2022 BENEFITS GUIDE

Plan Year: 1/1/22-12/31/22

WELCOME

TO YOUR EMPLOYEE BENEFITS

Guadalupe County will be utilizing Professional Enrollment Concepts' (PEC) services for our benefit communication and enrollment this year. PEC's Benefit Counselors will provide you with a detailed explanation of your entire benefit program. They will review your benefits with you on an individual, confidential basis. They will also be able to discuss any personal situations you may have that could potentially impact your benefit decision.

Each year, we strive to offer comprehensive and competitive benefit plans to our employees. In the following pages, you will find a summary of our benefit plans for the **January 1, 2022 to December 31, 2022** Plan Year. Please read this Guidebook carefully or visit *https://guadalupecounty.pecservices.info* as you prepare to make your elections for the upcoming Plan Year.

ABOUT THIS BENEFITS GUIDEBOOK

This Benefits Guidebook describes the highlights of Guadalupe County's benefits program in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official plan documents, and not the information in this Guidebook. If there is any discrepancy between the description of the program elements as contained in this benefits guidebook and the official plan documents, the language in the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. You should be aware that any and all elements of Guadalupe County's benefits program may be modified in the future, at any time, to meet Internal Revenue Service rules, or otherwise as decided by Guadalupe County.

ONLINE BENEFITS SERVICES

To access this benefit guide, additional benefit information and claim forms go to **https://guadalupecounty.pecservices.info**

TO ENROLL

Contact one of our Benefits Counselors at the Benefits Service Center to learn more about your benefits and complete your enrollment process.

Before you speak with a Benefit Counselor, please have the following information ready: dependents' names, birth dates, social security numbers, addresses, and phone numbers.

Benefits Service Center
1.866.343.0646

Monday - Friday:
8:00 AM - 7:00 PM (CST)
Saturday:
9:00 AM - 3:00 PM (CST)

ELIGIBILITY

Guadalupe County encourages the health and financial well-being of its employees by providing access to quality and affordable healthcare. Eligible Full-Time employees have access to Guadalupe County's comprehensive Benefit Program. Please note that any time during the plan year, Guadalupe County may conduct audit requesting supporting documentation on all eligible dependents.

Please make sure to review this Benefit Guide in detail to learn more about these options.

EMPLOYEE ELIGIBILITY

Full-Time employees who work a minimum of 30 hours per week and are at least 18 years of age are eligible to participate in the benefits program, with an effective date on the first day of the month following the 60 days waiting period.

Once your enrollment is completed, you may not make any changes to your elections unless you have a Qualifying Life Event or your hours worked per week drop below the minimum.

DEPENDENT ELIGIBILITY

You may also cover your eligible dependents, including:

- Same Sex, Common Law Spouses, and Domestic Partners
- Your eligible children up to age 26 for medical, dental and vision coverage
- "Children" are defined as your natural children, stepchildren, legally-adopted children, and children for whom you are the court-appointed legal guardian
- Physically or mentally disabled children of any age who are incapable of self-support. Proof of disability may be requested

QUALIFYING LIFE EVENTS

If you experience a Qualifying Life Event (for instance: getting married or having a baby), please contact HR; proof of the Qualifying Life Event must be submitted to your HR within 30 days in order to change current benefit election.

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

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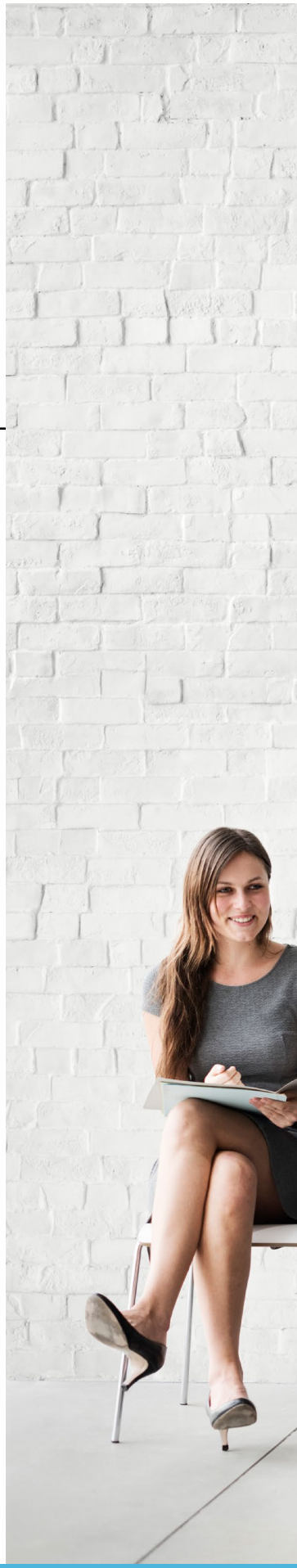

EMPLOYEE
HEALTH BENEFITS

MEDICAL

BCBSTX

The medical program, administered by BlueCross BlueShield of Texas, provides the framework for your good health and well-being. In order to better meet the varying needs of our employees, Guadalupe County is offering medical plan described below throguh BlueChoice Network.

	Medical Plan	
	In-Network	*Out-of-Network*
Deductible Individual Family	 $1,000 $3,000	 $3,000 $9,000
CoShare Stoploss Maximum Individual Family	 $4,000 $9,000	 $6,000 $18,000
Copayment Amounts Required Preventative Services Physician Office Visit/Consultation Specialty Care Copay Amount MDLive Urgent Care Outpatient Hospital Emergency Room/ Treatment Room	 Plan pays 100% $35 copay $50 copay $20 copay $35 copay $200 copay	 70% coinsurance after deductible N/A 70% coinsurance after deductible N/A 70% coinsurance $200 copay
Chiropractic Care - Office Services	80% coinsurance after deductible	60% coinsurance after deductible
Maximum LIfetime Benefits	Unlimited	
Inpatient Hospital Expenses	80% coinsurance	60% coinsurance
Extended Care Expenses	Plan pays 100%	70% coinsurance after deductible
Medical/Surgical Expenses Physician's Office Visit/Consultation Lab & X-Ray, Allergy Inections Physician Surgical Services, CT Scan, MRI & PET Scan, Organ Transplants	 $35 copay then 100% coinsurance Plan pays 100% 80% coinsurance after deductible	 70% coinsurance after deductible 70% coinsurance after deductible 60% coinsurance after deductible
Special Provisions Expenses Mental Health Care - Hospital Services Mental Health Care - Physician Services Outpatient Services - Physician Office Outpatient Services - Emrg./Trmt. Room*	 80% coinsurance 80% coinsurance after deductible 100% coinsurance after a $35 copay 80% coinsurance after a $200 copay	 60% coinsurance 60% coinsurance after deductible 70% coinsurance after deductible 60% coinsurance after a $200 copay and deductible
Emergency Room/Treatment Room	$200 copay then 80% coinsurance; deductible waived, Inpatient Hospital expenses will apply	
Non-Emergency Care Facility Charges Physician Charges	 $200 copay then 80% coinsurance 80% coinsurance after deductible	 $200 copay then 60% coinsurance 60% coinsurance after deductible
Ground and Air Ambulance Services	80% coinsurance after deductible	
Speech and Hearing Services *(max of $1,500 per 36-month period for hearing aids)*	80% coinsurance after deductible	60% coinsurance after deductible
Physical Medical Services Chiropractic Care-Office Services Airrosti Rehab Centers	(35 visit max per year) 80% coinsurance after deductible $35 copay	(35 visit max per year) 60% coinsurance after deductible N/A
Prescription Copays	*In-Network*	
(Navitus Health Solutions Network Retail Pharmacy) Tier 1 Tier 2 Tier 3	*Retail (30-day)/Mail (90-day)* $15 copay/$30 copay $45 copay/$90 copay $70 copay/$140 copay	

** Emrg./Trmt. Room = Emergency Room/Treatment Room*

MEDICAL CONT.

MEDICAL EMPLOYEE ELIGIBILITY

Guadalupe County currently contributes $884.00 per employee towards medical coverage.

MEDICAL SPOUSE ELIGIBILITY

All dependent spouses applying for coverage with Texas Association of Counties Health and Employee Benefits Pool (TAC HEBP) January 1, 2007 or later, who are eligible for employer-sponsored group health coverage at their Employer, must first enroll in their employer-sponsored plan and provide proof of coverage, in order to be eligible to enroll in the TAC HEBP plan as a Dependent. Should the spouse's employer-sponsored group coverage situation be misrepresented, the Employee and their Dependents could lose eligibility for coverage with TAC HEBP.

	Medical Per Pay Deductions (24)
Employee	$0.00
Employee + Spouse	$151.00
Employee + Child(ren)	$111.00
Family	$191.00

DEDUCTIBLE

The amount of money you must pay each year to cover eligible medical expenses before your insurance policy starts paying.

OUT OF POCKET MAX

The most money you will pay during a year for coverage (including deductibles, copays, and coinsurance).

COINSURANCE

The amount you pay to share the cost of covered services after your deductible has been paid. The coinsurance rate is usually a percentage.

AIRROSTI PROVIDERS

Airrosti providers are singularly focused on getting results for their patients, while providing the highest level of quality care. Whether you've been living with chronic and nagging pain for years or if you've recently experienced an acute injury, our providers help find the root of your pain to provide efficient, effective, and lasting relief in the vast majority of cases.

For more information regarding this service go to page 14.

DENTAL

BCBSTX

BlueCross BlueShield of Texas gives you the freedom to choose whether you would like to visit a participating dentist or an out-of-network dentist. There are considerable cost savings when using a dentist who is in network. The following is a brief summary of the major plan provisions.

	Dental Plan
	In-Network
Calendar Year Deductible Individual Family	 $50 $150
Year Maximum Benefit	$2,000
Diagnostic & Preventive Oral Examinations Full Mouth x-rays Bitewing x-rays Prophylaxis Fluoride Sealants (up to age 14) Labs and Tests	100%
Basic Miscellaneous Services Restorative Services General Services Endodontic Services Periodontal Services Oral Surgery Services	80%
Note: 1 year waiting period before major and orthodontia services are covered.	
Major Crowns, Inlays/Onlays Services Prosthodontic Services	50%
Orthodontia (Only for under age 26) Lifetime Maximum per Participant	50% $2,000

	Dental Per Pay Deductions (24)
Employee	$12.00
Employee + Spouse	$31.25
Employee + Child(ren)	$31.75
Family	$39.75

VISION

Avesis

Avesis is pleased to present to you vision benefits designed to give you and your covered family members the care, value, and service to help maintain good vision and overall health.

	Base Plan		Buy-Up Plan	
	In-Network	*Out-of-Network*	*In-Network*	*Out-of-Network*
Exams	Covered in full after $10 copay	Up to $35	Covered in full after $10 copay	Up to $35
Contact Lens Fit and Follow-Up Standard/Custom	Up to $75 member out-of-pocket maximum	N/A	Up to $75 member out-of-pocket maximum	N/A
Materials*	$10 copay	N/A	$10 copay	N/A
Frames**	$125 allowance	Up to $45	$150 allowance	Up to $50
Lenses Single Bifocal Trifocal Lenticular	Covered in full after $10 copay	Up to $25 Up to $40 Up to $50 Up to $80	Covered in full after $10 copay	Up to $25 Up to $40 Up to $50 Up to $80
Contact Lenses*** Medically Necessary Elective	Covered in full $125 allowance	Up to $250 Up to $106	Covered in full $150 allowance	Up to $250 Up to $128
Refractive Laser Surgery	Onetime/lifetime $150 allowance (provider discount up to 25%)	Onetime/lifetime $150 allowance	Onetime/lifetime $150 allowance (provider discount up to 25%)	Onetime/lifetime $150 allowance
Service Frequencies Exams Lenses or Contact Lenses Frames	Once every 12 months Once every 12 months Once every 24 months		Once every 12 months Once every 12 months Once every 12 months	

** Materials copay applies to frame or spectacle lenses, if applicable.*
*** Up to 20% discount above frame allowance.*
**** Contact lenses are in lieu of eyeglasses and frames*

	Vision Monthly Deductions	
	Base Plan	*Buy-Up Plan*
Employee	$5.92	$11.64
Employee + Spouse	$10.37	$22.44
Employee + Child(ren)	$11.10	$24.51
Family	$15.40	$31.67

avēsis
a GUARDIAN company

Effective Date: 1/1/2022
Group Number: 10771-1584
Plan Number: 125125CZ1

Guadalupe County - Base Plan

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Vision Examination (Includes Refraction)	Covered in full after $10 copay	Up to $35
Contact Lens Fit and Follow-up		
Standard Contact Lens Fitting	Up to $50 member out-of-pocket maximum	N/A
Custom Contact Lens Fitting	Up to $75 member out-of-pocket maximum	N/A
Materials*	$10 copay (Materials copay applies to frame or spectacle lenses, if applicable.)	
Frame Allowance (Up to 20% discount above frame allowance.)	$125 allowance	Up to $45
Standard Spectacle Lenses		
Single Vision	Covered in full after $10 copay	Up to $25
Bifocal	Covered in full after $10 copay	Up to $40
Trifocal	Covered in full after $10 copay	Up to $50
Lenticular	Covered in full after $10 copay	Up to $80
Preferred Pricing Options		
Level 1 Option Package		
Polycarbonate (Single Vision/Multi-Focal)	$40/$44 (Covered in full up to age 19)	N/A (Up to $10 for ages up to 19)
Standard Scratch-Resistant Coating	$17	N/A
Ultra-Violet Screening	$15	N/A
Solid or Gradient Tint	$17	N/A
Standard Anti-Reflective Coating	$45	N/A
Level 1 Progressives	$75	Up to $40
Level 2 Progressives	$110	Up to $40
All Other Progressives	$50 allowance + 20% discount	Up to $40
Transitions® (Single Vision/Multi-Focal)	$70/$80	N/A
Polarized	$75	N/A
PGX/PBX	$40	N/A
Other Lens Options	Up to 20% discount	N/A
Contact Lenses† (in lieu of frame and spectacle lenses)		
Elective (10% discount on amount exceeding allowance)	$125 allowance	Up to $106
Medically Necessary	Covered in full	Up to $250
Refractive Laser Surgery	Onetime/lifetime $150 allowance Provider discount up to 25%	Onetime/lifetime $150 allowance
Frequency		
Eye Examination	Once every 12 months	
Lenses or contact lenses	Once every 12 months	
Frame	Once every 24 months	

*Discounts are not insured benefits.
†Prior authorization is required for medically necessary contacts.

Here's How It Works

When you need to see an eye care professional, simply visit www.avesis.com or contact Avēsis' Customer Service Monday through Friday, 7 a.m. to 8 p.m. (EST) at 800-828-9341 to receive a listing of providers in your area.

1. Select a provider
2. Make an appointment
3. Visit provider for service
4. Pay any copays or additional expenses

*At participating Walmart/Sam's locations, retail pricing for your plan is $68 . At participating Costco locations, retail pricing is $69.99 .

Reliable & Dependable

Avēsis is a national leader in providing exceptional vision care benefits for millions of commercial members throughout the country.

The Avēsis vision care products give our members an easy-to-use wellness benefit that provides excellent value and protection.

Employee Paid Rates Per Month

Employee Only	$5.92
Employee + Spouse	$10.37
Employee + Child(ren)	$11.10
Employee + Family	$15.40

Underwritten by: Fidelity Security Life Insurance Company, Kansas City, MO

Policy #: VC-16, Form M-9059

How can we help you?

Avēsis Website:
www.avesis.com

Customer Service:
800-828-9341
7 a.m. - 8 p.m. EST

LASIK Provider:
877-712-2010

avēsis
a GUARDIAN company

Effective Date: 1/1/2022

Group Number: 10771-1584

Plan Number: 150150CY1L5

Guadalupe County - Buy-Up Plan

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Vision Examination (Includes Refraction)	Covered in full after $10 copay	Up to $35
Contact Lens Fit and Follow-up		
Standard Contact Lens Fitting	Up to $50 member out-of-pocket maximum	N/A
Custom Contact Lens Fitting	Up to $75 member out-of-pocket maximum	N/A
Materials*	$10 copay (Materials copay applies to frame or spectacle lenses, if applicable.)	
Frame Allowance (Up to 20% discount above frame allowance.)	$150 allowance	Up to $50
Standard Spectacle Lenses		
Single Vision	Covered in full after $10 copay	Up to $25
Bifocal	Covered in full after $10 copay	Up to $40
Trifocal	Covered in full after $10 copay	Up to $50
Lenticular	Covered in full after $10 copay	Up to $80
Preferred Pricing Options		
Level 5 Option Package		
Polycarbonate (Single Vision/Multi-Focal)	Covered in full	Up to $10
Standard Scratch-Resistant Coating	Covered in full	Up to $5
Ultra-Violet Screening	Covered in full	Up to $6
Solid or Gradient Tint	Covered in full	Up to $4
Standard Anti-Reflective Coating	Covered in full	Up to $24
Level 1 Progressives	Covered in full	Up to $40
Level 2 Progressives	$120	Up to $40
All Other Progressives	$120 allowance + 20% discount	Up to $40
Transitions® (Single Vision/Multi-Focal)	$70/$80	N/A
Polarized	$75	N/A
PGX/PBX	$40	N/A
Other Lens Options	Up to 20% discount	N/A
Contact Lenses† (in lieu of frame and spectacle lenses)		
Elective (10% discount on amount exceeding allowance)	$150 allowance	Up to $128
Medically Necessary	Covered in full	Up to $250
Refractive Laser Surgery	Onetime/lifetime $150 allowance Provider discount up to 25%	Onetime/lifetime $150 allowance
Frequency		
Eye Examination	Once every 12 months	
Lenses or contact lenses	Once every 12 months	
Frame	Once every 12 months	

*Discounts are not insured benefits.
†Prior authorization is required for medically necessary contacts.

Here's How It Works

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1. Select a provider
2. Make an appointment
3. Visit provider for service
4. Pay any copays or additional expenses

*At participating Walmart/Sam's locations, retail pricing for your plan is $82 . At participating Costco locations, retail pricing is $84.99 .

Reliable & Dependable

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The Avēsis vision care products give our members an easy-to-use wellness benefit that provides excellent value and protection.

Employee Paid Rates Per Month

Employee Only	$11.64
Employee + Spouse	$22.44
Employee + Child(ren)	$24.51
Employee + Family	$31.67

Underwritten by: Fidelity Security Life Insurance Company, Kansas City, MO

Policy #: VC-16, Form M-9059

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877-712-2010

AIRROSTI

Texas Association of Counties

Healthy County Together. Better. Stronger.
Texas Association of Counties Health and Employee Benefits Pool

FIX PAIN FAST!

HEALTH PLAN BENEFIT

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

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

(* not subject to annual deductible except on HSA plans)

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

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

Schedule Your Appointment Today!

3.2 visits average to complete injury resolution*

*Based on patient reported outcomes

10,000+ SURGERIES AVOIDED

40% THE AVERAGE COST OF OTHER CARE

MKT0294 8-8-16

BlueCross BlueShield of Texas

Texas Association of Counties Health and Employee Benefits Pool

Confused About Where to Go for Care?

SmartER Care℠ options may save you money.

If you aren't having an emergency, deciding where to go for medical care may save you time and money.

You have choices for where you get non-emergency care — what we call SmartER Care. Use the chart below to help you figure out when to use each type of care.

When you use in-network providers for your family's health care, you usually pay less for care. Search for in-network providers in your area at **https://mybenefits.county.org**. Select **Get Connected** and click on the **Blue Cross and Blue Shield** link. Use the information on your member ID card to complete the process. You may also call the Customer Service number on the back of your member ID card.

Virtual Visits

- Available 24 hours a day, seven days a week
- Access to care for non-emergency medical issues whether you're at home or traveling
- Based on your location, have a doctor or behavioral health professional visit by phone at **888-680-8646**, online at **MDLIVE.com/bcbstx** or with the MDLIVE® mobile app[1]
- Average wait time is less than 20 minutes
- Powered by MDLIVE

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Doctor's Office

- Office hours vary
- Generally the best place to go for non-emergency care
- Doctor-to-patient relationship established and therefore able to treat, based on knowledge of medical history
- Average wait time is 18 minutes[2]

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Retail Health Clinic

- Based upon retail store hours
- Usually lower out-of-pocket cost to you than urgent care
- Often located in stores and pharmacies to provide convenient, low-cost treatment for minor medical problems

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Urgent Care Center

- Generally includes evenings, weekends and holidays
- Often used when your doctor's office is closed, and you don't consider it an emergency
- Average wait time is 16-24 minutes[3]
- Many have online and/or telephone check-in

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Hospital ER

- Open 24 hours, seven days a week
- Average wait time is 4 hours, 7 minutes[4]
- If you receive care from an out-of-network provider, you may have to pay more. Providers outside the network may "balance bill" you, which means they may charge you more than your health plan's fee schedule.
- Multiple bills for services such as doctors and facility

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Freestanding ER

- Open 24 hours, seven days a week
- Could be transferred to a hospital-based ER depending on medical situation
- Services do not include trauma care
- Often freestanding ERs are out-of-network. If you receive care from an out-of-network provider, you may have to pay more. Providers outside the network may "balance bill" you, which means they may charge you more than your health plan's fee schedule.
- All freestanding ERs charge a facility fee that urgent care centers do not. You may receive other bills for each doctor you see.[5]

$ $ $ $

If you need emergency care, call 911 or seek help from any doctor or hospital immediately.

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

[2] Vitals Annual Wait Time Report, 2017.

[3] Wait Time Trends in Urgent Care and Their Impact on Patient Satisfaction, 2017.

[4] Emergency Department Pulse Report 2010 Patient Perspectives on American Health Care. Press Ganey Associates.

[5] The Texas Association of Health Plans.

Note: The relative costs described here are for independently contracted network providers. Your costs for out-of-network providers may be significantly higher. Wait times described are just estimates.

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

The information provided in this guide is not intended as medical advice, nor meant to be a substitute for the individual medical judgment of a doctor or other health care professional. Please check with your doctor for individualized advice on the information provided. Coverage may vary depending on your specific benefit plan and use of network providers. For questions, please call the number on the back of your member ID card.

Urgent Care Center or Freestanding ER

Knowing the Difference Can Save You Money

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

Freestanding ERs:

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

Find urgent care centers[4] near you by texting[5] **URGENTTX** to **33633**.

24/7 Nurseline[2]

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

Powered by MDLIVE®

BlueCross BlueShield of Texas

Texas Association of Counties Health and Employee Benefits Pool

Care When and Where You Need It Just Got Easier

Virtual Visits
Convenient health care at your fingertips

Powered by MDLIVE®

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

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

General Health
- Allergies
- Asthma
- Nausea
- Sinus infections

Pediatric Care
- Cold
- Flu
- Ear problems
- Pinkeye

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

Connect
Computer, smartphone, tablet or telephone

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

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

Website:
Visit the website
MDLIVE.com/BCBSTX
- Choose a doctor
- Video chat with the doctor
- You can also access through Blue Access for Members℠

Mobile app:
- Download the MDLIVE app from the Apple App Store℠ or Google Play™ Store
- Open the app and choose an MDLIVE doctor
- Chat with the doctor from your mobile device

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

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

BlueCross BlueShield of Texas

24/7 Nurseline

Nurses available anytime you need them.

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

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

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

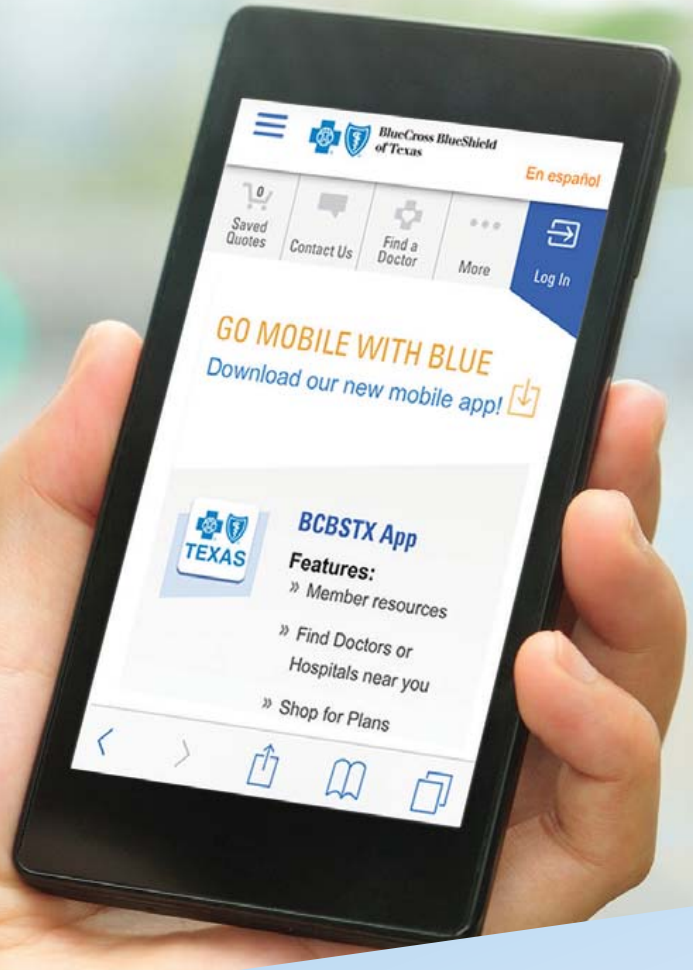
Plus when you call, you can access an audio library of more than 1,000 health topics – from allergies to surgeries – with more than 500 topics available in Spanish.

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

Call the 24/7 Nurseline number on the back of your member ID card.
Hours of Operation: Anytime

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

BlueCross BlueShield of Texas



Blue Access Mobile℠

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

BCBSTX App and Mobile Website:

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

Centered App for iPhone®:

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

Text Messaging:

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

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

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

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.

EXAMPLE OF SAVINGS USING MAIL ORDER

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

1-866-333-2757

Open 24 hours a day, 7 days a week.

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

NAVITUS
PHARMACY BENEFITS REINVENTED™

EMPLOYEE ASSISTANCE PROGRAM

EAP

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.

Anytime!

Your EAP is here for you.

Call: 830.379.1010 • 800.246.1010

Guadalupe Regional

TEDDY BUERGER CENTER

GUADALUPE COUNTY WELLNESS PROGRAMS

https://www.county.org/Health-Benefits/Healthy-County-Program

- **Healthy County / Sonic Boom Portal**
  - www.county.org/sonicboom – Use this Website to Order your activity tracker, check your stats, complete contests and chat with a trainer or dietitian. Receive a subsidy/voucher. Compete in contests to earn Boomer Bucks Incentives that can be redeemed for merchandise and/or gift cards. HAVE FUN!!!
- **Gym Membership Reimbursement**
  - The County will pay you for being active and meeting a minimum amount of visits within an eleven month period. (October 1-August 31).
  - See a list of participating gyms offering discounts on the County Intranet.
- **Lunch n' Learns**
  - We offer 30-45 min presentations on a variety of topics (such as cooking demos, stress management, pain management, essential oils, gardening, financial management, cyber security).
- **Naturally Slim**
  - An innovative 10 week online program that focuses on how you eat instead of what you eat. Learn how to eat to reduce your chances of getting serious diseases such as diabetes or heart disease, & increase your chance to live longer. Program is offered a few times a year. Acceptance into the program is based on qualifying risk factors & participation in BCBS county insurance. Click on link below for more information. www.county.org/naturallyslim
- **Biometric Screenings & Flu Shots**
  - Complimentary on-site annual health screenings and flu shots are provided for employees covered under our BCBS Medical insurance. Typically takes place in September-October.
- **Fresh Fruit/Healthy Snack Day**
  - A basket of fresh fruit and healthy snacks are delivered to your office during the spring/summer months for everyone to share.
- **Healthy Vending / Marketplace**
  - The Sheriff's Office is equipped with a marketplace, offering fresh sandwiches, salads and other entrees
  - Debit / Credit Card only – NO CASH
  - Ask us for a card and get 10% off

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.

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To Get Involved or Learn more, check out our website @ http://intranet/wellness

FLEXIBLE SPENDING ACCOUNT

CPI

The Flexible Spending Accounts (FSA) administered by CPI allow you to set aside pre-tax dollars from your paycheck to pay for many health care and dependent care expenses. By paying for these expenses with pre-tax dollars, you reduce the amount of your taxable income and increase your take-home pay. You may choose to participate in one or both FSAs - whether you elect any other benefits.

General Rules and Restrictions

In exchange for the tax advantages FSAs offer, the IRS has imposed the following rules and restrictions for both health care FSA and dependent care FSA:

- You may only use the money in your FSAs to reimburse expenses that you have incurred during the plan year for which the FSA was established.
- IRS requires you to use all of the money in your account by the end of the year or you lose it. This is called the “use it or lose it” rule.
- You cannot transfer monies between Health Care and Dependent Care FSAs.
- You cannot begin, stop, or change the amount of your FSA contributions during the calendar year unless you experience a Qualified Life Event (such as: marriage, divorce or the birth/adoption of a child). Contact your HR Department.
- You cannot claim expenses that are reimbursed through your FSA as a deduction on your income tax return.
- Reimbursement for dependent care FSA claims is only up to the total amount that is in your account at that time.
- The dependent care provider cannot be anyone considered your dependent for income tax purposes (such as one of your older children). In order to be reimbursed, you are required to provide the tax identification number or Social Security number of the party providing care.

How much can I contribute?

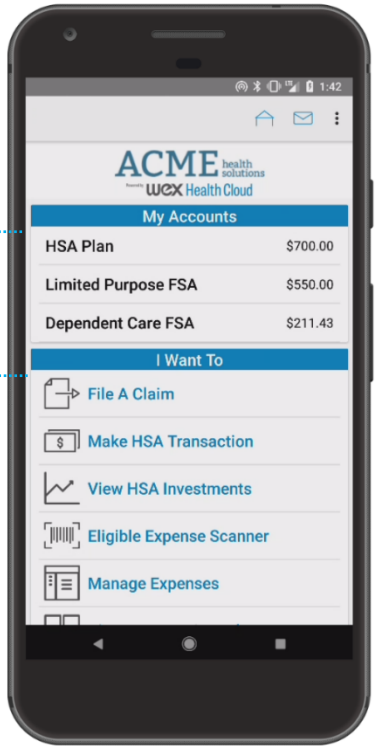
To participate, decide how much you would like to contribute to one or both accounts for the year. The money you allocate to each account is automatically deducted from your paycheck each pay period before taxes are calculated.

- For a **Health Care Flexible Spending Account you could contribute up to the maximum of $2,500.**
- For a **Dependent Care Flexible Spending Account you could contribute up to the maximum of $5,000**. The exceptions are:
  - If you and your spouse file separate tax returns, you may contribute $2,500 per year.
  - If your spouse is employed, your maximum contribution is the lesser of your spouse’s taxable income (but no more than $5,000)
  - If your spouse is a full-time student or they are physically or mentally disabled, your maximum contribution is $2,500 a year if you claim expenses for one dependent and $5,000 a year if you claim expenses for two or more dependents.

Toll Free (866) 241-0237
cpisupport@mycpiteam.com

Manage your health benefits on the go.

Want a simple, easy way to check your healthcare account balances and submit receipts from anywhere? The myCPI Mobile app lets you securely access your health benefit accounts with a touch of a finger. Designed so you can quickly find what you need most, our Mobile App provides easy, on-the-go access to all your health accounts.



View balance information for all your account(s) right away.

Use the "I Want To" section to quickly take any number of actions from making payments to viewing HSA investments to scanning items for eligibility and more.

Stay up to speed

With myCPI Mobile, you can get to the healthcare account information you need—fast. Wondering whether you have enough money to pay a bill or make a purchase? myCPI Mobile puts the answers at your fingertips*:

- Enjoy real-time access including an intuitive app design and navigation
- Log in to your account(s) with ease using your fingerprint
- Quickly check available balances and account details for medical and dependent care FSA, ICHRA, HSA, HRA, VEBA, transportation and premium reimbursement plans
- View charts summarizing account information
- View in-app messages and text alerts that provide instant notifications about your account(s)
- Link to an external web page to obtain helpful information such as a list of eligible expenses
- Retrieve a lost username or password
- Use your device of choice – including Apple® and Android™-powered smartphones

AIG Retirement Services

Enroll today and start shaping your financial future.

Guadalupe County employees:

AIG Retirement Services is dedicated to helping you be financially confident every step of the way — from hire to retire and beyond. Once you enroll in your workplace retirement plan, you have access to:

- A financial plan at no cost
- Educational materials that are simple to understand
- Service to fit your schedule — virtual or in person
- Information and guidance for your financial situation

Use the links below to learn more about the benefits of enrolling in your plan and how we can help you reach all your financial goals.

Quick Links

- Why choose AIG Retirement Services?
- Enrollment Guide
- Benefits of starting early
- How to enroll in your plan

Enroll Today

Guadalupe County offers the 457(b) following retirement plans.
Select plan to enroll.

- 457(b) Plan

457(b) Plan Flier

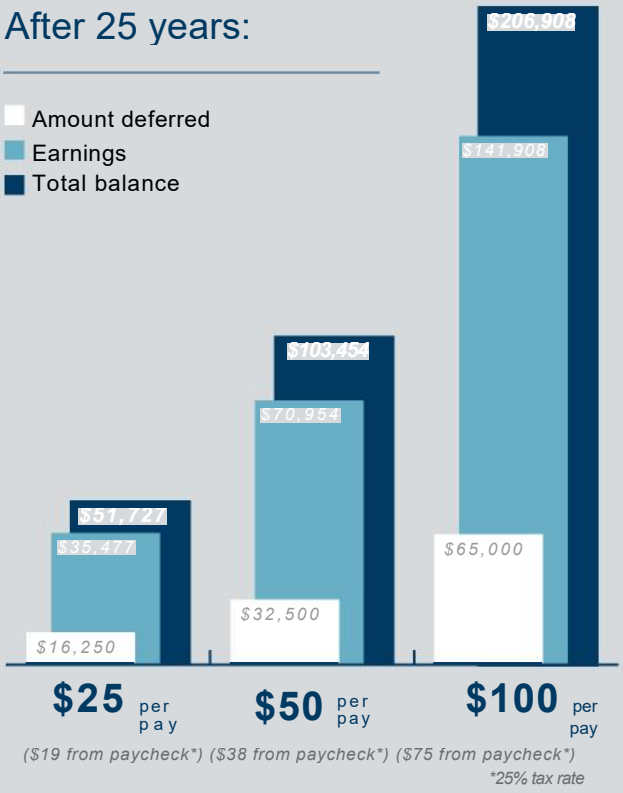
Tommy Ortiz, MBA - (210) 557-2079, tommy.ortiz@aig.com - 3737 Executive Center Dr, # 111 Austin, TX 78731

We see the future in you.℠

CLICK aig.com/RetirementServices CALL 1-888-569-7055 VISIT your financial professional

VC 38016 (07/2021) J642802 EE

After 25 years:



Put the power of time to work.

This hypothetical illustration shows how much different deferral amounts per biweekly paycheck for 25 years could accumulate, given an 8% annual rate of return for an investor. The white sections show how much is actually contributed, the light blue shows how much could be earned on top of those deferrals in that 25-year period, and the dark blue shows the total balance after 25 years. This example is not a yield projection for any specific investment. If fees, taxes, and expenses were reflected, the return would be less.

Withdrawals are taxed as ordinary income.

Nationwide representatives cannot offer investment, tax or legal advice. You should consult your own counsel before making retirement plan decisions.

Why you should consider enrolling in Deferred Compensation

By contributing a little each payday to the Deferred Compensation Plan, you can put the power of time to work toward building a potentially more comfortable retirement.

Plan participation is:

- **Convenient** — Contributions are automatically deducted from your pay
- **Easy for saving** — Contribute as little as $25 per pay
- **Flexible** — Make changes whenever you want (subject to federal regulation)
- **Accessible** — Manage your account 24/7/365 at nrsforu.com
- **Low cost** — As a governmental program, the Plan has no profit incentive

Take control of your retirement income now. **Enroll in your Deferred Compensation Plan today.**

Investing involves market risk, including possible loss of principal. There is no guarantee that any investment strategy will generate a profit or avoid losses. Actual results will vary, depending on your investment and market experience.

NRM-7298M1.3 (03/17)

Let me help you get started.

Contact your Nationwide® Retirement Specialist:
Janice Huey Wong 210-313-0436
wongj3@nationwide.com

Contact your Nationwide® Retirement Specialist:
Retirement Resource Group
888-401-5272

How your plan works

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

Naming a beneficiary

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

Survivor Benefit

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

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

Meet with TCDRS Virtually!

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

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 or call TCDRS Member Services for a packet.**

Rules against return to work

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

Register online at www.TCDRS.org

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

Notes

LIFE AND AD&D

Lincoln Financial

BASIC LIFE AND AD&D INSURANCE - COUNTY PROVIDES THIS COVERAGE

Guadalupe County provides $20,000 of Basic Life and AD&D Insurance through Lincoln Financial. Guadalupe County provides a guaranteed issue amount of Basic Life and AD&D insurance at **no cost to you during your employment**. Please call the Benefits Service Center to designate or update beneficiary information. For additional information regarding this benefit and additional services go to *https://guadalupecounty.pecservices.info*.

Note: Basic Life and AD&D benefit reduces by 35% at age 70, + 25% at age 75, + 15% at age 80 and + 10% at age 85.

VOLUNTARY LIFE AND AD&D INSURANCE

In addition to the company paid life insurance, you have the opportunity to elect additional life insurance through Lincoln Financial. AD&D amount will reflect the Voluntary Life insurance amount.

Note: Voluntary Life and AD&D benefit reduces by 35% at age 70, + 25% at age 75, + 15% at age 80 and + 10% at age 85. Spouse Voluntary Term Life and AD&D benefits reduces by 35% at empoyee's age of 65 and terminates at employee's age of 70.

	Voluntary Life and AD&D
Employee Benefit Benefit Amount Guarantee Issue	In increments of $10,000 to a maximum of $500,000 **$250,000**
Spouse Benefit Benefit Amount Guarantee Issue	In increments of $5,000 not to exceed 50% of employee coverage **$50,000**
Child Benefit Benefit Amount Guarantee Issue	Age 6 months to 25 yrs $10,000, Age 14 days to 6 months $250, Birth to age 14 days no benefit **$10,000**

Please speak to a Benefits Counselor for more detailed information and personalized rates or go online to *https://guadalupecounty.pecservices.info*.

DISABILITY

UNUM

SHORT-TERM DISABILITY (STD)

UNUM's Short-Term Disability insurance can replace a portion of your income if you have a covered disability that keeps you from working.

How does it work?

If a covered illness or injury keeps you from working, Short Term Disability Insurance can replace part of your income while you recover. As long as you remain disabled, you can receive payments for up to 11 weeks.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

	Short-Term Disability
Weekly Benefit	60% of gross weekly benefit, to a maximum of $1,500
Elimination Period	14 days following injury 14 days following illness
Benefit Duration	11 weeks

Why is this coverage so valuable?

- You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

	STD Per 12 Pay Periods Per $10 of Volume
<25	$0.312
25-29	$0.629
30-34	$0.805
35-39	$0.604
40-44	$0.490
45-49	$0.519
50-54	$0.653
55-59	$0.887
60-64	$1.114
65+	$1.347

LONG-TERM DISABILITY (LTD)

UNUM's Long-Term Disability Insurance provides income replacement benefits for you and your family in the unfortunate event you are unable to work due to injury or illness. This covers injuries and illnesses from both on- or off-the-job.

How does it work?

This coverage can pay a monthly benefit if you have a covered illness or injury and you can't work for a few months — or even longer.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

What else is inlcuded?

- Work-life balance EAP
- Worldwide emergency travel assistance
- Survivor benefit
- Waiver of premium

For additional information regarding these services go to *https://guadalupecounty.pecservices.info*.

	Long-Term Disability
Monthly Benefit	60% of gross monthly benefit, to a maximum of $6,000
Elimination Period	90 days 30 day accumulation feature
Benefit Duration	5 year ADEA

	LTD Per 12 Pay Periods Per $100 of Covered Payroll
<25	$0.100
25-29	$0.140
30-34	$0.230
35-39	$0.310
40-44	$0.480
45-49	$0.640
50-54	$0.890
55-59	$1.510
60-64	$2.460
65-69	$2.320
70+	$1.220

Why is this coverage so valuable?

- You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

ACCIDENT

Aetna

You do everything you can to keep your family safe, but accidents do happen. It's comforting to know you have help to manage the medical costs associated with accidental injuries, both on and off the job. Aetna's Accident insurance pays a scheduled cash benefit upon diagnosis of covered accident injuries. The Accident policy will pay for either Low or High Plan a **$100 health screening benefit once per calendar year per covered individual, note you must submit claim within the same plan year**.

	Accident	
	Low	*High*
Accidental Death Employee Spouse Child	 $50,000 $25,000 $25,000	 $100,000 $50,000 $50,000
Accidental Death Common Carrier Employee Spouse Child	 $100,000 $50,000 $50,000	 $200,000 $100,000 $100,000
Accidental Dismemberment	Up to $10,000	Up to $20,000
Fractures	Up to $4,125	Up to $8,250
Dislocations	Up to $3,000	Up to $6,000
Burns	Up to $18,000	Up to $27,000
Skin Grafts	50% of Burn	50% of Burn
Brain Injury	Up to $450	Up to $600
Coma	Up to $10,000	Up to $20,000
Torn Knee Cartilage	$750	$1,000
Laceration	Up to $600	Up to $600
Tendon/Ligament/Rotator Cuff	Up to $1,500	Up to $2,000
Dental Work (Emergency)	Up to $225	Up to $300
Hospital Admission (once per covered accident)	$1,000	$1,500
Intensive Care Admission	$2,000	$3,000
Hospital Confinement (per day, up to 365 days)	$200	$300
Intensive Care Confinement	$400	$600
Organized Sport Rider	25%	25%
Therapy Services (up to 10 per accident)	$25	$35
Prosthetic Devices or Artificial Limb	Up to $1,500	Up to $3,000
Appliance	Up to $200	Up to $300
Blood, Plasma, Platelets	$400	$500
Initial Treatment	Up to $150	Up to $200
Accident Follow-Up	Up to $50	Up to $50
Ambulance (Ground/Air)	$300/$1,500	$300/$1,500

	Accident Per 24 Pay Periods	
	Low	*High*
Employee	$6.43	$9.12
Employee + Spouse	$11.54	$16.01
Employee + Child(ren)	$11.91	$17.34
Family	$17.00	$24.12

Why is this coverage so valuable?

- It can help you with out-of-pocket costs that your medical plan doesn't cover, like copays and deductibles.
- You're guaranteed base coverage, without answering health questions.
- The cost is conveniently deducted from your paycheck.
- You can keep your coverage if you change jobs or retire. You'll be billed directly.

CRITICAL ILLNESS

Aetna

Aetna's Critical Illness insurance pays a lump-sum cash benefit upon diagnosis of a covered Critical Illness, to help ease your financial and emotional worries. You can use the benefit any way you wish, such as treatment, bills, or child care. The Critical Illness policy will pay a **$100 health screening benefit once per calendar year per covered individual, note you must submit claim within the same plan year**.

	Critical Illness
Benefit Face Amount Employee Spouse Child	$10,000 / $20,000 / $30,000 50% of employee coverage amount 50% of employee coverage amount
Covered Conditions	*Percent of Face Amount*
Cancer (Invasive)	100%
Heart Attack (Myocardial Infarction)	
Stroke	
Major Organ Failure	
End-Stage Renal Failure	
Paralysis	
Loss of Sight, Speech, Hearing	
Occupational HIV	
Coma	
Benign Brain Tumor	
Third-Degree Burns	
Subsequent Crtical Illness Diagnosis	
Recurrence Cancer (Invasive)	100% after 180 days
Recurrence Carcinoma in Situ (Non-Invasive)	
Recurrence Crtical Illness Diagnosis	
Carcinoma in Situ (Non-Invasive)	25%
Coronary Artery Bypass Surgery	
Alzheimer's Disease	
Parkison's Disease	
Lupus	
Multiple Sclerosis	
Muscular Dystrophy	
Skin Cancer	$1,000 (once per lifetime)

Why should I buy coverage now?

- It's more affordable when you buy it through your employer.
- The cost is conveniently deducted from your paycheck.
- You can keep coverage if you leave the county or retire. You'll be billed at home.

	Critical Illness Per 24 Pay Periods Per Face Amount Deductions			
	$10,000			
	Employee	*Employee + Spouse*	*Employee + Child(ren)*	*Family*
16-29	$3.30	$5.83	$3.30	$5.83
30-39	$5.30	$8.83	$5.30	$8.83
40-49	$9.21	$14.70	$9.21	$14.70
50-59	$17.12	$26.56	$17.12	$26.56
60-74	$28.55	$43.72	$28.55	$43.72
	$20,000			
	Employee	*Employee + Spouse*	*Employee + Child(ren)*	*Family*
16-29	$5.37	$9.07	$5.37	$9.07
30-39	$9.37	$15.07	$9.37	$15.07
40-49	$17.20	$26.82	$17.20	$26.82
50-59	$33.01	$50.54	$33.01	$50.54
60-74	$55.88	$84.86	$55.88	$84.86
	$30,000			
	Employee	*Employee + Spouse*	*Employee + Child(ren)*	*Family*
16-29	$7.44	$12.32	$7.44	$12.32
30-39	$13.44	$21.31	$13.44	$21.31
40-49	$25.18	$38.93	$25.18	$38.93
50-59	$48.90	$74.52	$48.90	$74.52
60-74	$83.20	$125.99	$83.20	$125.99

HOSPITAL INDEMNITY

Aetna

Aetna's Hospital Indemnity plan can complement your health insurance to help you pay for the costs associated with a hospital stay. It can also provide funds that can be used to help pay the out-of-pocket expenses your medical plan may not cover, such as co-insurance, copays, and deductibles. The Hospital Indemnity policy will pay for either Low or High Plan a **$100 health screening benefit once per calendar year per covered individual, note you must submit claim within the same plan year**.

This plan also allows you to continue coverage in the event that your employment ends or when the policy is terminated and not being replaced.

	Hospital Indemnity	
	Low	*High*
Hospital Stay - Admission (1 per plan year)	$1,000	$2,000
Hospital Stay - Daily (up to 30 days)	$100	$200
Hospital Stay - (ICU) Daily (up to 30 days)	$200	$400
Newborn Routine Care	$100	$200
Observation Unit (1 per plan year)	$100	$200
Substance Abuse Stay - Daily (up to 30 days)	$100	$200
Mental Disorder Stay - Daily (up to 30 days)	$100	$200
Rehabilitation Unit Stay - Daily (up to 30 days)	$50	$100

Note: All daily inpatient stay benefits begin on day two and count toward the plan year maximum.

	Hospital Indemnity Per 24 Pay Periods	
	Low	*High*
Employee	$9.75	$17.55
Employee + Spouse	$21.23	$38.61
Employee + Child(ren)	$15.10	$27.04
Family	$25.29	$45.14

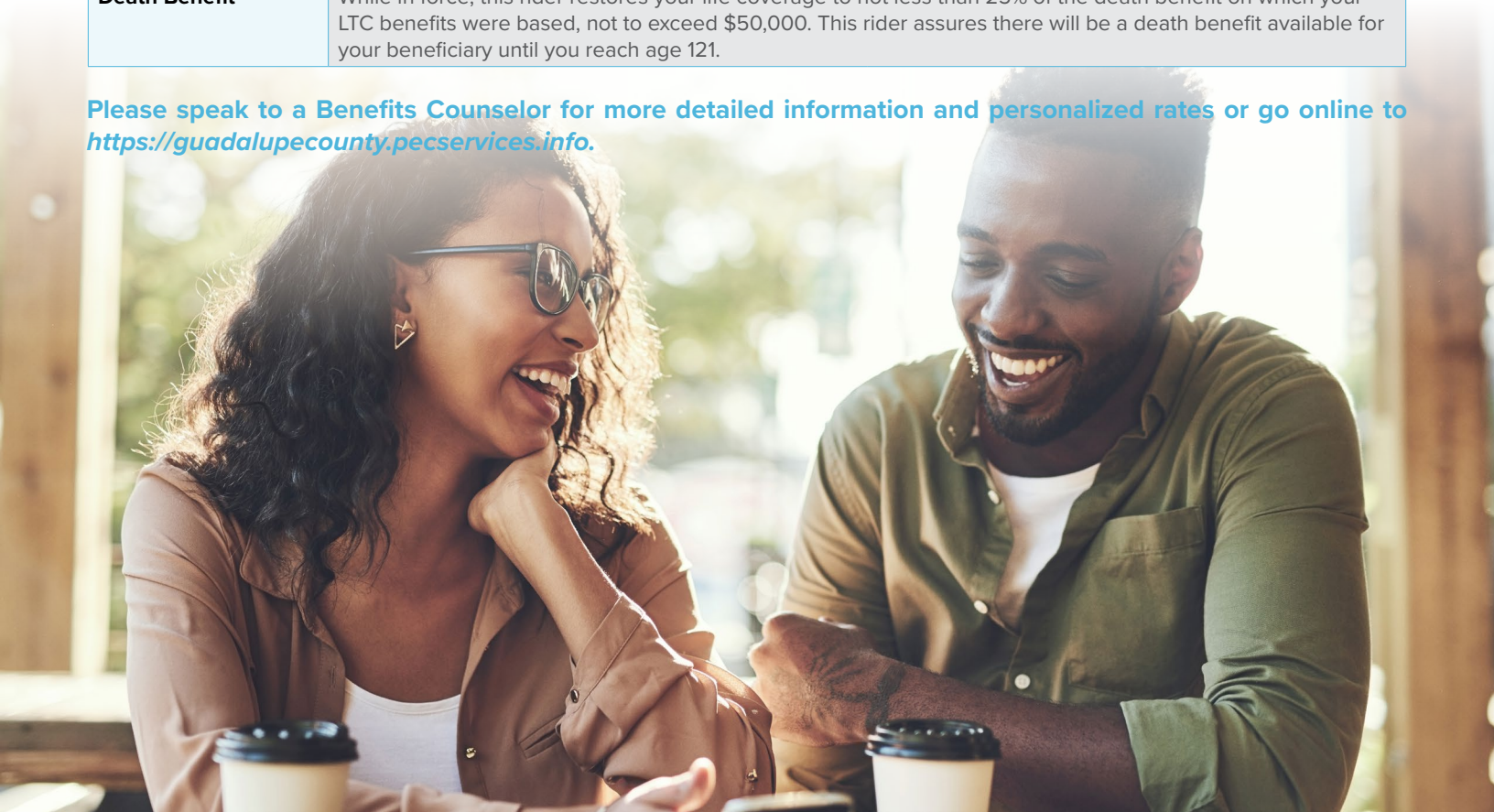
PERMANENT LIFE

CHUBB

LifeTime Benefit Term (Permanent Life) helps protect you and your family if you were no longer able to provide for them. Your family can receive cash benefits paid directly to them upon your death that they can use to help cover expenses like mortgage payments, credit card debt, childcare, college tuition and other household expenses.

	Permanent Life Benefit Coverage	
You	• Age range: 19 to 70 • Minimum benefit amount purchase: $3 per week or $5,000 • Guaranteed Issuance: $75,000	
Spouse (individual coverage)	• Age range: 19 to 70 • Minimum benefit amount purchase: $3 per week or $5,000 • Conditional Guaranteed Issuance: $75,000	
Dependent Child (individual coverage)	Child Term Rider • Age range: 15 days to 25 years • Maximum Benefit: $25,000	LifeTime Benefit Term Certificate • Age range: 15 days to 18 years and 19 years to 25 years • Maximum Benefit: $25,000 or $3 per week
	• Minimum benefit amount purchase for either plan: $3 per week or $5,000 *Note: Children may be covered with a Lifetime Benefit Term Certificate or with a Child Term Rider but not both.*	
Life Insurance	LifeTime Benefit Term protects your family with money that can be used any way they choose. It is most often used to pay for mortgage or rent, education for children and grandchildren, retirement, family debt, and final expenses.	
For Long Term Care* (LTC)	If you become chronically ill†, LifeTime Benefit Term will pay you 4% of your death benefit each month you receive Long Term Care. • Your death benefit will reduce proportionately each month as you receive benefit payments for Long Term Care. After 25 months of receiving Long Term Care Benefits, your death benefit will reduce to zero. • With Extension of Benefits*, if you continue to need LTC after you have exhausted your Death Benefits, you can receive up to 25 more months of benefits, for a total of 50 months of LTC benefits.	
Restoration of Your Death Benefit	Ordinarily, accelerating your life coverage for Long Term Care benefits can reduce your death benefit to $0. While in force, this rider restores your life coverage to not less than 25% of the death benefit on which your LTC benefits were based, not to exceed $50,000. This rider assures there will be a death benefit available for your beneficiary until you reach age 121.	

Please speak to a Benefits Counselor for more detailed information and personalized rates or go online to *https://guadalupecounty.pecservices.info.*



LEGAL NOTICES

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

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

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

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

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

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

Website: http://gethipptexas.com/

Phone: 1-800-440-0493

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

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

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

Women's Health and Cancer Rights Act of 1998 Notification

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

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

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

Newborns' and Mothers' Health Protection Act of 1996

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

Genetic Information Nondiscrimination Act of 2008 (GINA)

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

TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Notice to Enrollees in the TAC HEBP Group Health Plan

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

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

The exemption from this Federal requirement will be in effect for the plan year beginning January 1, 2022 and ending December 31, 2022. The election may be renewed for subsequent years.

BlueCross BlueShield of Texas

Important Notices

Initial Notice About Special Enrollment Rights in Your Group Health Plan

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

A. SPECIAL ENROLLMENT PROVISIONS

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

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

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

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

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

II. Additional Notices

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

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

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

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

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

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

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

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

II. AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

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

III. YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

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

A. Right to Request Restrictions.
You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the Plan's disclosure of your health information to someone involved in the payment of your care. The Plan is not required to agree to your request, but will certainly consider it. We must, however, agree to any request you may make to restrict disclosure of your personal information to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law and the information pertains solely to a health care item or service for which you or someone acting on your behalf paid the provider in full. If you wish to make a request for restrictions, please contact TAC HBS Operations Manager at 800-456-5974.

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

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

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

E. Right to an Accounting.
The Privacy Rule requires the Plan to keep a record of certain disclosures of health information, such as

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

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

IV. DUTIES OF TAC HEBP HEALTH PLAN

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

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

EFFECTIVE DATE
This Notice is effective Nov 8, 2013.

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

DIRECTORY

For any questions or concerns you may have regarding your 2022 Employee Benefits, you can contact the following;

MEDICAL, DENTAL

BCBSTX | Policy #94537 | 1.855.357.5228 | www.bcbstx.com

PRESCRIPTION

Navitus Health Solutions | 1.866.333.2757 | www.mybenefits.county.org

VISION

Avesis | Policy #10771-1584 | 1.800.828.9341 | LASIK Provider 1.877.712.2010 | www.avesis.com

FLEXIBLE SPENDING ACCOUNT

CPI | 225.215.2203 | www.mycpiteam.com

BASIC LIFE AND AD&D

Lincoln Financial | Policy #000010256540 | 1.800.423.2765 | www.lincolnfinancial.com

DISABILITY

Unum | Policy #428389 | 1.800.421.0344 | www.unum.com

AETNA

Accident, Critical Illness, Hospital Indemnity
Aetna | Policy #802639 |
1.800.607.3366 |
www.aetna.com

PERMANENT LIFE

CHUBB | Policy #PMU | 1.855-241-9891 | www.chubb.com

457(B)

AIG Retirement Services | 1.888.569.7055 | www.aig.com
Nationwide | 1.888.401-5272 | www.nrsforu.com

TO ENROLL

Contact one of our Benefits Counselors at the Benefits Service Center to learn more about your benefits and complete your enrollment process.

Before you speak with a Benefit Counselor, please have the following information ready: dependents' names, birth dates, social security numbers, addresses, and phone numbers.

Benefits Service Center
1.866.343.0646

Monday - Friday:
8:00 AM - 7:00 PM (CST)
Saturday:
9:00 AM - 3:00 PM (CST)

2022