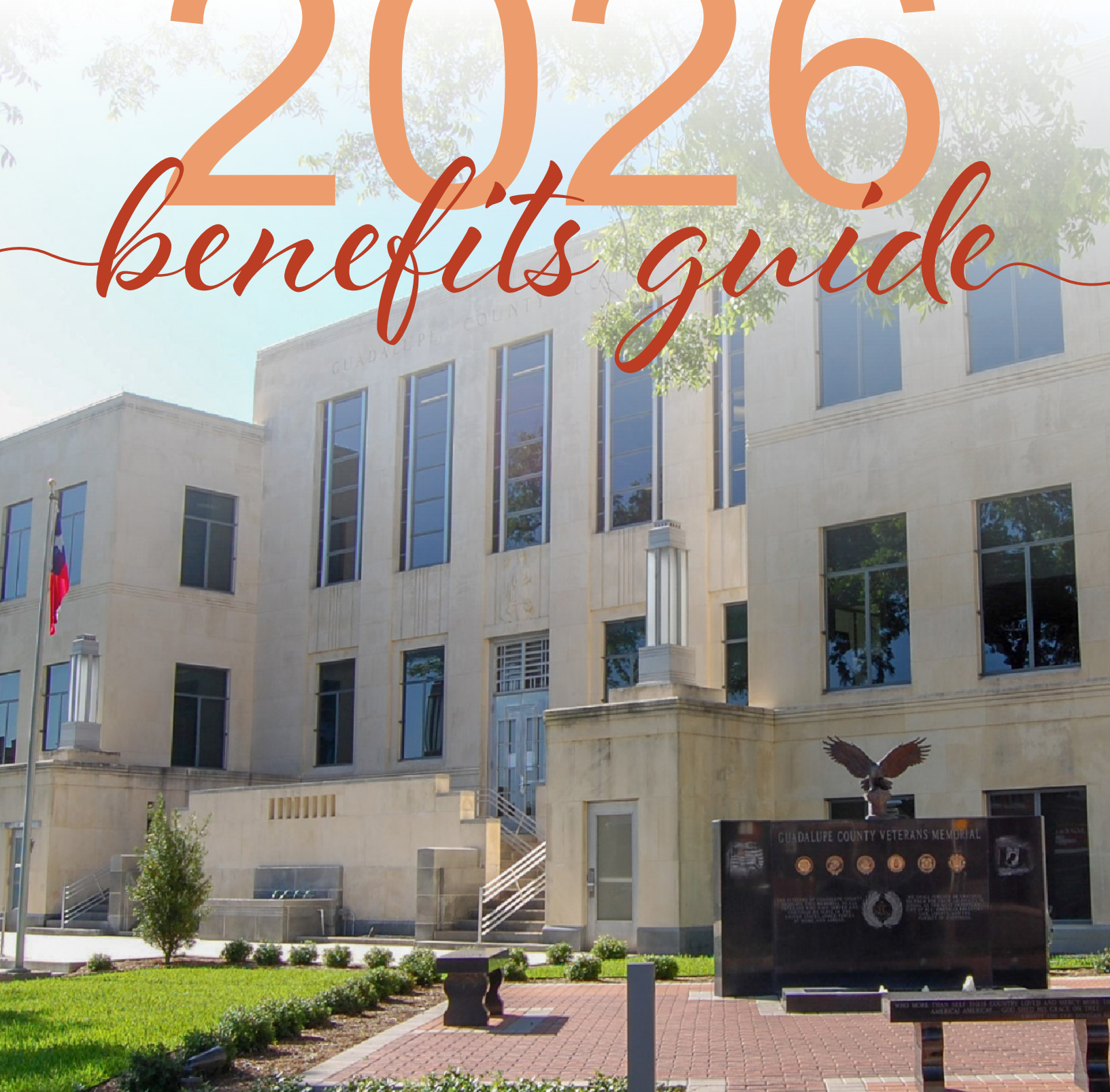


Guadalupe County

2026 *benefits guide*



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This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

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 2026 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 2026 plan year and how to use them. Throughout this guide you will find interactive QR codes that will take you deeper into your employee benefit plan documents. To access, scan with a camera on your personal device, cell phone, or by clicking, if viewing electronically.

NEED MORE INFORMATION?

Please visit your employee benefits hub at <https://enroll.thehartfordatwork.com/enroll> or 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: <https://enroll.thehartfordatwork.com/enroll>

Username: Enter your full Social Security Number (SSN) without dashes.

Example: SSN: 123-45-6789 **Username:** 123456789

Password: Use the last 4 digits of your SSN followed by the last 2 digits of your birth year.

Example: SSN: 123-45-6789, **Birth Year:** 1985 **Password:** 678985

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 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 Password used to login. This will finalize your enrollment. You can print the confirmation form, or save it as a downloadable PDF.

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:

- Legal Spouses
- 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, you will need to provide proof of your dependent's relation to you. This can be in the form of:

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

Submit documentation to: HR@guadalupe.tx.gov by October 10



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 core coverages – Medical, Dental, and Vision
- 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

Qualifying Event	Supporting Documentation	Dependent Documentation
Marriage	Marriage License	Birth Certificates and Social Security Cards are required if adding a Spouse and/or Spouse's Children
Death	Death Certificate	No additional documentation required
Divorce	Certified copy of Divorce Decree	Birth certificates and social security cards are required if adding children not currently enrolled in benefits
Adoption	• Placement for Adoption documentation • Legal documentation of Adoption	Birth Certificates and Social Security Cards are required
Birth	• Birth Certificate • Verification of Birth Facts issued by hospital	Birth Certificates and Social Security Cards are required when available
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.	• Adding Spouse – Marriage License, Birth Certificate, and Social Security Card • Adding Children – Birth Certificate and Social Security Card
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.	• Adding Spouse – Marriage License, Birth Certificate, and Social Security Card • Adding Children – Birth Certificate and Social Security Card



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 copayment or coinsurance for covered services.

Your insurance company will pay the rest.

COINSURANCE

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

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.

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.

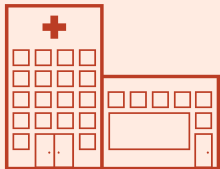
Cold and Flu | Allergies | Sore Throats | Stomach Aches | UTIs | Pink Eye



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

Administered by BlueCross BlueShield



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	\$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 and 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	30% after deductible
Emergency Room	\$200 + 20% after deductible	\$200 + 20% after deductible
HOSPITAL CARE		
Inpatient Care	20% after deductible	40% after deductible
Outpatient Care	20% after deductible	40% after deductible
MENTAL HEALTH, BEHAVIORAL HEALTH, AND SUBSTANCE ABUSE SERVICES		
Inpatient (Facility)	20% after deductible	40% after deductible
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	\$160.16	
Employee + Child(ren)	\$117.52	
Family	\$202.80	

PRESCRIPTIONS

Administered by NAVITUS



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 CUSTOMER CARE

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>



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 CUSTOMER CARE

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>



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 \$25.00 copay.*

*not subject to annual deductible except on HSA plans

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

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).

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.

CLINICAL EXPERTISE. CONVENIENT ACCESS.

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

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



SCAN ME

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

FLEX SPENDING ACCOUNT

Administered by Wex



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, \$610 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

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. A Dependent Care FSA does not allow unused funds to roll over into the next plan year.

NOTE:

YOU CANNOT STOP OR CHANGE YOUR FSA CONTRIBUTIONS DURING THE YEAR

YOU CANNOT TRANSFER MONIES BETWEEN FSA AND DCFSA ACCOUNTS





FSA VS DCFSA

COMPARISON

	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	Wex	Wex
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, and Prescription For a full list, see IRS 213(d) at IRS.gov .	Dependent Care provided while you work or are looking for work For full list see IRS 503 at IRS.gov .
Is proof of eligible expenses required?	Yes, documentation must be submitted to Wex.	Yes, to receive reimbursement, you must submit documentation to Wex.
Is re-enrollment required each year?	Yes	Yes
Can you make mid-year contribution changes?	No	No
Rollover of unused fund to next year?	Yes \$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@guadalupetx.gov**.

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

<https://www.county.org/resources/resource-library/hbs/hbs-healthy-county-wellness-program>

HEALTHY COUNTY / WEBMD ONE

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

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.



EMPLOYEE ASSISTANCE PROGRAM (EAP)



alliance work partners

TEXAS ASSOCIATION OF COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL EMPLOYEE ASSISTANCE PROGRAM (EAP)

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.

YOUR EAP BENEFITS:

Law Access

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.

Work Life

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.)*

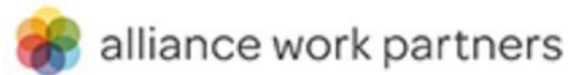
Newsletters

Webinar Training Series

Tips for Everyday Living

CRITERIA FOR EAP 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.

Assessment and 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.

Information and 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.

**All benefits can be
accessed by calling:**

**toll free
800.343.3822
TDD
800.448.1823**

Teenline

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**

ACCIDENT

Administered by The Hartford



Accident insurance pairs well with those who have active lifestyles or children involved in sports / other extracurricular activities. This plan is designed to pay benefits directly to you based on treatment received and injuries sustained from a covered accident.

Benefit and Amount				Provisions
Urgent Care	\$250	X-Ray	\$100	24 Hour
Follow Up	\$50 (6)	Lacerations	Up to \$1,000	Over 20 additional benefits
Physical Therapy	\$50 (10)	Concussion	\$300	No limit on the number of accidents
Fractures	Up to \$10,000	Hospital Admission	\$1,000	25% Organized Athletic Activity Rider
Dislocations	Up to \$10,000	Hospital Confinement	\$200 / day up to 365 days	Portable at the same rate

Health Screening Benefit

\$100 Payable once per person per calendar year

*Fracture Schedule		*Dislocation Schedule	
Finger / Toe	\$250	Finger/Toe	\$250
Rib	\$375	Collarbone (acromion / separation)	\$500
Coccyx	\$750	Hand Bones (except fingers)	\$750
Ankle / Foot Bones (except toes) / Forearm (radius or ulna) / Kneecap (patella) / Lower Jaw – Mandible (except alveolar process) / Nose / Facial Bones (except jaw bones) / Vertebral Process / Upper Arm – Humerus / Upper Jaw – Maxilla (except alveolar process) / Vertebrae – body / Wrist / Hand Bones (except fingers)	\$1,500	Collarbone (Sternoclavicular) / Elbow / Lower Jaw / Shoulder (Glenohumeral) / Wrist	\$1,000
Collarbone (clavicle, sternum), Lower Leg (fibula or tibia) / Shoulder Blade (scapula) / Skull (non-depressed simple)	\$2,000	Ankle / Foot Bones (except toes) / Knee	\$2,500
Hip / Thigh (femur)	\$4,000	Hip	\$5,000
Pelvis (except Coccyx) / Skull (depressed)	\$5,000		

Semi-Monthly Deductions (24 Pay Periods)

Employee	Employee & Spouse	Employee & Children	Family
\$5.03	\$7.96	\$9.27	\$14.21

IMPORTANT – This document is designed to provide a high-level overview of the benefits contained herein and does not contain a comprehensive overview of each plan. Refer to each benefit brochure for a complete listing of all benefit features, limitations, and exclusions. Where any discrepancy exists, policy language presides.

CRITICAL ILLNESS

Administered by The Hartford



When a major illness is diagnosed, there can be several expenses that aren't covered by major medical insurance. Critical Illness insurance pays a lump sum benefit when a covered illness is diagnosed. This benefit would be paid directly to you to help cover out-of-pocket expenses.

Choose a Benefit Amount	Covered Illnesses	Provisions
\$10,000 \$20,000 \$30,000	Invasive Cancer Heart Attack Stroke	Guarantee Issue No Pre-existing Condition Waiting period
Spouse coverage at 50% Child(ren) coverage at 50% <i>No additional premium</i>	Major Organ Failure End Stage Renal Disease	Different Illness Diagnosis: 0 days separation
	Skin Cancer \$1,000 Once per calendar year	Same Illness Diagnosis: 6 month separation
		Policy Maximum 500% per person
		Portable at same rate

Health Screening Benefit

\$100 Payable once per person per calendar year

Semi-Monthly Deductions (24 Pay Periods)

\$10,000	\$20,000	\$30,000
*Spouse benefit: \$5,000 Children benefit: \$5,000	*Spouse benefit: \$10,000 Children benefit: \$10,000	*Spouse benefit: \$15,000 Children benefit: \$15,000

Attained Age	Employee Only	Employee + *Spouse	Employee Only	Employee + *Spouse	Employee Only	Employee + *Spouse
18-29	\$1.49	\$2.02	\$2.98	\$4.04	\$4.47	\$6.06
30-39	\$2.27	\$3.20	\$4.54	\$6.41	\$6.81	\$9.61
40-49	\$4.04	\$5.86	\$8.07	\$11.71	\$12.11	\$17.57
50-59	\$7.48	\$10.93	\$14.96	\$21.86	\$22.44	\$32.79
60-69	\$13.63	\$19.96	\$27.26	\$39.92	\$40.89	\$59.88
70-79	\$22.99	\$33.89	\$45.98	\$67.78	\$68.97	\$101.66
80+	\$31.63	\$46.78	\$63.25	\$93.56	\$94.88	\$140.34

*Spouse rate based on employee age

Eligible child(ren) are automatically covered to the age of 26 with no premium charged

IMPORTANT – This document is designed to provide a high-level overview of the benefits contained herein and does not contain a comprehensive overview of each plan. Refer to each benefit brochure for a complete listing of all benefit features, limitations, and exclusions. Where any discrepancy exists, policy language presides.



HOSPITAL INDEMNITY

Administered by The Hartford



The cost of a hospital stay can be financially difficult if money is tight, and you're not prepared. Having the right coverage in place before you experience an unexpected sickness, or injury can help eliminate the stress of financial concerns and provide support when needed most.

Benefit Name		Amount	
Initial Hospital Admission (at least 24 hrs)		\$1,000 (2 times per calendar year)	
Daily Hospital Confinement		\$100 (Up to 90 days per year)	
ICU Admission (at least 24 hrs)		\$2,000 (2 times per calendar year)	
Daily ICU Confinement		\$200 (Up to 30 days per year)	
Health Screening Benefit			
\$100 per year			
Provisions			
Guarantee Issue?		Yes	
Pre-Existing Condition Waiting Period?		No	
Pre-Existing Pregnancy Covered?		Yes	
Mental and Nervous Disorders Covered?		No	
Drug and Alcohol Addiction Covered?		No	
Portable?		Yes	
Semi-Monthly Deductions (24 Pay Periods)			
Employee	Employee & Spouse	Employee & Children	Family
\$8.03	\$16.22	\$12.64	\$20.83

DENTAL

Administered by BlueCross BlueShield



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
CALENDAR YEAR DEDUCTIBLE	
Individual	\$50
Family	\$150
CALENDAR YEAR MAXIMUM	
Per Person	\$2,000
COVERED SERVICES	
Preventative Services	100%
Basic Services	80%*
Major Services	50%*
Orthodontia**	50%
Orthodontia Lifetime Maximum	\$2,000
SEMI-MONTHLY RATES	
Employee	\$12.48
Employee + Spouse	\$32.50
Employee + Child(ren)	\$33.02
Family	\$41.34

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

Administered by BlueCross BlueShield



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 BlueCross BlueShield.

Summary of Benefits	In-Network	Out-of-Network Reimbursement
EXAMS		
Comprehensive Exam	\$0 Copay	Up to \$30
Contact Lens Fitting (Standard)	Up to \$40	N/A
CORRECTIVE LENSES		
Single Vision	\$10 Copay	Up to \$25
Bifocal	\$10 Copay	Up to \$40
Trifocal	\$10 Copay	Up to \$55
Lenticular	\$10 Copay	Up to \$55
Polycarbonate (Single / Multi), Scratch Resistance Coating, UV Screening, Solid or Gradient Tint, Anti-Reflective Coating	Covered in Full	N/A
FRAMES		
Frames Allowance	\$180 allowance + 20% off remaining balance	Up to \$65
CONTACT LENSES		
Elective	\$180 Allowance	Up to \$104
Medically Necessary	Covered in Full	Up to \$210
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	\$4.73	
Employee + Spouse	\$9.01	
Employee + Child(ren)	\$9.49	
Family	\$13.95	

*Either lenses or contacts allowed per frequency

Plan pays out differently as discount vendors such as Costco, Walmart, Sam's Club, etc.

LIFE INSURANCE

Administered by The Hartford



Guadalupe County provides you with Basic Life and Accidental Death and Dismemberment (AD&D) Insurance as part of your basic coverage through The Hartford, 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 The Hartford. Premiums are paid through post-tax payroll deductions.

Basic Life and Accidental Death & Dismemberment				
The Hartford	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				
The Hartford	Coverage Amount	Who Pays	Benefits Payable	Maximum Benefit
Benefit-Eligible Employees	Increments of \$10,000 *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 *Guaranteed Issue Amount of \$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) 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) 15 Days to 6 Months	\$350			\$350
Benefit-Eligible Child(ren) 6 months to age 26	\$10,000			\$10,000

¹Guaranteed 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.

Rate Summary	
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
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

DISABILITY

Administered by The Hartford



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. Disability insurance is available to all full-time employees who work a minimum of 30 or more hours per week.



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.

The Benefit duration is the maximum time for which we pay benefits. Depending on the schedule selected and the age at which disability occurs, the maximum duration may vary.

Weekly Maximum Benefit	\$6,000
Weekly Minimum Benefit	\$100 or 10%
Elimination Period*	90 Days
Age Disabled	Benefits Payable
Before Age 60	To age 65
Ages 60-64	60 months
Ages 65-67	To Age 70
Age 68 and over	24 months

*Elimination period is the amount of time that an insured individual must wait between the onset of an illness or disability and the start of benefit payments. It is also referred to as a waiting period or qualifying period. During this time, the insured is responsible for covering their own expenses related to the covered event.

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 replaced 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



RETIREMENT PLANNING

Administered by TCDRS



TCDRS Retirement Seminar
Guadalupe County

Plan Year 2026

How your plan works

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

Naming a beneficiary

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

Survivor Benefit

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

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:



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
- ★ **Once you are ready to retire, you can apply for benefits online. Applying online is secure and lets you track the progress of your application.**

Rules against return to work

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

Register online at www.TCDRS.org

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

Notes

COBRA

BenefitConnect™ | COBRA

Administered by Willis Towers Watson

Life is full of unexpected events that may impact your health insurance coverage. Under the Consolidated Omnibus Budget Reconciliation Act, better known as COBRA, you have the right to continue your group health coverage such as medical, dental, and vision insurance.

HIGHLIGHTS

- Temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work, divorce, death, or a child no longer qualifying as a dependent. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.
- Benefits will remain identical to what you had while employed. However, you will be responsible for paying the full premium, plus any applicable fees.

If you have any questions regarding COBRA, please contact Human Resources at HR@guadalupetx.gov.



LEGAL NOTICES

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

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 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

Guadalupe County's Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Guadalupe County's group health plan (to actually participate, you must complete an enrollment form and may be required to 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 Premium Assistance Under 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 to obtain more information about the plan's special enrollment provisions, contact HR Team, HR@guadalupetx.gov, **830.303.8862**.

HIPAA NOTICE OF PRIVACY PRACTICES REMINDER

Protecting Your Health Information Privacy Rights

Guadalupe County is committed to the privacy of your health information. The administrators of the 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@guadalupetx.gov, **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@guadalupetx.gov, **830.303.8862**.

WELLNESS PROGRAM DISCLOSURE

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@guadalupetx.gov, **830.303.8862** and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

NOTICE OF CREDITABLE COVERAGE

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:

1. 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.
2. Guadalupe County has determined that the prescription drug coverage offered by the medical 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 October 15 to December 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 (2) 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 Guadalupe County coverage 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 the person listed below for further information. **NOTE:** 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.

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

More detailed information about Medicare plans that offer prescription drug coverage is in 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.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help.
- 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 Social Security on the web at www.socialsecurity.gov, or call them at **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: 10/15/2025
Name of Entity/Sender: Guadalupe County
Contact: HR Team
Email Address: HR@guadalupetx.gov
Phone Number: 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.

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 **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 **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, 2025. Contact your state for more information on eligibility.

ALABAMA – Medicaid

<http://myalhipp.com>
855.692.5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
<http://myakhipp.com/> | 866.251.4861
CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid

<http://myarhipp.com>
855.MyARHIPP (855.692.7447)

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program
<http://dhcs.ca.gov/hipp>
916.445.8322 | Fax: 916.440.5676 | Email: hipp@dhcs.ca.gov

COLORADO – Medicaid and CHIP

Health First Colorado (Colorado's Medicaid Program)
<https://www.healthfirstcolorado.com>
Member Contact Center: 800.221.3943 | State Relay 711
Child Health Plan Plus (CHP+)
<https://hcpf.colorado.gov/child-health-plan-plus>
Customer Service: 800.359.1991 | State Relay 711
Health Insurance Buy-In Program (HIBI)
<https://www.mycohibi.com/>
HIBI Customer Service: 855.692.6442

FLORIDA – Medicaid

www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html
877.357.3268

GEORGIA – Medicaid

GA HIPP: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
678.564.1162, Press 1
GA CHIPRA: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
678.564.1162, Press 2

INDIANA – Medicaid

Health Insurance Premium Payment Program
All other Medicaid
<https://www.in.gov/medicaid/> | 800.457.4584
Family and Social Services Administration
<http://www.in.gov/fssa/dfr/> | 800.403.0864

IOWA – Medicaid and CHIP (Hawki)

Medicaid: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid>
800.338.8366
Hawki: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>
800.257.8563
HIPP: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp>
888.346.9562

KANSAS – Medicaid

<https://www.kancare.ks.gov/>
800.792.4884 | HIPP Phone: 800.967.4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP):
<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
855.459.6328 | KIHIPPPROGRAM@ky.gov
KCHIP: <https://kynect.ky.gov> | 877.524.4718
Medicaid: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

www.medicaid.la.gov or www.ldh.la.gov/lahipp
888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)

MAINE – Medicaid

Enrollment: https://www.mymaineconnection.gov/benefits/s/?language=en_US
800.442.6003 | TTY: Maine relay 711
Private Health Insurance Premium:
<https://www.maine.gov/dhhs/ofl/applications-forms>
800.977.6740 | TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

<https://www.mass.gov/masshealth/pa>
800.862.4840 | TTY: 711 | Email: masspreassistance@accenture.com

MINNESOTA – Medicaid

<https://mn.gov/dhs/health-care-coverage/>
800.657.3672

MISSOURI – Medicaid

<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
573.751.2005

MONTANA – Medicaid

<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
800.694.3084 | Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

<http://www.ACCESSNebraska.ne.gov>
Phone: 855.632.7633 | Lincoln: 402.473.7000 | Omaha: 402.595.1178

NEVADA – Medicaid

<http://dhcfp.nv.gov>
800.992.0900

NEW HAMPSHIRE – Medicaid

<https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
603.271.5218 | Toll free number for the HIPP program: 800.852.3345, ext. 15218 | Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid>
800.356.1561
CHIP: <http://www.njfamilycare.org/index.html>
800.701.0710 (TTY: 711) | Premium Assistance: 609.631.2392

NEW YORK – Medicaid

https://www.health.ny.gov/health_care/medicaid/
800.541.2831

NORTH CAROLINA – Medicaid

<https://dma.ncdhhs.gov>
919.855.4100

NORTH DAKOTA – Medicaid

<https://www.hhs.nd.gov/healthcare>
844.854.4825

OKLAHOMA – Medicaid and CHIP

<http://www.insureoklahoma.org>
888.365.3742

OREGON – Medicaid and CHIP

<http://healthcare.oregon.gov/Pages/index.aspx>
800.699.9075

PENNSYLVANIA – Medicaid and CHIP

<https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
800.692.7462
CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>
CHIP Phone: 800.986.KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

<http://www.eohhs.ri.gov>
855.697.4347 or 401.462.0311 (Direct RlTe Share Line)

SOUTH CAROLINA – Medicaid

<http://www.scdhhs.gov>
888.549.0820

SOUTH DAKOTA – Medicaid

<http://dss.sd.gov>
888.828.0059

TEXAS – Medicaid

<https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
800.440.0493

UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP)
<https://medicaid.utah.gov/upp/> | Email: upp@utah.gov | 888.222.2542
Adult Expansion: <https://medicaid.utah.gov/expansion/>
Utah Medicaid Buyout Program: <https://medicaid.utah.gov/buyout-program/>
CHIP: <https://chip.utah.gov/>

VERMONT – Medicaid

<https://dvha.vermont.gov/members/medicaid/hipp-program>
800.250.8427

VIRGINIA – Medicaid and CHIP

<https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
Medicaid and Chip: 800.432.5924

WASHINGTON – Medicaid

<https://www.hca.wa.gov/>
800.562.3022

WEST VIRGINIA – Medicaid and CHIP

<https://dhhr.wv.gov/bms/> or <http://mywvhipp.com/>
Medicaid: 304.558.1700
CHIP Toll-free: 855.MyWVHIPP (855.699.8447)

WISCONSIN – Medicaid and CHIP

<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
800.362.3002

WYOMING – Medicaid

<https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
800.251.1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
866.444.EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 1/31/2026)

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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 and reference the OMB Control Number 1210-0137.

NOTES

CONTACTS

Benefit	Administrator	Policy Group Number	Phone	Website
Accident	Hartford	715674	888.277.4767	https://myhealthhub.app/thehartford
Basic Life	Hartford	715674	888.277.4767	thehartford.com/mybenefits
COBRA	Willis Towers Watson	N/A	877.292.6272	https://cobra.ehr.com
Critical Illness	Hartford	715674	888.277.4767	https://myhealthhub.app/thehartford
Dental	BlueCross BlueShield	94537	800.521.2227	bcbstx.com
Disability	Hartford	715674	888.277.4767	thehartford.com/mybenefits
Employee Assistance Program	Alliance Work Partners	N/A	800.343.3822	awpnow.com
FSA	Wex	N/A	866.451.3399	www.wexinc.com
Hospital Indemnity	Hartford	715674	888.277.4767	https://myhealthhub.app/thehartford
Medical	BlueCross BlueShield	94537	855.357.5228	bcbstx.com
Prescriptions	Navitus Health Solutions	N/A	866.333.2757	www.county.org/Health-benefits/prescription-benefits
Retirement Plans	Texas County and District Retirement System	N/A	800.823.7782	www.TCDRS.org
Retirement Plans 457(b)	Corebridge	N/A	800.448.2542	corebridgefinancial.com/retirementservices
Retirement Plans 457(b)	Nationwide	N/A	888.401.5272	nationwide.com
Vision	BlueCross BlueShield	10771-1584	855.357.5228	bcbstx.com
Voluntary Life	Hartford	715674	888.277.4767	thehartford.com/mybenefits

This benefit guide prepared by



Gallagher

Insurance | Risk Management | Consulting

