines](https://www.cdc.gov/vaccines).

745188.0417



These preventive services are covered by your plan at no cost to you¹

FOR ADULTS



Annual preventive medical history and physical exam

SCREENINGS FOR

- Abdominal aortic aneurysm
- Alcohol abuse and tobacco use
- Colorectal and lung cancer
- Depression
- Falls prevention and vitamin D use for stronger bones
- High blood pressure, high cholesterol, obesity, diabetes and depression
- Sexually transmitted infections, HIV, HPV and hepatitis

COUNSELING FOR

- Alcohol misuse
- Domestic violence
- Healthy diet and physical activity counseling for adults who are overweight or obese and have additional cardiovascular risk disease factors
- Obesity
- Sexually transmitted infections
- Skin cancer prevention
- Tobacco use, including certain medicine to stop
- Use of aspirin to prevent heart attacks



JUST FOR WOMEN

- Aspirin for preeclampsia prevention
- Breast cancer screening, genetic testing and counseling
- Breastfeeding support, supplies and counseling
- Certain contraceptives and medical devices, morning after pill, and sterilization to prevent pregnancy
- Cervical cancer screening
- Chlamydia, gonorrhea, syphilis, HIV and hepatitis B screenings
- Counseling for alcohol and tobacco use during pregnancy
- Folic acid supplementation during pregnancy
- Human papillomavirus (HPV) DNA test
- Osteoporosis screening
- Screenings during pregnancy, including screenings for anemia, gestational diabetes, bacteriuria, Rh(D) compatibility

FOR CHILDREN



Annual preventive medical history and physical exam

SCREENINGS FOR

- Autism
- Cervical dysplasia
- Depression
- Developmental delays
- Dyslipidemia (for children at higher risk)
- Hearing loss, hypothyroidism, sickle cell disease and phenylketonuria (PKU) in newborns
- Hematocrit or hemoglobin
- Lead poisoning
- Obesity
- Sexually transmitted infections and HIV
- Tuberculosis
- Visual acuity

ASSESSMENTS AND COUNSELING

- Alcohol and drug use assessment for adolescents
- Obesity counseling
- Oral health risk assessment, dental caries prevention fluoride varnish and oral fluoride supplements
- Skin cancer prevention counseling



CERTAIN VACCINES

Learn more on immunization recommendations and schedules by visiting: cdc.gov/vaccines

- Diphtheria, Pertussis, Tetanus
- Haemophilus Influenzae Type B (Hib)
- Hepatitis A and B
- Human Papillomavirus (HPV)
- Inactivated Poliovirus (Polio)
- Influenza (Flu)
- Measles, Mumps, Rubella (MMR)
- Meningitis
- Pneumococcal
- Rotavirus
- Varicella (Chicken Pox)
- Zoster (Herpes, Shingles)

bcbstx.com

¹ Non-grandfathered health plans are required by the Affordable Care Act to provide coverage for preventive care services without cost sharing only when the member uses a network provider. You may have to pay all or part of the cost of preventive care if your health plan is grandfathered. To find out if your plan is grandfathered or non-grandfathered, call the Customer Service number listed on your member ID card.

Deciding Where to Go? Virtual Visit, Doctor's Office, Retail Clinic, Urgent Care or ER.

24/7 Nurseline²

The 24/7 Nurseline can help you identify some options when you or a family member have a health problem or concern. Nurses are available at **800-581-0393**, 24 hours a day, seven days a week, to answer your health questions.

Urgent Care Center or Freestanding ER Knowing the Difference Can Save You Money

Urgent care centers and freestanding ERs can be hard to tell apart. Freestanding ERs often look a lot like urgent care centers, but costs may be higher. A visit to a freestanding ER often results in medical bills that may be 10 times the rate charged by urgent care centers for the same services.³ Here are some ways to know if you are at a freestanding ER.

Freestanding ERs:

- Look like urgent care centers, but have the word "Emergency" in their name or on the building.
- Are open 24 hours a day, seven days a week.
- Are not attached to and may not be affiliated with a hospital.
- Are subject to the same ER member share which may include a copay, coinsurance and applicable deductible.

Find urgent care centers⁴ near you by texting⁵ **URGENTTX** to **336633**.

	Virtual Visits powered by MDLIVE	Doctor's Office	Retail Health Clinic	Urgent Care Center	Hospital ER	Freestanding ER
Who usually provides care	Primary Care Pediatricians, Family and Emergency Medicine Doctors	Primary Care Doctor	Physician Assistant or Nurse Practitioner	Internal Medicine, Family Practice and Pediatric	ER Doctors, Internal Medicine, Specialists	ER Doctors
Sprains, strains	■	■	■	■	■	■
Animal bites		■	■	■	■	■
X-rays				■	■	■
Stitches				■	■	■
Mild asthma	■	■	■	■	■	■
Minor headaches	■	■	■	■	■	■
Back pain		■	■	■	■	■
Nausea, vomiting, diarrhea	■	■	■	■	■	■
Minor allergic reactions	■	■	■	■	■	■
Coughs, sore throat	■	■	■	■	■	■
Bumps, cuts, scrapes	■	■	■	■	■	■
Rashes, minor burns	■	■	■	■	■	■
Minor fevers, colds	■	■	■	■	■	■
Ear or sinus pain	■	■	■	■	■	■
Burning with urination	■	■	■	■	■	■
Eye swelling, irritation, redness or pain	■	■	■	■	■	■
Vaccinations		■	■	■	■	■

- Most major injuries except for trauma¹
- May also provide imaging and lab services but do not offer trauma or cardiac services requiring catheterization¹
- Do not always accept ambulances

- Any life-threatening or disabling conditions
- Sudden or unexplained loss of consciousness
- Major injuries
- Chest pain; numbness in the face, arm or leg; difficulty speaking
- Severe shortness of breath
- High fever with stiff neck, mental confusion or difficulty breathing
- Coughing up or vomiting blood
- Cut or wound that won't stop bleeding
- Possible broken bones

¹ Freestanding ER: "What you need to know" July 2016. The Advisory Board Company.
² 24/7 Nurseline is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.
³ Freestanding ERs: The Need for Greater Transparency and More Consumer Protections. (2016). The Texas Association of Health Plans.
⁴ The closest urgent care center may not be in your network. Be sure to check Provider Finder[®] to make sure the center you go to is in-network.
⁵ Message and data rates may apply. Read terms, conditions and privacy policy at tcbttx.com/mobile/text-messaging.
 Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. MDLIVE, an independent company, provides virtual visit services for Blue Cross and Blue Shield of Texas. MDLIVE operates and administers the virtual visit program and is solely responsible for its operations and that of its contracted providers. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc. and may not be used without written permission.



SAVE MONEY WITH IN-NETWORK PROVIDERS and Avoid "BALANCE BILLING"



Get the most from your health plan benefits by using in-network providers when possible. Use Provider Finder® from Blue Cross and Blue Shield of Texas (BCBSTX) when you need to find a doctor, hospital or other facility. This may help lower your out-of-pocket costs.

Knowing how your plan works can help you save.

Doctors, hospitals, clinics and urgent care facilities (these are all called "providers") who contract independently with the PPO network have agreed to accept our negotiated rates as payment in full. When you receive care from a network provider, you will usually pay less out of pocket than at an out-of-network provider.

If you receive care from a provider that is outside the PPO network, you may have to pay more for your care or even the full cost if it is not a covered service.

Providers outside the network may "balance bill" you, which means they may charge you more than what your health plan pays and up to the provider's billed charge. Examples of out-of-network providers you may encounter include emergency room and hospital-based physicians. It is possible that a hospital is in the network, but a doctor or other provider treating you there may be out of network. When possible, ask if all providers that will be providing services are in the network for your plan.

Call Customer Service at **855-357-5228** if you have a question about your benefits or want help using Provider Finder.

Before you go for medical care, make sure the doctor or hospital is part of the PPO network.

There are several ways to find a PPO network provider:

- Register or log in to Blue Access for MembersSM, our secure member website at <https://mybenefits.county.org>. Click on **Benefits**, then select **Links & Contacts** and **Go to Blue Cross Blue Shield Member Site**. Use the information on your member ID card to complete the process. Click the **Doctors & Hospitals** tab to conduct a personalized search based on your health plan and network.
- You can use Provider Finder from your phone or tablet by downloading the free mobile app. Just text* **BCBSTXAPP** to **33633**.
- Call Customer Service at **855-357-5228** for help.

In an emergency, call 911 or go to the nearest emergency room.

<https://mybenefits.county.org>

*Message and data rates may apply. Terms and conditions and privacy policy at bcbstx.com/mobile/text-messaging.



DO YOU WANT TO SAVE MONEY THIS YEAR?



It pays to be a smart health care shopper.

At the start of each plan year, your deductible and out-of-pocket limits start again, so it pays to know what those limits are. It is also smart to know about your costs for doctor visits and medical procedures. These can differ greatly even in the same city. Use your money wisely this year.

Terms you should know to get the most from your health plan:

- **Network:** Not all health care professionals are in the same network, so you need to check to make sure your doctor or hospital is in your plan's network.
- **Deductible:** Most plans call for you to pay a certain amount before your health plan starts to pay. For instance, if your deductible is \$2,000, your plan may not pay anything until you've paid the first \$2,000.
- **Coinsurance:** Some plans don't cover all your costs. They may include coinsurance - your share of the costs of a covered health care service. Coinsurance is often a percentage of the total cost. For instance, you may pay 20 percent of an allowed service while your plan pays 80 percent.
- **Copayment (or copay):** This is a flat dollar amount you pay when you see a doctor, use medical services or fill a prescription.
- **Out-of-Pocket Maximum:** Your health plan will have a limit on how much you are required to pay in one year. If your out-of-pocket maximum is \$5,000, you won't pay anything once you've paid that \$5,000. That means no more copays or coinsurance.



Understand Your Health Plan Before You Get Care to Help Avoid Higher Costs.

Preauthorization (also known as ‘prior authorization’) means that approval is needed from your health plan before you have certain health tests or services. To help make sure your care is appropriate and to avoid unexpected costs, it’s important that approval is received **before** you get these services.

Usually, your network provider will take care of preauthorization before the service is performed. But it is always a good idea to check if your doctor has gotten the needed approval.

Your Preauthorization Checklist

Once your health plan coverage starts, you can begin using the resources below. Be a smart health care shopper – use these tools to stay informed about your plan benefits!



1 CONNECT WITH US

Use the information on your Blue Cross and Blue Shield of Texas (BCBSTX) member ID card to create a Blue Access for MembersSM (BAMSM) account at <https://mybenefits.county.org>. Click on *Benefits*, then select *Links & Contacts* and *Go to Blue Cross Blue Shield Member Site*. Use the information on your member ID card to complete the process. And download the BCBSTX App at the Apple or Google Play store. Both tools can help you keep up with your benefits. You may also call the Customer Service number on the back of your member ID card.

2 KNOW WHAT YOUR PLAN REQUIRES

Log in to BAM and click *My Coverage*. Under the *Referral and Prior Authorization Information* tab, you’ll see a list of services that may require preauthorization. You can find a more detailed list of services that require approval under your plan in your benefit booklet. Confirm with your provider that they have gotten approval before your service.

3 TRACK YOUR STATUS

You can check whether your preauthorization has been submitted or approved online. In BAM, go to *My Coverage*, then *Referral and Prior Authorization Information*. Or in the BCBSTX App, click *More*, then *Prior Authorization*.



We want you to get the most out of your health care benefits – let us help! Call the number on the back of your BCBSTX member ID card for questions.

Services That May Require Preauthorization

We want you to be clear about what your health plan covers.

Here is a list of services¹ that may need approval in advance:

- Advanced imaging
- Air ambulance (for non-emergencies)
- Behavioral health care, either in or outside of a hospital
- Certain cardiology diagnostic, imaging and surgical procedures
- Electrical stimulation of the brain, nerves or stomach
- Home health care
- Home infusion
- Hospice
- Inpatient hospital stays²
- Joint surgery
- Pain management
- Sleep studies
- Some ear, nose or throat services, such as bone conduction hearing aids, cochlear implants or surgery
- Some high-cost specialty drugs
- Some surgeries of the face, jaw, mouth or teeth
- Some wound care services, such as high-pressure oxygen treatment
- Spine surgery
- Stays in a facility for rehabilitation, long-term care or skilled nursing care



You are responsible for calling BCBSTX if you get out-of-network care. Be sure to notify BCBSTX within two days of an emergency, maternity, mental health or substance abuse hospital admission at an out-of-network facility.

For preauthorization or other questions, call the number on the back of your member ID card.

¹ Preauthorization requirements vary by plan. Check your benefits booklet or call the Customer Service number on the back of your member ID card for questions about your benefits.

² In-network inpatient hospitals are required to request preauthorizations on your behalf.



Understanding Your Explanation of Benefits

An Explanation of Benefits (EOB) is a notification provided to members when a health care benefits claim is processed by Blue Cross and Blue Shield of Texas (BCBSTX). The EOB shows how the claim was processed. The EOB is not a bill. Your provider may bill you separately.



THE EOB HAS THREE MAJOR SECTIONS:

- **Subscriber Information and Total of Claim(s)** includes the member’s name, address, member ID number and group name and number. The Total of Claims table shows you the amount billed, any applied discounts, reductions and payments and the amount you may owe the provider.
- **Service Detail** for each claim includes:
 - Patient and provider information
 - Claim number and when it was processed
 - Service dates and descriptions
 - The amount billed
 - The discounts or other reductions subtracted from amount billed
 - Total amount covered
 - The amount you may owe (your responsibility)
- **Summary** - Shows you what the plan covers for each claim and your responsibility including:
 - Plan Provisions**
 - The amount covered
 - Less any amounts you may owe, like deductible, copay and coinsurance
 - Your Responsibility**
 - Deductible and copay amount
 - Your share of coinsurance
 - Amount not covered, if any
 - Amount you may owe the provider. You may have paid some of this amount, like your copay, at the time you received the service.

THE EOB MAY INCLUDE ADDITIONAL INFORMATION:

- **Amounts Not Covered** will show what benefit limitations or exclusions apply.
- **Out-of-Pocket Expenses** will show an amount when a claim applies toward your deductible or counts toward your out-of-pocket expenses.
- **Fraud Hotline** is a toll-free number to call if you think you are being charged for services you did not receive or if you suspect any fraudulent activity.
- **An explanation** of your right to appeal if your health plan doesn’t cover a health care claim.

Available in English and Spanish

Your EOBs Are Available Online!

Sign up for Blue Access for MembersSM (BAMSM) at <https://mybenefits.county.org> for convenient and confidential access to your claim information and history. Click on **Benefits**, then select **Links & Contacts** and Go to **Blue Cross Blue Shield Member Site**. Use the information on your member ID card to complete the process. Choose to opt out of receiving EOBs by mail to save time and resources. Go to BAM and click on **Settings/Preferences** to change your preferences.

<https://mybenefits.county.org>

EXPLANATION OF BENEFITS

An EOB is a statement showing how claims were processed. **This is not a bill.** Your provider(s) may bill you directly for any amount you may owe. **KEEP FOR YOUR RECORDS.**

1 **Jon Smith**
 1234 Cedar Road
 APT #2
 Any Town, TX 76065

Sample

 Log in to Blue Access for MembersSM at bcbstx.com to see plan and claim details or to contact us through our secure Message Center.

 Have questions about this EOB? Customer Advocates are here to help! **800-409-9462**

Sample EOB

SUBSCRIBER INFORMATION

2 Member ID#: **BCS888999777V** Group #: **000012345**

3 TOTAL OF CLAIM(S)

Amount billed	\$7,850.00
Discounts, reductions and payments	-\$6,149.00
You may have to pay your provider	\$1,701.00

We reviewed the claim for this patient based on the additional information received regarding other group health care coverage involvement. Blue Cross and Blue Shield has negotiated discounts with this provider. The following show how this claim was adjusted.

4 SERVICE DETAIL - CLAIM (1)

5 PATIENT: JON SMITH
 SERVICE DATE: 04/04/2016

6 PROVIDER: Ralph Johnston M.D.

7 CLAIM # 012345687
 Processed: 06/20/2016

8 Service Description	9 Amount billed	10 PLAN PROVISIONS		11 YOUR RESPONSIBILITY		
		Discounts and reductions	Amount covered (allowed) ¹	Deductible and copay amount	Coinsurance	Amount not covered
Surgical Charges	4,000.00	(1) 1,800.00	2,200.00	1,000.00	240.00	
Recovery Room	900.00	(1) 410.00	490.00		98.00	
Med/Surg Supplies	300.00	(1) 140.00	160.00		32.00	
Med/Surg Supplies	100.00					(2) 100.00
Laboratory Services	1,200.00	(1) 820.00	380.00		76.00	
Laboratory Services	200.00	(1) 160.00	40.00		8.00	
MRI Outpatient	850.00	(1) 440.00	410.00		82.00	
Drugs	200.00	(1) 110.00	90.00	50.00		
Muscle Manipulation	100.00	(1) 50.00	50.00	15.00		
CLAIM TOTALS	\$7,850.00	\$3,930.00	\$3,820.00	\$1,065.00	\$536.00	\$100.00

* Amount covered (allowed) reflects the savings we've negotiated with your provider for this service. Your deductible, coinsurance and copay are based on the allowed amount. Your share of coinsurance is a percentage of the allowed amount after the deductible is met.

¹ The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.

² Your Health Care Plan does not provide benefits for surgical assistant services when billed by the same physician who performed the surgery or administered the anesthesia. No payment can be made.

Total covered benefits approved for this claim: \$2,219.00 to Ralph Johnston M.D. on 06-20-16.

12 SUMMARY - CLAIM (1)

PLAN PROVISIONS	
Amount covered (allowed)*	\$3,820.00
Deductible and copay amount	-\$1,065.00
Coinsurance	-\$536.00
Total	\$2,219.00

YOUR RESPONSIBILITY	
Deductible and copay amount	+\$1,065.00
Coinsurance	+\$536.00
Amount not covered	+\$100.00
You may have to pay your provider	\$1,701.00

14 Health Care Fraud Hotline: 800-543-0867

Health care fraud affects health care costs for all of us. If you suspect any person or company of defrauding or attempting to defraud Blue Cross and Blue Shield of Texas, please call our toll-free hotline. All calls are confidential and may be made anonymously. For more information about health care fraud, please go to bcbstx.com

13 Benefit Period: 01-01-16 Through 12-31-16 To date this patient has met \$1,000.00 of her/his \$1,000.00 Health Care Plan Deductible.

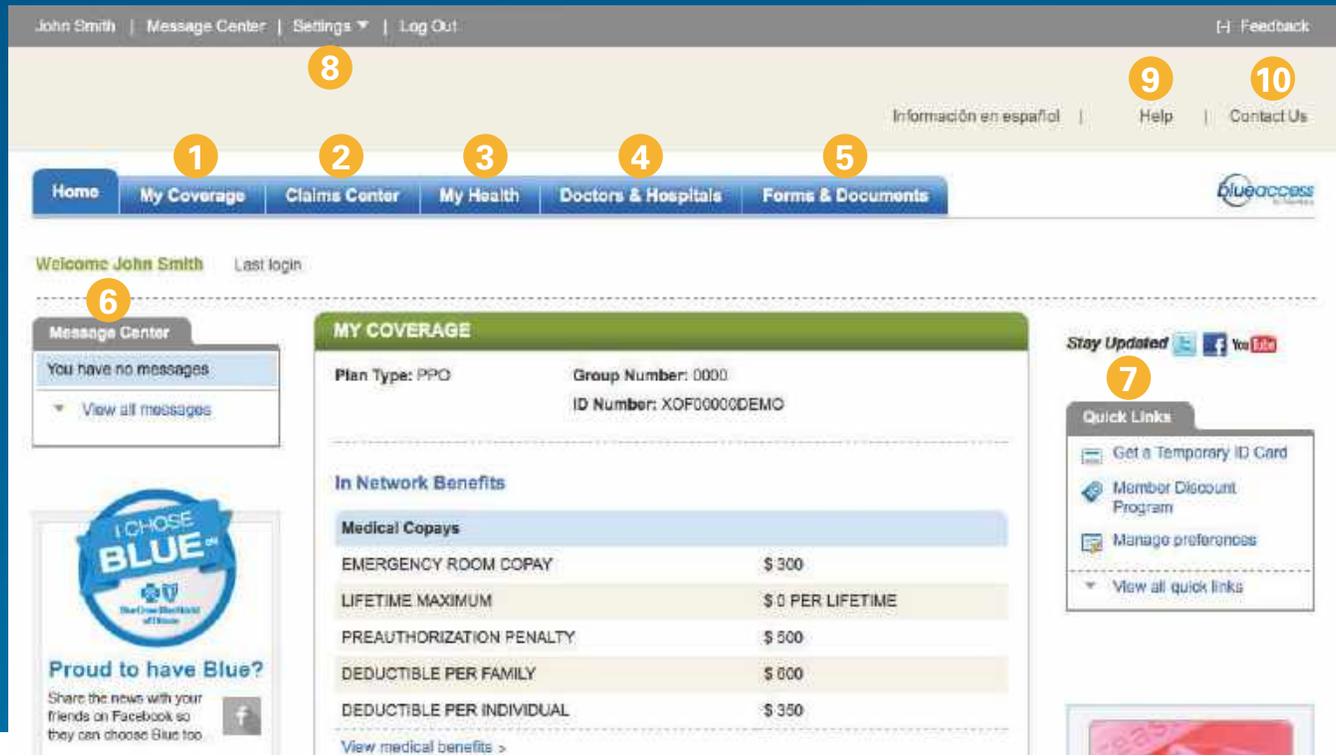
A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

- Member's name and mailing address
- Member ID and group number
- Summary box for all claims including total billed by the provider, and discounts, reductions or payments made, and the amount you may owe
- Detailed claim information for each claim
- Patient name and service date
- Provider information
- Claim number and date the claim was processed
- Service description
- Amount billed for each service
- The amount covered (allowed) for each service and the discounts or reductions subtracted from the amount your provider billed
- Your share of the costs
- Claim summary with amount covered less your responsibility
- Deductible and/or out-of-pocket expense information
- Health Care Fraud Hotline

* Please provide this information when contacting us about a claim.

Not all EOBs are the same. The format and content of your EOB depends on your benefit plan and the services provided. Deductible and copayment amounts vary.

Find what you need with Blue Access for Members



- 1 **My Coverage:** Review your benefit details.
- 2 **Claims Center:** View and organize details such as payments, dates of service, provider names, claims status and more.
- 3 **My Health:** Make more informed health care decisions by reading about health and wellness topics and researching specific conditions.
- 4 **Doctors & Hospitals:** Use Provider Finder® to locate a network doctor, hospital or other health care provider and get driving directions.
- 5 **Forms & Documents:** Use the form finder to get medical, dental, pharmacy and other forms quickly and easily.
- 6 **Message Center:** Learn about updates to your benefit plan and receive promotional information via secure messaging.
- 7 **Quick Links:** Go directly to some of the most popular pages, such as medical coverage, replacement ID cards, manage preferences and more.
- 8 **Settings:** Set up notifications and alerts to receive updates via text and email, review your member information and change your secure password at any time.
- 9 **Help:** Look up definitions of health insurance terms, get answers to frequently asked questions and find [Health Care School](#) articles and videos.
- 10 **Contact Us:** Submit a question and a Customer Advocate will respond by phone or through the Message Center.



Blue Access MobileSM allows you to conveniently and securely access your health coverage and wellness information via your mobile devices anywhere, anytime.



Learn more about Blue Access Mobile at bcbstx.com/mobile or text* GOTX to 33633.

*Message and data rates may apply. Terms and conditions and privacy policy at bcbstx.com/mobile/text-messaging.



BCBSTX App and Mobile Website:

- Find a doctor, hospital or urgent care facility or search for Spanish-speaking providers
- Register or log in to Blue Access for MembersSM
 - View coverage details
 - Check claims status
 - Access ID card information



Centered App for iPhone[®]:

- Promote wellness through mindful meditation and activity
 - Set a daily steps goal and a weekly meditation goal
 - Choose from three meditation sessions - short, mindful or body awareness
 - Record activity automatically



Text Messaging:

- Set up personalized, daily reminders to take your prescriptions, multi-vitamins or check your blood glucose
- Get weekly diet, exercise and fitness tips
- Send texts to BCBSTX when you need instant account information

Health Insurance Fraud

What You Should Know

Fraud Affects Everyone

Fraud may cost the health care industry (public and private payers) more than \$200 billion each year. As a member of Blue Cross and Blue Shield of Texas (BCBSTX), this fraud may cause you to face rising premiums, increased copayments and deductibles, and the elimination of certain benefits.

Don't Be a Victim

In addition to losing money through fraud, members may also experience physical and mental harm as a result of health care fraud schemes in which a provider performs unnecessary or dangerous procedures.

Identifying Fraud

Commonly identified schemes involving providers include:

- ▶ **Misrepresenting Services** – Intentionally billing procedures under different names or codes to obtain coverage for services that aren't included in a member's plan.
- ▶ **Upcoding** – Deliberately charging for more complex or more expensive services than those actually provided.
- ▶ **Non-rendered and/or "Free" Services** – Some providers intentionally bill for tests or services never provided. This can also mean that the provider offered "free" services to bill the insurance company for services not performed or needed.
- ▶ **Kickbacks, Bribes or Rebates** – Referring patients to a provider or facility where the referring provider has a financial interest.

Commonly identified member schemes include:

- ▶ **Identity Swapping** – Allowing an uninsured individual to use your insurance card.
- ▶ **Identity Theft** – Using false identification to gain employment and the health insurance benefits that come with it.
- ▶ **Non-eligible Members** – Adding someone to a policy who is not eligible or failing to remove someone when that person becomes ineligible.
- ▶ **Prescription Medicine Abuse and Diversion** – Controlled substances can be obtained through deception or dishonesty for personal use or sale "on the street." Prescription medications can be obtained through doctor shopping, visiting several emergency rooms or stealing doctors' prescription pads.

Fraud **increases costs**
and **decreases benefits.**





Fighting Fraud

BCBSTX offers these tips:

- ▶ Know your own benefits and scope of coverage.
- ▶ Review all Explanation of Benefits (EOB) forms. Make sure the exams, procedures and tests billed were the ones you actually had with the provider who treated you.
- ▶ Understand your responsibility to pay deductibles and copayments, and what you can and cannot be balance-billed for once your claim has been processed.
- ▶ Guard your health insurance card and personal insurance information. Notify BCBSTX immediately if your card or insurance information is lost or stolen.
- ▶ Sign and date only one claim form per office visit.
- ▶ Never lend your member ID card to another person.
- ▶ Don't give out insurance or personal information if services are offered as "free." Be sure you understand what is "free" and what you or your employer will be charged for.
- ▶ Ask your doctors exactly what tests or procedures they want you to have and why. Ask why the tests or procedures are necessary before you have them.
- ▶ Be sure any referrals you receive from your network provider are to other network doctors or facilities. If you're not sure, ask.
- ▶ Monitor your prescription utilization via the BCBSTX website or your Pharmacy Benefit Manager (PBM). Make sure the medications billed to your insurance are accurate.



Our **Special Investigations Department** is one of the most effective in the industry.

Preventing Health Care Fraud

BCBSTX created the Special Investigations Department (SID) to fight fraud and help lower health care costs. The staff includes individuals with medical, insurance and law enforcement backgrounds as well as data analysts experienced in detecting fraudulent billing schemes. The SID aggressively investigates allegations of fraud and refers appropriate cases for criminal prosecution.

Fraud Isn't Fair. Help Us Fight It.

Reducing health care fraud is a collaborative effort between BCBSTX, its providers and its members. Additional information — including a fighting fraud checklist — is available through the SID website at bcbstx.com/sid.

We also encourage you to report any suspected incidence of fraud by calling our Health Care Fraud Hotline, completing a form online or sending us a note in the mail. Suspicions of fraud can be reported to the SID anonymously.

Three Ways To Report Fraud To BCBSTX

The SID is here to help you. You can contact the SID in any of the following ways:

1. 800-543-0867

The toll-free Fraud Hotline operates 24 hours a day, seven days a week. You can remain anonymous or provide information if you want to be contacted by a member of the SID.

2. bcbstx.com/sid/reporting

This website address links to an online fraud reporting form that can be completed and sent to the SID electronically.

3. U.S. Mail

You can write the SID at:
Blue Cross and Blue Shield of Texas
Special Investigations Department
1001 E. Lookout Drive, Tower A-2.212
Richardson, Texas 75082

Medical Plan

Frequently Asked Questions

Q. Are my medical records kept confidential?

A. Yes. Blue Cross and Blue Shield of Texas (BCBSTX) is committed to keeping all specific member information confidential. Anyone who may have to review your records is required to keep your information confidential. Your medical records or claims data may have to be reviewed (for example, as part of an appeal that you request). If so, precautions are taken to keep your information confidential. In many cases, your identity will not be associated with this information.

Q. Who do I call with questions about my benefits?

A. Call the toll-free Customer Service number on the back of your ID card.

Q. How do I find a contracting network doctor or hospital?

A. Go to bcbstx.com and use the **Provider Finder**[®], or call Customer Service at the toll-free number on the back of your ID card.

Q. What do I do when I need emergency care?

A. Call 911 or seek help from any doctor or hospital. BCBSTX will coordinate your care with the emergency provider.

Q. What should I bring to my first appointment with a new doctor?

A. Your first appointment is an opportunity to share information about your health with your new doctor. Bring as much medical information as possible, including:

- **Medical records and insurance card** — If you are undergoing treatment at the time you change doctors, your medical records are important to your new doctor. Your insurance card provides information about copayments, billing and customer service phone numbers.
- **Medications** — Give your new doctor information about prescription and over-the-counter medications, including any herbal medications you take. Be sure to include the name of the medication, the dosage, how often you take it and why you take it.

- **Special needs** — Make a list of any equipment or devices you use including wheelchairs, oxygen, glucose monitors and the glucose strips. Be prepared to explain how you use them, not only to make sure you have the equipment you need, but also to make sure that there is no disruption in your care.

Q. What questions should I ask if I am selecting a new doctor?

A. In addition to preliminary questions you might ask a new doctor — such as “Are you accepting new patients?” — here are some questions to help you evaluate whether a doctor is right for you.

- What is the doctor’s experience in treating patients with the same health problems that I have?
- Where is the doctor’s office? Is there convenient and ample parking, or is it close to public transportation?
- What are the regular office hours? Does the office have drop-in hours if I have an urgent problem?
- How long should I expect to wait to see the doctor when I’m in the waiting room?
- Are routine lab tests and X-rays performed in the office, or will I have to go elsewhere?
- Which hospitals does the doctor use?
- If this is a group practice, will I always see my chosen doctor?
- How long does it usually take to get an appointment?
- How do I get in touch with the doctor after office hours?
- Can I get advice about routine medical problems over the phone or by email?
- Does the office send reminders for routine preventive tests like cholesterol checks?

Q. What if I’m already in treatment when I enroll and my provider isn’t in the network?

A. We’ll work with you to provide the most appropriate care for your medical situation, especially if you are pregnant or receiving treatment for a serious illness. You may still be able to see your out-of-network provider for a period of time. Call the toll-free Customer Service number on the back of your ID card for more information.

Your Medicare Checklist:

This checklist will help you remember the important steps that need to be taken between now and your 65th birthday or when you become Medicare eligible. The items are listed in the order you should address them.

7 to 9 Months Before Your 65th Birthday

- Contact the Social Security Administration at 1-800-772-1213, TTY: 1-800-325-0778, or go online to ssa.gov to confirm your eligibility for Medicare benefits.
- Review your current health insurance coverage to find out what happens after you become Medicare eligible. If you are working, contact your Human Resources department.

4 to 6 Months Before Your 65th Birthday

- Check with your current doctors to see if they accept Medicare.
- Learn and research Medicare coverage options in your area at medicare.gov (general Medicare information, ordering Medicare booklets, information about health plans, learning if you qualify for financial assistance) or bcbstx.com/medicare (coverage specifics, plan options and estimated costs).

3 Months Before Your 65th Birthday

- Enroll in Medicare Part A and Part B*. If you haven't received your automatic enrollment packet in the mail, contact the Social Security Administration at 1-800-772-1213, TTY/TDD: 1-800-325-0778, or go online to ssa.gov.
- Select your Medicare coverage option. Learn about BCBSTX's options at bcbstx.com/medicare or speak to a BCBSTX Medicare sales representative at 1-866-292-6745, TTY/TDD: 711. We are open 8 a.m. – 8 p.m., local time, 7 days a week. If you are calling from February 15 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays.

* You may defer enrollment in Part B for as long as you are enrolled in a qualifying group health plan.

IV.
Navitus - Prescription Drugs

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FINDING YOUR PHARMACY

Navitus makes it easy to fill your prescriptions with retail network pharmacies around the United States. Choose a participating retail pharmacy close to home or work.

Some of the pharmacies available:

- » CVS
- » HEB
- » Lifechek
- » Walgreens
- » WalMart
- » Kroger
- » Brookshire Brothers
- » Savon
- » plus many independently operated retail pharmacies

NOTE: Not all retail stores for pharmacy chains listed above are included in the network. Check the up-to-date listing on the website or call Navitus Customer Care to confirm that your preferred pharmacy is a participating network location.

If you are taking a maintenance medication for longer than 30 days, consider using the mail order pharmacy or participating '90 day at retail' pharmacy locations. It's convenient and saves money.



QUESTIONS?

NAVITUS CUSTOMERCARE

1-866-333-2757

Open 24 hours a day, 7 days a week.

Or visit us online at: www.mybenefits.county.org

N3684-0911





COMPARE PRICES AND LOCATE PHARMACIES USING NAVITUS' COST COMPARE TOOL

Are you looking for ways to pay the lowest cost for your medications? Navitus can help.

Prescription medication prices often vary between pharmacies. To help you compare prescriptions costs and choose the best price at the best location, Navitus offers Cost Compare.

The Cost Compare tool is available via the Navi-Gate[®] for Members portal through www.mybenefits.county.org. This new tool can help you:

- Identify lower cost alternatives
- See suggested alternatives to your prescribed drugs
- Find participating network pharmacies

By entering information such as your city and state or zip code, the name and strength of your prescribed drug, and other preferences, the Cost Compare tool will provide results that allow you to compare prices and save on your prescriptions.

Cost Compare is available on **any device, anywhere, anytime**, and at no additional cost.



Compare pharmacy prices in your area



Get real-time, accurate prices estimates



Search based on your prescription history



QUESTIONS?

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SAVING MONEY with mail order service

WHY USE OUR MAIL SERVICE?

With Navitus' mail order pharmacy service through Costco, you save both money and time spent picking up your medicine. By filling your prescriptions through mail order, you may receive a 3-month supply of medication for the out-of-pocket costs of 2 months.* *You do not have to be a member of Costco to use the mail order service.*

* Please refer to your plan description for more details.

Drug	Supply	Copay Amount	Out of Pocket Costs per Year
Glipizide	30 days	\$5.00	\$60.00
Glipizide	90 days	\$10.00	\$40.00

With this example, total cost savings is \$20.00 a year!

*drug costs are for example only



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FILLING YOUR PRESCRIPTION



Filling Your Prescription at a Network Pharmacy

The first step to filling your prescription is deciding on a participating pharmacy. In most cases, you can still use your current pharmacy. There is a complete list on the Navitus member website.

Your Pharmacy Benefit ID Card

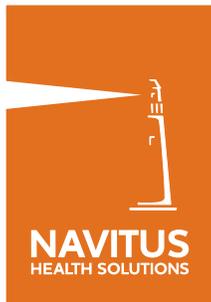
Your TAC HEBP/Blue Cross ID card contains information the pharmacy needs to process your prescription. To determine your copay before going to the pharmacy, consult your Pharmacy Benefit Highlights or call customer care.

Submitting a Claim

In an emergency, you may need to request reimbursement for prescriptions that you have filled and paid for yourself. To submit a claim, you must provide specific information about the prescription, the reason you are requesting reimbursement, and any payments made by primary insurers. Complete the appropriate claim form and mail it along with the receipt to:

***Navitus Health Solutions
Operations Division -
Claims P.O. Box 999,
Appleton, WI 54912-0999***

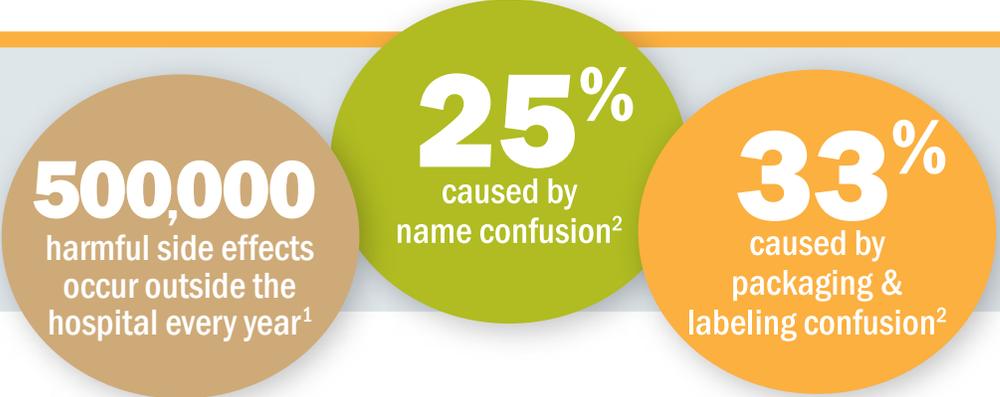
Claim forms are available on the website or by calling customer care.



Understanding Your Prescription Label

Medication labels can be confusing and hard to read and it's easy to forget a doctor's or pharmacist's instructions. This handy guide makes it easy to decipher the prescription label on your medication, so you can take your medication correctly and reap the benefits of improved health.

Why Is This Important?



Not all prescription labels look alike, but this example shows the key features that most labels will have.

Pharmacy Name/Address: My Local Pharmacy, 1234 Main St., Anytown, WI 12345

Number of Times You Can Reorder this Drug: Refill: 3

Your Pharmacy ID Number: Rx: 123456789

Your Doctor's Name: Prescriber: Dr. A. Doctor

Pharmacy Phone #: Call: 1-800-123-4567

Patient Name and Address: Bloggs, Joe, 1234 City St. Madison, WI 12345

Name/Strength of Drug: Dispensed: DRUG TAB 500MG

Instructions on How and When to Take Drug: TAKE 1 TABLET BY MOUTH TWICE DAILY

Physical Description of Drug: Pill Markings: 4 31 round red tablets

Pharmaceutical Manufacturer: Mfr: PharmaInc.

Don't Use the Drug Past this Date: Discard After: 10/5/18

Drug's Identification Code: NDC: 12345678910

Date the Prescription Was Written: Rx Written: 10/1/18

Date the Drug Was Filled by Pharmacy: Filled On: 10/5/18

Date to Place Refill Order: Reorder After: 12/1/18

Number of Pills in Bottle: Qty Filled: 40 of 40

Required Federal Caution Statement: CAUTION: FEDERAL LAW PROHIBITS TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM PRESCRIBED

¹ Aspden P, Wolcott J, Bootman L, Cronenwett L, editors. Preventing medication errors. Washington DC: Institute of Medicine of the National Academies; 2006.
² Berman A. Reducing medication errors through naming, labeling, and packaging. J Med Syst. 2004;28:9-29.

Reading Label Instructions

78% of patients misunderstood one or more label instructions.³

Here are some common instructions and what they mean. If in doubt, always ask your pharmacist.

What it says:

Take 3 tablets by mouth twice daily.

Take 2 pills by mouth every day. Take 1 with Breakfast and 1 with dinner.

Take 1 tablet by mouth three times daily.

What it means:

Take 3 tablets every 12 hours.

Take 1 pill with breakfast and take 1 pill with dinner every day. These should be around 12 hours apart.

Take 1 tablet every 8 hours.

Five Things to Check at the Pharmacy

1

Is the medication correct?

2

Is the dosage correct?

3

Do I understand the instructions?

4

When does it expire?

5

How do I get refills?

Five Questions to Ask Your Pharmacist

1

How much should I take, when, and how often?

2

Does my medication interact with other medications I'm taking?

3

Is there anything I should avoid eating or drinking while taking my medication?

4

What are the possible side effects?

5

When should I stop taking this medication?

³Davis TC, Federman AD, Bass PF, III, et al. Improving patient understanding of prescription drug label instructions. J Gen Intern Med. 2009;24:57-62.

FORMULARY FACTS



About Drug Formularies

The formulary is a comprehensive list of preferred drugs chosen on the basis of quality and efficacy by a committee of physicians and pharmacists. The drug formulary serves as a guide for the provider community by identifying which drugs are covered. It is updated regularly and includes brand name and generic drugs.

Selecting Drugs for Your Formulary

An independent group of physicians and pharmacists meets regularly during the year to review and recommend drugs for your formulary that will be, effective and affordable. The committee assesses drugs based on their therapeutic value, side effects and cost compared to similar medications. Based on the committee's review of new and existing drugs, your formulary is evaluated to ensure it is up-to-date. Navitus and TAC HEBP then review these recommendations and will post updates to the formulary on our websites.

Checking Your Formulary

Your formulary is on the website through your TAC HEBP member portal, www.mybenefits.county.org. You may search the formulary for a specific drug. You can also browse alphabetically or by category of use.

Also included is information about which drug products need prior authorization and/or have quantity limits. The formulary is a condensed list and does not list every covered drug. The coverage or tier for each drug product is noted on the formulary. But the dollar amount you pay for each medication is not listed. See the Pharmacy Benefit Highlights included in this booklet for more information, including the cost share amount you pay for each drug.

Changes to Your Formulary

Your formulary is evaluated on an ongoing basis, and could change. Navitus does not send separate notices if a brand-name drug becomes available as a generic drug. The pharmacist usually tells you this information when you fill your next prescription. If you have more questions about the formulary or your cost share, please contact Customer Care.



WHAT IS PRIOR AUTHORIZATION?

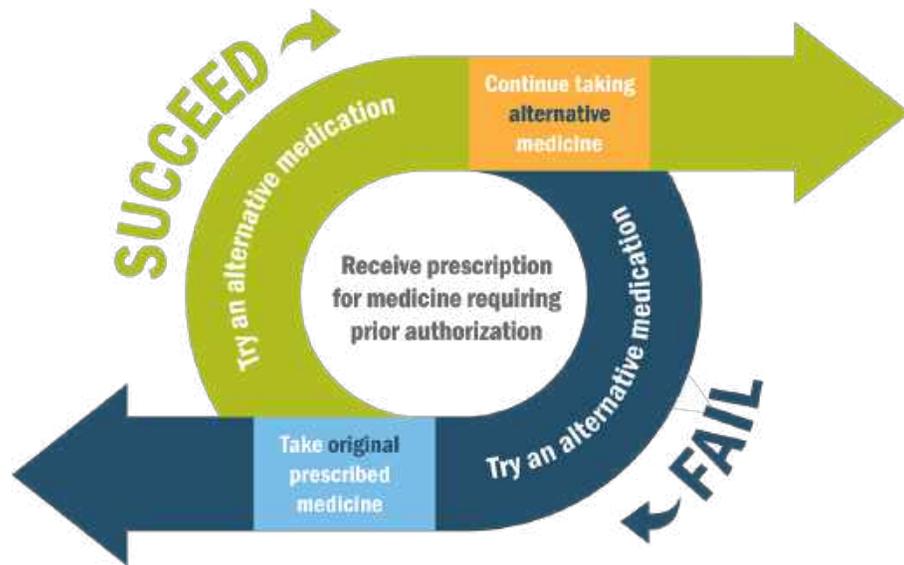
Prior authorization is a tool that ensures members receive safe, appropriate, and cost-effective medicine. Medicines requiring prior authorization are noted on your formulary with a ^{PA}.

How Does It Work?

If you are prescribed a medicine that needs prior authorization, you will need to meet certain criteria before the medicine is covered by your plan.

Before a prior authorization is approved, your prescriber will be asked to write a prescription for an alternative medicine that is covered under your plan. These alternatives have similar therapeutic value and effectiveness. If you try the alternative medicine and it does not have the intended response, the prior authorization for the original prescription can be considered. If the alternative medicine works, you will be encouraged to continue taking it.

Alternatively, your doctor may decide that you do not need to try an alternative medicine. This will be based on your diagnosis or unique situation. In this case, the prescriber, plan sponsor and Navitus will work together to complete the prior authorization process.



Who Decides What Medicines Need Prior Authorization?

Your plan sponsor works with Navitus to develop prior authorization criteria. These follow recommendations from the FDA and the Navitus Pharmacy and Therapeutics Committee.

Why Does Navitus Use Prior Authorization?

Prior Authorization is a standard health care process that most pharmacy benefit managers use. It is an effective tool for making sure that members receive the best quality medicine at the lowest cost. It is one of the many tools that support Navitus' mission to improve member health and lower costs.



WHAT IS STEP THERAPY?

Step therapy is a formulary management tool used for high-cost prescription medicine. When a medicine requires Step Therapy (noted on the formulary with ST), you must try a less costly prescription medicine first. This is called a *first-line therapy*. Once you have tried and failed a first-line therapy, you will be able to take steps to receive the medicine you were originally prescribed, which is called a *second-line therapy*.



You and your prescriber may find that the first-line therapy works very well for you. If that's the case, you may continue using it rather than pursuing the second-line therapy.

If you feel that your need for a second-line therapy should override this process, please ask your prescriber to contact Navitus. And rest easy knowing that there are other covered medicines available with similar therapeutic value, effectiveness, and side effects.

Who decides what medicines need Step Therapy?

Your plan sponsor and the Navitus Pharmacy and Therapeutics Committee have worked together to decide which medicines should require Step Therapy.

Why does Navitus use Step Therapy?

Step Therapy is an effective tool for ensuring that members receive safe, effective, high-quality medicine at the lowest net cost. It is our mission to improve health among our members. Formulary management—which includes Step Therapy—is one of the many ways we can help members experience good quality of life and manageable medication regimens.

Rx FAQs

How do I fill a prescription when I travel for business or vacation?

If you are traveling for less than one month, any Navitus Network Pharmacy can arrange in advance for you to take an extra one-month supply. A copayment will apply.

Visit **www.navitus.com** for complete instructions on filling prescriptions while traveling, or contact Customer Care.

If you are traveling for more than one month, you can request that your pharmacy transfer your prescription order to another network pharmacy located in the area where you will be traveling.

Can prescriptions be mailed to me if I'm outside of the United States?

Prescriptions cannot legally be mailed from the mail order pharmacy or any pharmacy in the United States to locations outside of the country, except for U.S. territories, protectorates and military installations.

How do I use the Navitus SpecialtyRx program?

Navitus SpecialtyRx works with our specialty partner to offer services with the highest standard of care. You will get one-on-one service with skilled pharmacists. They will answer questions about side effects and give advice to help you stay on course with your treatment. With Navitus SpecialtyRx, delivery of your specialty medications is free, and right to your door or prescriber's office via FedEx. Local courier service is available for emergency, same day medication needs. We will work with your prescriber for current or new specialty prescriptions.

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COMMON TERMS

Copayment/ Coinsurance	Refers to that portion of the total prescription cost that the member must pay.
Formulary	A list of drugs that are covered under your benefit plan. The drugs on your formulary are chosen for your formulary by an independent group of doctors and pharmacists. These experts evaluate drugs based on effectiveness, side-effects, potential for drug interactions, and cost. Drugs that are both clinically sound and cost effective are added to your formulary.
Generic Drugs	Prescription drugs that have the same active ingredients, same dosage form and strength as their brand name counterparts.
Out-of-Pocket Maximum	The maximum dollar amount the member can pay per contract year.
Over-the- Counter Medication	A drug you can buy without a prescription.
Prescription Drug	Any drug you may get by prescription only.
Prior Authorization	Approval from Navitus for coverage of a prescription drug.
Specialty Drug	Drugs, such as self-injectables and biologics typically used to treat patients with chronic illnesses or complex diseases.
Therapeutic Equivalent	Similar drug in the same drug classification used to treat the same condition.

V.
Guardian - Dental, Vision and
Davis Vision

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Dental Benefit Summary
Group Number: 00386797
Value Plan
A Dental insurance plan through Guardian:

- Provides coverage for key preventive services such as regular checkups and cleanings to keep you and your family healthy
- Helps offset potentially expensive dental procedures, such as crowns and fillings
- Gives you access to one of the nation's largest dental networks so care is convenient to you
- Makes it easy to find a high quality certified network dentist by accessing guardiananytime.com or Guardian's find a provider mobile app
- Fast and easy claim payments

About Your Benefits:

PPO plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are limited to our PPO fee schedule.

Your Dental Plan	PPO	
Your Network is	DentalGuard Preferred	
Calendar year deductible	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$50	\$50
Family limit	3 per family	
Waived for	Preventive	Preventive
Charges covered for you (co-insurance)	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	100%	100%
Basic Care	100%	100%
Major Care	60%	60%
Orthodontia	50%	50%
Annual Maximum Benefit	\$1250	\$1250
Maximum Rollover	Yes	
Rollover Threshold	\$600	
Rollover Amount	\$300	
Rollover Account Limit	\$1250	
Lifetime Orthodontia Maximum	\$1000	
Dependent Age Limits	26	

A Sample of Services Covered by Your Plan:

		PPO Plan pays (on average)	
		In-network	Out-of-network
Preventive Care	Cleaning (prophylaxis)	100%	100%
	Frequency:	Once Every 6 Months	
	Fluoride Treatments	100%	100%
	Limits:	Under Age 14	
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
Basic Care	Anesthesia*	100%	100%
	Fillings‡	100%	100%
	Perio Surgery	100%	100%
	Periodontal Maintenance	100%	100%
	Frequency:	Once Every 6 Months	
	Repair & Maintenance of Crowns, Bridges & Dentures	100%	100%
	Root Canal	100%	100%
	Scaling & Root Planing (per quadrant)	100%	100%
	Simple Extractions	100%	100%
	Surgical Extractions	100%	100%
Major Care	Bridges and Dentures	60%	60%
	Dental Implants	60%	60%
	Inlays, Onlays, Veneers**	60%	60%
	Single Crowns	60%	60%
Orthodontia	Orthodontia	50%	50%
	Limits:	Adults & Child(ren)	

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date..

Find A Dentist:

Visit www.GuardianAnytime.com
Click on "Find A Provider"; You will need to know your plan, which can be found on the first page of your dental benefit summary.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00386797

Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date. Please note, self-serve options over the phone or online at Guardian Anytime are not available until the case is fully implemented, please wait to speak to a live agent when calling the Guardian Helpline.

Dental Benefit Summary
Group Number: 00386797
NAP Plan
A Dental insurance plan through Guardian:

- Provides coverage for key preventive services such as regular checkups and cleanings to keep you and your family healthy
- Helps offset potentially expensive dental procedures, such as crowns and fillings
- Gives you access to one of the nation's largest dental networks so care is convenient to you
- Makes it easy to find a high quality certified network dentist by accessing guardiananytime.com or Guardian's find a provider mobile app
- Fast and easy claim payments

About Your Benefits:

PPO plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan	PPO	
Your Network is	DentalGuard Preferred NAP	
Calendar year deductible	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$50	\$50
Family limit	3 per family	
Waived for	Preventive	Preventive
Charges covered for you (co-insurance)	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	100%	100%
Basic Care	80%	80%
Major Care	50%	50%
Orthodontia	50%	50%
Annual Maximum Benefit	\$1250	\$1250
Maximum Rollover	Yes	
Rollover Threshold	\$600	
Rollover Amount	\$300	
Rollover Account Limit	\$1250	
Lifetime Orthodontia Maximum	\$1000	
Dependent Age Limits	26	

A Sample of Services Covered by Your Plan:

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	Dental Implants	50%	50%
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	Limits:	Adults & Child(ren)	

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Click on "Find A Provider"; You will need to know your plan, which can be found on the first page of your dental benefit summary.

Need Assistance?

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Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date. Please note, self-serve options over the phone or online at Guardian Anytime are not available until the case is fully implemented, please wait to speak to a live agent when calling the Guardian Helpline.

EXCLUSIONS AND LIMITATIONS

- Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred Network PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-I-DG2000 et al.
- **PPO and or Indemnity Special Limitation:** Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG2000

Dental Maximum Rollover[®]

Save Your Unused Claims Dollars For When You Need Them Most

Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). If you reach your Plan Annual Maximum in future years, you can use money from your MRA. To qualify for an MRA, you must have a paid claim (not just a visit) and must not have exceeded the paid claims threshold during the benefit year. Your MRA may not exceed the MRA limit. You can view your annual MRA statement detailing your account and those of your dependents on www.GuardianAnytime.com.

Please note that actual maximum limitations and thresholds vary by plan. Your plan may vary from the one used below as an example to illustrate how the Maximum Rollover functions.

Plan Annual Maximum*	Threshold	Maximum Rollover Amount	Maximum Rollover Account Limit
\$1250	\$600	\$300	\$1250
Maximum claims reimbursement	Claims amount that determines rollover eligibility	Additional dollars added to Plan Annual Maximum for future years	Plan Annual Maximum plus Maximum Rollover cannot exceed \$2,500 in total

* If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan.

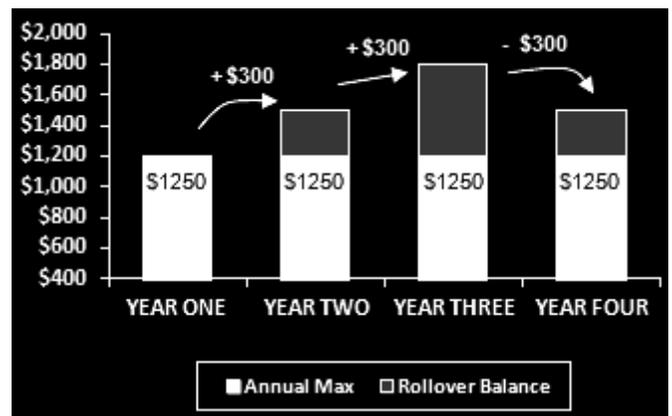
Here's how the benefits work:

YEAR ONE: Jane starts with a \$1,250 Plan Annual Maximum. She submits \$150 in dental claims. Since she did not reach the \$600 Threshold, she receives a \$300 rollover that will be applied to Year Two.

YEAR TWO: Jane now has an increased Plan Annual Maximum of \$1,550. This year, she submits \$50 in claims and receives an additional \$300 rollover added to her Plan Annual Maximum.

YEAR THREE: Jane now has an increased Plan Annual Maximum of \$1,850. This year, she submits \$1,550 in claims. All claims are paid due to the amount accumulated in her Maximum Rollover Account.

YEAR FOUR: Jane's Plan Annual Maximum is \$1,550 (\$1,250 Plan Annual Maximum + \$300 remaining in her Maximum Rollover Account).



For Overview of your Dental Benefits, please see About Your Benefit Section of this Enrollment Booklet.

NOTES:

You and your insured dependents maintain separate MRAs based on your own claim activity. Each MRA may not exceed the MRA limit.

Cases on either a calendar year or policy year accumulation basis qualify for the Maximum Rollover feature. For calendar year cases with an effective date in October, November or December, the Maximum Rollover feature starts as of the first full benefit year. For example, if a plan starts in November of 2013, the claim activity in 2014 will be used and applied to MRAs for use in 2015.

Under either benefit year set up (calendar year or policy year), Maximum Rollover for new entrants joining with 3 months or less remaining in the benefit year, will not begin until the start of the next full benefit year. Maximum Rollover is deferred for members who have coverage of Major services deferred. For these members, Maximum Rollover starts when coverage of Major services starts, or the start of the next benefit year if 3 months or less remain until the next benefit year. (Actual eligibility timeframe may vary. See your Plan Details for the most accurate information.)

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America or its subsidiaries, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Policy Form #GP-1-DG2000, et al.

Vision Benefit Summary

Group Number: 00386797

Why choose Guardian for your Vision insurance:

For just a few dollars a month, this coverage saves you money on optical wellness, as well as providing discounts on eyewear, contacts, and corrective vision services

- Extensive network of vision specialists and medical professionals
- Affordable coverage
- Quick and easy claim payments

About Your Benefits:

Option 1: Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of Davis Vision's network locations including retail centers such as Costco®, Wal-Mart®, JCPenney®, Sears®, Target®, Sam's Club®, Pearle®, Visionworks®. You can also use your network benefits online at Visionworks®.com, glasses®.com, or 1800contacts®.com.

Option 2: Visit any network doctor in your **Access Plan** and you'll receive discounts on exams, glasses, contact and laser vision surgery. (Benefits provided with the election of Dental coverage, unless a Vision plan is selected.)

Your Vision Plan	Full Feature - Designer	
Your Network is	Davis Vision	
Copay		
Exams Copay	\$ 10	
Materials Copay <i>(waived for elective contact lenses)</i>	\$ 25	
Sample of Covered Services	<i>You pay (after copay if applicable):</i>	
	<i>In-network</i>	<i>Out-of-network</i>
Eye Exams	\$0	Amount over \$46
Single Vision Lenses	\$0	Amount over \$47
Lined Bifocal Lenses	\$0	Amount over \$66
Lined Trifocal Lenses	\$0	Amount over \$85
Lenticular Lenses	\$0	Amount over \$125
Frames	Amount over \$120 ²	Amount over \$47
Contact Lenses <i>(Elective and conventional)</i>	Amount over \$120	Amount over \$105
Contact Lenses <i>(Planned replacement and disposable)</i>	Amount over \$120	Amount over \$105
Contact Lenses <i>(Medically Necessary)</i>	\$0	Amount over \$210
Cosmetic Extras	Avg. 40-60% off retail price	No discounts
Glasses <i>(Additional pair of frames and lenses)</i>	Courtesy discount from most providers	No discounts
Laser Correction Surgery Discount	Up to 25% off the usual charge or 5% off promotional price	No discounts
Service Frequencies		
Exams	Every 12 months	
Lenses <i>(for glasses or contact lenses)†‡</i>	Every 12 months	
Frames	Every 24 months	
Network discounts <i>(glasses and contact lens professional service)</i>	Applies to first purchase & courtesy discount from most providers on subsequent purchases.	
Dependent Age Limits	26	

Visit www.GuardianAnytime.com and click on "Find a Provider"

This is only a partial list of vision services. Your certificate of benefits will show exactly what is covered and excluded.

Davis

- Benefit includes coverage for glasses or contact lenses, not both.
- Contact lenses from Davis Vision's Collection are available at most private practice locations with Full Feature and Materials Only plans. Contacts from the collection are covered in full including fitting and evaluation, in excess of the plan's materials copay. Elective contacts that are not part of the Collection are covered up to the plan's elective contact lens allowance and the materials copay is waived.
- For Davis Vision, complete eyeglasses must be purchased at one time from one provider. For example, if a member purchases only lenses, he or she cannot purchase frames later in the same benefit period. The member is not eligible for new vision materials until the next benefit period. Only charges for an initial purchase can be used toward the material allowance. Any unused balance remaining after the initial purchase cannot be banked for future use.
- ²Extra \$50 at Visionworks stores and at Visionworks.com.
- Davis Vision offers 2,000 College Tuition Benefit Rewards, which are administered by SAGE CTB, LLC.

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00386797.

Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date. Please note, self-serve options over the phone or online at Guardian Anytime are not available until the case is fully implemented, please wait to speak to a live agent when calling the Guardian Helpline.

EXCLUSIONS AND LIMITATIONS

Important Information: This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for: orthoptics or vision training and any associated supplemental testing; medical or surgical treatment of the eye; and eye examination or corrective eyewear required by an employer as a condition of employment; replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available or a warranty exists). The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes.

The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract #GP-I-DAVIS-05-VIS et al.

Laser Correction Surgery:

Up to 25% off for vision laser surgery.

Laser surgery is not an insured benefit. The surgery is available at a discounted fee. The covered person must pay the entire discounted fee. In addition, the laser surgery discount may not be available in all states.

Members Save on Eyewear Enhancements through Davis Network Discounts

Service	Patient Price	Average Discount
Routine Eye Examination	15% off provider's Usual and Customary	15%
Frames*		
Priced up to \$70 Retail	\$40	40%
Priced above \$70 Retail	\$40 plus 10% off the amount over \$70	28%
Lenses (Uncoated Plastic)*		
Single Vision	\$35	30%
Bifocal	\$55	27%
Trifocal	\$65	28%
Lenticular	\$110	31%
Lens Options (Add to Lens Prices Above)*		
Polarized Lenses	\$75	20%
High Index Lenses	\$55	40%
Glass Lenses	\$18	40%
Polycarbonate Lenses	\$30	50%
Blended Invisible Bifocals	\$20	60%
Intermediate Vision Lenses	\$30	80%
Scratch Resistant Coating	\$20	33%-66%
Standard Anti-Reflective Coating	\$45	20%
Ultraviolet Coating	\$15	25%
Solid Tint	\$10	30%
Gradient Tint	\$12	20%
Photogrey	\$35	20%-45%
Plastic Photosensitive	\$65	35%-55%
Contact Lenses		
Conventional	20% off Usual and Customary	20%
Disposable/Planned Replacement	10% off Usual and Customary	20%
Membership in Lens 1-2-3 mail order replacement contact lens program	Free Membership	Up to 50%
Other Products		
Laser Vision Correction**	Up to 25% off Usual and Customary	Up to 25%

Visit www.GuardianAnytime.com or contact member services at 877-393-7363 for more information

Additional discounts are not applicable at Walmart and Sam's Club locations. At Walmart and Sam's Club locations, members will receive their everyday low prices on frame, exam and contact lens purchases. For standard eyeglass lenses, you will receive the lower of the Davis Vision discounted charge or Walmart or Sam's Club's everyday low price. Discounts on exams and materials are available once every 12 months.

*Special lens designs, materials, powers, and frames may require additional cost. | ** Or receive an additional 5% discount on any advertised specials – whichever is lowest

College Tuition Benefit Self-Registration

Welcome to the College Tuition Benefit Rewards program. Create your Rewards account to take advantage of Tuition Rewards® that can be used to pay up to one year's tuition at 400+ participating colleges and universities nationwide.

How it Works

- Go to guardian.collegetuitionbenefit.com to set up your SAGE Scholars Tuition Rewards account. Your User ID is your Guardian Group Plan Number that can be found in the card below or in your benefit booklet. Password is Guardian.
- You'll earn 2,000 Tuition Rewards every year you are enrolled in a plan that includes the College Tuition Benefit. Each Tuition Reward point equals a \$1 reduction in full tuition.
- Rewards can be given to children, stepchildren, grandchildren, nieces, nephews and Godchildren. Each student receives an additional 500 Tuition Rewards once registered. Rewards never expire and can be kept forever.

See how rewards add up when you enroll in your Guardian plan!

Guardian Insurance Product	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Total
Davis Vision	2,000	2,000	2,000	2,000	2,000	2,000	2,000	14,000
Total	2,000	14,000						

Guardian Davis Vision Rewards are offered by Davis Vision and are credited to your Guardian account like other Rewards. Registration is the same as other Guardian products that have CTB.

Important Deadlines

- You must register students in your Rewards account by August 24 of the year when the student begins 11th grade.
- The last day for allocating earned Tuition Rewards to a student registered in your Rewards account is August 24 of the year the student begins 12th grade.

Visit guardian.collegetuitionbenefit.com to register, see a full list of participating schools and learn more.

The Tuition Rewards program is provided by SAGE CTB, LLC. Guardian does not provide any services related to this program. SAGE CTB, LLC is not a subsidiary or an affiliate of Guardian. Guardian reserves the right to discontinue the College Tuition Benefit program at any time without notice. The College Tuition Benefit (CTB) is not an insurance benefit and may not be available in all states. Group insurance coverage is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. 2019-79659 (05-21)

(Print and cut out ID Card)

College Tuition Benefits Rewards ID Card	
Register @ Guardian.CollegeTuitionBenefit.com	The College Tuition Benefit
User ID: plan number	Phone: 215 839 0119
Password: Guardian	Email: support@collegetuitionbenefit.com

VI.
Guardian - Life, AD&D, LTD
and WorkLife Matters

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Life Benefit Summary
Group Number: 00386797
A Life insurance plan through Guardian provides:

- The foundation of a smart financial plan that helps protect you and those who depend on you
- Affordable group rates
- Flexibility to update your coverage as your life changes or take it with you if you change jobs or retire

About Your Benefits:

	BASIC LIFE	VOLUNTARY TERM LIFE
Employee Benefit	Your employer provides \$10,000 Basic Term Life coverage for all full time employees.	\$10,000 increments to a maximum of \$200,000. See Cost Illustration page for details.
Accidental Death and Dismemberment	Your Basic Life coverage includes Accidental Death and Dismemberment coverage.	Not available
Spouse Benefit	N/A	Up to 50% of employee coverage to a max of \$100,000†
Child Benefit	N/A	Your dependent children age 14 days to 26 years. Up to 10% of employee coverage to a max of \$10,000. Subject to state limits.
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	Guarantee Issue coverage up to \$10,000 per employee	We Guarantee Issue coverage up to: Employee \$200,000. Spouse Less than age 65 \$30,000, 65-69 \$5,000. Dependent children \$10,000.
Premiums	Covered by your company if you meet eligibility requirements	Increase on plan anniversary after you enter next five-year age group
Portability: Allows you to take coverage with you if you terminate employment.	Yes, with age and other restrictions, including evidence of insurability	Yes, with age and other restrictions, including evidence of insurability
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits	Yes, with restrictions; see certificate of benefits
Accelerated Life Benefit: A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	No	Yes
Waiver of Premiums: Premium will not need to be paid if you are totally disabled.	For employees disabled prior to age 60, with premiums waived for life, if conditions are met	For employees disabled prior to age 60, with premiums waived until age 65, if conditions met
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.	35% at age 65, 60% at age 70, 75% at age 75, 85% at age 80	35% at age 65, 60% at age 70, 75% at age 75, 85% at age 80

Benefit information illustrated within this material reflects the plan covered by Guardian as of 08/05/2020

The Guardian Life Insurance Company of America, New York, NY

Subject to coverage limits

‡ **Spouse coverage terminates at age 70.**

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00386797

Voluntary Life Cost Illustration:

To determine the most appropriate level of coverage, as a rule of thumb, you should consider about 6 - 10 times your annual income, factoring in projected costs to help maintain your family's current life style. To help you assess your needs, you can also go to Guardian Anytime and view a video: <https://www.guardiananytime.com/gafd/wps/portal/fdhome/employees/products-coverage/life>

Employee	Monthly premiums displayed.								
	Policy Election Cost Per Age Bracket								
Policy Election Amount	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69 [†]
\$10,000	\$0.70	\$0.70	\$1.10	\$1.80	\$2.60	\$4.10	\$6.80	\$10.80	\$17.40
\$20,000	\$1.40	\$1.40	\$2.20	\$3.60	\$5.20	\$8.20	\$13.60	\$21.60	\$34.80
\$30,000	\$2.10	\$2.10	\$3.30	\$5.40	\$7.80	\$12.30	\$20.40	\$32.40	\$52.20
\$40,000	\$2.80	\$2.80	\$4.40	\$7.20	\$10.40	\$16.40	\$27.20	\$43.20	\$69.60
\$50,000	\$3.50	\$3.50	\$5.50	\$9.00	\$13.00	\$20.50	\$34.00	\$54.00	\$87.00
\$60,000	\$4.20	\$4.20	\$6.60	\$10.80	\$15.60	\$24.60	\$40.80	\$64.80	\$104.40
\$70,000	\$4.90	\$4.90	\$7.70	\$12.60	\$18.20	\$28.70	\$47.60	\$75.60	\$121.80
\$80,000	\$5.60	\$5.60	\$8.80	\$14.40	\$20.80	\$32.80	\$54.40	\$86.40	\$139.20
\$90,000	\$6.30	\$6.30	\$9.90	\$16.20	\$23.40	\$36.90	\$61.20	\$97.20	\$156.60
\$100,000	\$7.00	\$7.00	\$11.00	\$18.00	\$26.00	\$41.00	\$68.00	\$108.00	\$174.00
\$110,000	\$7.70	\$7.70	\$12.10	\$19.80	\$28.60	\$45.10	\$74.80	\$118.80	\$191.40
\$120,000	\$8.40	\$8.40	\$13.20	\$21.60	\$31.20	\$49.20	\$81.60	\$129.60	\$208.80
\$130,000	\$9.10	\$9.10	\$14.30	\$23.40	\$33.80	\$53.30	\$88.40	\$140.40	\$226.20
\$140,000	\$9.80	\$9.80	\$15.40	\$25.20	\$36.40	\$57.40	\$95.20	\$151.20	\$243.60
\$150,000	\$10.50	\$10.50	\$16.50	\$27.00	\$39.00	\$61.50	\$102.00	\$162.00	\$261.00
\$160,000	\$11.20	\$11.20	\$17.60	\$28.80	\$41.60	\$65.60	\$108.80	\$172.80	\$278.40
\$170,000	\$11.90	\$11.90	\$18.70	\$30.60	\$44.20	\$69.70	\$115.60	\$183.60	\$295.80
\$180,000	\$12.60	\$12.60	\$19.80	\$32.40	\$46.80	\$73.80	\$122.40	\$194.40	\$313.20
\$190,000	\$13.30	\$13.30	\$20.90	\$34.20	\$49.40	\$77.90	\$129.20	\$205.20	\$330.60
\$200,000	\$14.00	\$14.00	\$22.00	\$36.00	\$52.00	\$82.00	\$136.00	\$216.00	\$348.00
Policy Election Amount Up to 50% of Employee Amount to a maximum \$100,000									
Spouse									
\$5,000	\$0.35	\$0.35	\$0.55	\$0.90	\$1.30	\$2.05	\$3.40	\$5.40	\$8.70
\$10,000	\$0.70	\$0.70	\$1.10	\$1.80	\$2.60	\$4.10	\$6.80	\$10.80	\$17.40
\$15,000	\$1.05	\$1.05	\$1.65	\$2.70	\$3.90	\$6.15	\$10.20	\$16.20	\$26.10
\$20,000	\$1.40	\$1.40	\$2.20	\$3.60	\$5.20	\$8.20	\$13.60	\$21.60	\$34.80
\$25,000	\$1.75	\$1.75	\$2.75	\$4.50	\$6.50	\$10.25	\$17.00	\$27.00	\$43.50
\$30,000	\$2.10	\$2.10	\$3.30	\$5.40	\$7.80	\$12.30	\$20.40	\$32.40	\$52.20
\$35,000	\$2.45	\$2.45	\$3.85	\$6.30	\$9.10	\$14.35	\$23.80	\$37.80	\$60.90
\$40,000	\$2.80	\$2.80	\$4.40	\$7.20	\$10.40	\$16.40	\$27.20	\$43.20	\$69.60
\$45,000	\$3.15	\$3.15	\$4.95	\$8.10	\$11.70	\$18.45	\$30.60	\$48.60	\$78.30

Voluntary Life Cost Illustration *continued*

	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$50,000	\$3.50	\$3.50	\$5.50	\$9.00	\$13.00	\$20.50	\$34.00	\$54.00	\$87.00
\$55,000	\$3.85	\$3.85	\$6.05	\$9.90	\$14.30	\$22.55	\$37.40	\$59.40	\$95.70
\$60,000	\$4.20	\$4.20	\$6.60	\$10.80	\$15.60	\$24.60	\$40.80	\$64.80	\$104.40
\$65,000	\$4.55	\$4.55	\$7.15	\$11.70	\$16.90	\$26.65	\$44.20	\$70.20	\$113.10
\$70,000	\$4.90	\$4.90	\$7.70	\$12.60	\$18.20	\$28.70	\$47.60	\$75.60	\$121.80
\$75,000	\$5.25	\$5.25	\$8.25	\$13.50	\$19.50	\$30.75	\$51.00	\$81.00	\$130.50
\$80,000	\$5.60	\$5.60	\$8.80	\$14.40	\$20.80	\$32.80	\$54.40	\$86.40	\$139.20
\$85,000	\$5.95	\$5.95	\$9.35	\$15.30	\$22.10	\$34.85	\$57.80	\$91.80	\$147.90
\$90,000	\$6.30	\$6.30	\$9.90	\$16.20	\$23.40	\$36.90	\$61.20	\$97.20	\$156.60
\$95,000	\$6.65	\$6.65	\$10.45	\$17.10	\$24.70	\$38.95	\$64.60	\$102.60	\$165.30
\$100,000	\$7.00	\$7.00	\$11.00	\$18.00	\$26.00	\$41.00	\$68.00	\$108.00	\$174.00
Policy Election Amount Up to 10 % of Employee Amount to a maximum of \$10,000									
Child(ren)									
\$1,000	\$0.14	\$0.14	\$0.14	\$0.14	\$0.14	\$0.14	\$0.14	\$0.14	\$0.14
\$2,000	\$0.28	\$0.28	\$0.28	\$0.28	\$0.28	\$0.28	\$0.28	\$0.28	\$0.28
\$3,000	\$0.42	\$0.42	\$0.42	\$0.42	\$0.42	\$0.42	\$0.42	\$0.42	\$0.42
\$4,000	\$0.56	\$0.56	\$0.56	\$0.56	\$0.56	\$0.56	\$0.56	\$0.56	\$0.56
\$5,000	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70
\$6,000	\$0.84	\$0.84	\$0.84	\$0.84	\$0.84	\$0.84	\$0.84	\$0.84	\$0.84
\$7,000	\$0.98	\$0.98	\$0.98	\$0.98	\$0.98	\$0.98	\$0.98	\$0.98	\$0.98
\$8,000	\$1.12	\$1.12	\$1.12	\$1.12	\$1.12	\$1.12	\$1.12	\$1.12	\$1.12
\$9,000	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26	\$1.26
\$10,000	\$1.40	\$1.40	\$1.40	\$1.40	\$1.40	\$1.40	\$1.40	\$1.40	\$1.40

Refer to Guarantee Issue row on page above for Voluntary Life GI amounts.

Premiums for Voluntary Life Increase in five-year increments

Spouse coverage premium is based on Employee age.

†Benefit reductions apply.

Manage Your Benefits:

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Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00386797

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR LIFE AND AD&D COVERAGE:

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period. Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations. Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description.

Dependent life insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or is unable to perform the normal activities of someone of like age and sex.

Accelerated Life Benefit is not paid to an employee under the following circumstances: one who is required by law to use the benefit to pay creditors; is required by court order to pay the benefit to another person; is required by a government agency to use the payment to receive a government benefit; or loses his or her group coverage before an accelerated benefit is paid.

Voluntary Life Only:

We pay no benefits if the insured's death is due to suicide within two years from the insured's original effective date. This two year limitation also applies to any increase in benefit. This exclusion may vary according to state law. Late entrants and benefit increases require underwriting approval.

GP-I-R-LB-90, GP-I-R-EOPT-96

Guarantee Issue/Conditional Issue amounts may vary based on age and case size. See your Plan Administrator for details. Late entrants and benefit increases require underwriting approval.

For AD&D: We pay no benefits for any loss caused: by willful self-injury; sickness, disease or medical treatment; by participating in a civil disorder or committing a felony; Traveling on any type of aircraft while having duties on that aircraft; by declared or undeclared act of war or armed aggression; while a member of any armed force (May vary by state); while driving a motor vehicle without a current, valid driver's license; by legal intoxication; or by voluntarily using a non-prescription controlled substance. Contract #GP-I-R-ADCL1-00 et al. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated. The loss must occur within a specified period of time of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.

Accidental Death and Dismemberment Benefit Summary

Group Number: 00386797

An Accidental Death & Dismemberment insurance plan through Guardian provides:

A layer of financial protection in the event of a serious injury or death as a result of an accident.

About Your Benefits:

COVERAGE OPTIONS	ACCIDENTAL DEATH & DISMEMBERMENT
Employee benefit	\$10,000 increments to a maximum of \$500,000. See Cost Illustration page for details.
Spouse ‡ benefit	50% of employee coverage to a maximum of \$250,000. See Cost Illustration for details.
Child benefit - children age 14 days to 26 years (26 if full time student).	10% of employee coverage to a maximum of \$10,000. Subject to state limits. See Cost Illustration for details.

Benefit Reductions—Please be aware that your Benefit Amount may decrease as shown below:

- 35 % at Age 65
- 60 % at Age 70
- 75 % at Age 75
- 85 % at Age 80

‡ Spouse coverage terminates at age 70.

Accidental Death and Dismemberment Life Cost Illustration:

AD&D coverage provides additional benefits following an accidental death or certain bodily injuries.

Employee Policy Election Amount	Monthly Premiums displayed	Spouse Policy Election Amount	Monthly Premiums displayed	Child(ren) Policy Election Amount	Monthly Premiums displayed
\$10,000	\$0.30	\$5,000	\$0.15	\$1,000	\$0.03
\$20,000	\$0.60	\$10,000	\$0.30	\$2,000	\$0.06
\$30,000	\$0.90	\$15,000	\$0.45	\$3,000	\$0.09
\$40,000	\$1.20	\$20,000	\$0.60	\$4,000	\$0.12
\$50,000	\$1.50	\$25,000	\$0.75	\$5,000	\$0.15
\$60,000	\$1.80	\$30,000	\$0.90	\$6,000	\$0.18
\$70,000	\$2.10	\$35,000	\$1.05	\$7,000	\$0.21
\$80,000	\$2.40	\$40,000	\$1.20	\$8,000	\$0.24
\$90,000	\$2.70	\$45,000	\$1.35	\$9,000	\$0.27
\$100,000	\$3.00	\$50,000	\$1.50	\$10,000	\$0.30
\$110,000	\$3.30	\$55,000	\$1.65		
\$120,000	\$3.60	\$60,000	\$1.80		
\$130,000	\$3.90	\$65,000	\$1.95		
\$140,000	\$4.20	\$70,000	\$2.10		
\$150,000	\$4.50	\$75,000	\$2.25		
\$160,000	\$4.80	\$80,000	\$2.40		
\$170,000	\$5.10	\$85,000	\$2.55		
\$180,000	\$5.40	\$90,000	\$2.70		
\$190,000	\$5.70	\$95,000	\$2.85		
\$200,000	\$6.00	\$100,000	\$3.00		
\$210,000	\$6.30	\$105,000	\$3.15		
\$500,000	\$15.00	\$250,000	\$7.50		

Benefit reductions apply.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00386797

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF PLAN LIMITATION AND EXCLUSIONS FOR AD&D

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period. Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations. This proposal is hedged subject to satisfactory financial evaluation. Please refer to policy booklet for full plan description.

Dependent life insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or is unable to perform the normal activities of someone of like age and sex.

We pay no benefits for any loss caused: by willful self-injury; sickness, disease or medical treatment; by participating in a civil disorder or committing a felony; Traveling on any type of aircraft while having duties on that aircraft; by declared

or undeclared act of war or armed aggression; while a member of any armed force (May vary by state); while driving a motor vehicle without a current, valid driver's license; by legal intoxication; or by voluntarily using a non-prescription controlled substance. Contract #GP-1-R-ADCLI-00 et al. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated.

The loss must occur within a specified period of time of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.

The Guardian Life Insurance Company of America, New York, NY

Long-Term Disability Benefit Summary

Group Number: 00386797

A Disability insurance plan through Guardian provides:

- Income protection while you are unable to work
- Affordable group rates
- Fast claim payments paid directly to you that can help pay for expenses while you recover
- Extensive resources and support to help you get back to work and a productive life

About Your Benefits:

Long-Term Disability	
Coverage amount	60% of salary to maximum \$7500/month
Maximum payment period: Maximum length of time you can receive disability benefits.	Social Security Normal Retirement Age
Accident benefits begin: The length of time you must be disabled before benefits begin.	Day 91
Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 91
Evidence of Insurability: A health statement requiring you to answer a few medical history questions.	Health Statement may be required
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when applicant signs up for coverage during the initial enrollment period.	We Guarantee Issue \$7500 in coverage
Minimum work hours/week: Minimum number of hours you must regularly work each week to be eligible for coverage.	Planholder Determines
Pre-existing conditions: A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months look back; 12 months after exclusion
Premium waived if disabled: Premium will not need to be paid when you are receiving benefits.	Yes
Survivor benefit: Additional benefit payable to your family if you die while disabled.	3 months

UNDERSTANDING YOUR BENEFITS—DISABILITY (Some information may vary by state)

- **Disability (long-term):** For first two years of disability, you will receive benefit payments while you are unable to work in your own occupation. After two years, you will continue to receive benefits if you cannot work in any occupation based on training, experience and education.
- **Earnings definition:** Your covered salary excludes bonuses and commissions.
- **Special limitations:** Provides a 24-month benefit limit for specific conditions including mental health and substance abuse. Other conditions such as chronic fatigue are also included in this limitation. Refer to contract for details.
- **Work incentive:** Plan benefit will not be reduced for a specified amount of months so that you have part-time earnings while you remain disabled, unless the combined benefit and earnings exceed 100% of your previous earnings.

Benefit information illustrated within this material reflects the plan covered by Guardian as of 08/05/2020

The Guardian Life Insurance Company of America, New York, NY

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00386797

A SUMMARY OF DISABILITY PLAN LIMITATIONS AND EXCLUSIONS

- Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description.
- You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.
- Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.
- For Long-Term Disability coverage, we pay no benefits for a disability caused or contributed to by a pre-existing condition unless the disability starts after you have been insured under this plan for a specified period of time. We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse.
- We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or

intentionally injuring themselves or attempting suicide while sane or insane. We do not pay benefits for charges relating to legal intoxication, including but not limited to the operation of a motor vehicle, and for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed. We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse. We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and the employee's loss of earnings is not solely due to disability.

- This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", or "medical" insurance as defined by the New York State Insurance Department.
- If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. State variations may apply.
- When applicable, this coverage will integrate with NJ TDB, NY DBL, CA SDI, RI TDI, Hawaii TDI and Puerto Rico DBA, DC PFML and WA PFML.
Contract # GP-I-LTD-15-1.0 et al.

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.

WorkLifeMatters Help for What Matters Most

Your Employee Assistance Program

WorkLifeMatters Employee Assistance Program offers services to help promote well-being and enhance the quality of life for you and your family.

Support and guidance is available for assistance with family and personal issues online at ibhworklife.com and by phone at 1-800-386-7055.

Help with Health	Help with Family	Help with Legal & Financial
<ul style="list-style-type: none"> • Healthy living • Stress management • Mental health • Diet and fitness • Overall wellness 	<ul style="list-style-type: none"> • Parenting support • Child and elder care • Learning programs • Special needs help 	<ul style="list-style-type: none"> • Legal issues • Will preparation • Taxes • Debt • Financial planning tools and assistance

Connect to a counselor for free support services:

Email: eapcounselor@ibhcorp.com

Phone: 1-800-386-7055

Available 24 hours a day, 7 days a week*

Web: ibhworklife.com

(User name: **Matters** Password: **wlm70101**)

*Office hours: Monday-Friday 6am-5pm PST. Live answer exchange available after hours. WorkLifeMatters Program services are provided by Integrated Behavioral Health, Inc., and its contractors. Guardian does not provide any part of WorkLifeMatters program services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the WorkLifeMatters program at any time without notice. Legal services provided through WorkLifeMatters will not be provided in connection with or preparation for any action against Guardian, IBH or your employer. WorkLifeMatters Program services is not an insurance benefit and may not be available in all states. The Guardian Life Insurance Company of America, New York, NY. Integrated Behavioral Health Laguna Niguel, CA. File #2018-56600 Exp. 3/20 PUB 3755
GUARDIAN® and the GUARDIAN G® logo are registered service marks of The Guardian Life Insurance Company of America®



Employee Assistance Program Overview

Our comprehensive WorkLifeMatters Employee Assistance Program¹, available through Integrated Behavioral Health, provides you and your family members with confidential, personal and web-based support on a wide variety of important and relevant topics — such as stress management, dependent/elder care, nutrition, fitness, and legal and financial issues.

Employee assistance program (EAP) consultative services

- **Telephonic Counseling** — Unlimited, 24/7 consultations with master's and doctoral-level counselors
- **Face-to-face Counseling** — Up to 3 visits per employee/household member per year
- **Bereavement** — Support available through telephonic or face-to-face sessions; online resources available on EAP website
- **Tobacco Cessation Coaching** — Unlimited telephonic support and resources to assist with tobacco cessation; refers members directly to the American Lung Association's Quit program
- **EAP Website Resources** — Comprehensive website that includes articles, videos, FAQs, etc.; additionally, individuals can chat online with an EAP Consultant or email an EAP Counselor through the website
- **College Planning Resources** — Expert assistance in finding the right college that fits your child academically, socially and financially, provided by College Planning USA

Work/life assistance & resources

- **WorkLife Services** — Unlimited 24/7 access to WorkLife Specialists (subject matter experts) in the areas of: family and care giving, health and wellness, emotional well-being, daily living, and balancing work/life responsibilities
- **Child and Elder Care Referral** — Unlimited telephonic consultation with a WorkLife Specialist (part of WorkLife Services)
- **Employee Discounts** — Access to discounts on a large number of products and services, from gym memberships to dental, vision and pharmacy items, entertainment, restaurants, computers, cars, and much more
- **Webinars, Podcasts, Articles and FAQs** — Various topics available on the EAP website

Legal/financial assistance & resources

- **Legal Consultation** — Unlimited telephonic support and free initial 30 minute face-to-face consultation with an attorney, includes a 25% discount on attorney services thereafter; online legal forms; extensive online law library
- **Financial Consultation** — Unlimited telephonic support for financial problems or planning needs; 30 days of financial coaching; extensive online financial library and calculators
- **ID Theft** — Free consultation with a trained Fraud Resolution Specialist that will assist with ID theft resolution and education; ID theft educational materials available online
- **Will Prep** — Online self-service documents available on EAP website; 30 minute consultation (part of Legal Consultation offering) can be used for estate planning/will preparation
- **Legal Document Preparation** — Online self-service documents available on the EAP website
- **Tax Consultation** — Tax questions only can be answered as part of the Financial Consultation offering
- **Online Self-Service Documents** — Examples include, but are not limited to: Living Trust, Will, Power of Attorney, Deeds

ibhworklife.com

User Name: Matters

Password: wlm70101

Phone: 1 800 386 7055

Available 24 hours a day, 7 days a week²

The Guardian Life Insurance
Company of America

guardiananytime.com

New York, NY

2018-58488 (04-20)

¹ WorkLifeMatters Program services are provided by Integrated Behavioral Health, Inc., and its contractors. Guardian does not provide any part of WorkLifeMatters program services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the WorkLifeMatters program at any time without notice. Legal services provided through WorkLifeMatters will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer. WorkLifeMatters Program is not an insurance benefit and may not be available in all states.

² Office hours: Monday-Friday 6 a.m.–5 p.m. PST.

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VII. TASC - FSA & HRA Benefits

Valuable pre-tax benefits with convenient tools

Why not use pre-tax dollars to pay for medical co-pays, prescriptions, and/or daycare fees, thereby reducing your taxable income and increasing your take-home pay? It's a no-brainer.

The pre-tax advantages of a Flexible Spending Account (FSA) allow you to save **up to 30%** on your eligible healthcare and/or dependent care expenses every year. Consider how much you spend on these costs for you and your qualified dependents in one year and how much you could save by using pre-tax dollars.

How it Works

FlexSystem FSA is offered through your employer and is administered by TASC. When you choose to enroll in a FlexSystem Healthcare and/or Dependent Care FSA, you determine the dollar amount you want to contribute to each account based on your estimated expenses for the upcoming Plan Year. Your contributions will be deducted in equal amounts from each paycheck, **pre-tax**, throughout the Plan Year.

The more you contribute to these accounts, the more you reduce your taxable gross salary. And with less taxes taken, your take-home pay increases!

Your total annual Healthcare FSA contribution amount is available immediately at the start of the Plan Year. Dependent Care FSA funds are available up to the current account balance only.

Online Enrollment and Contributions

Annual FSA contributions are set by your employer, but are limited to the IRS maximums per Plan Year. View current IRS limits at: www.tasconline.com/biz-resource-center/benefits-limits/

Use our **online tax-savings calculator** to help determine how much you should contribute to each FlexSystem account per year.



The TASC Card Convenience

Enjoy easy access to your FSA funds with the swipe of a card instead of out-of-pocket spending and requesting a reimbursement!

Pre-Tax Savings Example

	<i>Without FSA</i>	<i>With FSA</i>
Gross Monthly Pay:	\$3,500	\$3,500
Pre-Tax Contributions		
Medical/Dental Premiums	\$0	-\$125
Medical Expenses	\$0	-\$75
Dependent Care Expenses	\$0	-\$400
TOTAL:	\$0	-\$600
Taxable Monthly Income	\$3,500	\$2,900
Taxes (federal, state, FICA):	-\$968	-\$802
Out-of-pocket Expenses:	-\$600	\$0
Monthly Take-home Pay:	\$1,932	\$2,098

Net Increase in Take-Home Pay = \$166/mo!

For illustration only. Actual dollar amounts may vary.

Carryover puts your mind at ease!

When your employer elects the Carryover option with your Healthcare FSA Plan, up to \$500 of any leftover healthcare funds may be carried over into the next Plan Year with no cost or penalty.



Multiple self-service tools available to easily manage your FlexSystem account(s) and TASC Card transactions:

MyTASC Online: www.tasconline.com

MyTASC Mobile App: www.tasconline.com/mobile

MyTASC Text Messaging (SMS)

How to Access Your FSA Funds

As eligible expenses are incurred, you have two options to access your available FlexSystem FSA funds:

1) TASC Benefits Card: upon enrollment into the Plan, you will receive a TASC Card in the mail, which can be used to pay for eligible expenses at the point of purchase. Simply swipe your TASC Card where MasterCard is accepted.

With smart card technology, the TASC Card automatically pays for and substantiates most eligible expenses without requiring any paperwork.

2) Request a Reimbursement: simply submit a request for reimbursement to FlexSystem using one of the following methods:

- Submit via MyTASC Mobile App (free download)
- Submit via MyTASC Text Message (SMS)
- Download Request for Reimbursement form online (paper)

Your reimbursement is direct deposited into your **MyCash account** or a designated bank account. MyCash funds are accessible via your TASC Card to be used for **any** type of purchase or ATM cash withdrawal.

Eligible Expenses

FlexSystem FSA funds may only be used for eligible expenses under your healthcare FSA and/or dependent care FSA. Some eligible expenses include:

- Medical/dental office visit co-pays
- Dental/Orthodontic care services
- Eye exams and prescription glasses/lenses
- Prescriptions
- Vaccinations
- Daycare Fees

A complete list can be found at www.irs.gov in IRS Publications 502 & 503. Please note insurance premiums are NOT eligible for reimbursement.

Important Considerations

FSA Funds do not Rollover:

It is important to be conservative in making elections because any unused funds left in your FSA at the close of the Plan Year are not refundable to you (the exception to this rule is for the Healthcare FSA where funds (up to \$500) may carryover to the next Plan Year Healthcare FSA as elected by your employer). You are urged to take precautionary steps, such as tracking account balances on the FlexSystem website and/or using the Interactive Voice Response System, to avoid having funds remaining in your account at year-end.

Changing Elections During the Plan Year:

You may change your FSA elections during the Plan Year only if you experience a change of status such as:

- a marriage or divorce
- birth or adoption of a child, or
- a change in employment status

Refer to the *Change of Election Form* (available from your employer) for a complete list of circumstances acceptable for changing elections mid-year.





Save up to 30% on eligible expenses

Enroll in a TASC Flexible Spending Account (FSA) so you can use pretax dollars to pay for common, everyday expenses and reduce your taxable income.

Below is a partial list of reimbursable expenses that may be incurred by you, your spouse, or qualified dependents.

NOTE: If you (or your spouse) enroll in an HSA Plan, you may only enroll in a Limited-Purpose Healthcare FSA (LPHSA). The eligible expenses under an LPHSA are limited to Dental and Vision expenses only.

Eligible Medical Expenses

- Acupuncture
- Artificial limbs
- Bandages
- Birth control, contraceptive devices
- Birthing classes/Lamaze – only the mother's portion (not the coach/spouse) and the class must be only for birthing instruction, not child rearing
- Blood pressure monitor
- Chiropractic therapy/exams/adjustments
- Contact lens and contact lens solutions
- Co-payments
- Crutches (purchased or rented)
- Deductibles and co-insurance
- Diabetic supplies
- Eye exams
- Eyeglasses, contacts, or safety glasses (prescription)
- Flu shots
- Hearing aids and hearing aid batteries
- Heating pad
- Incontinence supplies
- Infertility treatments
- Insulin
- Lactation expenses (breast pumps, etc.)
- Laser eye surgery; LASIK
- Legal sterilization
- Medical supplies to treat an injury or illness
- Mileage to and from doctor appointments
- Nasal strips
- Optometrist's or ophthalmologist's fees
- Orthopedic inserts
- Physical exams
- Physical therapy (as medical treatment)

- Physician's fee and hospital services
- Pregnancy test
- Prescription drugs and medications
- Psychotherapy, psychiatric and psychological service
- Sales tax on eligible expenses
- Sleep apnea services/products (as prescribed)
- Smoking cessation programs
- Treatment for alcoholism or drug dependency
- Vaccinations
- Wrist supports, elastic wraps
- X-ray fees

Eligible OTC Medicines and Drugs

As of January 1, 2020, over-the-counter (OTC) medicines and drugs are reimbursable via FSA, HRA, and HSA.

- Bengay, Flexall, pain relieving creams or gels
- Calamine lotion
- Canker/cold sore relievers
- Cold medicines
- Corn removal
- Diaper rash ointment
- GasX, baby gas drops
- Hemorrhoid creams and treatments
- Hydrogen peroxide or rubbing alcohol
- Indigestion or anti-acid relievers
- Laxatives
- **NEW: Menstrual care products**
- Nicotine patch
- Pain relievers (Tylenol, Advil, Aspirin, etc.)
- Sinus medicines
- Suppositories
- Teething gel
- Wart removal medication

Continued on next page...



Use your TASC Card to pay for eligible expenses at the point of purchase instead of paying out-of-pocket and requesting a reimbursement.

Eligible Dental Expenses

- Braces and orthodontic services
- Cleanings
- Crowns
- Deductibles, co-insurance
- Dental implants
- Dentures, adhesives
- Fillings

Eligible Dependent Care Expenses

- Fees for licensed day care or adult care facilities
- Before and after school care programs for dependents under age 13
- Amounts paid for services (including babysitters or nursery school) provided in or outside of your home
- Nanny expenses attributed to dependent care
- Nursery school (preschool) fees
- Summer Day Camp – primary purpose must be custodial care and not educational in nature
- Late pick-up fees
- Does not cover medical costs; use Healthcare FSA for medical expenses incurred by you or your dependents

For more information regarding eligible expenses, please review IRS Publication 502/503 at irs.gov or ask your employer for a copy of your Summary Plan Description (SPD).

Eligible Disability Expenses

- Automobile equipment and installation costs for a disabled person in excess of the cost of an ordinary automobile; device for lifting a mobility impaired person into an automobile
- Braille books/magazines in excess of cost of regular editions
- Note-taker for a hearing impaired child in school
- Seeing eye dog (buying, training, and maintaining)
- Special devices, such as a tape recorder or typewriter for a visually impaired person
- Visual alert system in the home or other items such as a special phone required for a hearing impaired person
- Wheelchair or autoette (cost of operating/maintaining)

Requiring Additional Documentation

The following expenses are eligible only when incurred to treat a diagnosed medical condition. Such expenses require a **Letter of Medical Necessity** from your physician, containing the medical necessity of the expense, diagnosed condition, onset of condition, and physician's signature.

- Ear plugs
- Massage treatments
- Nursing services for care of a special medical ailment
- Orthopedic shoes (excess cost of ordinary shoes)
- Oxygen equipment and oxygen
- Support hose
- Varicose vein treatment
- Veneers
- Vitamins and supplements
- Wigs (for mental health condition of individual who loses hair because of a disease)



Save on healthcare expenses and control your insurance coverage

TASC offers you the benefits of a Section 105 Medical Reimbursement Plan, also known as a Health Reimbursement Arrangement (HRA).

An HRA is a tax-advantaged benefit that allows you to save on the cost of healthcare and have more choice in your healthcare planning.

Enrolling in a TASC HRA provides two major advantages:

1. Employer-sponsored funds may be used to pay for eligible medical expenses that are incurred even before the insurance deductible has been met.

This flyer offers a general description of a TASC HRA Plan. Your specific Plan and the benefits available to you may differ slightly. You will receive a customized Summary Plan Description (SPD) outlining your Plan within 60 days of your enrollment.

How TASC HRA Works

HRA Plans are employer-funded medical reimbursement plans. Your employer sets aside a specified amount of pre-tax dollars on an annual basis for employees to pay for healthcare expenses (as defined by your Plan). These contributed funds are available to you completely tax free!

Employees do not contribute to the HRA Plan, and any unused dollars may be rolled over from one Plan Year to the next (if your Plan allows).

TASC HRA Plan Features

- Plan funds are immediately available
- Unused funds rollover to the next Plan Year (if your Plan allows)
- Online claims submission
- Daily reimbursement processing
- Direct deposit
- 24/7 account management
- Toll-free customer service available

Reimbursement Requirements

Most Plan types include reimbursement of the following healthcare expenses:

- Deductible Expenses
- Coinsurance Expenses
- Copay Expenses
- Prescription Medication
- Uninsured Medical Expenses

You will receive specific information about your HRA Plan from your HR Department.



Track account
activity online at
www.tasconline.com.

Reimbursement Process

You may request reimbursement any time a qualifying expense has been incurred. The service related to the expense needs only to have taken place; it need not be paid before requesting reimbursement. Simply submit a Request for Reimbursement form along with the required substantiation to TASC (via online form, fax, or mail) for timely processing.

Qualified reimbursements are limited to the following:

- eligible expenses must be incurred during the Plan Year and pursuant to the Plan design;
- eligible Plan Participants must incur the expense; and
- expenses must not be previously reimbursed under this or any other benefit Plan, or claimed as an income tax deduction.

Once a request is reviewed and approved by TASC, a reimbursement check will be mailed directly to your home address or processed through your bank (if you elect Direct Deposit). The Plan contribution limit will be factored in.

Runout Period

The three months following the end of the Plan Year are called the runout period. During this time, you may submit Requests for Reimbursement for expenses from the previous Plan Year if you have a positive balance.



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VIII. Additional Benefits

It's time to enroll in your benefits

Bastrop County

Bastrop County is pleased to have Colonial Life benefit counselors assist with this year's enrollment.

The following voluntary benefits are available:

Disability insurance can replace a portion of your income to help make ends meet if you become disabled from a covered accident or covered sickness.

Accident insurance helps offset unexpected medical expenses that can result from a covered accidental injury.

Cancer insurance helps offset covered out-of-pocket expenses related to cancer.

Critical illness insurance can supplement your major medical coverage by providing a lump-sum benefit that you can use to pay costs related to a covered critical illness.

Term life insurance offers a predictable way to provide more coverage at more affordable prices during high-need years.

Whole life insurance provides long-term protection that can build cash value.

With most of our benefits:

- Benefits are paid directly to you, unless you specify otherwise.
- You're paid regardless of any insurance you have with other companies.
- Coverage is available for your spouse and dependent children.

Remember that most policies include an annual wellness benefit. You can review your policy online at www.coloniallife.com or call (800)325-4368 to file a claim.

The logo for Colonial Life, featuring the company name in a white serif font with a registered trademark symbol, set against a dark blue background. Above the text are several white dots of varying sizes, arranged in a slight arc, resembling a stylized sun or a cluster of stars.

Terms and availability of service are subject to change. Services may not be available in all states.

ColonialLife.com

LEARN MORE:
call Paul Jaramillo (254) 420-4500 ext. 6005

Coverage is subject to policy exclusions and limitations that may affect benefits payable. See your Colonial Life benefits counselor for complete details.

Insurance products are underwritten by Colonial Life & Accident Insurance Company. ©2019 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.



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 insurance to Texans. Legal insurance covers the fees of working with in-network attorneys, 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 plan on the market covering:

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

With a network of over 500 licensed attorneys across the State of Texas, our 24,000+ 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.

\$1,500 - The average cost of a basic will and estate planning package

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

Process: Easy

Saved: \$1,200

Gained: Priceless Peace of Mind



Please see the next page to learn about our legal insurance plan.

Payroll Group Plan Coverage

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

Preferred Plan*

\$12 Individual/\$16 Family, Monthly

GENERAL ATTORNEY ACCESS & DISCOUNTS	
Legal Access Line	Covered!
Attorney Consultations	4 Consultations Covered
General Legal Services Anything not covered, but not excluded	6 Hours Covered
In-Network Discount Anything not covered, but not excluded	25% Discount
ESTATE PLANNING	
Wills, Trusts, Living Wills & Power of Attorney	Covered!
Probate	Covered!
FAMILY LAW	
Pre/postnuptial Agreements	Covered!
Adoption	Covered!
Name Change	Covered!
Divorce -OR- Modification/Establishment or Enforcements	Covered!
Protective Order	Covered!
Guardianship of Adult or Minor	Covered!
Family Immigration Assistance	Covered!
CIVIL LAW	
Defense of Civil Action	Covered!
Consumer Protection	Covered!
CRIMINAL LAW	
Habeas Corpus	Covered!
Misdemeanor	Covered!
Felony	Covered!
Driving / Boating while Intoxicated	Covered!
Public Intoxication	Covered!
Defense of Insanity or Infirmary	Covered!
Juvenile/Children's Court	Covered!
Traffic Tickets	Covered!
Defense of Driving Privileges	Covered!
Expunction & Order of Nondisclosure	Covered!
REAL ESTATE & FINANCIAL	
Residential Real Estate Transaction	Covered!
Bankruptcy Chapter 7-OR-Chapter 13	Covered!
Financial Counseling	Covered!
Identity Theft Monitoring & Repair	Covered!

*Limitations and exclusions apply. This document is for illustrative purposes only, and is not a contract. Please see the Summary of Benefits or a sample Certificate of Coverage 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.





PHI CARES

We've got you covered if you need medical care in a hurry.

- Your membership **protects members from the high cost of emergency medical transport** (when transported by PHI Air Medical)*
- No co-pays, deductibles or back-billing
- Membership coverage options available
- No limitations on the number of PHI transports or costs covered by your membership benefits

**Transport must be medically necessary and requested by a qualified emergency responder (police, fire, rescue, medical doctor). Members should always call 911 for emergency assistance.*



For more information, visit www.PHlcares.com or email: Membership@PHlairmedical.com

1.888.I FLY PHI (1.888.435.9744)

August 1, 2020

PHI Air Medical has partnered with Bastrop County to provide air ambulance services for your community. We will be offering all Bastrop County employees a special discounted rate for air ambulance membership benefits for 2020- 2021.

Our membership program benefit provides you and your family with protection from the financial burden of the high cost of air ambulance transportation.

The benefits of the PHI Cares air ambulance membership program include:*

- With Membership in our program, **you will not have to pay any out of pocket expense for your air medical transport** when flown by PHI.
 - No additional cost, co-pays or deductibles for PHI Air Medical air ambulance transports
 - No limit to the number of registered dependent family household members included in your membership and up to three non-family members are included in your household membership
 - No financial coverage limitations
 - Your air membership includes both scene calls and inter-facility hospital transfers
- National coverage- www.PHicare.com for a list of bases
- The industry's lowest cost air ambulance membership program

The Bastrop County rate for this household benefit coverage is only \$40.00 annually.

If you have any questions regarding this special offer or the PHI Cares membership program benefits, you can contact PHI Air Medical at 1.888.435.9744 Monday through Friday, 8:00a.m. to 4:00p.m. MST, or email us at membership@PHicare.com

Kennie Kerr
PHI Air Medical
Membership Sales
kkerr@phiairmedical.com

*Benefits are covered only when a patient is transported by PHI Air Medical. Please see our complete list of terms and conditions at www.phicare.com



How your plan works

- ★ 7% is deposited into your account and earns 7% 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

Meet with TCDRS Virtually!

- ★ www.TCDRS.org/OnlineCounseling
- ★ Receive personalized estimates and review benefit payment options.
- ★ All you need is a computer or mobile device, and an internet connection
- ★ No webcam required!

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

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

★ Forms available at www.TCDRS.org or call TCDRS Member Services for a packet.

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

IX. Health & Wellness



Here's One Call You Don't Want to Miss

If you get a call from Blue Cross and Blue Shield of Texas (BCBSTX), we're calling to help you take good care of your health. Please answer or call us back.

Your health plan includes support for you and your covered family members from nurses and other medical professionals called health advisors.* This extra help is available at no added cost to you.

BCBSTX may call to help you:

- Get the care you need for serious illnesses or injuries
- Have a healthy pregnancy and baby
- If you have been in the hospital or have had a major surgery

Calls from health advisors are not sales calls. We may ask you for information, like your name, date of birth or home address, to make sure that we are talking to you. Any information you provide to BCBSTX is confidential, as required by law.



If we miss you, ring us back. We're here for you!

* Health advisors do not replace the care of a doctor. You should talk to your doctor about any medical questions or concerns.



Wellbeing is about Progress, Not Perfection

Even small changes can help improve your health. So work on your wellbeing goals from one, simple dashboard, Blue Access for MembersSM (BAMSM). It's included with your plan. Go ahead – take your first step toward a healthier you!



Get Started Now! It's As Easy As...



Go to <https://mybenefits.county.org>.



Click on **Benefits**, then select **Links & Contacts** and **Go to Blue Cross Blue Shield Member Site**. Use the information on your member ID card to complete the process.



Click the **My Health** tab.

What You Can Do

- Access Well onTarget[®] to help manage your overall wellbeing:
 - Take a Health Assessment to jumpstart your wellness journey with a personal health report.¹
 - Engage in digital self-management programs to help you reach your health and wellbeing goals.
 - Link and track your fitness devices and nutrition apps in one place.
 - Earn and redeem Blue PointsSM when you complete healthy activities.²
- Join the Fitness Program with access to more than 10,000 fitness locations nationwide.³
- Talk to a nurse 24 hours a day.⁴
- Get support from a maternity specialist throughout a pregnancy.



Resources to Help You with:

- Asthma
- Back pain
- Blood pressure
- Cholesterol
- Diabetes
- Eating healthy
- Financial wellbeing
- Heart health
- Losing weight
- Pregnancy
- Quitting smoking
- Stress

1. Well onTarget is a voluntary wellness program. Completion of the Health Assessment is not required for participation in the program.

2. Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal at wellontarget.com for further information. Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.

3. A \$25 enrollment fee and \$25 monthly fee apply per member. Taxes may apply. Individuals must be at least 18 years old to purchase a membership.

4. For medical emergencies, call 911. This program is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.

Healthy County Resources

Employees who embrace wellness experience increased productivity, improved morale and stronger workplace loyalty. An employee's healthier lifestyle translates into lower absenteeism, lower health care costs and fewer workers' compensation claims. Healthy County can help get you there.

Lifestyle Resources

Healthy County (Sonic Boom) Portal

This integrated health and physical activity portal gives you access to Healthy County wellness contests, Healthy Lifestyle Reward redemptions (for participating counties), a fitness device subsidy and the storefront, where you can find activity trackers, free health education courses and more.

ONLINE: Healthy County (Sonic Boom) Portal at www.county.org/sonicboom

Blue Points Rewards

Earn points from the Well onTarget program from Blue Cross and Blue Shield of Texas (BCBSTX) by participating in healthy activities. Redeem points for clothing, books, health and personal care, jewelry, electronics, music, sporting goods and more.

ONLINE: Employee Self-Service (ESS) Portal > My Vendors & Other Sites > Go to Blue Cross Blue Shield Member Site > Well onTarget (under Quick Links)

Health Assessment

Begin with a confidential, personalized guide to your overall health. Learn how the lifestyle choices you make today can affect you in the future and put your health at risk.

ONLINE: Employee Self-Service (ESS) Portal > My Vendors & Other Sites > Go to Blue Cross Blue Shield Member Site > Health Assessment (under Quick Links)

Employee Assistance Program

The Employee Assistance Program provided by Alliance Work Partners offers employees and their families solution-focused counseling, guidance, training, resources and referrals to help balance work with life and increase health and well-being at no cost to our members.

*ONLINE: www.awpnow.com
PHONE: (800) 343-3822
REGISTRATION CODE: AWP-TACHEBP-4661*

Naturally Slim®

Offered periodically during the year, this online 10-week program offers the secret to lasting weight loss that doesn't involve starving, counting calories or eating diet food.

ONLINE: www.county.org/naturallyslim

Omada®

Omada is a digital lifestyle-change program that helps people at risk for type 2 diabetes or heart disease lose weight and build sustainable habits that improve their health. A professional Omada health coach and a small group of online participants keep you engaged and on track throughout your journey.

*ONLINE: www.omadahealth.com/healthycounty
REGISTRATION CODE: healthycounty*

Gym Discount Program

Join the BCBSTX Fitness Program for unlimited access to thousands of participating fitness locations nationwide. There is a \$19 one-time enrollment fee + tiered network options with prices ranging from \$19 to \$99 a month with no annual contract.

ONLINE: Employee Self-Service (ESS) Portal > My Vendors & Other Sites > Go to Blue Cross Blue Shield Member Site > Fitness Program (under Quick Links)

Digital Self-Managed Programs

From stress management to weight loss, nutrition, fitness and more, a Well onTarget lifestyle coach can guide you along your journey to better health.

ONLINE: Employee Self-Service (ESS) Portal > My Vendors & Other Sites > Go to Blue Cross Blue Shield Member Site > Well onTarget (under Quick Links) > Courses

Online Access

- Healthy County on the TAC website at www.county.org/healthycounty
- **Employee Self-Service (ESS) Portal** at mybenefits.county.org
 - Access to Healthy County wellness program information, the Sonic Boom wellness portal, Blue Cross and Blue Shield of Texas (BCBSTX) benefits and records, Navitus Health Solutions for prescription benefits, the Texas County & District Retirement System and more.
- **Healthy County (Sonic Boom) Portal** at www.county.org/sonicboom
 - Access to wellness contests and incentives, the fitness device storefront, activity tracking, health education courses and more.
- Follow Healthy County on Facebook at www.facebook.com/TACHHealthyCounty



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Health Management Resources

Blue Access for Members

Take charge of your health – and save time and money – with BCBSTX Blue Access for Members. Review your health and dental coverage, examine claims, find doctors and hospitals through Provider Finder,[®] estimate costs for a medical service, find a dentist and more.

ONLINE: Employee Self-Service (ESS) Portal > My Vendors & Other Sites > Go to Blue Cross Blue Shield Member Site

Telemedicine with MDLIVE

Conduct a virtual visit with a doctor or therapist who can provide a diagnosis and prescribe medications (when appropriate) via videoconference, mobile app or telephone 24/7. Services include general health, pediatric care and behavioral health. The cost of a MDLIVE visit is \$10.

*ONLINE: www.mdlive.com/BCBSTX
PHONE: Call (888) 680-8646*

24-Hour Nurseline

Speak confidentially at no cost with an experienced registered nurse who can help with health care concerns for you and your family.

PHONE: Call (855) 357-5228; ask for Nurseline

Airrosti

Airrosti is a safe, noninvasive and highly effective alternative to surgery, pain management and long-term chiropractic or physical therapy programs. The copay is the same as a primary care visit (PPO plans only).

*ONLINE: www.airrosti.com
PHONE: Call (800) 404-6050
VIRTUAL VISITS:
www.airrosti.com/RemoteRecovery*

Condition Management

Confidential assistance and health coaching is available through Wellbeing Management for conditions including cancer, congestive heart failure, coronary artery disease, chronic obstructive pulmonary disease, asthma, diabetes, metabolic syndrome, high blood pressure and more.

ONLINE: Employee Self-Service (ESS) Portal > My Vendors & Other Sites > Go to Blue Cross Blue Shield Member Site > Well onTarget (under Quick Links) > Courses

Livongo[®]

Livongo empowers self-management of chronic conditions for individuals with diabetes and/or hypertension. Participants who are in the Livongo for Diabetes program will receive the Livongo blood glucose meter, unlimited diabetes test strips, which are delivered on demand, and immediate interventions when blood glucose levels are dangerously high or low. Participants who are in the Livongo for Hypertension program will receive a Livongo blood pressure monitor and personalized feedback on their readings. Livongo health coaches provide support for questions on nutrition or lifestyle changes. All supplies are provided to the member at no cost.

*ONLINE: get.livongo.com/healthycounty
REGISTRATION CODE: HEALTHYCOUNTY*

Quit Tobacco

This six-week online or telephonic tobacco cessation program provides personal coaching and cessation medications.

*ONLINE: Employee Self-Service (ESS) Portal > My Vendors & Other Sites > Go to Blue Cross Blue Shield Member Site > Well onTarget (under Quick Links) > Courses
PHONE: (877) 806-9380
MEDICATIONS: For questions about covered cessation medications, call Navitus Health Solutions at (866) 333-2757*

Women's and Family Health Programs

These programs focus on maternity management and parenting support. Maternity management consists of low risk maternity management support via Ovia Health, more specialized management for high risk pregnancies via Special Beginnings and a self-management program via Well onTarget.

PHONE: Call (855) 357-5228 to find out which women's and family health program is right for you.

Stay in the Know



Subscribe to the Monthly Healthy Byte E-Newsletter

For Healthy County news, challenge updates, healthy lifestyle tips and inspiring stories.

Sign up at www.county.org/HCMonthly.



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Live Well with the Well onTarget Member Wellness Portal

The Well onTarget Member Wellness Portal at wellontarget.com provides you with tools to help you set and reach your wellness goals. The portal is user-friendly, so you can find everything you need quickly and easily.

EXPLORE YOUR WELLNESS WORLD

When you log in to your portal, you will find a wide variety of health and wellness resources, including:

- The Health Assessment (HA)
- Self-Management Programs
- Health trackers
- Trusted news and health education content

SEE YOUR STATS IN A FLASH

Everything you want to see quickly is on your dashboard. The dashboard shows all of your Well onTarget programs. You can see where you are today compared with where you were when you started. You can also read the latest health news, check your activity progress and more.

TAKE A SNAPSHOT OF YOUR HEALTH

The HA asks you questions about your health and habits.¹ You then get a Personal Wellness Report. This report suggests ways to make positive lifestyle changes. Your report can also help you decide which Well onTarget program to start first to get the most benefit. You can even print a Provider Report to share with your doctor.



Blue Access for MembersSM Health Care at Your Fingertips

Blue Cross and Blue Shield of Texas (BCBSTX) helps you get the most out of your health care benefits with Blue Access for Members (BAMSM). You and all covered dependents age 18 and up can create a BAM account.

With BAM, you can:

- Use our Provider Finder[®] tool to search for a health care provider, hospital or pharmacy
- Request or print your ID card
- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Use our Cost Estimator tool to find the price of hundreds of tests, treatments and procedures
- Download our app
- Sign up for text or email alerts

It's Easy to Get Started!

- 1 Go to <https://mybenefits.county.org>
- 2 Click on **Benefits**, then select **Links & Contacts** and **Go to Blue Cross Blue Shield Member Site**
- 3 Use the information on your BCBSTX ID card to sign up

Or, text* **BCBSTXAPP** to **33633** to get the BCBSTX App that lets you use BAM while you're on the go.

*Message and data rates may apply.



BlueCross BlueShield of Texas





The BCBSTX App!



Stay connected with Blue Cross and Blue Shield of Texas (BCBSTX) and access important health benefit information wherever you are.

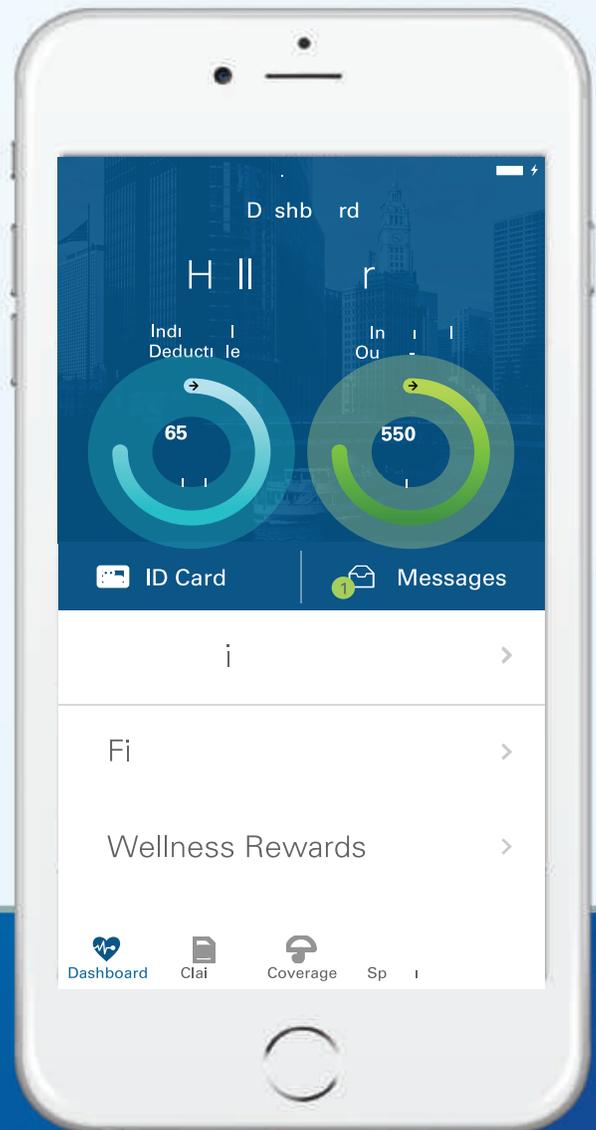
- Find an in-network doctor, hospital or urgent care facility
- Access your claims, coverage and deductible information
- View and email your member ID card
- Log in securely with your fingerprint
- Access Health Care Accounts and Health Savings Accounts
- Download and share your Explanation of Benefits*
- Get Push Notifications and access to Message Center*

Available in Spanish

Text** **BCBSTXAPP** to **33633** to get the app.

* Currently only available on iPhone®. iPhone is a registered trademark of Apple Inc.

** Message and data rates may apply. Terms and conditions and privacy policy at bcbstx.com/mobile/text-messaging.



bcbstx.com/mobile

BLUE POINTSSM PROGRAM²

Small rewards may motivate you to make positive changes to meet your wellness goals. With Well onTarget, you can earn Blue Points for making healthy choices. If you enroll in the Fitness Program or take your HA, you earn points.³ You can also earn points when you achieve milestones in the Self-Management Programs. Redeem your Blue Points in the online shopping mall, which offers a wide variety of merchandise.⁴

HEALTH TOOLS AND TRACKERS

Knowing what you eat and how much you work out can help you reach your goals. But keeping track of all you do can be time-consuming. To make it easy, the portal has trackers that let you record how much sleep you get, your stress levels, your blood pressure readings and your cholesterol levels.

The portal also offers a symptom checker. When you don't feel well, this tool can help you decide if you should see a doctor.

SELF-MANAGEMENT PROGRAMS

These programs consist of:

1. Interactive programs with learning activities and content that focus on behavioral changes to reinforce healthier habits.
2. Educational programs that inform about symptoms, treatment options and lifestyle changes.

These two learning methods allow you to study on your own time and may help you get to the next level of wellness. Topics include nutrition, weight management, physical activity, stress management, tobacco cessation and more.

FITNESS TRACKING

Earn Blue Points for tracking your fitness activity using popular fitness devices and mobile apps.

¹ Well onTarget is a voluntary wellness program. Completion of the Health Assessment is not required for participation in the program.

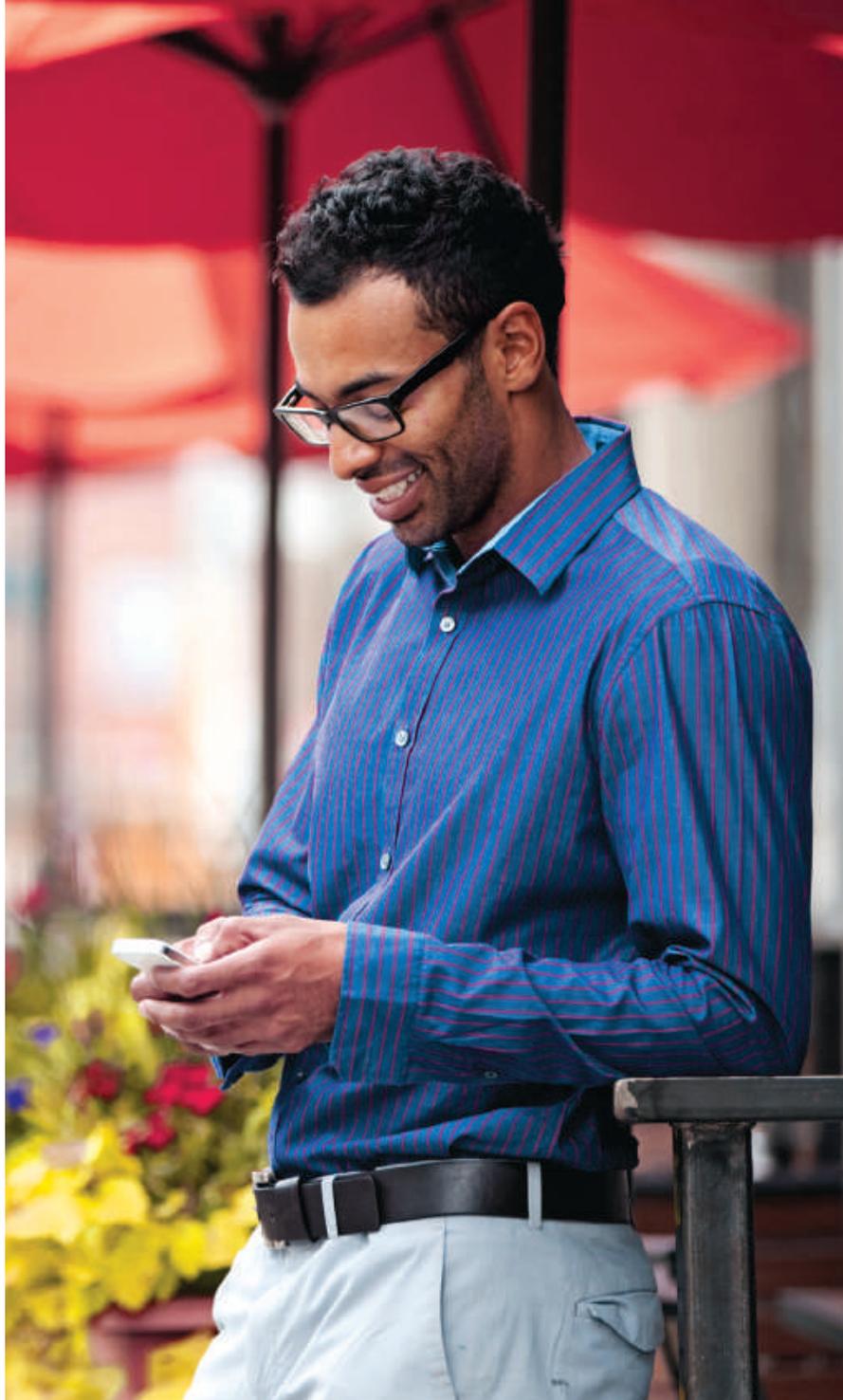
² Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for more information.

³ This does not apply to points you earn for completing Fitness Program activities.

⁴ Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.

The Fitness Program is provided by Tivity Health®, an independent contractor that administers the Prime Network of fitness centers. The Prime Network is made up of independently owned and operated fitness centers.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association



Take Wellness on the Go

Check out the Well onTarget AlwaysOn Wellness mobile app, available for iPhone® and Android™ smartphones. It can help you work on your wellness goals — anytime and anywhere.

Care When and
Where You Need It
Just Got Easier

Virtual Visits

Convenient health care
at your fingertips



Powered by
MDLIVE[®]

Getting sick is never convenient, and finding time to get to the doctor can be hard. Blue Cross and Blue Shield of Texas (BCBSTX) provides you and your covered dependents access to care for non-emergency medical issues and behavioral health needs through MDLIVE.

Whether you're at home or traveling, access to an independently contracted board-certified doctor is available 24 hours a day, seven days a week. You can speak to a doctor immediately or schedule an appointment based on your availability. Virtual visits can also be a better alternative than going to the emergency room or urgent care center.

MDLIVE doctors or therapists can help treat the following conditions and more:

General Health

- Allergies
- Asthma
- Nausea
- Sinus infections

Pediatric Care

- Cold
- Flu
- Ear problems
- Pinkeye

Behavioral Health

- Anxiety/depression
- Child behavior/learning issues
- Marriage problems



Connect

Computer, smartphone, tablet or telephone



Interact

Real-time consultation with a board-certified doctor or therapist



Diagnose

Prescriptions sent electronically to a pharmacy of your choice (when appropriate)



Website:

Visit the website

MDLIVE.com/BCBSTX

- Choose a doctor
- Video chat with the doctor
- You can also access through Blue Access for MembersSM



Mobile app:

- Download the MDLIVE app from the Apple App StoreSM or Google PlayTM Store
- Open the app and choose an MDLIVE doctor
- Chat with the doctor from your mobile device



Telephone:

- Call MDLIVE **888-680-8646**
- Speak with a health service specialist
- Speak with a doctor

Get connected today!

To register, you'll need to provide your first and last name, date of birth and BCBSTX member ID number.

Internet/Wi-Fi connection is needed for computer access. Data charges may apply. Check your cellular data or internet service provider's plan for details. Non-emergency medical service in Idaho, Montana and New Mexico is limited to interactive audio/video (video only), along with the ability to prescribe. Non-emergency medical service in Arkansas is limited to interactive audio/video (video only) for initial consultation, along with the ability to prescribe. Behavioral health service is limited to interactive audio/video (video only), along with the ability to prescribe in all states. Service availability depends on location at the time of consultation.

Virtual visits, powered by MDLIVE, may not be available on all plans. Virtual visits are subject to the terms and conditions of your benefit plan, including benefits, limitations, and exclusions. MDLIVE operates subject to state regulations and may not be available in certain states. MDLIVE is not an insurance product or a prescription fulfillment warehouse. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services.

MDLIVE, an independent company, operates and administers the virtual visit program and is solely responsible for its operations and that of its contracted providers. MDLIVE[®] and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without written permission.

Blue Cross[®], Blue Shield[®] and the Cross and Shield symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

App Store is a service mark of Apple Inc.

Google Play Store is a trademark of Google Inc. ("Google").

Windows is a registered mark of MicrosoftTM





24/7 Nurseline

Nurses available anytime you need them.

Health happens – good or bad, 24 hours a day, seven days a week. That is why we have registered nurses waiting to talk to you whenever you call our 24/7 Nurseline.

Our nurses can answer your health questions and try to help you decide whether you should go to the emergency room or urgent care center or make an appointment with your doctor. You can also call the 24/7 Nurseline whenever you or your covered family members need answers to health questions about:

- Asthma
- Dizziness or severe headaches
- Cuts or burns
- Back pain
- High fever
- Sore throat
- Diabetes
- A baby's nonstop crying
- And much more

Plus when you call, you can access an audio library of more than 1,000 health topics – from allergies to surgeries – with more than 500 topics available in Spanish.

So, put the 24/7 Nurseline phone number in your contacts today, because health happens 24/7.



Call the 24/7 Nurseline number at **800-581-0393**.
Hours of Operation: Anytime

For medical emergencies, call 911. This program is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Deciding Where to Go? Virtual Visit, Doctor's Office, Retail Clinic, Urgent Care or ER.

24/7 Nurseline²

The 24/7 Nurseline can help you identify some options when you or a family member have a health problem or concern. Nurses are available at **800-581-0393**, 24 hours a day, seven days a week, to answer your health questions.

Urgent Care Center or Freestanding ER Knowing the Difference Can Save You Money

Urgent care centers and freestanding ERs can be hard to tell apart. Freestanding ERs often look a lot like urgent care centers, but costs may be higher. A visit to a freestanding ER often results in medical bills that may be 10 times the rate charged by urgent care centers for the same services.³ Here are some ways to know if you are at a freestanding ER.

Freestanding ERs:

- Look like urgent care centers, but have the word "Emergency" in their name or on the building.
- Are open 24 hours a day, seven days a week.
- Are not attached to and may not be affiliated with a hospital.
- Are subject to the same ER member share which may include a copay, coinsurance and applicable deductible.

Find urgent care centers⁴ near you by texting⁵ **URGENTTX** to **336633**.

	Virtual Visits powered by MDLIVE	Doctor's Office	Retail Health Clinic	Urgent Care Center	Hospital ER	Freestanding ER
Who usually provides care	Primary Care Pediatrics, Family and Emergency Medicine Doctors	Primary Care Doctor	Physician Assistant or Nurse Practitioner	Internal Medicine, Family Practice and Pediatric	ER Doctors, Internal Medicine, Specialists	ER Doctors
Sprains, strains	■	■	■	■	■	■
Animal bites		■	■	■	■	■
X-rays				■	■	■
Stitches				■	■	■
Mild asthma	■	■	■	■	■	■
Minor headaches	■	■	■	■	■	■
Back pain		■	■	■	■	■
Nausea, vomiting, diarrhea	■	■	■	■	■	■
Minor allergic reactions	■	■	■	■	■	■
Coughs, sore throat	■	■	■	■	■	■
Bumps, cuts, scrapes	■	■	■	■	■	■
Rashes, minor burns	■	■	■	■	■	■
Minor fevers, colds	■	■	■	■	■	■
Ear or sinus pain	■	■	■	■	■	■
Burning with urination	■	■	■	■	■	■
Eye swelling, irritation, redness or pain	■	■	■	■	■	■
Vaccinations		■	■	■	■	■

¹ Freestanding ER: "What you need to know" July 2016. The Advisory Board Company.

² 24/7 Nurseline is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.

³ Freestanding ERs: The Need for Greater Transparency and More Consumer Protections. (2016). The Texas Association of Health Plans.

⁴ The closest urgent care center may not be in your network. Be sure to check Provider Finder[®] to make sure the center you go to is in-network.

⁵ Message and data rates may apply. Read terms, conditions and privacy policy at tcbtcx.com/mobile/text-messaging.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

MDLIVE, an independent company, provides virtual visit services for Blue Cross and Blue Shield of Texas. MDLIVE operates and administers the virtual visit program and is solely responsible for its operations and that of its contracted providers.

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Behavioral Health

Feeling Worried? Sad? Out of Control?
With help, you can start to feel better.

Most people have times when they don't feel their best. But when negative feelings get in the way of normal activities or last a long time, you may need extra support.

The good news is there are many treatments and support systems included with your health benefits.¹ With the right help, you can learn to help control your symptoms and live a full life.

You and your covered family members can get the support you may need for issues such as:

- Substance use
- Anxiety and panic attacks
- Attention deficit
- Autism
- Bipolar
- Depression
- Eating disorders
- Schizophrenia

Behavioral health professionals from Blue Cross and Blue Shield of Texas are experts in mental health. They can help you learn where and how to get help. Call the Customer Service or behavioral health number on the back of your member ID card to get started.

Start your path to a healthier mind and a more balanced life. Take the first step today.



To find a behavioral health provider in your area:

Go to <https://mybenefits.county.org>. Click on **Benefits**, then select **Links & Contacts** and **Go to Blue Cross Blue Shield Member Site**. Use the information on your member ID card to complete the process. Then, click **Find a Doctor or Hospital**.

Or call the Customer Service number on the back of your member ID card if you need help finding the right provider or have questions about your benefits.

1. The Behavioral Health program is available only to those members whose health plans include behavioral health benefits through Blue Cross and Blue Shield of Texas. Check your benefit booklet, ask your group administrator or call the Customer Service number on the back of your member ID card to verify that you have these services.

Member communications and information from the program are not meant to replace the advice of health care professionals. Members are encouraged to seek the advice of their doctors or behavioral health specialist to discuss their health care needs. Decisions regarding course and place of treatment remain with the member and his or her health care providers.



Special Beginnings®

Give your baby a healthy start.

It is never too early to start taking care of your baby. That's why you should join the Special Beginnings program as soon as you know you are pregnant.

The Special Beginnings maternity program supports you from early pregnancy until six weeks after delivery. An experienced Blue Cross and Blue Shield of Texas staff member will contact you and:

- Ask you questions to determine what support you will need
- Send you information, including a book about having a healthy pregnancy and baby
- Answer any questions you have and help you plan your care with your doctor
- Assist you with managing high-risk conditions such as gestational diabetes and preeclampsia

Visit the Special Beginnings website to view a video library and week-by-week pregnancy information. To access the site, log into Blue Access for MembersSM (BAMSM) by visiting bcbstx.com and click on the "My Health" tab.

Take good care of yourself and your baby – join Special Beginnings today!

It's free, easy and confidential.



Call 888-421-7781, 8 a.m. – 6:30 p.m., CT, to enroll or ask questions about the program.

Special Beginnings is not a substitute for professional medical guidance. Regular visits are important for your care. With your consent, the information we receive from you is shared with your physician to better coordinate your care. Be sure to discuss any health concerns with your physician.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

FIX PAIN FAST!

HEALTH PLAN BENEFIT

For all employees and dependents on the health plan offered by
Texas Association of Counties

**Airrosti visits are covered
 by your primary care office visit copay***

* not subject to annual deductible except on HSA plans

Airrosti providers are experts at diagnosing and rapidly resolving the source of your injury.

Each patient receives one full hour of assessment, diagnosis, treatment, and education designed to eliminate the pain associated with many common conditions, allowing you to quickly and safely return to activity - usually within 3 visits (based on patient-reported outcomes).



Schedule Your Appointment Today!



3.2

visits average to complete injury resolution*

*Based on patient reported outcomes



80%
 REDUCTION
 IN SURGICAL
 OCCURRENCE RATE



43%
 REDUCTION
 IN TOTAL
 COST OF CARE



CLINICAL EXPERTISE. CONVENIENT ACCESS.

Airrosti has a proven track record of diagnosing and resolving musculoskeletal conditions, including neck and back pain, tendonitis, muscle pulls, and more. Now, Airrosti's provider expertise is available through a convenient, affordable, and effective digital solution.

IMPORTANT NEW HEALTH PLAN BENEFIT: AIRROSTI'S UNPARALLELED MUSCULOSKELETAL EXPERTISE, DELIVERED VIRTUALLY.


Expert Diagnosis and Care

During the initial video consultation, a licensed Airrosti clinician will provide:

- Step-by-Step Orthopedic Evaluation
- Accurate Diagnosis
- Injury-Specific Education
- Individualized Recovery Plan
- Referral Coordination As Needed


Personalized Program

Your Airrosti Care Team will prescribe a customized recovery plan delivered through the user-friendly app, which includes:

- Mobility and Stability Exercises
- Self-Myofascial Release
- Remote Recovery Kit
- Unlimited Provider Interaction


Progress and Support

Recovery is tracked in real time, and treatment is modified as needed to ensure continued improvement.

In-app messaging gives you unlimited access to your Care Team — anywhere, anytime.

AIRROSTI REMOTE RECOVERY IS NOW A COVERED BENEFIT.

Visit [Airrosti.com/RemoteRecovery](https://www.airrosti.com/remoterecovery) or scan the QR code at right to learn more and to begin your remote recovery plan. If you have any questions about this important benefit designed to get you back to living life pain free, call (855) 913-0845.





Join Omada[®] to build healthy habits that last

Omada is a digital lifestyle change program. We combine the latest technology with ongoing support so you can make the changes that matter most—whether that’s around eating, activity, sleep, or stress. It’s an approach shown to help you lose weight and reduce the risks of type 2 diabetes and heart disease.

• Eat healthier

Learn the fundamentals of making smart food choices.

• Increase activity

Discover easy ways to move more and boost your energy.

• Overcome challenges

Gain skills that allow you to break barriers to change.

• Strengthen habits

Zero in on what works for you, and find lasting motivation.

• Stay healthy for life

Continue to set and reach your goals with strategies and support.

More great news:

If you or your adult family members are enrolled in our Texas Association of Counties Health and Employee Benefits Pool health plan in partnership with Blue Cross and Blue Shield of Texas, and are at risk for type 2 diabetes or heart disease, the Omada program is included in your benefits at no cost to you.

Take a 1-minute risk screener to see if you’re eligible:

omadahealth.com/healthycounty

You’ll get your own:



Interactive program



Wireless smart scale



Weekly online lessons



Professional health coach



Small group of participants



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

The Simpler Way To A Healthier You

An advanced blood glucose meter and blood pressure monitor, plus the support you need, 100% paid for by the Texas Association of Counties Health and Employee Benefits Pool.



Join Livongo and you'll get:



Advanced devices to monitor your blood pressure and blood sugar



Automatic uploads mean no more logbooks



Real-time support from coaches when you need it



Summary reports you can send your doctor



Personalized tips and articles picked just for you



Optional family alerts to keep everyone in the loop



Unlimited strips.
Unlimited inspiration.
It's all at no cost to you.

Join today at get.livongo.com/HEALTHYCOUNTRY/register or call (800) 945-4355
Use registration code: HEALTHYCOUNTRY

These programs are provided to you and your family members with diabetes and high blood pressure and coverage through Texas Association of Counties Health and Employee Benefits Pool (TAC HEBP) in partnership with Blue Cross and Blue Shield of Texas (BCBSTX).

Members must have primary insurance coverage through the Blue Cross and Blue Shield of Texas (BCBSTX) plan offering the Livongo program. For Administrative Services Only (ASO) and Preferred Provider Organizations (PPO) only. Not available for Fully Insured (FI) or Health Maintenance Organizations (HMO).

Programs include trends and support on your secure Livongo account and mobile app but does not include a phone or tablet. You must have an iPhone or Android smartphone and install the Livongo app to participate in the Livongo for Hypertension Program.

Blue365®

A Discount Program
for You



Blue365 is just one more advantage you have by being a Blue Cross and Blue Shield of Texas (BCBSTX) member. With this program, you may save money on health and wellness products and services from top retailers that are not covered by insurance. There are no claims to file and no referrals or preauthorizations.

Once you sign up for Blue365 at blue365deals.com/bcbstx, weekly “Featured Deals” will be emailed to you. These deals offer special savings for a short period of time.

Below are some of the ongoing deals offered through Blue365.

EyeMed | Davis Vision

You can save on eye exams, eyeglasses, contact lenses and accessories. You have access to national and regional retail stores and local eye doctors. You may also get possible savings on laser vision correction.

TruHearing® | Beltone™ | American Hearing Benefits

You could get savings on hearing tests, evaluations and hearing aids. Discounts may also be available for your immediate family members.

Dental SolutionsSM

You could get dental savings with Dental Solutions. You may receive a dental discount card that provides access to discounts of up to 50% at more than 70,000 dentists and more than 254,000 locations.*

Jenny Craig® | Sun Basket | Nutrisystem®

Help reach your weight loss goals with savings from leading programs. You may save on healthy meals, membership fees (where applicable), nutritional products and services.

See all the Blue365 deals and learn more at blue365deals.com/bcbstx.



Fitbit®

You can customize your workout routine with Fitbit's family of trackers and smartwatches that can be employed seamlessly with your lifestyle, your budget and your goals. You'll get a 20% discount on Fitbit devices plus free shipping.

Reebok | SKECHERS®

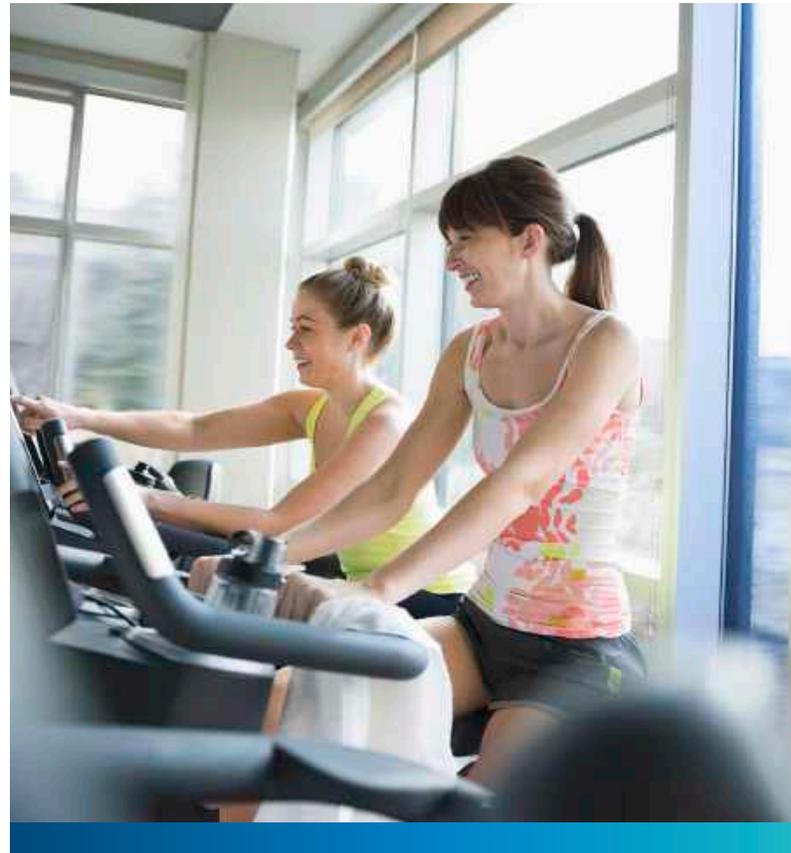
Reebok, a trusted brand for more than 100 years, makes top athletic equipment for all people, from professional athletes to kids playing soccer. Get 20% off select models. SKECHERS, an award-winning leader in the footwear industry, offers exclusive pricing on select men's and women's styles. You can get 30% off plus free shipping for your online orders.

InVite® Health

InVite Health offers quality vitamins and supplements, educational resources and a team of healthcare experts for guidance to select the correct product at the best value. Get 50% off the retail price of non-genetically modified microorganism (non-GMO) vitamins and supplements and a free Midnight Bright Black Coconut Charcoal Tooth Polish with a \$25 purchase.

Livekick

Livekick is the future of private fitness. Choose from training or yoga over live video with a private coach. Get fit and feel healthier with action-packed 30-minute sessions that you can do from home, your gym or your hotel while traveling. Get a free two-week trial and 20% off a monthly plan on any Live Online Personal Training.



eMindful

Get a 25% discount on any of eMindful's live streaming or recorded premium courses. Apply mindfulness to your life including stress reduction, mindful eating, chronic pain management, yoga, Qigong movements and more.

For more great deals, or to learn more about Blue365, visit blue365deals.com/bcbstx.

The relationship between these vendors and Blue Cross and Blue Shield of Texas (BCBSTX) is that of independent contractors. BCBSTX makes no endorsement, representations or warranties regarding any products or services offered by the above-mentioned vendors.

* Dental Solutions requires a \$9.95 signup and \$6 monthly fee.

Blue365 is a discount program only for BCBSTX members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. You should check your benefit booklet or call the customer service number on the back of your ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are given only through vendors that take part in this program and may be subject to change. BCBSTX does not guarantee or make any claims or recommendations about the program's services or products. Members should consult their doctor before using these services and products. BCBSTX reserves the right to stop or change this program at any time without notice.

Blue365[®]

EyeMed Vision Discount Program



Blue Cross and Blue Shield of Texas (BCBSTX) is pleased to offer you a vision discount program through EyeMed Vision Care.

What?

The EyeMed Vision Discount through Blue365 offers savings on eyeglasses, contact lenses, eye exams, accessories and laser vision correction. See the back page for a full list of discounts.

Who?

The EyeMed network consists of major national and regional retail locations, such as LENSMAKERS[®], PEARLE VISION[®], Target Optical[®], Sears Optical[®] and JCPenney Optical, as well as independent ophthalmologists and optometrists. Additionally, you may go online to in-network providers at contactsdirect.com.

Where?

Visit eyemedexchange.com/blue365, click [Find a Provider](#) and begin your search. Be sure the Advantage network is selected.

For more information about Blue365, log in to Blue Access for MembersSM (BAMSM) at <https://mybenefits.county.org>. Click on [Benefits](#), then select [Links & Contacts](#) and [Go to Blue Cross Blue Shield Member Site](#). Use the information on your member ID card to complete the process.

Referral?

You don't need a referral. Simply visit any EyeMed provider and show your BCBSTX medical ID card.

Program Features

- Discounts on vision care services and materials
- No limit to the number of times the member can receive discounts on purchases
- Access to large provider network
- Convenient evening and weekend hours

Note: This is not insurance. When contacting EyeMed or any retailer or provider in the EyeMed Advantage network, be sure to refer to the discount program.



See all the Blue365 deals and learn more at blue365deals.com/BCBSTX.

EyeMed Vision Discounts



For more information, visit eyemedexchange.com/blue365 or call EyeMed's automated help line at 866-273-0813.

Vision Care Services	Cost
Exam with dilation as necessary:	\$50 routine exam \$10 off contact lens fit and follow-up
Complete Pair of Glasses Purchase: frame, standard plastic lenses, and lens options must be purchased in the same transaction to receive full discount	
Frames*	
Any frame available at provider location	35% off retail price
Standard Plastic Lenses*	
Single-vision	\$50
Bifocal	\$70
Trifocal	\$105
Lenticular	\$105
Standard Progressive	\$135
Premium Progressive	30% off retail price
Lens Options*	
UV Coating	\$12
Tint (Solid and Gradient)	\$12
Standard Scratch-resistance	\$12
Standard Polycarbonate	\$35
Standard Anti-reflective	\$40
Other Add-ons and Services	30% off retail price
* Items purchased separately will be discounted 20% off of the retail price.	
Contact Lens Materials (applied to materials only)	
Conventional	15% off retail price
Laser Vision Correction	
Lasik or PRK	15% off retail price or 5% off promotional price
Frequency	
Examination	Unlimited
Frame	Unlimited
Lenses	Unlimited
Contact Lenses	Unlimited

Discounts are only available through participating vendors.

The relationships between Blue Cross and Blue Shield of Texas (BCBSTX) and EyeMed are that of independent contractors.

Blue365 is a discount program available to BCBSTX members. This is NOT insurance. Some of the services offered through Blue365 may be covered under your health plan. Please refer to your benefit booklet or call the Customer Service number on the back of your ID card for specific benefit information under your health plan. Use of Blue365 does not affect your premium, nor do costs of Blue365's services or products count toward any maximums and/or plan deductibles.

BCBSTX does not guarantee or make any claims or recommendations regarding the services or products offered under Blue365. You may want to consult with your physician prior to use of these services and products. Services and products are subject to availability by location. BCBSTX reserves the right to discontinue or change this discount program at any time without notice.

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Blue365[®] Davis VisionSM Discount Program



Blue Cross and Blue Shield of Texas (BCBSTX) is pleased to offer BCBSTX members a vision discount program through Davis Vision, a national provider of vision care programs.

What is the Davis Vision discount program?

This is a program that may offer savings on eyeglasses, contact lenses, eye exams, accessories and laser vision correction. See the back page for a full list of discounts.

How do I locate a Davis Vision provider?

The Davis Vision network consists of major national and regional retail locations, such as Visionworks[®], Walmart[®] and Costco[®], as well as independent ophthalmologists and optometrists.

For a list of Davis Vision providers near you, go to davisvision.com, click *Member* and enter Client Code 4513 in the *Open Enrollment* section, or call Davis Vision at **888-897-9350**. For more information about Blue365, log in to Blue Access for MembersSM at <https://mybenefits.county.org>. Click on *Benefits*, then select *Links & Contacts* and *Go to Blue Cross Blue Shield Member Site*. Use the information on your member ID card to complete the process. Click the *My Coverage* tab at the top, and then click the *Discount* link on the left.

Are there any exclusions?

The following items are **not** covered by this vision discount program:

- Medical treatment of eye disease or injury
- Vision therapy
- Special lens designs or coatings, other than those listed on the other side of this flier
- Services performed by a provider who is not in the Davis Vision network
- Replacement of lost eyewear
- Services not performed by licensed personnel

<https://mybenefits.county.org>

What discounts are available in the vision program?¹

If your plan offers vision benefits, see your BCBSTX network provider for your initial eye exam. You may be able to receive the discounts listed below on vision hardware materials when using a Davis Vision provider and presenting your BCBSTX card.

In addition to the discounted rates below, there are other value-added features that may be available to you, including discounts on disposable contact lenses through Davis Vision's mail-order contact lens replacement program. For more information, contact Davis Vision at **888-897-9350** or visit davisvisioncontacts.com.

You May Pay:

Examinations	
Comprehensive examination	15% off or \$5 off retail cost
Contact lens examination	15% off or \$10 off retail cost
Frames ²	
Priced up to \$70 retail	\$40
Priced over \$70 retail	\$40 plus 10% off the amount over \$70
Spectacle Lenses (Uncoated Plastic) ²	
Single vision	\$35
Bifocal	\$55
Trifocal	\$65
Lenticular	\$110
Contact Lenses	
Conventional ³	20% off
Disposable/planned replacement ³	10% off
Spectacle Lens Options (Add to Lens Prices) ²	
Standard progressive ⁴	\$60
Premium progressive ⁴	\$110
Glass lenses	\$18
Polycarbonate lenses	\$30
Blended invisible bifocals	\$20
Intermediate vision lenses	\$30
Photogrey Extra [®] lenses	\$35
Scratch-resistant coating	\$15
Anti-reflective coating	\$45
Ultraviolet coating	\$15
Solid tint	\$10
Gradient tint	\$12
Hi-index lenses	\$55
Photochromic lenses (e.g., Transitions [®])	\$65
Polarized lenses	\$75



For more information:

Call Davis Vision at **888-897-9350**
(Monday through Friday,
7 a.m. to 10 p.m.,
Saturday, 8 a.m. to 3 p.m.,
Sunday, 11 a.m. to 3 p.m.,
Central Time).

Visit davisvision.com,
click *Member* and
enter Client Code
4513 in the *Open
Enrollment* section.

¹ These discounted fees apply at most provider locations. However, fees may vary. For example, at Walmart or Sam's Club[®], members will receive comparable values on spectacle lens and contact lens purchases with the applicable standard retail cost. Members buying frames at either provider will receive a flat 10 percent discount on the price, rather than the discounts shown. Confirm discounts with your selected provider.

² Special lens designs, materials, powers and frames may require additional cost.

³ Discount will be applied to the provider's usual and customary price for services.

⁴ Pricing at some retail locations may vary.

The relationships between Blue Cross and Blue Shield of Texas (BCBSTX) and Davis Vision, Inc., is that of independent contractors.

Blue365 is a discount program available to BCBSTX members. This is *not* insurance. Some of the services offered through Blue365 may be covered under your health plan. Please refer to your benefit booklet or call the Customer Service number on the back of your ID card for specific benefit information under your health plan. Use of Blue365 does not affect your premium, nor do costs of Blue365's services or products count toward any maximums and/or plan deductibles. Discounts are only available through participating vendors.

BCBSTX does not guarantee or make any claims or recommendations regarding the services or products offered under Blue365. You may want to consult with your physician prior to use of these services and products. Services and products are subject to availability by location. BCBSTX reserves the right to discontinue or change this discount program at any time without notice.

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Important Notices

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

You may be eligible for assistance paying your employer health plan premiums. In Texas, contact information regarding eligibility is listed below.

Website: <http://gethipptexas.com/>

Phone: 1-800-440-0493

For information about premium assistance in other states, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Women's Health and Cancer Rights Act of 1998 Notification

In 1998, the U.S. Congress passed the Women's Health and Cancer Rights Act of 1998 that provides coverage for reconstructive surgery and related services following a mastectomy in conjunction with a diagnosis of breast cancer.

In the case of a covered person receiving benefits under their plan in connection with a mastectomy and who elects breast reconstruction, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- Coverage will be provided for the reconstructive surgery of the breast on which a mastectomy has been performed.
 - Coverage will be provided for surgery and reconstruction of the other breast to produce a symmetrical appearance.
 - Coverage will be provided for prostheses and physical complications through all stages of a mastectomy, including swelling associated with the removal of lymph nodes.
-

Newborns' and Mothers' Health Protection Act of 1996

Group health plans and health insurance issuers generally, may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours if applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Genetic Information Nondiscrimination Act of 2008 (GINA)

GINA prohibits employers and other entities covered by GINA from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. Please do not include any family medical history or any information related to genetic testing, genetic services, genetic counseling or genetic diseases for which an individual may be at risk



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Notice to Enrollees in the TAC HEBP Group Health Plan

Group health plans sponsored by a local government entity such as the Texas Association of Counties Health and Employee Benefits Pool (TAC HEBP) must generally comply with Federal law requirements in Title XXVII of the Public Health Services Act. However, TAC HEBP is permitted to elect to be exempt from the requirement listed below because TAC HEBP's plan is "self-funded", rather than provided through a health insurance policy. TAC HEBP has elected to be exempt from the following requirement:

- Protections against having benefits for mental health and substance use disorders be subject to more restrictions than apply to medical and surgical benefits covered by the plan.

The exemption from this Federal requirement will be in effect for the plan year beginning October 1, 2020 and ending September 30, 2021. The election may be renewed for subsequent years.



Important Notices

Initial Notice About Special Enrollment Rights in Your Group Health Plan

A federal law called Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you about very important provisions in the plan. You have the right to enroll in the plan under its “special enrollment provision” without being considered a late enrollee if you acquire a new dependent or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons. Section I of this notice may not apply to certain self-insured, non-federal governmental plans. Contact your employer or plan administrator for more information.

A. SPECIAL ENROLLMENT PROVISIONS

Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program) If you are declining enrollment for yourself or your eligible dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if you move out of an HMO service area, or the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 31 days after your or your dependents’ other coverage ends (or move out of the prior plan’s HMO service area, or after the employer stops contributing toward the other coverage).

Loss of Coverage For Medicaid or a State Children’s Health Insurance Program

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for State Premium Assistance for Enrollees of Medicaid or a State Children’s Health Insurance Program

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance.

To request special enrollment or obtain more information, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.

II. Additional Notices

Other federal laws require we notify you of additional provisions of your plan.

NOTICES OF RIGHT TO DESIGNATE A PRIMARY CARE PROVIDER (FOR NON-GRANDFATHERED HEALTH PLANS ONLY)

For plans that require or allow for the designation of primary care providers by participants or beneficiaries:

If the plan generally requires or allows the designation of a primary care provider, you have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.

For plans that require or allow for the designation of a primary care provider for a child: For children, you may designate a pediatrician as the primary care provider.

For plans that provide coverage for obstetric or gynecological care and require the designation by a participant or beneficiary of a primary care provider: You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For a list of participating health care professionals who specialize in pediatrics, obstetrics or gynecology, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.



NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

I. USE AND DISCLOSURE OF HEALTH INFORMATION

The Texas Association of Counties Health and Employee Benefits Pool (“Pool”) has created a health plan that provides health coverages for employees (and their dependents) of the counties and county-related entities that are members of the Pool (“the Plan”). The Plan is subject to the requirements of the federal Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and the Privacy Rule published by the United States Department of Health and Human Services at 45 CFR §§ 160 -164 (“Privacy Rule”). HIPAA and the Rule regulate the Plan’s use of your protected health information.

The Plan may use your protected health information for purposes of making or obtaining payment for your care and conducting health care operations. The Plan has established a policy to guard against unnecessary disclosure of your health information.

The following is a summary of the circumstances under which and purposes for which your health information may be used and disclosed without getting an authorization from you or giving you a chance to agree or object to the disclosure:

A. To Make or Obtain Payment.

The Plan may use or disclose your health information to make payment to or collect payment from third parties, such as other health plans or providers, for the care you receive. For example, the Plan may provide information regarding your coverage or health care treatment to other health plans to coordinate payment of benefits.

B. To Conduct Health Care Operations.

The Plan may use or disclose health information for its own health care operations, to facilitate the administration of the Plan, and as necessary to provide coverage and services to all of the Plan’s participants. If the Plan needs to use your information, but does not need to disclose it to third parties, it will be used but will not be disclosed. Health care operations includes such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Clinical guideline and protocol development, case management and care coordination.
- Contacting health care providers and participants with information about treatment alternatives and other related functions.
- Health care professional competence or qualifications review and performance evaluation.
- Accreditation, certification, licensing or similar activities.
- Underwriting, premium rating or related functions to create, renew or replace health insurance or health benefits. However, while we may use and disclose your health information for underwriting purposes, we are prohibited from using or disclosing genetic information of an individual for such purposes.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development, including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of the Plan, including customer service and resolution of internal grievances.

For example, the Plan may use your health information to conduct case management reviews, to review and assess the quality of the various components of the Plan and the utilized health care providers, or to engage in customer service and grievance resolution activities.

C. For Treatment Alternatives.

The Plan may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

D. For Distribution of Health-Related Benefits and Services.

The Plan may use or disclose your health information to provide to you information on health-related benefits and services that may be of interest to you.

E. For Disclosure to the Plan Sponsor.

The Plan may provide summary health information to the plan sponsor so that the plan sponsor may solicit premium bids from health insurers or modify, amend or terminate the plan. The Plan also may disclose to the plan sponsor information on whether you are participating in the health plan.

In addition, the Plan may disclose your protected health information (PHI) to the plan sponsor as necessary for the plan sponsor to perform administration functions on behalf of the Plan. The Plan will not provide your name in connection with your health information and will otherwise de-identify the information to the extent it is practical to do so. PHI will be disclosed to the plan sponsor only upon receipt of a certification by the plan sponsor that the plan sponsor agrees to:

- Not use or further disclose the information other than as permitted or required by the plan documents or as required by law;
- Ensure that any agents to whom it provides PHI received from HEBP agree to the same restrictions that apply to the plan sponsor with respect to such information;
- Not use or disclose the information for employment related actions and decisions or in connection with any other benefit or employee benefit plan of the plan sponsor;
- Report to HEBP any use or disclosure of PHI that is inconsistent with the uses or disclosures provided for of which it becomes aware;
- Make available PHI for amendment and incorporate any amendments to PHI agreed to or required by HEBP;
- Make PHI available to an individual who has a right to access it pursuant to the Privacy Rule;
- Make available the information required to provide an accounting of disclosures in accordance with the Privacy Rule;
- Make its internal practices, books, and records relating to the use and disclosure of PHI received from HEBP available to the Secretary for purposes of determining compliance by HEBP with the Privacy Rule; and
- If feasible, return or destroy all PHI received from HEBP that the sponsor still maintains in any form and retain no copies of such information when no longer needed for the purpose for which the disclosure was made.

Any PHI disclosed by the Plan will be disclosed to the Pool Coordinator designated by the Plan Sponsor. The Plan Sponsor will restrict access to and use of PHI to those individuals who need it to perform plan administration functions or to obtain bids for health

coverage. The plan sponsor will provide an effective mechanism for resolving any issues if such persons use or disclose your PHI inappropriately.

F. When Legally Required.

The Plan will disclose your health information when it is required to do so by any federal, state or local law.

G. To Conduct Health Oversight Activities.

The Plan may disclose your health information to a health oversight agency for authorized activities including audits, civil, administrative, or criminal investigations, inspections, licensure or disciplinary action. The Plan, however, may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of or is not directly related to your receipt of health care or public benefits.

H. In Connection With Judicial and Administrative Proceedings.

The Plan may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when the Plan makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

I. For Law Enforcement Purposes.

As permitted or required by state law, the Plan may disclose your protected health information to a law enforcement official for certain law enforcement purposes, including, but not limited to, if the Plan has a suspicion that your death was the result of criminal conduct or in an emergency to report a crime.

J. In the Event of a Serious Threat to Health or Safety.

The Plan may, consistent with applicable law and ethical standards of conduct, disclose your protected health information if the Plan, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

K. For Specialized Government Functions.

We may be required to disclose your information to federal authorities. Federal regulations require the Plan to use or disclose your health information to facilitate specified government functions related to the military and veterans, national security and intelligence activities, protective services for the president and others, and correctional institutions and inmates.

L. For Worker's Compensation.

The Plan may release your health information to the extent necessary to comply with laws related to workers' compensation or similar programs.

M. Public Health Activities.

The Plan may disclose your protected health information to a public health authority authorized by law to collect such information to prevent or control disease, injury, or disability, and to report such information as birth or death, the conduct of public health surveillance and public health investigations. The Plan also may disclose your information to an appropriate government authority authorized to receive reports about child abuse. The Plan also may disclose your information to a person responsible for activities related to the quality, safety and effectiveness of products regulated by the federal Food and Drug Administration. The Plan may disclose your protected health information to a government authority if there is a reasonable belief that you are a victim of abuse, neglect, or domestic violence.

II. AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than as stated above, the Plan will not disclose your health information unless you give us your written authorization. Specifically, we must have your written authorization to use or disclose psychotherapy notes except as permitted or required by law and personal information for marketing purposes, in most instances. In addition, we do not sell your personal information. If you authorize the Plan to use or disclose your health information, you may revoke that authorization in writing at any time, unless the Plan has taken an action based on your authorization.

III. YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that the Plan maintains:

A. Right to Request Restrictions.

You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the Plan's disclosure of your health information to someone involved in the payment of your care. The Plan is not required to agree to your request, but will certainly consider it. We must, however, agree to any request you may make to restrict disclosure of your personal information to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law and the information pertains solely to a health

care item or service for which you or someone acting on your behalf paid the provider in full. If you wish to make a request for restrictions, please contact TAC HBS Operations Manager at 800-456-5974.

B. Right to Receive Confidential Communications.

You have the right to request that the Plan communicate with you in a certain way if you feel it is necessary to protect your interests. For example, you may ask that the Plan only communicate with you at a certain telephone number or by e-mail. If you wish to receive confidential communications, please make your request in writing to TAC HBS Operations Manager, P.O. Box 2131, Austin, Texas 78768, Fax 512-481-8481. The Plan will honor your reasonable requests for confidential communications.

C. Right to Inspect and Copy Your Health Information.

You have the right to inspect and copy your health information. A request to inspect and copy records containing your health information must be made in writing to TAC HBS Operations Manager, P.O. Box 2131, Austin, Texas 78768, Fax 512-481-8481. If you request a copy of your health information, the Plan may charge a reasonable fee for labor for copying, the costs of supplies for creating an electronic copy on portable media, the cost of preparing an explanation or summary of the information if you agree, and postage, if applicable, associated with your request.

D. Right to Amend Your Health Information.

If you believe that your health information records are inaccurate or incomplete, you may request that the Plan amend any records in its possession. A request for an amendment of records must be made in writing, must express a reason the records should be amended, and must be sent to TAC HBS Operations Manager, P.O. Box 2131, Austin, Texas 78768, Fax 512-481-8481. The Plan may deny the request if it does not include a reason to support the amendment. The request also may be denied if your health information records were not created by the Plan, if the information requested is not part of a designated record set, if the health information you are requesting to amend is not part of the Plan's records, if the health information you wish to amend falls within an exception to the health information you are permitted to inspect and copy (including psychotherapy notes, and information compiled for or in anticipation of a civil, criminal or administrative proceeding), or if the Plan determines the records containing your health information are accurate and complete.

E. Right to an Accounting.

The Privacy Rule requires the Plan to keep a record of certain disclosures of health information, such as

disclosures for public purposes authorized by law or disclosures that are not in accordance with the Plan's privacy policies and applicable law. You have the right to request a copy of this record. The request must be made in writing to TAC HBS Operations Manager, P.O. Box 2131, Austin, Texas 78768, Fax 512-481-8481. The request should specify the time period for which you are requesting the information, but may not start earlier than April 14, 2003. Accounting requests may not be made for periods of time going back more than six (6) years. The Plan will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. The Plan will inform you in advance of the fee, if applicable.

F. Right to a Paper Copy of this Notice.

You have a right to request and receive a paper copy of this Notice at any time, even if you have received this Notice previously or agreed to receive the Notice electronically. To obtain a paper copy, please contact TAC HBS Operations Manager, P.O. Box 2131, Austin, Texas 78768, Fax 512-481-8481. You also may view a copy of the current version of the Plan's Privacy Notice at the Web site, <http://www.County.Org>.

IV. DUTIES OF TAC HEBP HEALTH PLAN

The Plan is required by law to maintain the privacy of your health information as set forth in this Notice and to provide to you this Notice of its duties and privacy practices. The Plan is also required by law to notify any affected individuals following a breach of their unsecured protected health information. The Plan is required to abide by the terms of this Notice, which may be amended

from time to time. The Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains. If the Plan changes its policies and procedures, the Plan will revise the Notice and will provide a copy of the revised Notice to you within 60 days of the change. The Plan will also post the revised Notice on its website by the effective date of the Notice. You have the right to express complaints to the Plan and to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. Any complaints to the Plan should be made in writing to TAC HEBP Privacy Official, Rob Ressmann, P.O. Box 2131, Austin, Texas 78768, Fax: 512-478-0519. The Plan encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

CONTACT PERSON

The Plan has designated Rob Ressmann, Privacy Official as its contact person for all issues regarding patient privacy and your privacy rights. You may contact him at P.O. Box 2131, Austin, Texas 78768, 512-478-8753.

EFFECTIVE DATE

This Notice is effective Nov 8, 2013.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, please contact Rob Ressmann, TAC HEBP Privacy Official, P.O. Box 2131, Austin, Texas 78768, 512-478-8753.