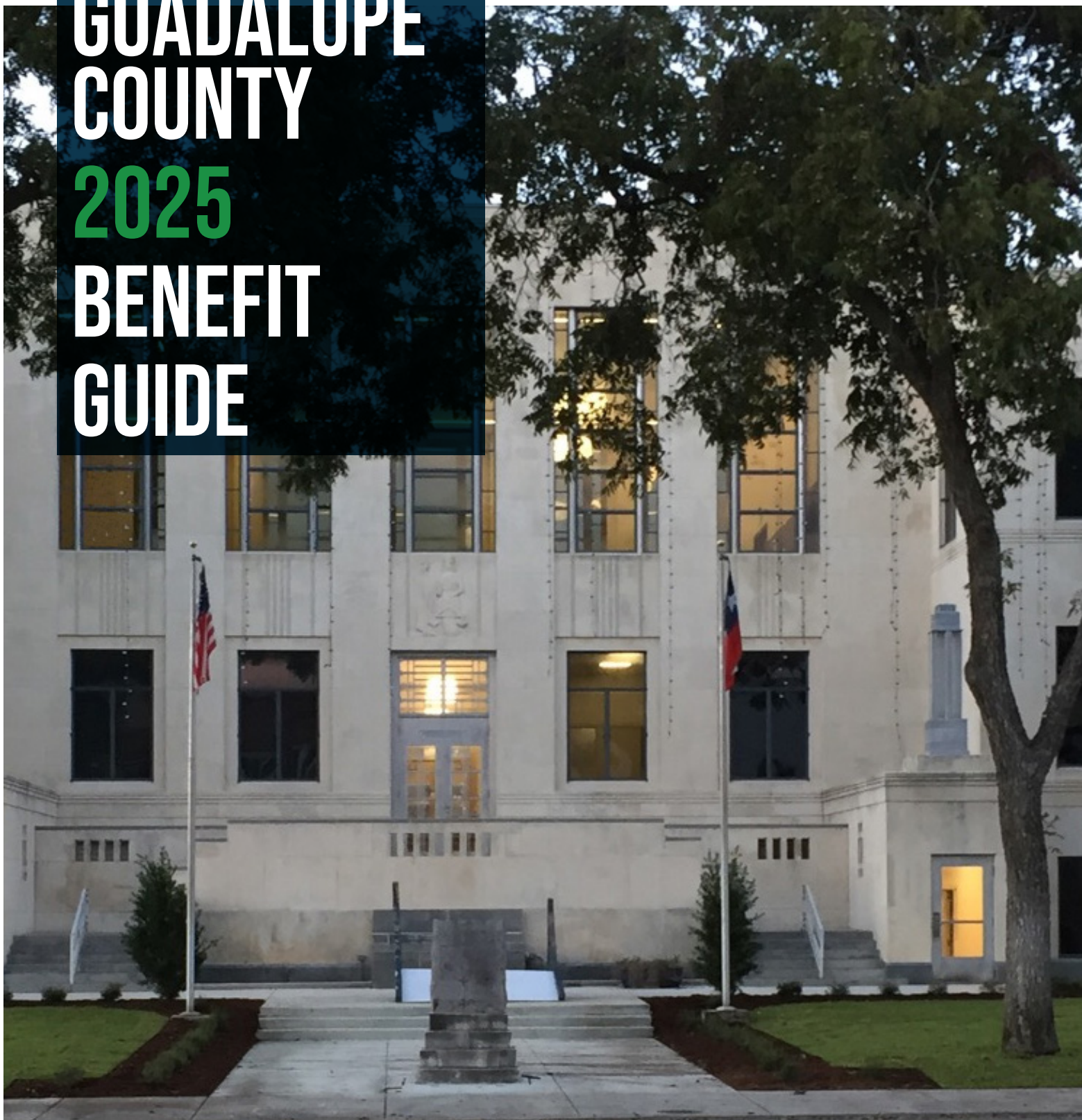


# GUADALUPE COUNTY 2025 BENEFIT GUIDE





# WHAT'S INSIDE?

|                             |    |
|-----------------------------|----|
| WELCOME                     | 3  |
| HOW TO SELF-ENROLL          | 4  |
| ELIGIBILITY                 | 5  |
| QUALIFIED LIFE EVENT        | 6  |
| KEY TERMS                   | 7  |
| KNOW WHERE TO GO            | 8  |
| MEDICAL                     | 9  |
| PRESCRIPTIONS               | 10 |
| FLEX SPENDING ACCOUNT       | 13 |
| FSA vs DCFSA                | 14 |
| WELLNESS PROGRAM            | 15 |
| EMPLOYEE ASSISTANCE PROGRAM | 16 |
| ACCIDENT                    | 17 |
| CRITICAL ILLNESS            | 18 |
| CANCER                      | 19 |
| HOSPITAL INDEMNITY          | 20 |
| DENTAL                      | 21 |
| VISION                      | 22 |
| LIFE INSURANCE              | 23 |
| DISABILITY                  | 24 |
| RETIREMENT PLANNING         | 25 |
| COBRA                       | 27 |
| LEGAL NOTICES               | 28 |
| CONTACTS                    | 35 |



# HEY THERE!

# WELCOME

Guadalupe County has diligently crafted a comprehensive benefits package aimed at empowering your well-being and ensuring your financial security throughout the 2025 benefit year.

Each year, Guadalupe County strives to offer comprehensive benefit plans to our employees. In this benefit guide you will learn more about the benefits offered for the 2025 plan year and how to use them to your benefit. Throughout this guide you will find interactive QR codes that will take you deeper into your employee benefit plan documents and give you quick access to needed claims forms. To access, scan with a camera on your personal device, cell phone, or by clicking, if viewing electronically.

**THIS YEAR, OPEN ENROLLMENT WILL RUN FROM SEPTEMBER 23, 2024 - SEPTEMBER 27, 2024. THE BENEFITS YOU ELECT DURING THIS PERIOD WILL BE EFFECTIVE JANUARY 1, 2025 - DECEMBER 31, 2025. PLEASE REVIEW YOUR OPEN ENROLLMENT MATERIALS THOROUGHLY BEFORE MAKING YOUR ELECTIONS.**

## 3 WAYS TO ENROLL

**\*All new enrollees MUST enroll by phone\***



### Online

To Enroll online via self-serve please visit:

[aflac.benselect.com](https://aflac.benselect.com)

\*If you self-enroll, all selections are final. There will be no exceptions made for misunderstanding of benefits or for not completing your benefits elections properly.



### In-Person

To Enroll In-Person with a benefits counselor, please click or scan the QR code below.



### Phone

You may enroll with a dedicated benefits counselor at

**855-202-2701**

Counselors are available

Monday -Friday

8:00am - 5:00pm

Hablamos Español

## Need more information?

Please visit your employee benefits hub by scanning or clicking the QR code to access:

- Plan Documents
- Claims Forms



# HOW TO SELF-ENROLL



1

Register for the portal by logging on to: [aflac.benselect.com/enroll](https://aflac.benselect.com/enroll)

Username: Your SSN

Password: The last 4 digits of your SSN and the last 2 Digits of your birth year

2

Follow the prompts to complete the registration process. Please review the personal demographic data and update as needed. Then click 'NEXT' to advance through each screen.

3

Next you will be asked to enter dependent/beneficiary information. To add a dependent please click the '+' and enter the dependent's information. To edit an existing dependent, please click the pencil icon on the right side of the dependent. After making changes, please click 'SAVE' on the bottom of the page. Once you are finished with this section, click 'NEXT'.

4

Once you are at the medical screen, verify your medical plan election or waive the coverage. When you click 'NEXT', you will advance to any coverage that you have not previously enrolled in.

5

If you would like to make changes to existing coverage, you may click on the individual coverage options listed under "My Benefits" menu at the top of the screen.

6

Once you select the coverage you would like to change, click on 'UNLOCK' to access the options. Once you make a decision, please click 'NEXT' to go to the review page.

7

Once on the "Sign and Submit" page, you will be able to review your elections. If you need to make changes, please click on the link for that coverage. You will then unlock, make your changes and click 'NEXT'. This returns you to the "Sign and Submit" page. If everything is correct, please click 'NEXT'.

8

On the "Confirmation" page, enter your PIN/Password used to login. This will finalize your enrollment. You can print the confirmation form, save it as a downloadable PDF, and/or email a confirmation summary to the email address on file.



# ELIGIBILITY

The group insurance coverage described in this guidebook is available to all full-time employees who work a minimum of 30 or more hours per week. The coverage effective date will begin on the 1st day of the month following 60 days of employment. All benefit elections must be made within 2 weeks from your date of hire. The insurance plan year is from January 1st - December 31st of each year. Once your enrollment window has closed, you may not make any changes to your elections unless it's Open Enrollment or you experience a Qualified Life Event (QLE). **YOUR ENROLLMENT IS NOT COMPLETE UNTIL WE RECEIVE YOUR DOCUMENTATION.**



## Dependent Eligibility

If you apply for coverage for yourself, you may also elect coverage for any of your eligible dependents. Eligible Dependents include one or more of the following:

- Spouses, Common Law Spouses, & Domestic Partners
- A child through the age of 26
- A child is defined as your natural child, legally adopted child, stepchild, and any child for whom you are the court appointed guardian
- A child of any age who is medically certified as disabled and dependent on the parent for support and maintenance

## Documentation

If you are going to add a dependent to your insurance for the first time, you will need to provide proof of your dependent's relation to you. Documentation must be submitted within the enrollment window. This can be in the form of:

- Marriage Certificate
- Birth Certificate/Verification of Birth Facts (only valid until birth certificate is issued)
- Court Order
- Adoption Certificate/Placement Agreement
- Marriage Certificate + Birth Certificate needed for Stepchildren

**Submit documentation to: [HR@co.guadalupe.tx.us](mailto:HR@co.guadalupe.tx.us)**



# QUALIFIED LIFE EVENT

Generally, benefit changes are limited to Open Enrollment.

There are some exceptions to this. If you have a Qualifying Life Event (QLE), then you will be able to make changes to your benefits within 30 days of the event.

- Benefit elections must be consistent with the event
- You can only make changes to the specific plans where dependents will be effected
- Benefits and new rates become effective the date of the event for birth, adoptions, marriage, divorce, and death; or the day after benefits end, when the event is loss of coverage
- The event date must be consistent with the information in the Supporting Documentation
- If adding or removing a dependent, you will need to complete a BlueCross BlueShield form and send it to HR

| Qualifying Event                     | Supporting Documentation  | Dependent Documentation   |
|--------------------------------------|---|---|
| Marriage                             | Marriage Certificate  | Birth Certificates are required if adding spouse's children   |
| Death                                | Death Certificate   | No additional documentation required  |
| Divorce                              | Certified copy of Divorce Decree  | Birth Certificates are required if adding children not currently enrolled in benefits   |
| Adoption                             | <ul style="list-style-type: none"> <li>▪ Placement for Adoption documentation</li> <li>▪ Legal documentation of Adoption</li> </ul>   | No additional documentation required  |
| Birth                                | <ul style="list-style-type: none"> <li>▪ Birth Certificate</li> <li>▪ Verification of Birth Facts issued by hospital</li> </ul>   | No additional documentation required  |
| Loss or Gain of Coverage             | Proof of enrollment or termination of benefit coverage. Proof must contain effective or termination dates of coverage, type of coverage (Medical, dental, vision, etc.) and the names of dependents effected. | <ul style="list-style-type: none"> <li>▪ Adding Spouse - Marriage License</li> <li>▪ Adding Children - Birth Certificate</li> </ul> |
| Loss or Gain of Medicare or Medicaid | Proof of enrollment in benefit coverage. Proof must contain effective or termination dates of coverage, type of coverage (medical, dental, vision, etc.), and the names of the dependents effected.           | <ul style="list-style-type: none"> <li>▪ Adding Spouse - Marriage License</li> <li>▪ Adding Children - Birth Certificate</li> </ul> |



# KEY TERMS

## DEDUCTIBLE

The amount you pay for covered health services before your insurance plan starts to pay. For example, with a \$2,000 deductible, you pay the first \$2,000 of covered services yourself. After you pay your deductible, you usually pay only a co-payment or co-insurance for covered services. Your insurance company will pay the rest.

## COPAYMENTS

Sometimes called “copays”, are the set amount you pay for a covered service at the time you receive it. The amount can vary based on the type of service.

## COINSURANCE

The percentage of costs of a covered health care service you pay after you’ve paid your deductible.

## OUT-OF-POCKET MAXIMUM/LIMIT

The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance for in-network care and services, your health plan pays 100% of the costs for covered benefits.

This does not include your monthly premiums, any uncovered services, out-of-network care and services, or costs above the allowable amount for a service that a provider may charge.

### WHAT DOES IT ALL MEAN? HERE’S AN EXAMPLE:

Let’s say you have a family on the medical plan, you need treatment for a serious condition, and the following amounts apply to your plan:

Medical bills: \$10,000

Deductible: \$3,000

Coinsurance: 20%

Out-of-Pocket Maximum: \$6,000

You will pay the first \$3,000 (your deductible)

You will pay 20% of the remaining \$7,000 or \$1,400 (your coinsurance amount)

Your total out-of-pocket costs will be \$4,400

If your total out-of-pocket costs reach \$6,000, you would only pay that amount, including your deductible and coinsurance. The insurance company would then pay 100% of all covered services for the rest of the plan year.

Note: In this example you would need \$18,000 in medical bills to reach your out-of-pocket maximum.

# KNOW WHERE TO GO



## VIRTUAL VISITS

Board certified doctors available to diagnose, treat, and write prescriptions anywhere you are

**Cold and Flu | Allergies | Sore Throats |  
Stomach Aches | UTIs | Pink Eye**

## DOCTOR'S VISITS

Best option for preventative care, on going maintenance medications, or if you need a referral for a specialist

**Immunizations | Injury | Preventative Care |  
General Health**



## URGENT CARE

For non-life threatening illness after normal business hours or when your regular doctor is unavailable and you need care quickly

**High Fever | Injury | Sudden Illness | Cuts  
Needing Stitches**



## EMERGENCY ROOM

Go to the emergency room for immediate treatment of serious injury or illness. If a situation feels life-threatening, call 911

**Chest Pain | Serious Injury | Fever with  
Rash | Concussion**





# MEDICAL



| Benefits   | In-Network                   | Out-of-Network       |
|--|------------------------------|----------------------|
| Calendar Year Deductible                                       |                              |                      |
| Individual/Family  | \$1,000 / \$3,000            | \$3,000 / \$9,000    |
| Coinsurance  | 20%                          | Varies               |
| Out of Pocket Maximum (Maximum includes deductible and copays) |                              |                      |
| Individual/Family  | \$3,000 / \$6,000            | \$6,000 / \$18,000   |
| Office Visits  |                              |                      |
| Preventative Care Services                                     | No Charge                    | 30% after deductible |
| Primary Care Physician Copay                                   | \$25                         | 30% after deductible |
| Specialist Copay   | \$40                         | 30% after deductible |
| MDLIVE (Telemedicine)  | \$20                         | N/A                  |
| Chiropractic Care  | 20% after deductible         | 40% after deductible |
| Diagnostic Procedures  |                              |                      |
| Lab & X-Ray, Allergy Injections                                | 100% covered after copay     | 30% after deductible |
| CT Scan   MRI   PET Scan                                       | 20% after deductible         | 40% after deductible |
| Colonoscopy  | 100% covered                 | 30% after deductible |
| Emergency Medical Care   |                              |                      |
| Urgent Care  | \$25                         | 40% after deductible |
| Emergency Room   | \$200 + 20% after deductible | 40% after deductible |
| Hospital Care  |                              |                      |
| Inpatient Care   | 20% after deductible         | 40% after deductible |
| Outpatient Care  | 20% after deductible         | 40% after deductible |
| Mental Health, Behavioral Health, & Substance Abuse Services   |                              |                      |
| Inpatient (Facility)   | 20%                          | 40%                  |
| Inpatient (Physician)  | 20% after deductible         | 40% after deductible |
| Outpatient (Services and Testing)                              | 20% after deductible         | 40% after deductible |
| Outpatient (Physician)   | \$25                         | 30% after deductible |
| Semi-Monthly Rates   |                              |                      |
| Employee   | \$0.00                       |                      |
| Employee + Spouse  | \$154.00                     |                      |
| Employee + Child(ren)  | \$113.00                     |                      |
| Family   | \$195.00                     |                      |

# PRESCRIPTIONS



Your prescription benefits are included in your medical plan. Navitus makes it easy to fill your prescriptions with a large retail network of pharmacies around the United States. Choose a participating retail pharmacy close to your home or work.

If you are taking maintenance medication for longer than 30 days, consider using the mail order pharmacy or retail pharmacy locations to get your medications in 90 days supplies. It's convenient and saves money.

| 30 Day Supply       |                                     |
|---------------------|-------------------------------------|
| Generic             | Lesser of \$10 copay or actual cost |
| Preferred Brand     | \$30                                |
| Non-Preferred Brand | \$50                                |
| 90 Day Supply       |                                     |
| Generic             | \$20                                |
| Preferred Brand     | \$60                                |
| Non-Preferred Brand | \$100                               |



Members election to purchase brand name drugs when a lower cost generic is available and "Dispense as Written" (DAW) is not indicated will be required to pay the difference between the cost of the generic drug and the brand name drug, plus the higher tier copayments.

Specialty medications are available only through mail order unless purchased and administered through the doctor's office.



## NAVITUS CUSTOMERCARE

1-866-333-2757

Open 24 hours a day, 7 days a week.

Or visit us at:

<https://www.county.org/resources/resource-library/hbs/hbs-prescription-benefits>







## 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



### NAVITUS CUSTOMERCARE

**1-866-333-2757**

Open 24 hours a day, 7 days a week.

Or visit us at:

<https://www.county.org/resources/resource-library/hbs/hbs-prescription-benefits>



N3685-0911

# FIX PAIN **FAST!**

## HEALTH PLAN BENEFIT

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

**AIRROSTI VISITS ARE A \$25 COPAY\***

**35 VISITS ALLOWED  
PER YEAR**

\* 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**

**(800) 404-6050 | AIRROSTI.COM**

70

# FLEX SPENDING ACCOUNT



## HEALTHCARE FLEX SPENDING ACCOUNT (FSA)

**Minimum Contribution: \$120**

**Maximum Contribution: \$3,050**

**Minimum Rollover: \$100 (with active enrollment)**

**Maximum Rollover: \$610**

An FSA is a great way to pay for medical expenses with pre-tax dollars. You will be able to enjoy significant tax savings with pre-tax contributions and tax-free reimbursements for qualified plan expenses. Now, \$640 of your unused funds can be carried over into the next plan year. This gives you more flexibility to spend your FSA money when you need it.

## DEPENDENT CARE FLEX SPENDING ACCOUNT (DCFSA)

**Maximum Contribution: \$5,000**

**No Rollover**

In addition to the healthcare FSA, you may opt to participate in the Dependent Care FSA. Set aside pre-tax funds into a DCFSA for expenses associated with caring for elderly or child dependents. THE DEPENDENT CARE FSA IS NOT FOR MEDICAL EXPENSES FOR YOUR DEPENDENTS. Unlike the healthcare FSA, reimbursement from your DCFSA is limited to the total amount that is currently deposited in your account. You can set aside up to \$5,000 to pay for child or elder care expenses.



### NOTE:

**YOU CANNOT STOP OR CHANGE YOUR FSA CONTRIBUTIONS DURING THE YEAR**

**YOU CANNOT TRANSFER MONIES BETWEEN FSA AND DCFSA ACCOUNTS**



# COMPARISON

# FSA vs DCFSA

|  | FSA   | DCFSA  |
|--|---|--|
| Overview   | An account that allows benefits eligible employees to pay for eligible health expenses tax free. Works well for planned medical expenses. | An account that allows benefits eligible employees to get reimbursed for eligible childcare expenses tax free. THE DEPENDENT CARE FSA IS NOT FOR MEDICAL EXPENSES FOR YOUR DEPENDENTS. |
| Vendor   | CPI   | CPI  |
| Eligibility  | No specific plan required   | No specific plan required  |
| Who may contribute?                                | Employee pre-tax deductions via payroll deductions.   | Employee pre-tax deductions via payroll deductions.  |
| Employer Contribution?                             | No  | No   |
| Maximum annual contribution limit?                 | \$3,050   | \$5,000  |
| Is there a “catch up” contribution provision?      | No  | No   |
| Eligible expenses?                                 | Medical, Dental, Vision, & Prescription<br>For a full list, see IRS 213(d) at <a href="https://www.irs.gov">IRS.gov</a> .                 | Dependent Care provided while you work or are looking for work<br>For full list see IRS 503 at <a href="https://www.irs.gov">IRS.gov</a> .   |
| Is proof of eligible expenses required?            | Yes, documentation must be submitted to CPI.  | Yes, to receive reimbursement, you must submit documentation to CPI.   |
| Is re-enrollment required each year?               | Yes   | Yes  |
| Can you make mid-year contribution changes?        | No, unless there is a qualifying life event.  | No, unless there is a qualifying life event.   |
| Rollover of unused fund to next year?              | Yes<br>\$610 are eligible to rollover   | No   |
| Portable after leaving Guadalupe County?           | No  | No   |
| Is there a debit card associated with the account? | Yes   | No   |



# WELLNESS PROGRAM



Wellness communication is distributed via county email and bulletin boards. If you do not have county email and would like to receive information or have a suggestion on a program you would like to see, please contact human resources: **830-303-8862** or [HR@co.guadalupe.tx.us](mailto:HR@co.guadalupe.tx.us).

Check out all of the programs the county has to offer at:

<https://www.county.org/health-benefits/healthy-county-program>

## Healthy County/WebMD One [www.county.org/webmdone](http://www.county.org/webmdone)

Use this platform for well-being solutions, engagement services, and program success solutions.



## Gym Membership Reimbursement

Guadalupe County will pay you \$150 each year if you meet the requirement of 125 visits within 11 months (October 1 - August 31)

## Lunch n' Learns

We offer 30-45 minute presentations on a variety of topics such as cooking demos, stress management, pain management, essential oils, gardening, financial management, and cyber security.



## Wondr Health

The Wondr Health program has the secret to lasting weight loss and it doesn't include starving, counting calories or eating diet food. This simple, 10 week online program helps you change how you eat instead of what you eat. Healthy County is now offering you the chance to learn how to eat to reduce your chances of getting a serious disease, like diabetes or heart disease, and increase your chance at living a longer, healthier life. Click on the link for more information: <https://tinyurl.com/wondrhealth>

## BCBS Well on Target [www.bcbstx.com](http://www.bcbstx.com)

If you set up a Well on Target profile, you earn life points for signing up, going to the gym, wearing a tracking device, and completing a health assessment. With these points you can shop with retailers online.







When you need to talk, we're here...

**What services are covered under the EAP?**

- The EAP offers a 24 hour, 7 day a week help line staffed by licensed practitioners. The EAP help line number is (830)379-1010 or (800) 246-1010.
- The EAP offers individual, marital, and family counseling.
- Crisis intervention services, including immediate on-site group or individual sessions.
- Supervisor/manager training.

**What kinds of problems are addressed by the EAP?**

Some of the problems addressed in the counseling setting include: Depression, grief, anxiety, marital problems, behavioral problems, stress management, parenting, domestic violence, substance abuse, anger management, and crisis intervention.

**Are the EAP services confidential?**

EAP sessions are completely confidential. Employers only receive utilization data (e.g., number of employees using services, gender). The only exceptions include information pertaining to suicidal or homicidal behavior and child or elder abuse and neglect, which our counselors are obligated by law to report. Supervisor generated referrals require the employee's consent for release of information.

**How do I schedule a session?**

To schedule a session, simply call (830)379-1010 or (800)246-1010 and a counselor will assist you in scheduling an appointment. There is no insurance paperwork to complete and no fee charged to the employee.

**How do I know if I should call my EAP for help with a problem?**

If you are thinking of calling, then call. Putting off or neglecting to address a problem, no matter how small, may only make that problem more difficult to resolve. No problem is too small.

**Do I only get six sessions per year?**

No, the EAP benefit allows employees and dependents six sessions per problem per year. For example, if an employee attends six sessions to address work related issues and later encounters a problem with stress that results in depression, the employee or dependents can return to address this second and separate issue.

**Are all of the counselors qualified?**

Yes, each counselor on the EAP network is licensed by the State of Texas and possesses a Master's or Doctoral Degree.

**What if I am not comfortable with my counselor and would like a different counselor?**

Simply call (830)379-1010 or (800)246-1010 and request a different counselor. Everyone is unique and preferences and comfort levels differ from person to person. The goal of the EAP is to provide you the help you need and we will do whatever is necessary to provide you with a therapist that you are comfortable with.

**What happens if my problems can't be resolved in six sessions?**

The EAP director and your counselor will determine what is needed. Typically, long-term treatment is transferred to the employee's insurance plan.



Call: 830.379.1010 • 800.246.1010





# ACCIDENT



Accidents happen. You can't always prevent them, but you can take steps to reduce their financial impact. Health Insurance helps with the medical expenses, but accident coverage is an additional layer of protection that can help you pay for your deductible, copays, and even day to day expenses such as mortgage or car payments. Whether you are injured on or off the job, benefits under this plan are payable to you, to use as you wish.

| Treatments Following an Injury*  |                           | Benefit Amount  |
|----------------------------------|---------------------------|-----------------|
| Initial Physician Office Visit   | once per accident         | \$75            |
| Follow up visit                  | up to 6 visits            | \$50            |
| Ambulance - Air                  | once per accident         | \$900           |
| Ambulance - Ground               | once per accident         | \$300           |
| Blood   Plasma   Platelets       | once per accident         | \$400           |
| Hospital Admission               | once per accident         | \$1,000         |
| Daily Hospital Confinement       | up to 365 days            | \$200           |
| Daily ICU Confinement            | up to 30 days             | \$200           |
| Emergency Room                   | once per accident         | \$150           |
| Urgent Care                      | once per accident         | \$150           |
| X-Ray   CT Scan   MRI            | once per accident         | \$150           |
| Surgery                          | once per accident         | up to \$750     |
| Physical Therapy                 | up to 10 visits           | \$25            |
| Burns                            | once per accident         | up to \$18,000  |
| Concussion                       | once per accident         | \$350           |
| Dislocations & Fractures         | once per accident         | up to \$6,000   |
| Laceration                       | once per accident         | up to \$600     |
| Coma                             | once per accident         | \$10,000        |
| Residence/Vehicle Modification   | once per accident         | \$1,000         |
| Accidental Death & Dismemberment | once per accident         | up to \$100,000 |
| Wellness Benefit                 | once per year per insured | \$100           |

## Features

|                                   |          |
|-----------------------------------|----------|
| Organized Athletic Activity Rider | Included |
|-----------------------------------|----------|

## Semi-Monthly Rates

|                       |         |
|-----------------------|---------|
| Employee              | \$5.81  |
| Employee + Spouse     | \$10.16 |
| Employee + Child(ren) | \$14.25 |
| Family                | \$18.61 |

\*This list is a summary. Refer to plan documents for a comprehensive list of covered benefits.



AFLAC

# CRITICAL ILLNESS

| Coverage Information  | Benefit Amount   |
|---|--|
| Employee Coverage   | \$10,000   \$20,000   \$30,000                                     |
| Child(ren) Coverage   | 50% of the face amount elected by employee<br>no additional charge |
| Spouse Coverage   | 50% of the face amount elected by employee                         |
| Covered Illnesses*  | Benefit Amount   |
| Vascular Conditions   |  |
| Heart Attack, Sudden Cardiac Arrest   | 100%   |
| Coronary Artery Bypass Surgery  | 25%  |
| Neurological Conditions   |  |
| Stroke, Coma, Amyotrophic Lateral Sclerosis (ALS), Sustained Multiple Sclerosis (MS), Advanced Parkinson's Disease, Advanced Alzheimer's Disease  | 100%   |
| Cancer Conditions   |  |
| Internal or Invasive Cancer   | 100%   |
| Non-Invasive Cancer, Metastatic Cancer  | 25%  |
| Skin Cancer   | \$1,000 per calendar year  |
| Other Specified Conditions  |  |
| Major Organ Transplant, Bone Marrow Transplant, Kidney Failure (End-Stage Renal Failure), Loss of Hearing, Sight, or Speech, Paralysis  | 100%   |
| Specified Disease   |  |
| Addison's Disease, Covid-19, Malaria, Sickle Cell Anemia, Systemic Lupus, Tuberculosis, Rabies, Encephalitis, Lyme Disease, Muscular Dystrophy, Cerebrospinal Meningitis, Chron's Disease, Chronic Obstructive Pulmonary Disease (COPD) | up to 40%  |
| Wellness Benefit  | \$100  |

\*This is a summary of benefits. See plan documents for full coverage information.

| Employee/Dependent Child(ren)<br>Semi-Monthly Rates |          |          |          | Spouse<br>Semi-Monthly Rates |         |          |          |
|---|----------|----------|----------|------------------------------|---------|----------|----------|
| Age   | \$10,000 | \$20,000 | \$30,000 | Age                          | \$5,000 | \$10,000 | \$15,000 |
| 18-29   | \$3.09   | \$6.18   | \$9.27   | 18-29                        | \$1.55  | \$3.09   | \$4.64   |
| 30-39   | \$5.25   | \$10.51  | \$15.76  | 30-39                        | \$2.63  | \$5.25   | \$7.88   |
| 40-49   | \$9.23   | \$18.45  | \$27.67  | 40-49                        | \$4.61  | \$9.23   | \$13.84  |
| 50-59   | \$15.24  | \$30.48  | \$45.71  | 50-59                        | \$7.62  | \$15.24  | \$22.86  |
| 60+   | \$26.34  | \$52.67  | \$79.01  | 60+                          | \$13.17 | \$26.34  | \$39.51  |

# CANCER



Did you know that in the United States, 1 in 2 men and 1 in 3 women will be diagnosed with cancer in their lifetime? The diagnosis of cancer can be devastating. You do not need to add financial worry to what is already a very difficult time. Cancer coverage from Aflac offers you the financial protection that you need to focus on what is most important -- your care.

| Coverage Information                             | Benefit Amount   |          |          |
|--|--|----------|----------|
| Employee Coverage                                | \$10,000   \$20,000   \$30,000                                       |          |          |
| Child(ren) Coverage                              | 50% of the face amount elected by the employee<br>no additional cost |          |          |
| Spouse Coverage                                  | 50% of the face amount elected by the employee                       |          |          |
| Covered Illnesses                                | Benefit Amount   |          |          |
| Cancer (Internal or Invasive)                    | 100%   |          |          |
| Non-Invasive Cancer                              | 25%  |          |          |
| Skin Cancer                                      | \$1,000 per calendar year  |          |          |
| Metatstatic Cancer                               | 25%  |          |          |
| Employee/Dependent Child(ren) Semi-Monthly Rates |  |          |          |
| Age  | \$10,000   | \$20,000 | \$30,000 |
| 18-29  | \$0.92   | \$1.84   | \$2.76   |
| 30-39  | \$1.95   | \$3.89   | \$5.83   |
| 40-49  | \$4.43   | \$8.85   | \$13.28  |
| 50-59  | \$8.12   | \$16.24  | \$24.36  |
| 60+  | \$15.48  | \$30.95  | \$46.43  |
| Spouse Semi-Monthly Rates                        |  |          |          |
| Age  | \$5,000  | \$10,000 | \$15,000 |
| 18-29  | \$0.46   | \$0.92   | \$1.38   |
| 30-39  | \$0.97   | \$1.95   | \$2.92   |
| 40-49  | \$2.22   | \$4.43   | \$6.64   |
| 50-59  | \$4.06   | \$8.12   | \$12.18  |
| 60+  | \$7.74   | \$15.48  | \$23.21  |

For more information about Cancer causes and treatments, go to [Cancer.org](https://www.cancer.org).

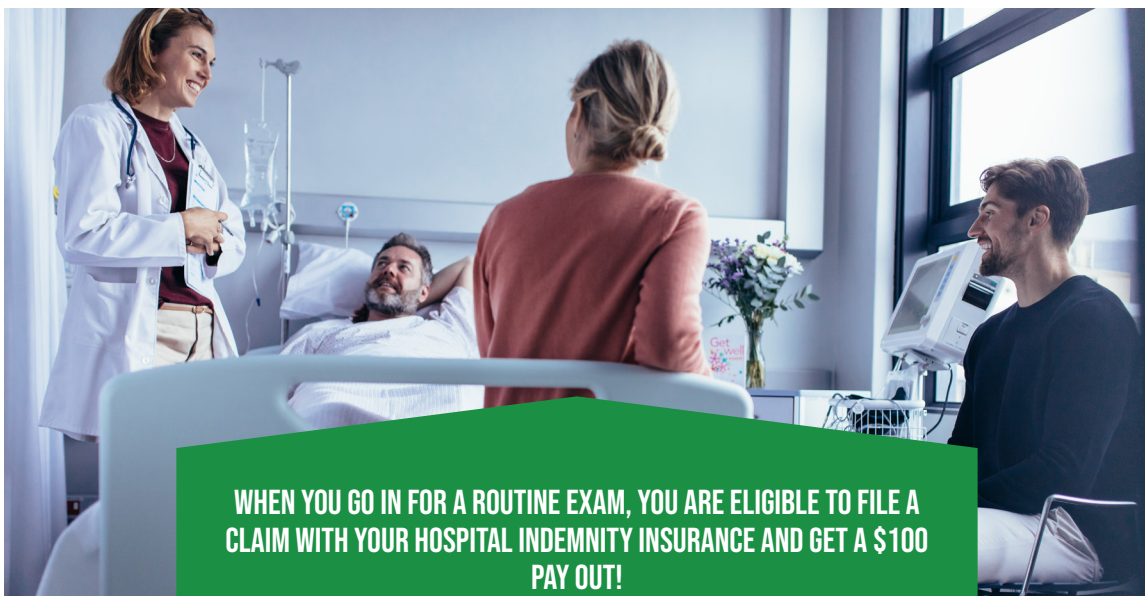


# HOSPITAL INDEMNITY

Hospital Indemnity coverage through Aflac pays you cash benefits if you are admitted to the Hospital or an Intensive Care Unit (ICU) for a covered stay. You can use the benefits to help pay for your medical expenses such as deductible and copays, travel costs, food and lodging, or everyday expenses such as groceries and utilities.



| Coverage Information                       |   | Benefit Amount |
|--|---|----------------|
| Hospital Admission                         | once per covered sickness or accident per calendar year | \$1,000        |
| Hospital Confinement                       | up to 30 days per covered sickness or accident          | \$100          |
| Hospital Intensive Care                    | up to 30 days per covered sickness or accident          | \$100          |
| Intermediate Intensive Care Step-Down Unit | up to 30 days per covered sickness or accident          | \$50           |
| Health Screening Benefit                   | once per insured per calendar year                      | \$100          |
| Semi-Monthly Rates                         |   |                |
| Employee                                   |   | \$8.55         |
| Employee + Spouse                          |   | \$17.31        |
| Employee + Child(ren)                      |   | \$13.65        |
| Family                                     |   | \$22.41        |



**WHEN YOU GO IN FOR A ROUTINE EXAM, YOU ARE ELIGIBLE TO FILE A CLAIM WITH YOUR HOSPITAL INDEMNITY INSURANCE AND GET A \$100 PAY OUT!**

# DENTAL



Regular dental visits can do more than keep your smile attractive, they can tell dentists a lot about your overall health, including whether you may be developing a disease like diabetes. Guadalupe County has provided you with dental insurance through BlueCross BlueShield to provide you and your dependents with access to an excellent network of dental providers and the freedom to choose whether you would like to visit a participating dentist or an out-of-network provider. There are considerable cost savings when choosing an in-network provider. **There is a one (1) year waiting period on Major and Orthodontic services for new enrollees.**

| Summary of Benefits             | In-Network |
|---------------------------------|------------|
| <b>Calendar Year Deductible</b> |            |
| Individual                      | \$50       |
| Family                          | \$150      |
| <b>Calendar Year Maximum</b>    |            |
| Per Person                      | \$2,000    |
| <b>Covered Services</b>         |            |
| Preventative Services           | 100%       |
| Basic Services                  | 80%*       |
| Major Services                  | 50%*       |
| Orthodontia**                   | 50%        |
| Orthodontia Lifetime Maximum    | \$2,000    |
| <b>Semi-Monthly Rates</b>       |            |
| Employee                        | \$12.00    |
| Employee + Spouse               | \$31.25    |
| Employee + Child(ren)           | \$31.75    |
| Family                          | \$39.75    |

Child(ren)'s eligibility for coverage is from birth to age 26

\*After deductible

\*\*Available to BOTH insured adults and dependent children



It's important to stay in-network. While you can see out-of-network providers:

- Your out-of-network costs may be greater because Non-Contracting Dentists have not entered into a contract with BlueCross BlueShield to accept any Allowable Amount determination as payment in full for eligible dental expenses.
- You are required to file claims forms.
- You are balanced billed for costs exceeding the BlueCross BlueShield Allowable Amount.

# VISION



Getting your eyes checked regularly is important even if you don't wear glasses or contacts. Eye disorders like glaucoma and cataracts happen even in people with 20/20 vision. Guadalupe County provides quality vision care for you and your family through Avesis

| Summary of Benefits   | In-Network                                  | Out-of-Network Reimbursement |
|---|---|------------------------------|
| Exams   |   |                              |
| Comprehensive Exam  | \$10 Copay                                  | up to \$35                   |
| Contact Lens Fitting (Standard)   | up to \$50                                  | N/A                          |
| Contact Lens Fitting (Custom)   | up to \$75                                  | N/A                          |
| Corrective Lenses   |   |                              |
| Single Vision   | \$10 Copay                                  | up to \$25                   |
| Bifocal   | \$10 Copay                                  | up to \$40                   |
| Trifocal  | \$10 Copay                                  | up to \$50                   |
| Lenticular  | \$10 Copay                                  | up to \$80                   |
| Polycarbonate (Single Multi), Scratch Resistance Coating, UV Screening, Solid or Gradient Tint, Anti-Reflective Coating | Covered in Full                             | Covered in Full              |
| Frames  |   |                              |
| Frames Allowance  | \$150 allowance + 20% off remaining balance | up to \$50                   |
| Contact Lenses  |   |                              |
| Elective  | \$150 allowance                             | up to \$110                  |
| Medically Necessary   | Covered in Full                             | up to \$250                  |
| Benefit Frequency*  |   |                              |
| Exams   | 1 per 12 months                             |                              |
| Corrective Lenses   | 1 per 12 months                             |                              |
| Frames  | 1 per 12 months                             |                              |
| Contact Lenses  | 1 per 12 months                             |                              |
| Semi-Monthly Rates  |   |                              |
| Employee  | \$5.53                                      |                              |
| Employee + Spouse   | \$10.66                                     |                              |
| Employee + Child(ren)   | \$11.64                                     |                              |
| Family  | \$15.05                                     |                              |

\*Either lenses or contacts allowed per frequency

Plan pays out differently at discount vendors such as Costco, Walmart, Sams Club, etc.



# LIFE INSURANCE



Guadalupe County provides you with Basic Life and Accidental Death and Dismemberment (AD&D) Insurance as part of your basic coverage through Blue Cross BlueShield|Dearborn, which guarantees that your spouse or other designated survivor(s) receive death benefits. You automatically receive Basic Life and AD&D even if you waive other coverage.

You may wish to enroll in additional life insurance coverage for peace of mind. You may purchase additional Supplemental Life Insurance through BlueCross BlueShield. Premiums are paid through post-tax payroll deductions.

| Basic Life and Accidental Death and Dismemberment  |   |  |   |   |
|--|---|--|---|---|
| BlueCross BlueShield                               | Coverage Amount   | Who Pays   | Benefits Payable  | Maximum Benefit                                     |
| Benefit-Eligible Employees                         | \$20,000  | Basic Life and AD&D are provided as part of your basic coverage  | If you die, lose a limb, or suffer paralysis in a covered accident  | \$20,000  |
| Supplemental Life Insurance                        |   |  |   |   |
| BlueCross BlueShield                               | Coverage Amount   | Who Pays   | Benefits Payable  | Maximum Benefit                                     |
| Benefit-Eligible Employees                         | Increments of \$10,000<br>*Guaranteed Issue Amount of \$250,000 | Supplemental Life, Supplemental Spouse Life, and Supplemental Child Life are available to you on a voluntary basis. You pay the cost on a post-tax basis | If you die, lose a limb, or suffer paralysis in a covered accident. This benefit is in addition to the Basic Life benefit | Lesser of \$500,000 or 6x annual earning            |
| Benefit-Eligible Spouses                           | Increments of \$5,000<br>*Guaranteed Issue amount \$50,000      |  | In the event your spouse dies, loses a limb, or suffers paralysis in a covered accident                                   | \$250,000 not to exceed 50% of the employee benefit |
| Benefit-Eligible Child(ren)<br>Birth to 14 days    | \$250   |  | In the event your child dies, loses a limb, or suffers paralysis in a covered accident                                    | \$250   |
| Benefit-Eligible Child(ren)<br>15 Days to 6 Months | \$350   |  |   | \$350   |
| Benefit-Eligible Child(ren)<br>6 months to age 26  | \$10,000  |  |   | \$10,000  |

\*Guaranteed Issue amount is only for newly eligible employees. If you did not enroll during your initial enrollment period you will be subject to medical underwriting and will be required to complete an Evidence of Insurability (EOI) form for any amount selected.

| Employee Status  | Evidence of Insurability Needed?  |
|--|---|
| New Hire   | Evidence of Insurability required for any amount over \$250,000   |
| Currently have some additional life insurance and wish to increase | Can increase by one (1), \$10,000 increment without Evidence of Insurability<br>More than \$10,000 increase subject to Evidence of Insurability |
| Current Employee with no additional life, wish to add coverage     | Any amount subject to Evidence of Insurability  |

**EVIDENCE OF INSURABILITY MUST BE SUBMITTED WITHIN 2 WEEKS FROM CLOSE OF ENROLLMENT OR ANY ADDITIONAL AMOUNTS ELECTED WILL BE WITHDRAWN**

# BLUECROSS BLUESHIELD DISABILITY



Did you know that 1 in 4 workers will miss up to 3 months of work due to illness, injury, or pregnancy during their career? You and your loved ones depend on your regular income. That's why Guadalupe County offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury. A portion of your income is protected until you can return to work or reach social security normal retirement age. Cost of coverage is individual and calculated based on age and income.



## SHORT TERM DISABILITY Employer Paid

Guadalupe County provides employees with Short Term Disability (STD) benefits to assist employees. You automatically receive this benefit even if you waive other coverages. This insurance replaces 60% of your income if you become partially or totally disabled for a short time. See your plan documents or the Human Resources Department for details.

|                               |          |
|-------------------------------|----------|
| Weekly Maximum Benefit up to: | \$1,500  |
| Weekly Minimum Benefit        | \$25     |
| Elimination Period            | 14 Days  |
| Maximum Benefit Period        | 11 Weeks |

## LONG TERM DISABILITY

Long Term Disability (LTD) benefits are available for you to enroll in. This insurance replaces 60% of your income if you become partially or totally disabled for an extended time. See your plan documents or the Human Resources Department for details.

|                                |                         |
|--------------------------------|-------------------------|
| Monthly Maximum Benefit up to: | \$6,000                 |
| Monthly Minimum Benefit        | \$100 or 10%            |
| Elimination Period             | 90 days                 |
| Maximum Benefit Period         | 5 Years or until age 70 |



# RETIREMENT PLANNING



TCDRS Retirement Seminar  
Guadalupe County

PLAN YEAR 2025

## How your plan works

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

## Naming a beneficiary

- ★ You can designate/update beneficiaries by signing in to [www.TCDRS.org](http://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.

## 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.

## 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  | 20 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

## TCDRS Virtual Services!

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



# RETIREMENT PLANNING

## 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

## Partial lump-sum payment

- ★ Optional lump-sum payment up to 100% of your deposits and interest
- ★ Reduces your monthly benefit payments
- ★ Significant tax consequences: 20% federal withholding and a possible 10% early withdrawal penalty

## 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](http://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](http://www.TCDRS.org)**

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

## **Notes**

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# CPI COBRA



COBRA continuation coverage is a continuation of group plan coverage when it would otherwise end because of a life event. You have 60 days from the life event to enroll in COBRA coverage. COBRA generally lasts for 18 months but can be extended to 36 months under certain circumstances. If you opt into COBRA coverage, you are responsible for paying the full insurance premium plus a small administration fee. Guadalupe County's COBRA coverage is administered through CPI. Please see below for a list of resources associated with COBRA coverage with CPI.

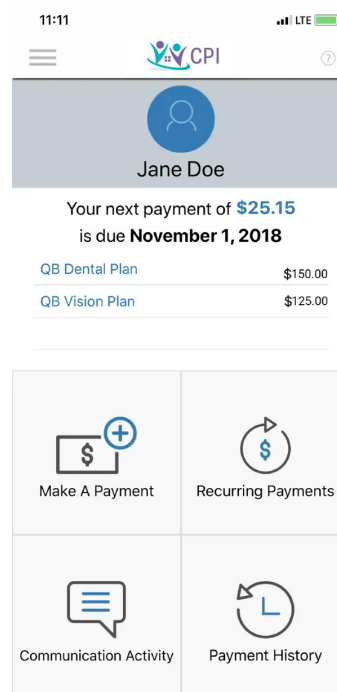
Should you choose not to enroll in COBRA, you can also go to the Health Insurance Marketplace at [healthcare.gov](https://healthcare.gov) to see what additional options you have for healthcare coverage.

## RESOURCES

CPI provides you with a website and an app that are easy to use for 24/7 management of your plans. You can:

- Get Plan Information
- Enroll in COBRA
- Check your Balance
- Pay your Premiums
- Make Changes due to a Qualifying Life Event
- Contact Customer Service

The App is available in the App Store (iPhones) and Google Play (Android)



# LEGAL NOTICES

## THE 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 as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## WOMEN'S HEALTH & CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan.

## HIPAA SPECIAL ENROLLMENT RIGHTS

Our records show that you are eligible to participate in Guadalupe County's group health plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" 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.

- **Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage 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 (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (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 new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- **Eligibility for 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

# LEGAL NOTICES

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 to obtain more information about the plan's special enrollment provisions, contact HR Team , [hr@co.guadalupe.tx.us](mailto:hr@co.guadalupe.tx.us), 830-303-8862.

## HIPAA NOTICE OF PRIVACY PRACTICES REMINDER

Guadalupe County is committed to the privacy of your health information. The administrators of Guadalupe County's health plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure. The plan's policies protecting your privacy rights and your rights under the law are described in the plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting HR Team , [hr@co.guadalupe.tx.us](mailto:hr@co.guadalupe.tx.us), 830-303-8862.

## MICHELLE'S LAW

Michelle's Law requires group health plans to provide continued coverage for a dependent child covered under the plan if the child loses eligibility because of the loss of student status resulting from a medically necessary leave of absence from a post-secondary educational institution. If your child is covered under Guadalupe County's group health plan, but will lose eligibility because of a loss of student status caused by a medically necessary leave of absence, your child may be able to continue coverage under our plan for up to one year during the medically necessary leave of absence. This coverage continuation may be available if, on the day before the medically necessary leave of absence begins, your child is covered under Guadalupe County's group health plan and was enrolled as a student at a post-secondary educational institution.

A "medically necessary leave of absence" means a leave of absence from a post-secondary educational institution (or change in enrollment status in that institution) that: (1) begins while the child is suffering from a serious illness or injury, (2) is medically necessary, and (3) causes the child to lose student status as defined under our plan. The coverage continuation is available for up to one year after the first day of the medically necessary leave of absence and is the same coverage your child would have had if your child had continued to be a covered student and not needed to take a medical leave of absence. Coverage continuation may end before the end of one year if your child would otherwise lose eligibility under the plan – for example, by reaching age 26. If your child is eligible for this coverage continuation and loses coverage under the plan at the end of the continuation period, COBRA continuation may be available at the end of the Michelle's Law coverage continuation period.

If you have any questions concerning this notice or your child's right to continued coverage under Michelle's law, please contact HR Team , [hr@co.guadalupe.tx.us](mailto:hr@co.guadalupe.tx.us), 830-303-8862.

## WELLNESS PROGRAM

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact HR Team , [hr@co.guadalupe.tx.us](mailto:hr@co.guadalupe.tx.us), 830-303-8862 and for help in finding a wellness program with the same reward that is right for you in light of your health status.

# LEGAL NOTICES

## IMPORTANT NOTICE FROM GUADALUPE COUNTY ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Guadalupe County and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- Guadalupe County has determined that the prescription drug coverage offered by Guadalupe County's health plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered creditable coverage. Because your existing coverage is creditable coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from Oct. 15 – Dec. 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two-month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage from Guadalupe County will be affected. If you do decide to join a Medicare drug plan and drop your current Guadalupe County coverage, be aware that you and your dependents will not be able to get this coverage back.

### When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Guadalupe County and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage, contact HR Team , [hr@co.guadalupe.tx.us](mailto:hr@co.guadalupe.tx.us), 830-303-8862 for further information. You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Guadalupe County changes. You also may request a copy of this notice at any time.



# LEGAL NOTICES

For More Information About Your Options Under Medicare Prescription Drug Coverage:

Review the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage, visit [www.medicare.gov](http://www.medicare.gov), call your state health insurance assistance program or call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit [www.socialsecurity.gov](http://www.socialsecurity.gov) or call 800-772-1213 (TTY 800-325-0778).

**Remember: Keep this creditable coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date: 10/15/2024

Name of Entity/Sender: Guadalupe County

Contact: HR Team , [hr@co.guadalupe.tx.us](mailto:hr@co.guadalupe.tx.us), 830-303-8862

## 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](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, 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](http://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](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility –**

ALABAMA – Medicaid

Website: <http://myalhipp.com> | Phone: 1-855-692-5447

# LEGAL NOTICES

## ALASKA – Medicaid

The AK Health Insurance Premium Payment Program

Website: <http://myakhipp.com/> | Phone: 1-866-251-4861

Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)

Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

## ARKANSAS – Medicaid

Website: <http://myarhipp.com/> | Phone: 1-855-MyARHIPP (855-692-7447)

## COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>

Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711

CHP+: <https://www.colorado.gov/pacific/hcpf/child-healthplan-plus> | CHP+ Customer Service: 1-800-359-1991/ State Relay 711

## FLORIDA – Medicaid

Website: <http://flmedicaidtplecovery.com/hipp/> | Phone: 1-877-357-3268

## GEORGIA – Medicaid

Website: <https://medicaid.georgia.gov/healthinsurance-premium-payment-program-hipp> | Phone: 678-564-1162, ext 2131

## INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64

Website: <http://www.in.gov/fssa/hip/> | Phone: 1-877-438-4479

All other Medicaid:

Website: <http://www.indianamedicaid.com> | Phone 1-800-403-0864

## IOWA – Medicaid

Website: <http://dhs.iowa.gov/hawki> | Phone: 1-800-257-8563

## KANSAS – Medicaid

Website: <http://www.kdheks.gov/hcf/> | Phone: 1-785-296-3512

## KENTUCKY – Medicaid

Website: <https://chfs.ky.gov> | Phone: 1-800-635-2570

## LOUISIANA – Medicaid

Website: <http://dhh.louisiana.gov/index.cfm/subhome/1/n/331> | Phone: 1-888-695-2447

## MAINE – Medicaid

Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>

Phone: 1-800-442-6003 | TTY: Maine relay 711

## MASSACHUSETTS – Medicaid and CHIP

Website: <http://www.mass.gov/eohhs/gov/departments/masshealth/> | Phone: 1-800-694-3084 hone: 1-800-862-4840

## MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp>

Phone: 1-800-657-3739

## MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm> | Phone: 573-751-2005

# LEGAL NOTICES

## MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP> | Phone: 1-800-694-3084

## NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/oii/hipp.htm> | Phone: 603-271-5218

Toll-Free: 1-800-852-3345, ext 5218

## NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/> | Medicaid Phone: 609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html> | CHIP Phone: 1-800-701-0710

## NEW YORK – Medicaid

Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/) | Phone: 1-800-541-2831

## NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/> | Phone: 919-855-4100

## NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: (855) 632-7633 | Lincoln: (402) 473-7000 | Omaha: (402) 595-1178

## NEVADA – Medicaid

Medicaid Website: <https://dhcfp.nv.gov>

Medicaid Phone: 1-800-992-0900

## NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid> | Phone: 1-844-854-4825

## OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org> | Phone: 1-888-365-3742

## OREGON – Medicaid and CHIP

Website: <http://healthcare.oregon.gov/Pages/index.aspx> | <http://www.oregonhealthcare.gov/index-es.html> | Phone: 1-800-699-9075

## PENNSYLVANIA – Medicaid

Website: <http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm>

Phone: 1-800-692-7462

## RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/> | Phone: 855-697-4347 or 401-462-0311 (Direct Rlte Share Line)

## SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov> | Phone: 1-888-549-0820

## SOUTH DAKOTA – Medicaid

Website: <http://dss.sd.gov> | Phone: 1-888-828-0059

## VIRGINIA – Medicaid and CHIP

Medicaid Website: [http://www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm) | Medicaid Phone: 1-800-432-5924

CHIP Website: [http://www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm) | CHIP Phone: 1-855-242-8282

# LEGAL NOTICES

## TEXAS – Medicaid

Website: <http://gethipptexas.com/> | Phone: 1-800-440-0493

## UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>

CHIP Website: <http://health.utah.gov/chip>

Phone: 1-877-543-7669

## WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/> | Phone: 1-800-562-3022 ext. 15473

## VERMONT– Medicaid

Website: <http://www.greenmountaincare.org/> | Phone: 1-800-250-8427

## WEST VIRGINIA – Medicaid

Website: <http://mywvhipp.com/> | Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

## WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf> | Phone: 1-800-362-3002

## WYOMING – Medicaid

Website: <https://wyequalitycare.acs-inc.com/> | Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
**[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)**  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
**[www.cms.hhs.gov](http://www.cms.hhs.gov)**  
1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2024)



# CONTACTS

| Benefit                     | Administrator                             | Policy   Group Number | Phone   | Website  |
|-----------------------------|---|-----------------------|---|--|
| Accident                    | Aflac                                     | 28255                 | 800-433-3036  | <a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>   |
| Basic Life                  | BlueCross BlueShield Dearborn             | VF027652              | 877-442-4207  | <a href="http://bcbstx.com">bcbstx.com</a>   |
| Cancer                      | Aflac                                     | 28255                 | 800-433-3036  | <a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>   |
| COBRA                       | CPI                                       | N/A                   | 866-241-0237  | <a href="http://www.mycpitem.com">www.mycpitem.com</a><br><a href="mailto:cpisupport@mycpitem.com">cpisupport@mycpitem.com</a> |
| Critical Illness            | Aflac                                     | 28255                 | 800-433-3036  | <a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>   |
| Dental                      | BlueCross BlueShield                      | 94537                 | 800-521-2227  | <a href="http://bcbstx.com">bcbstx.com</a>   |
| Disability                  | BlueCross BlueShield                      | VF027652              | 972-766-6900  | <a href="http://bcbstx.com">bcbstx.com</a>   |
| Employee Assistance Program | Guadalupe Regional Teddy Buerger Center   | N/A                   | 830-379-1010<br>800-246-1010  | N/A  |
| FSA                         | CPI                                       | N/A                   | 866-241-0237  | <a href="http://www.mycpitem.com">www.mycpitem.com</a><br><a href="mailto:cpisupport@mycpitem.com">cpisupport@mycpitem.com</a> |
| Hospital Indemnity          | Aflac                                     | 28255                 | 800-433-3036  | <a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>   |
| Medical                     | BlueCross BlueShield                      | 94537                 | 855-357-5228  | <a href="http://bcbstx.com">bcbstx.com</a>   |
| Prescriptions               | Navitus Health Solutions                  | N/A                   | 866-333-2757  | <a href="http://www.county.org/Health-benefits/prescription-benefits">www.county.org/Health-benefits/prescription-benefits</a> |
| Retirement Plans            | Texas County & District Retirement System | N/A                   | 800-823-7782  | <a href="http://www.TCDRS.org">www.TCDRS.org</a>   |
| Retirement Plans 457(b)     | Corebridge                                | N/A                   | 800-448-2542  | <a href="http://corebridgefinancial.com/retirementservices">corebridgefinancial.com/retirementservices</a>                     |
| Retirement Plans 457(b)     | Nationwide                                | N/A                   | 888-401-5272  | <a href="http://nationwide.com">nationwide.com</a>   |
| Vision                      | Avesis                                    | 10771-1584            | 855-214-6777<br>Customer Service<br>7:00am - 8:00pm EST<br>877-712-2010<br>LASIK<br>844-366-0039 TTY:711<br>Hearing | <a href="http://www.avesis.com">www.avesis.com</a>   |
| Voluntary Life              | BlueCross BlueShield Dearborn             | VF027652              | 855-357-5228  | <a href="http://bcbstx.com">bcbstx.com</a>   |



