



# BASTROP COUNTY TEXAS

## **EMPLOYEE BENEFITS RESOURCE GUIDE 2023 - 2024**

## Table of Contents

<b>I.</b>	<b>Eligibility</b> .....	1
<b>II.</b>	<b>Rate Sheet</b> .....	2
<b>III.</b>	<b>How to Enroll In Your Benefits/Employee Navigator Guide</b> .....	3
<b>IV.</b>	<b>Texas Association of Counties/Blue Cross – Medical</b> .....	5
	Benefit Highlights (Medical).....	7
	Benefit Highlights (Pharmacy).....	9
	ID Card Information.....	10
	Preventive Services.....	11
	MDLIVE.....	13
	24/7 Nurseline.....	15
	Mobile App.....	16
<b>V.</b>	<b>Texas Association of Counties/Navitus – Prescription Drugs</b>	
	Finding Your Pharmacy.....	17
	Mail Order.....	18
<b>VI.</b>	<b>Texas Association of Counties/Healthy County</b>	
	Lifestyle Resources.....	19
	Health Management Resources.....	20
	WebMD Health Services.....	21
	Employee Assistance Program (EAP).....	22
	Airrosti.....	23
<b>VII.</b>	<b>Lincoln Financial Group</b>	
	Dental.....	25
	Vision.....	28
	County Paid Life/AD&D.....	31
	Voluntary Life.....	32
	Voluntary AD&D.....	35
	Voluntary Long Term Disability.....	37
	Employee Assistance Program (EAP).....	39
<b>VIII.</b>	<b>Ameriflex – FSA/HRA/Dependent Care</b>	
	Overview.....	41
	New User Guide.....	42

## Table of Contents (continued)

### IX. Retirement

TCDRS.....	45
457(b) – First Financial/TCG.....	49

### X. Additional Benefits

Assurity.....	53
PHI Cares.....	56
Texas Legal.....	57

### XI. Notices

Special Enrollment Rights.....	59
--------------------------------	----

# Eligibility

Full-time employees who work a minimum of **20 hours per week** and are at least 18 years of age are eligible to participate in the benefits program. Enrollment must be completed within the **1st of the month following 60 days of employment**. Once your enrollment is completed, you will not be able to make changes to your benefits unless you have a Qualifying Life Event or your hours worked per week drop below the minimum.



## Qualifying Life Event

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

### Qualifying Events

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

## Eligible Dependents

Dependents considered eligible for benefits:

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

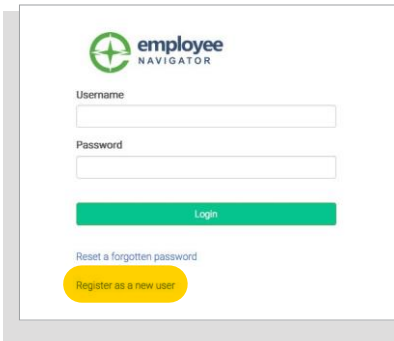


## BASTROP COUNTY PLAN YEAR 2023-2024 PREMIUM RATES

Benefit	Premiums	County Pays	You Pay per Month	Amount Per Check		
<b>Blue Cross Blue Shield Health Insurance</b>						
Employee Only	\$890.20	\$890.20	\$0.00	\$0.00		
Employee & Child(ren)	\$1,223.38	\$890.20	\$333.18	\$166.59		
Employee & Spouse	\$1,415.76	\$890.20	\$525.56	\$262.78		
Employee Family	\$2,430.52	\$890.20	\$1,540.32	\$770.16		
<b>Lincoln Dental Insurance</b>						
Employee Only	\$30.77	\$30.77	\$0.00	\$0.00		
Employee & Child(ren)	\$67.91	\$30.77	\$37.14	\$18.57		
Employee & Spouse	\$62.03	\$30.77	\$31.26	\$15.63		
Employee Family	\$100.41	\$30.77	\$69.64	\$34.82		
<b>Lincoln Vision Insurance</b>						
Employee Only	\$6.67	\$0.00	\$6.67	\$3.34		
Employee + 1	\$12.15	\$0.00	\$12.15	\$6.08		
Employee Family	\$21.06	\$0.00	\$21.06	\$10.53		
<b>Lincoln Voluntary Life Insurance</b>		<b>Long-Term Disability Insurance</b>				
After 1st 31 days of employment, requires approval through evidence of insurability (EOI). Maximum coverage of \$200,000. Spouse up to 50% of employee coverage. Dependent children up to 10% of employee coverage to a maximum of \$10,000.	<b>Your Age</b>	<b>You Pay/ \$1,000 of Coverage</b>	90 day waiting period. Pays 60% of your income up to \$7,500. Pays to Social Security normal retirement age.	<b>Your Age</b>	<b>You Pay/ \$100 of Coverage</b>	
	15-29	\$0.07		<25	\$0.42	
	30-34	\$0.07		25-29	\$0.42	
	35-39	\$0.11		30-34	\$0.53	
	40-44	\$0.18		35-39	\$0.73	
	45-49	\$0.26		40-44	\$1.09	
	50-54	\$0.41		45-49	\$1.76	
	55-59	\$0.68		50-54	\$2.50	
	60-64	\$1.08		55-59	\$2.80	
	65-69	\$1.74		60+	\$1.92	
	70-74	\$2.83		<b>Voluntary AD&amp;D Insurance</b>		
	75-79	\$4.99		\$0.03/\$1,000 of Income (Per Person)		
	80-84	\$9.97				
	85-89	\$16.37		<b>Texas Legal (per pay check)</b>		
90-94	\$25.72	Employee Only		\$6.00		
95-99	\$39.32	Employee & Family		\$8.00		
Child(ren)	\$0.14	<b>PHI Air Medical (Annual Premium \$40)</b>				
<b>Aditonal Benefits</b>						
<b>Assurity</b> Offers various options for voluntary and diversified Accident, Critical Illness, Disability and Whole Life policies.						
<b>Ameriflex</b> Bastrop County's HRA/FSA/Dependent Care Provider and administrator.						
<b>TCDRS</b> Bastrop County's Retirement Plan provider and administrator. *Mandatory 7% employee Contribution per paycheck.						
<b>First Financial Group of America/TCG</b> Bastrop County's optional 457b Retirement Plan.						

# ENROLL IN YOUR BENEFITS: One step at a time

For log-in support or questions about your benefits,  
 contact your Benefit Enrollment Team: 254-420-4500, option 4  
 8:30am-5pm, M-F



## Step 1: Log In

Go to [www.employeenavigator.com](http://www.employeenavigator.com) and click **Login**

- **Existing Users:** Login using your existing username and password. If you can't access this information, click **Forgot Username?** or **Forgot Password?**
- **First Time Users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password.

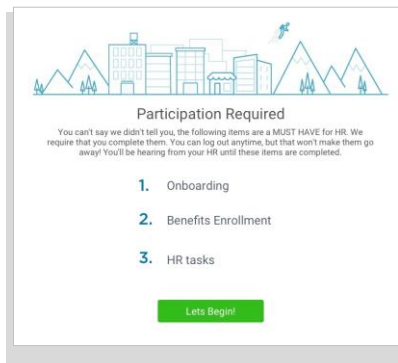
First Name:

Last Name:

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

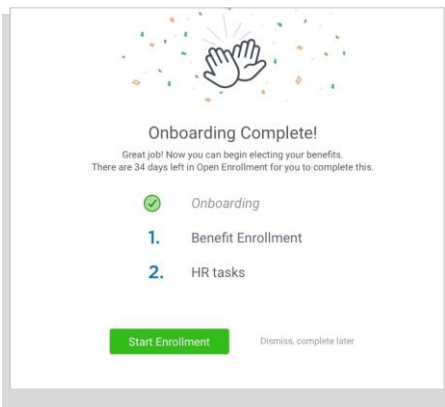
PIN: Last 4 digits of your SSN

Birth Date: mm/dd/yyyy



## Step 2: Welcome!

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



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

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

### TIP

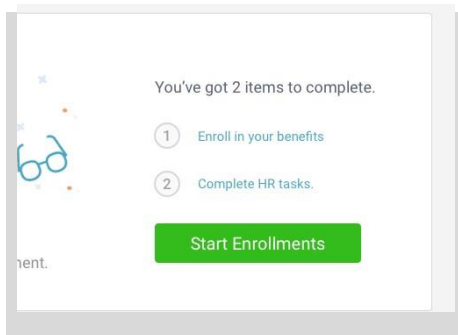
if you hit "**Dismiss, complete later**" you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking "**Start Enrollments**"

## Step 4: Start Enrollments

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

### TIP

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



## Step 5: Benefit Elections

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

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

### Who am I enrolling?

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

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

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

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

## Step 6: Forms

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

The screenshot shows the 'Enrollment Summary' page. It features a progress bar at the top right indicating 'Progress 6 of 8'. A yellow warning box states 'Enrollment Not Complete! Please complete the required highlighted steps from your enrollment progress menu.' Below this, there is a list of steps: 1. Personal Information, 2. Dependent Information, 3. Medical, 4. Dental (highlighted in yellow), 5. Vision, 6. HSA, 7. FSA, and 8. Enrollment Summary. The 'Enrolled Plans' section shows 'Medical' with a 'Collapse' button and 'Key Care HSA PPO2017 404E2435 Long Plan Name'.

## Step 7: Review & Confirm Elections

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

### TIP

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

The screenshot shows a celebratory message: 'High Five! Enrollment Complete!'. It states 'You've only got one more item to complete.' and lists '1. HR Tasks' with a green checkmark icon. A green 'Start Tasks' button is prominently displayed, with a 'Dismiss, complete later' link next to it.

## Step 8: HR Tasks (if applicable)

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



You can login to review your benefits 24/7



# TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

## BENEFIT HIGHLIGHTS PLAN 1520-NGS

(Non-Grandfathered ACA Plan)

## BLUECHOICE NETWORK

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

### Overall Payment Provisions

#### In-Network Benefits

#### Out-of-Network Benefits

#### Plan Year Deductibles

Per-admission Deductible  
Deductible  
Applies to all Eligible Expenses except Inpatient Hospital Expenses (unless otherwise indicated)

None  
\$3,000 Individual /  
\$9,000 Family

None  
\$7,500 Individual /  
\$22,500 Family

#### Plan Year Out-of-Pocket Maximum

Deductibles are not applied to the Out-of-Pocket Maximum (OOPM). Copayment Amounts will apply to the OOPM, and they will not be required after the maximum has been satisfied. Your benefit booklet will provide more details.

\$4,150 Individual /  
\$5,300 Family

\$8,000 Individual /  
\$24,000 Family

Network Deductible &  
Out-of-Pocket Maximum **will only**  
apply toward Network Deductible  
& Out-of-Pocket Maximum

Out-of-Network Deductible &  
Out-of-Pocket Maximum **do not**  
apply toward Network Deductible  
& Out-of-Pocket Maximum

#### Copayment Amounts Required

Physician office visit/consultation  
Refer to Medical/Surgical Expenses section for more information  
**Specialty Care Copayment Amount** for office visit/consultation when services rendered by a Specialty Care Provider  
MDLIVE (Telemedicine)  
Urgent Care  
Outpatient Hospital Emergency Room/Treatment Room  
Refer to Emergency Room/Treatment Room section for more information

\$40 Copayment Amount

\$50 Copayment Amount

\$0 Copayment Amount

\$40 / \$50 Copayment Amount

\$150 Copayment Amount

N/A-Refer to Medical/Surgical  
Expense section for benefits  
70% of Allowable Amount after Plan  
Year Deductible  
Not Applicable  
70% of Allowable Amount  
\$150 Copayment Amount

#### Maximum Lifetime Benefits

Per Participant

Unlimited

### Inpatient Hospital Expenses

#### Inpatient Hospital Expenses

All services must be preauthorized  
All usual Hospital services and supplies, including semiprivate room, intensive care, and coronary care units

80% of Allowable Amount

60% of Allowable Amount

Penalty for failure to preauthorize services

None

\$250

Benefit	Premiums	County Pays	You Pay per Month	You Pay per Paycheck
Employee Only	\$890.20	\$890.20	\$0.00	\$0.00
Employee & Child(ren)	\$1,223.38	\$890.20	\$333.18	\$166.59
Employee & Spouse	\$1,415.76	\$890.20	\$525.56	\$262.78
Employee Family	\$2,430.52	\$890.20	\$1,540.32	\$770.16



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





# TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

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

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

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

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



# TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

<b>Special Provisions Expenses, cont.</b>	<b>In-Network Benefits</b>	<b>Out-of-network Benefits</b>
<b>Mental Health Care/Chemical Dependency</b>		
<i>All services must be preauthorized. Inpatient treatment must be provided in a Chemical Dependency Treatment Center.</i>		
<b>Inpatient Services</b>		
-Hospital services (facility)	80% of Allowable Amount	60% of Allowable Amount
-Physician services	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
<b>Outpatient Services</b>		
-Services performed during Physician office visit/consultation (does not include psychological testing)	100% of Allowable Amount after \$40 Copayment Amount	70% of Allowable Amount after Plan Year Deductible
-Emergency Room/Treatment Room	80% of Allowable Amount after \$150 Copayment Amount  (Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)	60% of Allowable Amount after \$150 Copayment Amount & Plan Year Deductible  (Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)
-Other Outpatient Services and psychological testing	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
<b>Emergency Room/Treatment Room</b>		
<b>Accidental Injury &amp; Emergency Care</b>		
-Facility charges (outpatient Hospital emergency treatment room charges)	80% of Allowable Amount after \$150 Copayment Amount (Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)	
-Physician charges	80% of Allowable Amount after Plan Year Deductible	
<b>Non-Emergency Care</b>		
-Facility charges (outpatient Hospital emergency treatment room charges)	80% of Allowable Amount after \$150 Copayment Amount (Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)	60% of Allowable Amount after \$150 Copayment Amount & Plan Year Deductible (Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)
-Physician charges	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
<b>Ground and Air Ambulance Services</b>		
	80% of Allowable Amount after Plan Year Deductible	

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



# TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

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

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

## EMPLOYEE INFORMATION

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

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

**The following benefits apply to dependent coverage:**

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

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

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

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



# TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

## PREScription DRUG PLAN OPTION 5C-NG \$250 DEDUCTIBLE

### Prescription Drug Program

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

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

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

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

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

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

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



# TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

## YOUR TAC HEBP / BLUE CROSS BLUE SHIELD IDENTIFICATION CARD

F  
R  
O  
N  
T

Subscriber Name: _____			
Identification Number: <b>JOHN DOE</b>			
ABC111222333			
Group Number: 123456	Office Copay \$40	Specialist Copay \$50	
Coverage Date: 01/01/22	Emergency Room \$150	MDLive Copay \$10	
BCA DENT			
RxBIN: 610602		RxGRP: TAC	
RxPCN: NVT		PPO	
GRID+			
Rx In/Out of Network Ded \$100/None			
Rx In/Out of Network OPX \$4,150/None			

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

This information is used by your pharmacy to fill prescriptions.

**NEW: Your Rx Plan Deductible & Out of Pocket Max is listed on the front of your ID card!**

B  
A  
C  
K

<a href="http://www.bcbstx.com">www.bcbstx.com</a>	
<b>Deductible Information</b>	<b>Out of Pocket Maximum Information</b>
Ind./Fam In Network \$3,000/\$9,000	Ind./Fam In Network \$4,150/\$5,300
Ind./Fam Out of Network \$7,500/\$22,500	Ind./Fam Out of Network \$8,000/\$24,000
<p>Network coverage is available through participating network providers. Non-network services will be covered at a lower level. Some services must be pre-authorized, including Mental Health (MH) and Chemical Dependency (CD). Refer to your benefits booklet for claims filing address and additional information.</p> <p>Providers: File claims with your local CBBS Plan. File dental claims to: P.O. Box 660247, Dallas, TX 75266-0247.</p>	<p>Customer Service 1-855-357-5228 DNoA Pref Network 1-800-972-7565</p> <p><a href="http://www.MDLive.com/BCBSTX">www.MDLive.com/BCBSTX</a></p> <p>BlueCross BlueShield of Texas, an independent licensee of the BlueCross BlueShield Association, provides claims administration and claims are self-funded.</p>

Call the **Customer Service Number** at 1-855-357-5228 located at the back of your card for assistance with these benefits:

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

**NEW: Your Medical Plan Deductible & Out of Network Max is listed on the back of your ID card!**



# Take Advantage of Preventive Services



## Your family's track to better health begins with a single step

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

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

Some examples of preventive care services covered by your plan include general wellness exams each year,

recommended vaccines, and screenings for things like diabetes, cancer or depression. Preventive services are provided for women, men and children of all ages.

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

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



**FOR ADULTS**

Annual preventive medical history and physical exam



**SCREENINGS FOR**

- Abdominal aortic aneurysm
- Alcohol abuse and tobacco use
- Anxiety
- Cardiovascular disease (CVD) including cholesterol screening and statin use for the prevention of CVD
- Colorectal and lung cancer
- Depression
- Falls prevention
- High blood pressure, obesity and diabetes
- HIV screening and PrEP medication use for the prevention of HIV
- Sexually transmitted infections, HPV and hepatitis
- Tuberculosis

**COUNSELING FOR**

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

**CERTAIN VACCINES**

Learn more on immunization recommendations and schedules by visiting: [cdc.gov/vaccines](https://www.cdc.gov/vaccines)



- COVID-19\*
- Diphtheria, Pertussis ("Whooping Cough"), Tetanus
- Haemophilus Influenzae Type B (Hib)
- Hepatitis A and B
- Human Papillomavirus (HPV)
- Inactivated Poliovirus (Polio)
- Influenza (Flu)
- Measles, Mumps, Rubella (MMR)
- Meningitis
- Pneumococcal
- Rotavirus
- Varicella (Chicken Pox)
- Zoster (Herpes, Shingles)

**JUST FOR WOMEN**



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

**FOR CHILDREN**

Annual preventive medical history and physical exam



**SCREENINGS FOR**

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

**ASSESSMENTS AND COUNSELING**

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

\* Only certain vaccines are recommended for children and adolescents. Vaccines should be administered in accordance with the recommendations of the Advisory Committee on Immunization Practices (ACIP).

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

Care When and  
Where You Need It  
Just Got Easier

## Virtual Visits

Convenient health care  
at your fingertips



Powered by  
**MDLIVE**<sup>®</sup>

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

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

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

### General Health

- Allergies
- Asthma
- Nausea
- Sinus infections

### Pediatric Care

- Cold
- Flu
- Ear problems
- Pinkeye

### Behavioral Health

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





### Connect

Computer, smartphone, tablet or telephone



### Interact

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



### Diagnose

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



#### Website:

Visit the website

**MDLIVE.com/BCBSTX**

- Choose a doctor
- Video chat with the doctor
- You can also access through Blue Access for Members<sup>SM</sup>



#### Mobile app:

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



#### Telephone:

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

**Get connected today!**

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

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

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

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

Blue Cross<sup>®</sup>, Blue Shield<sup>®</sup> and the Cross and Shield symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

App Store is a service mark of Apple Inc.

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

Windows is a registered mark of Microsoft<sup>TM</sup>



# 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.

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

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

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



**Blue Access Mobile<sup>SM</sup>** allows you to conveniently and securely access your health coverage and wellness information via your mobile devices anywhere, anytime.



**Learn more about Blue Access Mobile at [bcbstx.com/mobile](http://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](http://bcbstx.com/mobile/text-messaging).



**BCBSTX App and Mobile Website:**

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



**Centered App for iPhone<sup>®</sup>:**

- 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



## FINDING YOUR PHARMACY

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

Some of the pharmacies available:

- » CVS
- » HEB
- » Lifechek
- » Walgreens
- » Walmart
- » Kroger
- » Brookshire Brothers
- » SavOn
- » plus many independently operated retail pharmacies

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

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

---

QUESTIONS?

**NAVITUS CUSTOMER CARE**

**1-866-333-2757**

Open 24 hours a day, 7 days a week.

Or visit us online at: [www.mybenefits.county.org](http://www.mybenefits.county.org)

---



TEXAS ASSOCIATION *of* COUNTIES  
HEALTH AND EMPLOYEE BENEFITS POOL



## Experience the Benefits of Costco Prescription Mail Order Service

An easy and cost-effective way to get your drugs delivered to your doorstep.

With Costco's mail order service, you can get up to a 90-day supply of your maintenance drugs. Plus, you may save money too.



### What are the benefits?

- You don't need to have a membership to use Costco Pharmacy
- 24/7 access to refills and updates
- **Quick turnaround time:** Costco ships within five business days after they get the prescription.
- **Same copay:** Pay the same price for a 90-day fill through Costco mail order or at your local Costco warehouse
- **Convenient Delivery:** Prescriptions are mailed directly to your preferred location

Your health is important. Taking preventive medications as directed by your health care provider can protect you from serious illness and high healthcare costs in the future.

### Get Started!

It's easy to begin using Costco Mail Order Pharmacy.



- Scan the QR code or go to [pharmacy.costco.com](https://pharmacy.costco.com) to set up an online account. Once your account is registered, just move your prescriptions to Costco.
- Call Costco Mail Order at 800-607-6861. They can help you set up your prescriptions for mail order.

\* This QR code may identify your IP/device information. However, your personal and health information is strictly confidential and will not be captured.  
Mail Order: Costco Experience the Benefits of Mail Order Pharmacy Service.

### NAVITUS CUSTOMER CARE

1-866-333-2757

Open 24 hours a day, 7 days a week.



TEXAS ASSOCIATION of COUNTIES  
HEALTH AND EMPLOYEE BENEFITS POOL

# Healthy County Resources

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

## Online Access

- **Healthy County** on the TAC website at [www.county.org/healthycounty](http://www.county.org/healthycounty)
- **Employee Self-Service (ESS) Portal** at [mybenefits.county.org](http://mybenefits.county.org)  
*Access to Healthy County wellness program information, the WebMD ONE wellness portal, BCBSTX benefits and records, Navitus Health Solutions for prescription benefits, the Texas County & District Retirement System and more.*
- **Healthy County powered by WebMD ONE** at [www.county.org/webmdone](http://www.county.org/webmdone)  
*Access to wellness contests and incentives, the fitness device storefront, activity tracking, health education courses and more.*
- **Follow Healthy County on Facebook** at [www.facebook.com/TACHealthyCounty](http://www.facebook.com/TACHealthyCounty)



TEXAS ASSOCIATION of COUNTIES  
HEALTH AND EMPLOYEE BENEFITS POOL

## Lifestyle Resources

### Healthy County powered by WebMD ONE

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

**ONLINE:** Healthy County powered by WebMD ONE at [www.county.org/webmdone](http://www.county.org/webmdone)

### WebMD ONE Health Assessment

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

**ONLINE:** Employee Self-Service (ESS) Portal > My Vendors & Other Sites > Go to WebMD ONE Wellness Portal Site > ONE Health Assessment

### Blue Points Rewards

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

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

### Employee Assistance Program

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

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

### Wondr Health™

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

**ONLINE:** [www.county.org/wondrhealth](http://www.county.org/wondrhealth)

### Omada®

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

**ONLINE:** [www.omadahealth.com/healthycounty](http://www.omadahealth.com/healthycounty)

**REGISTRATION CODE:** healthycounty

### Gym Discount Program

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

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

### Digital Self-Managed Programs

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

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

### Learn to Live

Learn to Live is an online resource that can help with mental health concerns such as anxiety, stress, depression, substance abuse and sleep problems. Programs are based on therapy techniques with a track record of helping people feel better. Learn to Live is confidential, accessible anywhere and available at no added cost to you and your family. Choose the program for you by taking a quick assessment today.

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

## Health Management Resources

### Blue Access for Members

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

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

### Telemedicine with MDLIVE

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

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

### 24-Hour Nurseline

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

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

### Airrosti

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

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

### Condition Management

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

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

### Livongo<sup>®</sup>

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

**ONLINE:** [get.livongo.com/healthycounty](http://get.livongo.com/healthycounty)  
**REGISTRATION CODE:** HEALTHYCOUNTY

### Quit Tobacco

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

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

### Women's and Family Health Programs

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

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



## Subscribe to the Monthly Healthy Byte E-Newsletter!

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

Sign up at  
[www.county.org/HCMonthly](http://www.county.org/HCMonthly).



TEXAS ASSOCIATION of COUNTIES  
HEALTH AND EMPLOYEE BENEFITS POOL

# WEBMD HEALTH SERVICES

## Empowering Well-Being In Everyone

We are WebMD Health Services, part of the WebMD family, and we've been designing well-being programs for over 20 years.

### HEALTHY COUNTY POWERED BY WEBMD ONE®

Healthy County has partnered with WebMD ONE® to bring you a one-stop shop for health and wellness information, tools and resources.

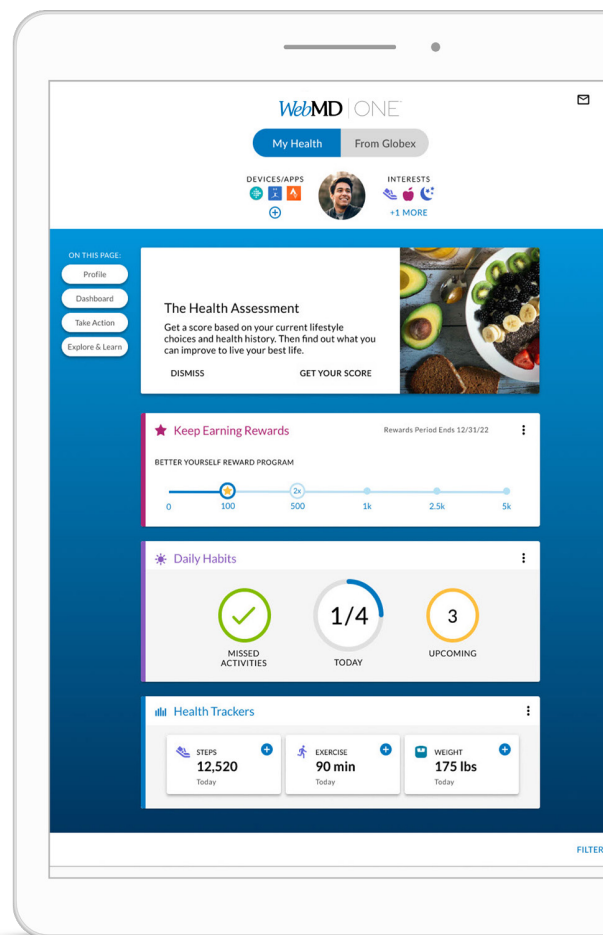
The WebMD Daily Habits tool will help you maintain or improve in areas such as:

- Exercise
- Back Health
- Nutrition
- Tobacco Cessation
- Stress Management
- Emotional Health
- Weight Management
- Sleep

Other WebMD features include:

- Health trackers to help you follow your medical, health and wellness goals
- A symptom checker
- A search tool for information about specific medical topics and general well-being tips
- Healthy recipes
- Self-help videos
- Easy access on your smartphone with the WebMD ONE® Wellness On Your Side app

AVAILABLE  
BEGINNING ON  
OCTOBER 1, 2023







Together.  
Better.  
Stronger.

TEXAS ASSOCIATION of COUNTIES  
HEALTH AND EMPLOYEE BENEFITS POOL

# 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.

All benefits can be  
accessed by calling:

toll free

**1-800-343-3822**

TDD

**1-800-448-1823**

teen line

**1-800-334-TEEN (8336)**

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



Visit your EAP website at  
**awpnow.com**

and create a  
customized account.

Go to

<https://www.awpnow.com>

Select "Access Your Benefits"

Registration Code:

**AWP-TACHEBP-4661**

## Your EAP Benefits:

### LawAccess

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

### HelpNet

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

### WorkLife

Resources and referrals for everyday needs. Available by telephone.

### SafeRide

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

### 1 to 6 Counseling Sessions

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

### Newsletters

Webinar Training Series  
Tips for Everyday Living

*Here for you as life happens ...*

# FIX PAIN FAST!

# HEALTH PLAN BENEFIT

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

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

\* not subject to annual deductible except on HSA plans

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

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



## Schedule Your Appointment Today!

**3.2**  
visits average to complete injury resolution\*

\*Based on patient reported outcomes



**80%**  
**REDUCTION**  
**IN SURGICAL**  
**OCCURRENCE RATE**



**43%**  
**REDUCTION**  
**IN TOTAL**  
**COST OF CARE**



## CLINICAL EXPERTISE. CONVENIENT ACCESS.

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

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



### Expert Diagnosis and Care

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

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



### Personalized Program

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

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



### Progress and Support

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

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

## AIRROSTI REMOTE RECOVERY IS NOW A COVERED BENEFIT.

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



**AIRROSTI.COM/REMOTERECOVERY**



**(855) 913-0845**

## All Eligible Employees and Retirees

### Dental Insurance

### The Lincoln DentalConnect® PPO Program:

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

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

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

<b>Annual Maximum</b>	\$1,250	\$1,250
-----------------------	---------	---------

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

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

<b>Lifetime Orthodontic Max</b>	\$1,000	\$1,000
---------------------------------	---------	---------

Orthodontic Coverage is available for dependent children and adults.

<b>Waiting Period</b>	This plan includes an additional waiting period if you do not enroll when it is first offered to you (known as late entrant waiting period). <ul style="list-style-type: none"> <li>• Six months for basic services</li> <li>• 12 months for major services</li> <li>• 24 months for orthodontic services</li> </ul>
-----------------------	--

Benefit	Premiums	County Pays	You Pay per Month	You Pay per Paycheck
Employee Only	\$30.77	\$30.77	\$0.00	\$0.00
Employee & Child(ren)	\$67.91	\$30.77	\$37.14	\$18.57
Employee & Spouse	\$62.03	\$30.77	\$31.26	\$15.63
Employee Family	\$100.41	\$30.77	\$69.64	\$34.82

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

## **With the Lincoln Dental Mobile App**

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

## **Lincoln DentalConnect® Online Health Center**

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

### **Covered Family Members**

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

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

## **Benefit Exclusions**

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

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

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

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

## All Eligible Employees and Retirees Benefits At-A-Glance

### Vision Insurance

#### **Lincoln VisionConnect®:**

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

Coverage Amounts	In-Network	Out-of-Network
<b>Eye examination</b>	100% after \$10 copay	Up to \$40 reimbursement
<b>Eyeglass lenses</b>		
Single vision	100% after \$25 copay	Up to \$40 reimbursement
Bifocal	100% after \$25 copay	Up to \$60 reimbursement
Trifocal	100% after \$25 copay	Up to \$80 reimbursement
Lenticular	100% after \$25 copay	Up to \$80 reimbursement
<b>Eyeglass frames</b>	Up to \$130 allowance	Up to \$45 reimbursement
<b>Contact lenses</b>		
Covered Contact Lens Selection	100% after \$25 copay	Up to \$125 reimbursement
Other contact lens options	Up to \$125 allowance	Up to \$125 reimbursement
Medically necessary contact lenses	100% after \$25 copay	Up to \$210 reimbursement

#### How Often?

<b>Eye examination</b>	Every 12 months
<b>Eyeglass lenses OR contact lenses</b>	Every 12 months
<b>Eyeglass frames</b>	Every 24 months

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

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

## Plan Features

### In-Network vs. Out-of-Network Coverage

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



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

### Covered Contact Lens Selection

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

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

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

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

### Other Contact Lens Options

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

### Medically Necessary Contact Lenses

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

### Eyeglass Frames

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

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

### Preferred Pricing on Laser Vision Correction

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

### Covered Family Members

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

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



## Benefit Exclusions

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

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

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



## All Eligible Employees and Retirees

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

### Life and AD&D Insurance



#### Safeguard the most important people in your life.

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

##### At a glance:

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

**You also have the option to increase your cash benefit by securing additional coverage at affordable group rates. See the enclosed optional life insurance information for details.**

#### Additional details

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

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

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

**Accelerated death benefit:** Enables you to receive a portion of your policy death benefit while you are living. To qualify, a medical professional must diagnose you with a terminal illness with a life expectancy of fewer than 12 months.

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

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

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

## All Eligible Employees

### The Lincoln Term Life Insurance Plan:

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

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

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

## What your benefits cover

### Employee Coverage

#### Guaranteed Life Insurance Coverage Amount

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

#### Maximum Insurance Coverage Amount

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

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

#### Guaranteed Life Insurance Coverage Amount

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

#### Maximum Insurance Coverage Amount

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

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

#### Guaranteed Life Insurance Coverage Options:

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

## Additional Plan Benefits Included with Life Coverage

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

## Benefit Exclusions

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

For life insurance, a suicide exclusion may apply.

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

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

### Voluntary Accidental Death and Dismemberment (AD&D) Insurance

#### The Lincoln Voluntary AD&D Insurance plan:

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

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

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

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

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

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

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

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

<b>Voluntary AD&amp;D Insurance</b>
\$0.03/\$1,000 of Income (Per Person)

## Benefit exclusions

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

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

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

### Voluntary Long-term Disability Insurance

#### The Lincoln Long-term Disability Insurance Plan:

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

#### Voluntary LTD

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

#### Elimination Period

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

#### Coverage Period for Your Occupation

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

#### Maximum Coverage Period

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

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



### Additional Plan Information

Family Care Expense Benefit	Included
Family Income Benefit	Included
Portability	Included

### Pre-existing Condition

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

## Benefit Exclusions & Reductions

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

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

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




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

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



The resources  
you need to meet  
life's challenges

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

 <b>In-person guidance</b>	 <b>Unlimited 24/7 assistance</b>	 <b>Online resources</b>
<p>Some matters are best resolved by meeting with a professional in person. With <i>EmployeeConnect</i>, you and your family get:</p> <ul style="list-style-type: none"> <li>▪ In-person help for short-term issues (up to five sessions with a counselor per person, per issue, per year)</li> <li>▪ In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and <b>25% off</b> subsequent meetings</li> </ul>	<p>You and your family can access the following services any time – online, on the mobile app, or with a toll-free call:</p> <ul style="list-style-type: none"> <li>▪ Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning, and more</li> <li>▪ Legal information and referrals for family law, estate planning, and consumer and civil law</li> <li>▪ Financial guidance on household budgeting and short- and long-term planning</li> </ul>	<p><i>EmployeeConnect</i> offers a wide range of information and resources you can research and access on your own. Expert advice and support tools are just a click away when you visit <b>GuidanceResources.com</b> or download the <b>GuidanceNow</b><sup>SM</sup> mobile app. You'll find:</p> <ul style="list-style-type: none"> <li>▪ Articles and tutorials</li> <li>▪ Videos</li> <li>▪ Interactive tools, including financial calculators, budgeting worksheets, and more</li> </ul>

## *EmployeeConnect*<sup>SM</sup>

### EMPLOYEE ASSISTANCE PROGRAM SERVICES

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

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



We partner with your employer to offer this service at no additional cost to you!



## *EmployeeConnect* counselors are experienced and credentialed.

When you call the toll-free line, you'll talk to an experienced professional who will provide counseling, work-life advice, and referrals. All counselors hold master's degrees, with broad-based clinical skills, and at least three years of experience in counseling on a variety of issues. For face-to-face sessions, you'll meet with a credentialed, state-licensed counselor.

## You'll receive customized information for each work-life service you use.



### Take advantage of *EmployeeConnect*

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

GuidanceResources.com login credentials:

Username: LFGSupport Password: LFGSupport1

©2022 Lincoln National Corporation

[LincolnFinancial.com](http://LincolnFinancial.com)

LCN-4917687-082422

MAP 9/22 Z04

Order code: LTD-EAPEE-FLI001



*EmployeeConnect*<sup>SM</sup> services are provided by ComPsych<sup>®</sup> Corporation, Chicago, IL. ComPsych<sup>®</sup> and GuidanceResources<sup>®</sup> are registered trademarks of ComPsych<sup>®</sup> Corporation. ComPsych<sup>®</sup> is not a Lincoln Financial Group<sup>®</sup> company. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations.

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations.

### *EmployeeConnect*<sup>SM</sup>

#### EMPLOYEE ASSISTANCE PROGRAM SERVICES

To find out more:

- Visit [GuidanceResources.com](http://GuidanceResources.com)  
username: LFGSupport password: LFGSupport1
- Download the *GuidanceNow*<sup>SM</sup> mobile app
- Call 888-628-4824





## Flexible Spending Account

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

### What is an FSA?

An FSA is a tax-advantaged spending account for healthcare expenses. When you enroll in an FSA, you will choose an amount to contribute, tax-free, to pay for thousands of eligible expenses.

Whether it's \$1 or the IRS maximum of \$3,050, you will have the flexibility to choose a contribution amount that you're comfortable with and makes sense for your situation. Your total contribution will be available to you on the first day of the plan year, providing a safety net should you need that money right away.

## Health Reimbursement Arrangement

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

### What is an HRA?

An HRA is an allowance provided by your employer for you to use for eligible medical purchases.

Your employer decides how much your monthly reimbursement allowance is and designates which expenses are eligible for reimbursement.

## Dependent Care Account

With a dependent care account (DCA), you can contribute up to \$5,000 pre-tax per year to use on a child dependent under the age of 13 or dependents who are unable to care for themselves.

For account-related questions, contact the Ameriflex Participant Services team at 888.868.3539,

Monday - Friday: 7:00 AM to 8:00 PM CST and Saturday: 9:00 AM to 1:00 PM CST.

# Ameriflex | New User Guide

## Welcome to Ameriflex

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

---

## Register Your Account

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

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

## Mobile App



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



## Using Your Ameriflex Card

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

### Eligible Expenses

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

# Help Center and Support

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

You can access the Help Center at [myameriflex.com/HelpCenter](https://myameriflex.com/HelpCenter).

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

**Call:** 888.868.3539

**Email:** [service@myameriflex.com](mailto:service@myameriflex.com)

**Live Chat:** [myameriflex.com](https://myameriflex.com)





### How your plan works

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

### Naming a beneficiary

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

### Survivor Benefit

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

### Group Term Life

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

### Vesting: 8 years of service

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

### Retirement eligibility

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

\* Must be vested

### Other ways to earn service time

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

### Leaving employment

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



## Benefit Payment Options

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

### Single Life

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

### Guaranteed Term

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

### Dual Life

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

## TCDRS Virtual Services!

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



## Applying for retirement

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

## Rules against return to work

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

## Register online at [www.TCDRS.org](http://www.TCDRS.org)

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

## Notes

---



---



---



---

Select Employer

Bluebonnet County - Active

### Account Summary

[View details](#)

Account Balance

**\$68,165.16**

Service Time

25 years, 6 months

Eligible to retire as of

May 2021

Account Number

1234567890

### Prepare for Retirement

Estimate monthly amounts for the various benefit payment options.

Apply for retirement when you have decided on a payment option and retirement date.

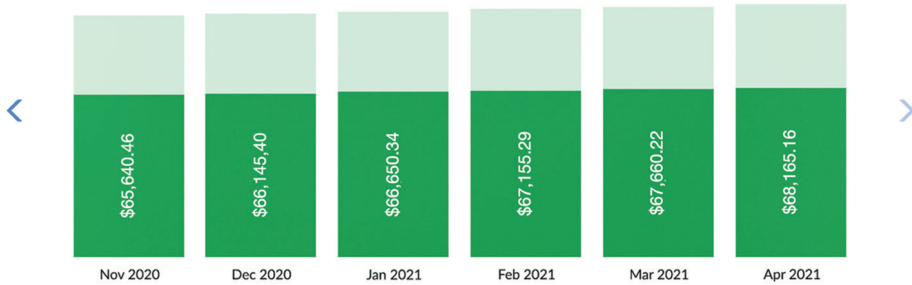
[Estimate benefit](#)

[Apply for Retirement](#)

### Account Growth



Deposits Interest



### Beneficiary Summary

[View details](#)

Primary

Jane Doe

Relationship

Spouse

Am I Ready to Retire? Watch later Share

## Am I Ready to Retire?

Watch More Videos

### Documents

[Upload](#)



[Account Summary](#)



[Beneficiary Summary](#)



[2021 Annual Statement](#)



[2020 Annual Statement](#)

[View All](#)

### Contact Us

Call us at 800-823-7782

We are available from 7:30 a.m. to 6:00 p.m., CST, Monday through Friday.

[Send us a message](#)

# Your TCDRS account information at your fingertips

Whether you're just starting your career or nearing retirement, when you register online you can:

- ★ Estimate your retirement benefit
- ★ View your account balance
- ★ Apply for benefits online
- ★ Update your beneficiary and contact information
- ★ See when you vest or become retirement eligible

Register for online account access to watch your retirement savings grow.

1 Go to **TCDRS.org** and click "Register".



2 Have your **account number** and follow the prompts.

3 Enter or confirm your **primary phone number** to set up two-factor authentication. This extra layer of security helps keep your information safe.

**Registering online is fast and easy.** If you have any questions or need help finding your TCDRS account number, please call TCDRS Member Services at 800-823-7782.



REGISTER TODAY AT **TCDRS.ORG**



# Bastrop County 457(b) Plan

Dear Bastrop County Employee,

Right now, you have an opportunity to make a real difference in the future of your retirement. How? By joining the Bastrop County 457(b) Plan!

The Plan we offer is a valuable benefit to help you save for the future. Saving now can help you have the income you'll need at retirement. Participating in the Plan is easy. You contribute a portion of your pay to your Plan account each payday through convenient payroll deduction. Contributions are then allocated to the Plan's investment options you select.

There are significant tax advantages, too. For example, if you elect pre-tax deductions, your qualifying contributions and all earnings on your account are not subject to current federal income tax (or, where applicable, state or local taxes) until you take them out of the Plan. This tax deferral gives your retirement savings the ability to grow under the most favorable terms possible. Your employer's retirement plan also offers Roth (after-tax) deductions. By combining convenience with these special tax benefits, your retirement savings plan offers you one of the best ways to fund your future.

First Financial, established in 1969, is headquartered in Houston, Texas with satellite offices in Texas, New Mexico, North Carolina, and Louisiana. First Financial currently services more than 500 school systems and government entities. In September 2016, we teamed up to start working with TCG to utilize their robust, competitive retirement plan solutions.

We are excited to offer you this worthwhile benefit and we hope you will use it to help make your retirement dreams a reality. Get started today and take the first step toward a brighter future.

More information may be found online at [www.tcgservices.com/enroll](http://www.tcgservices.com/enroll)

Sincerely,

Taylor Silguero  
Account Executive  
Registered Representative  
Email: [Taylor.Silguero@ffga.com](mailto:Taylor.Silguero@ffga.com)





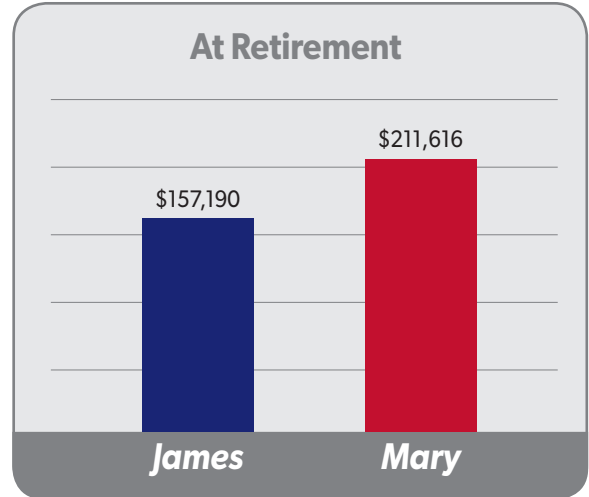
# Bastrop County 457(b) Plan

## As the saying goes... "Time is Money"

### Acting Sooner Can Pay Off

James didn't start saving in his company's retirement plan until he was 45 years old. Contributing \$300 a month to the plan for 20 years, he saved a total of \$72,000. Mary, however, took advantage of her company's retirement plan at age 25. Contributing only \$100 a month for 20 years, she saved a total of \$24,000. Both James and Mary retired at age 65. Because Mary started early, she ended up with far more than James, even though he contributed three times as much per month and more overall. As you can see, it is important to start saving for retirement now.\*

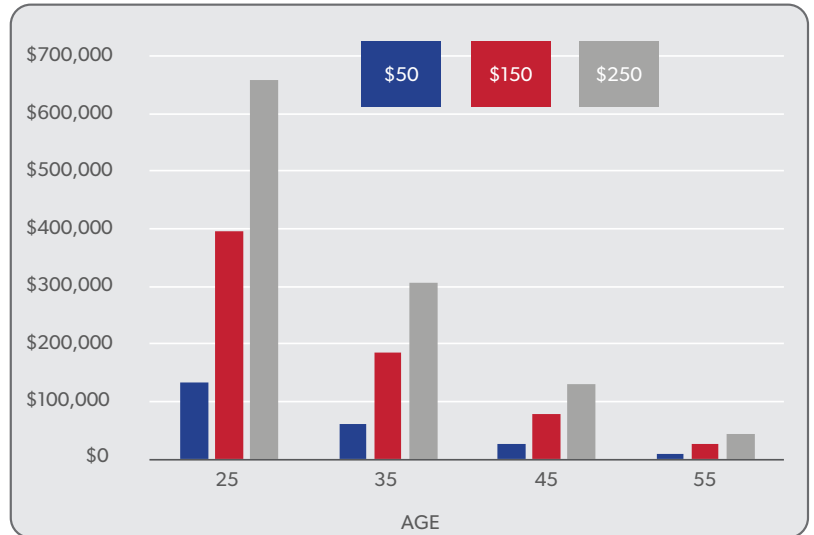
\* assumes an average return of 7%



These two profiles perfectly illustrate the benefits of getting started today!

And this chart lists the amount that could be saved if you make a contribution of \$50, \$150, or \$250 per month. This is based on retirement at age 65 and using a 7% return.

Age	\$50.00	\$150.00	\$250.00
25	\$132,006	\$396,018	\$660,030
35	\$61,354	\$184,062	\$306,770
45	\$26,200	\$78,597	\$131,000
55	\$8,704	\$26,112	\$43,520



**The sooner you start to save, the more likely you are to reach your retirement goals.**

IT IS VERY IMPORTANT THAT YOU READ AND UNDERSTAND THE FOLLOWING: All investments involve some degree of risk. The funds are offered by prospectus, which contains more complete information regarding the investment objectives, risks, charges and expenses associated with an investment in the fund. Please be sure and review the prospectus before deciding to invest.





# 457(b) Retirement Savings Plan

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

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



## 2023 Contribution Limits

You can contribute 100% of your compensation up to \$22,500, whichever is less. If you are age 50 or older, you can contribute up to an additional \$7,500 for a total of \$30,000. You can contribute to both 403(b) and 457(b) plans simultaneously.

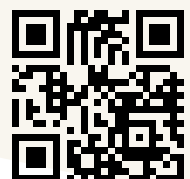


## Plan Highlights

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

**Get started at [www.tcgservices.com/457b](http://www.tcgservices.com/457b)**

Enrollment assistance is available at [www.tcgservices.com/telewealth](http://www.tcgservices.com/telewealth) or by calling the Enrollment Hotline at 800-943-9179.





# How to Register

## Create your 457(b) account in minutes!

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

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

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

Let's begin your journey to financial independence!

Begin by entering the name of your employer:

Q Example ISD Search

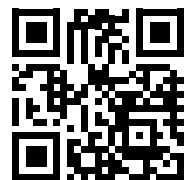
Available Plans for Example ISD

457(b) Savings Plan ⓘ Enroll

Enrollment Hotline  
Call 800-943-9179 for help getting started  
Call Me Back

**Get started at [www.tcgservices.com/457b](http://www.tcgservices.com/457b)**

Enrollment assistance is available at [www.tcgservices.com/telewealth](http://www.tcgservices.com/telewealth) or by calling the Enrollment Hotline at 800-943-9179.



TCG, a HUB International company | 900 S. Capital of Texas Hwy, Suite 350, Austin, TX 78746  
Customer Service: 800.943.9179 | [www.tcgservices.com](http://www.tcgservices.com)

Investment advisory services offered through TCG Advisors, an SEC-registered investment advisor. Insurance Services offered through HUB International. Recordkeeper and Third Party Administrator services offered through TCG Administrators, a HUB International Company. \*TeleWealth virtual meetings provided by TCG Advisors, a HUB International company.

## Accident Expense 24 Hour Coverage

\*\*Please see Accident Expense Brochure for full coverage details\*\*

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

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

### Semi-Monthly Premiums (24 pay)

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



## Group Critical Illness

\*\*Please see Group Critical Illness Brochure for full coverage details\*\*

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

Health Screening				Benefit per calendar year per insured person for the following:	\$50
<ul style="list-style-type: none"> <li>● Biopsy for skin cancer</li> <li>● Breast Ultrasound</li> <li>● Chest X-Ray</li> <li>● CA 15-3 (blood test for breast cancer)</li> </ul>	<ul style="list-style-type: none"> <li>● Colonoscopy</li> <li>● Stress Test</li> <li>● Pap Smear</li> <li>● CA 19-9 (blood test for pancreatic cancer)</li> </ul>	<ul style="list-style-type: none"> <li>● Mammography</li> <li>● Thermography</li> <li>● Flexible Sigmoidoscopy</li> <li>● CA 125 (blood test for ovarian cancer)</li> </ul>	<ul style="list-style-type: none"> <li>● CEA (blood test for colon and cervical cancer)</li> <li>● Bone marrow biopsy and aspiration</li> <li>● PSA (blood test for prostate cancer)</li> </ul>		

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

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

### Semi-Monthly Premiums (24 pay)

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

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

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

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

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

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

## Short-Term Disability

\*\*Please see Short-Term Disability Brochure for full coverage details\*\*

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

Benefit Period: 13 Weeks

Elimination Period: 7/7 days

### Semi-Monthly Premiums (24 pay)

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

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

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

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

## Whole Life

\*\*Please see Whole Life Brochure for full coverage details\*\*

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

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

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

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

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

# PHI NATIONAL AIR MEDICAL MEMBERSHIP



## PHI Cares Air Ambulance Membership

**60**

PHI Bases  
Nationwide

**12+**

Local Employees  
Per Base

**24/7/365**

Serving Your  
Community

**1**

Air Medical Industry  
Flight Per Minute

**\$40**

1-Year Household Membership  
for Bastrop County Employees

### PHI Cares Membership Highlights

- No out-of-pocket costs, co-pays, or deductibles for PHI Air Medical transports.
- There is no financial limit to the cost for your air medical transports.
- Your membership includes immediate family and up to three non-family members at the same address.
- Your benefits cover both scene calls and inter-facility hospital transfers.

If you or an eligible household dependent are transported by PHI Air Medical, please notify the PHI Air Medical membership department. Benefits only apply if a member is transported by PHI Air Medical.

For more information, please visit our website:  
[www.PHICares.com](http://www.PHICares.com).



## When You Need an Attorney, Texas Legal Has You Covered

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

# Why You Should be a Member of Texas Legal

### Always Have Legal Help When You Need It

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

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

- Gloria R., Texas Legal Member

### Affordable Access to High-Quality Attorneys

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

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

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

### Serving Texans – Not Profiting

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

### Need a Will? We Have You Covered!

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

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

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

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

**Process:** Easy

**Saved:** \$1,300

**Gained:** Priceless Peace of Mind



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

# Payroll Group Plan Coverage

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

## Preferred Plan\*

\$12 Individual/\$16 Family, Monthly

GENERAL ATTORNEY ACCESS & DISCOUNTS	
<b>Legal Access Line</b> Dedicated hotline for quick legal questions and general legal advice	Included!
<b>Attorney Consultations</b>	4 Consultations
<b>General Legal Services</b> Anything not covered, but not excluded	6 Hours Covered
<b>In-Network Discount</b>	25% Discount
ESTATE PLANNING	
<b>Wills, Trusts, Living Wills &amp; Power of Attorney</b>	Covered!
<b>Elder Law</b>	4 Hours Covered
<b>Social Security / Veterans / Medicare</b>	4 Hours Covered
<b>Probate</b>	Uncontested — Covered! All Others — 15 Hours Covered
FAMILY LAW	
<b>Pre / Postnuptial Agreements</b>	Covered!
<b>Adoption</b>	Covered!
<b>Name Change</b>	Covered!
<b>Gender Identifier Change</b>	Covered!
<b>Divorce -OR- Modification / Establishment or Enforcements</b>	All Uncontested — Covered! Contested Divorce: w/o children — 15 Hours Covered with children — 30 Hours Covered Contested Mod/Establishment/Enforce: 20 Hours Covered
<b>Protective Order</b>	Covered!
<b>Guardianship / Conservatorship</b>	Uncontested — Covered! Contested — 15 Hours Covered
<b>Annual Accounting of Guardianship</b>	6 Hours Covered
<b>Family Immigration Assistance</b>	6 Hours Covered
CIVIL LAW	
<b>Defense of Civil Action</b>	20 Hours Covered
<b>Consumer Protection</b>	Covered!
<b>School Administrative Hearings</b>	4 Hours Covered
CRIMINAL LAW	
<b>Habeas Corpus</b>	Covered!
<b>Misdemeanor</b>	Covered!
<b>Felony</b>	Covered!
<b>Driving / Boating while Intoxicated</b>	Covered!
<b>Public Intoxication</b>	Covered!
<b>Defense of Incompetency or Infirmity</b>	Covered!
<b>Juvenile Court</b>	Covered!
<b>Traffic Tickets</b>	Covered!
<b>Defense of Driving Privileges</b>	Covered!
<b>Expunction &amp; Order of Nondisclosure</b>	Covered!
REAL ESTATE & FINANCIAL	
<b>Residential Real Estate Transaction</b>	Covered!
<b>Property Tax - Primary Residence</b>	Covered!
<b>Deeds</b>	2 Hours Covered
<b>Bankruptcy</b> Chapter 7-OR-Chapter 13	Covered!
<b>Tax Audit</b>	4 Hours Covered
<b>Free Financial Counseling with Balance Pro</b>	Included!
<b>Experian Identity Theft Monitoring &amp; Repair</b>	Included!

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

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

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

For more information, visit [TexasLegal.org](http://TexasLegal.org) or contact us at **1.800.252.9346**.





## 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.**

