



BASTROP COUNTY TEXAS

EMPLOYEE BENEFITS RESOURCE GUIDE 2024 - 2025

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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 by **1st of the month following date 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)

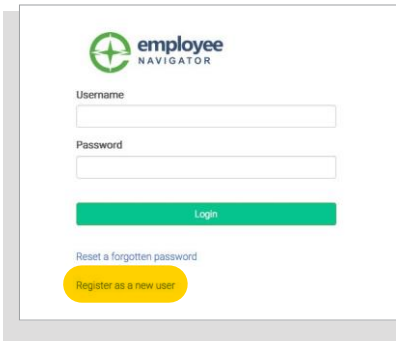


BASTROP COUNTY PLAN YEAR 2024-2025 PREMIUM RATES

Benefit	Premiums	County Pays	You Pay per Month	Amount Per Check	
Blue Cross Blue Shield Health Insurance					
Employee Only	\$936.18	\$936.18	\$0.00	\$0.00	
Employee & Child(ren)	\$1,286.28	\$936.18	\$350.10	\$175.05	
Employee & Spouse	\$1,488.40	\$936.18	\$552.22	\$276.11	
Employee Family	\$2,554.64	\$936.18	\$1,618.46	\$809.23	
Lincoln Dental Insurance					
Employee Only	\$30.77	\$30.77	\$0.00	N/A	
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	
Lincoln Vision Insurance					
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	
Lincoln Voluntary Life Insurance			Long-Term Disability Insurance		
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.	Your Age	You Pay/ \$1,000 of Coverage	90 day waiting period. Pays 60% of your income up to \$7,500. Pays to Social Security normal retirement age.	Your Age	You Pay/ \$100 of Coverage
	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	Voluntary AD&D Insurance		
	75-79	\$4.99	\$0.03/\$1,000 of Income (Per Person)		
	80-84	\$9.97			
	85-89	\$16.37	Texas Legal (per pay check)		
90-94	\$25.72	Employee Only (Employer paid)		\$0.00	
95-99	\$39.32	Employee & Family		\$1.60	
Child(ren)	\$0.14	PHI Air Medical (Employer Paid)			
Additional Benefits					
Assurity Offers various options for voluntary and diversified Accident, Critical Illness, Disability and Whole Life policies.					
Ameriflex Bastrop County's HRA/FSA/Dependent Care Provider and administrator.					
TCDRS Bastrop County's Retirement Plan provider and administrator. *Mandatory 7% employee Contribution per paycheck.					
First Financial Group of America/TCG Bastrop County's optional 457b Retirement Plan.					

ENROLL IN YOUR BENEFITS

One step at a time



Step 1: Log In

Go to 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.

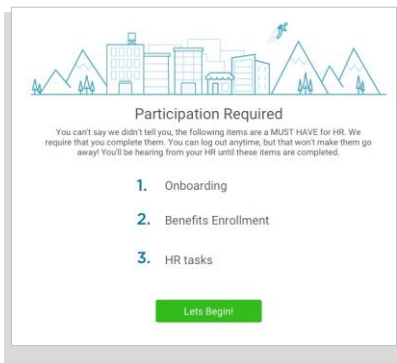
First Name:

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.)

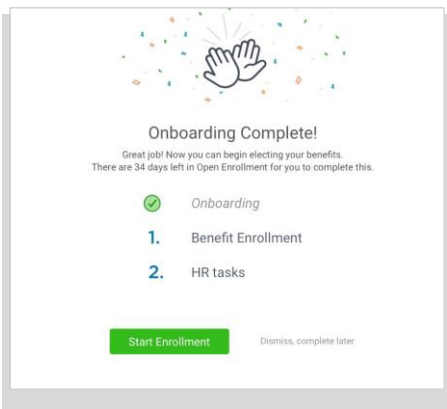
PIN: Last 4 digits of your SSN

Birth Date: mm/dd/yyyy



Step 2: Welcome!

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

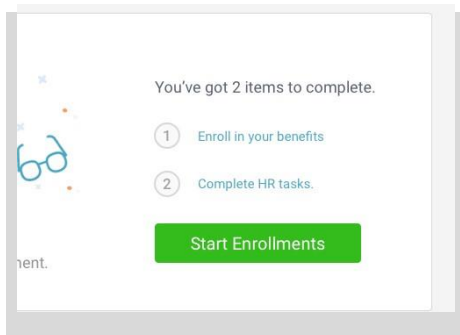


Step 3: Onboarding (For first time users, if applicable)

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, Employer Contribution, and My Cost. The Plan Cost is \$138.46, the Employer Contribution is \$138.46, and the My Cost is \$0.00. There is a button to 'View employer contributions summary'. 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 includes a warning box that says 'Enrollment Not Complete! Please complete the required highlighted steps from your enrollment progress menu.' Below this, there is a section for 'Enrolled Plans' with a 'Medical' plan listed as 'Key Care HSA PPO2017 404E2435 Long Plan Name'. On the right, there is a progress bar for 'Progress 6 of 8' and 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.

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 screen titled 'High Five! Enrollment Complete!'. It says 'You've only got one more item to complete.' and lists '1. HR Tasks' as the remaining task. There is a green 'Start Tasks' button and a link to 'Dismiss, complete later'.

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 4000-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 <i>Applies to all Eligible Expenses except Inpatient Hospital Expenses (unless otherwise indicated)</i>	\$0 \$4,000 Individual / \$12,000 Family	\$0 \$8,000 Individual / \$24,000 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.	\$4,700 Individual / \$5,400 Family <i>Network Deductible & Out-of-Pocket Maximum will only apply toward Network Deductible & Out-of-Pocket Maximum</i>	\$9,400 Individual / \$5,400 Family <i>Out-of-Network Deductible & Out-of-Pocket Maximum do not apply toward Network Deductible & Out-of-Pocket Maximum</i>
Copayment Amounts Required Physician office visit/consultation <i>Refer to Medical/Surgical Expenses section for more information</i> Specialty Care Copayment Amount for office visit/consultation when services rendered by a Specialty Care Provider MDLIVE (Telemedicine) Urgent Care Outpatient Hospital Emergency Room/Treatment Room <i>Refer to Emergency Room/Treatment Room section for more information</i>	\$40 Copayment Amount \$60 Copayment Amount \$0 Copayment Amount \$50 Copayment Amount \$250 Copayment Amount	N/A-Refer to Medical/Surgical Expense section for benefits 60% of Allowable Amount after Plan Year Deductible Not Applicable 60% of Allowable Amount \$250 Copayment Amount
Maximum Lifetime Benefits Per Participant	Unlimited	
Inpatient Hospital Expenses		
Inpatient Hospital Expenses <i>All services must be preauthorized</i> <i>All usual Hospital services and supplies, including semiprivate room, intensive care, and coronary care units</i> Penalty for failure to preauthorize services	80% of Allowable Amount None	60% of Allowable Amount \$250

	Premiums	County Pays	You Pay per Month	Amount Per Check
Employee Only	\$936.18	\$936.18	\$0.00	\$0.00
Employee & Child(ren)	\$1,286.28	\$936.18	\$350.10	\$175.05
Employee & Spouse	\$1,488.40	\$936.18	\$552.22	\$276.11
Employee Family	\$2,554.64	\$936.18	\$1,618.46	\$809.23



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

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

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

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

Special Provisions Expenses, cont.	In-Network Benefits	Out-of-network Benefits
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Mental Health Care/Chemical Dependency

All services must be preauthorized. Inpatient treatment must be provided in a Chemical Dependency Treatment Center.

<p>Inpatient Services</p> <ul style="list-style-type: none"> -Hospital services (facility) -Physician services 	<p>80% of Allowable Amount</p> <p>80% of Allowable Amount after Plan Year Deductible</p>	<p>60% of Allowable Amount</p> <p>60% of Allowable Amount after Plan Year Deductible</p>
<p>Outpatient Services</p> <ul style="list-style-type: none"> -Services performed during Physician office visit/consultation (does not include psychological testing) -Emergency Room/Treatment Room -Other Outpatient Services and psychological testing 	<p>100% of Allowable Amount after \$40 Copayment Amount</p> <p>80% of Allowable Amount after \$250 Copayment Amount</p> <p>(Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)</p> <p>80% of Allowable Amount after Plan Year Deductible</p>	<p>60% of Allowable Amount after Plan Year Deductible</p> <p>60% of Allowable Amount after \$250 Copayment Amount & Plan Year Deductible</p> <p>(Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)</p> <p>60% of Allowable Amount after Plan Year Deductible</p>

Emergency Room/Treatment Room

<p>Accidental Injury & Emergency Care</p> <ul style="list-style-type: none"> -Facility charges (outpatient Hospital emergency treatment room charges) -Physician charges 	<p>80% of Allowable Amount after \$250 Copayment Amount (Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)</p> <p>80% of Allowable Amount after Plan Year Deductible</p>	
<p>Non-Emergency Care</p> <ul style="list-style-type: none"> -Facility charges (outpatient Hospital emergency treatment room charges) -Physician charges 	<p>80% of Allowable Amount after \$250 Copayment Amount (Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)</p> <p>80% of Allowable Amount after Plan Year Deductible</p>	<p>60% of Allowable Amount after \$250 Copayment Amount & Plan Year Deductible (Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)</p> <p>60% of Allowable Amount after Plan Year Deductible</p>

Ground and Air Ambulance Services

	<p>80% of Allowable Amount after Plan Year Deductible</p>	
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* 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

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

* Benefits used In-Network and Out-of-Network will apply toward satisfying any day, visit, Plan Year, Annual Maximum, series of treatments benefits 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 5A-NG NO DEDUCTIBLE

Prescription Drug Program

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

Plan Year Deductible	\$0 Individual / \$0 Family
Tier 3 Drug	\$50 Copayment Amount
Tier 2 Drug	\$30 Copayment Amount
Tier 1 Drug	Lesser of \$10 Copayment Amount OR Actual Cost

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

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

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

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

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



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: JOHN DOE			
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

www.bcbstx.com	
Deductible Information	Out of Pocket Maximum Information
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
Customer Service 1-855-357-5228	DNoA Pref Network 1-800-972-7565
www.MDLive.com/BCBSTX	
BlueCross BlueShield of Texas, an independent licensee of the BlueCross BlueShield Association, provides claims administration and claims are self-funded.	

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 www.cdc.gov/vaccines.



FOR ADULTS

Annual preventive medical history and physical exam



SCREENINGS FOR

- Abdominal aortic aneurysm
- Alcohol abuse and tobacco use
- Anxiety
- Breast cancer screening, breast cancer prevention medication, genetic testing and counseling
- Cardiovascular disease (CVD) including cholesterol screening and statin use for the prevention of CVD
- Certain contraceptives and medical devices, morning after pill, and sterilization to prevent pregnancy
- Cervical cancer screening
- Colorectal and lung cancer
- Depression
- Falls prevention
- High blood pressure, obesity, prediabetes and diabetes
- Human papillomavirus (HPV) DNA test
- Osteoporosis screening
- PrEP medication use for the prevention of HIV including baseline and monitoring services
- Sexually transmitted infections, Chlamydia, gonorrhea, syphilis, HIV, HPV and hepatitis B
- Tuberculosis

COUNSELING FOR

- Alcohol and drug misuse
- Domestic violence
- 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
- Urinary incontinence screening

CERTAIN VACCINES

Learn more on immunization recommendations and schedules by visiting: 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)

PREGNANCY



- Aspirin for preeclampsia prevention
- Breastfeeding support, supplies and counseling
- Counseling for alcohol and tobacco use during pregnancy
- Counseling for healthy weight gain during pregnancy
- Diabetes screening after pregnancy
- Folic acid supplementation during pregnancy
- Screenings related to pregnancy, including screenings for anemia, gestational diabetes, bacteriuria, Rh(D) compatibility, preeclampsia and perinatal depression

FOR CHILDREN

Annual preventive medical history and physical exam



SCREENINGS FOR

- Anxiety
- 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)

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

Care When and Where You Need It

Virtual Visits

Convenient health care at your fingertips



Powered by
MDLIVE[®]

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

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

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

General Health

- Allergies
- Asthma
- Nausea
- Sinus infections

Pediatric Care

- Cold
- Flu
- Ear problems
- Pinkeye

Behavioral Health

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



Connect

Computer, smartphone, tablet or telephone



Interact

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



Diagnose

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



Website:

Visit the website

MDLIVE.com/BCBSTX

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



Mobile app:

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



Telephone:

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

Get connected today!

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

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

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

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

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

App Store is a service mark of Apple Inc.

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

Windows is a registered mark of MicrosoftTM





24/7 Nurseline

Nurses available anytime you need them.

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

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

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

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

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



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

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





BlueCross BlueShield of Texas



The BCBSTX App!



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

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

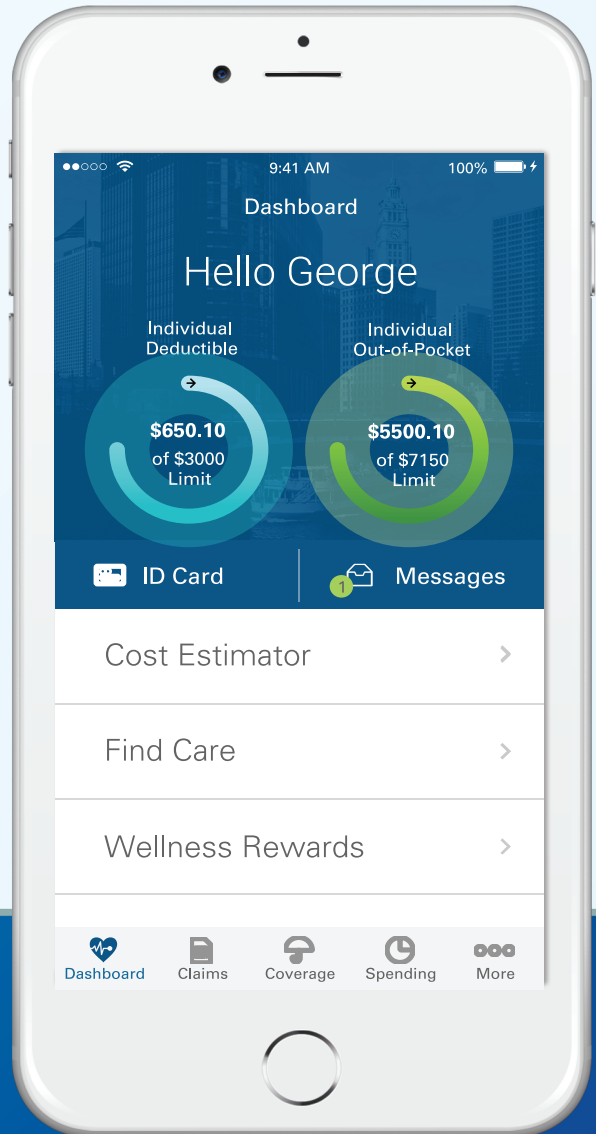
Text** **BCBSTXAPP** to **33633** to get the app.

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

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



Available in Spanish



bcbstx.com/mobile



TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Make the Most of Your Pharmacy Benefits

Welcome to Navitus

Navitus Health Solutions is pleased to manage your pharmacy benefit. We have partnered with the Texas Association of Counties (TAC) to support your health and help you get the medications you need at the lowest cost. The following information will help you better understand and manage your pharmacy benefits.



Member Portal and App

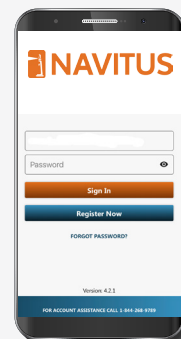
Our member portal helps you access your benefits with tools such as:

- **Pharmacy locator** — find in-network pharmacies near you
- **Cost compare** — find the best price for your drugs
- **Formulary** — check which drugs are covered by your plan

To visit the Navitus member portal, log in to your TAC account at mybenefits.county.org. You will be able to access the portal via a single sign-on link there.

You can also access your benefits, find a nearby pharmacy, view and manage your drugs and more on the Navitus app.

Check your benefit information anywhere and at anytime!



To download, go to the App Store or Google Play, or hover your phone's camera over this QR code*.



* The QR code may identify your IP/device information. However, your personal and health information is strictly confidential and will not be captured.

Easily Fill Your Prescriptions

Network Pharmacies

Your network includes all major chains and most independent pharmacies. You can find a local network pharmacy on the Navitus member portal via single sign-on from mybenefits.county.org.

Mail Order Pharmacy

Save time and money by having your prescriptions mailed directly to you through Costco Pharmacy. You will be able to get a 90-day supply of your maintenance drugs.

To start, simply register online at costco.com/pharmacy. You can also call Costco's customer service team at 800-607-6861. **You do not need to be a Costco member to use Costco pharmacies.**

Specialty Pharmacy

Specialty drugs are used to treat rare or complex conditions that require additional support. They can only be filled at specialty pharmacies. We partner with **Lumicera Health Services** to fill your specialty drugs. They will help you understand how to take or use your specialty drug and will work closely with your health care provider to provide personalized support and refill reminders.



Lower Your Drug Costs

These strategies can help you save on your prescription drugs:

1. Check Prices Online

The Navitus member portal and mobile app enable you to check drug prices before you visit the pharmacy. Visit the Navitus member portal via single sign-on from mybenefits.county.org or download the Navitus app to get started.

2. Consider a Generic Drug

Did you know that generic drugs are just as effective as brand-name drugs, are legally required to have the same active ingredient, and go through the same U.S. Food and Drug Administration (FDA) testing? They can also be much more affordable. If you are taking a brand drug, ask your provider if a generic might be appropriate.

3. Take Advantage of 90-Day Refills

If you are taking a maintenance drug, ask your provider if it can be filled every 90 days instead of every 30 days. You will take fewer trips to the pharmacy and can often save money. Typically, 90-day refills can be filled either at your retail pharmacy or by mail order.

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 county.org/healthycounty
- 🍏 **Employee Self-Service (ESS) Portal** at 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 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 facebook.com/TACHealthyCounty



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 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: 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: 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: 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,[®] 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: 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: airrosti.com
PHONE: Call (800) 404-6050
VIRTUAL VISITS:
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

Teledoc Health[®] (formerly Livongo[®])

Teledoc Health empowers self-management of chronic conditions for individuals with diabetes and/or hypertension. Participants who are in the Teledoc Health for Diabetes program will receive the Teledoc Health 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 Teledoc Health for Hypertension program will receive a Teledoc Health blood pressure monitor and personalized feedback on their readings. Teledoc Health coaches provide support for questions on nutrition or lifestyle changes. All supplies are provided to the member at no cost.

ONLINE: TeledocHealth.com/GO/
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
county.org/HCMonthly.



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

HOW-TO GUIDE

How to Register (2 ways available):

Method 1: Direct login to WebMD ONE for Employees and Spouses

1. Go to county.org/webmdone.
2. Click **Create Account**.
3. Enter the first nine digits of your **BCBSTX Member ID** from your health benefits card (leave out the letters).
Spouses will need to add DOB (XXXXXXXXMMDDYYYY) at the end of their BCBSTX Member ID Number.
4. Enter your **Date of Birth**.
5. Follow the prompts to create your account.

Method 2: Mobile App - Wellness At Your Side

1. Visit the Apple App Store or the Google Play Store and search "Wellness At Your Side."
2. Download and open the app, then enter your connection code: **county**.
3. Follow the steps in Method 2 to create your account.

How to Sync Your Device:

1. Go to the Apple App Store or Google Play Store and download the app associated with your device manufacturer (Fitbit for a Fitbit, Google Health for Samsung, Garmin Connect for Garmin, etc.).
2. Follow your device manufacturer's instructions to create an account on that app if you haven't already, and then connect your device to it.
3. Log in to your WebMD ONE account at county.org/webmdone.
4. Click on the **Devices/Apps** icon at top of screen.
5. Choose your device based on the type of device you have.
6. Click **Connect** on your selected device and enter the log-in credentials that you use to log in to that device's mobile app.
7. **WOOHOO!** You're good to go. Sync your data to your device's app and watch as it flows to your profile.

Apple and Samsung devices can only be synced while using the Wellness At Your Side App.

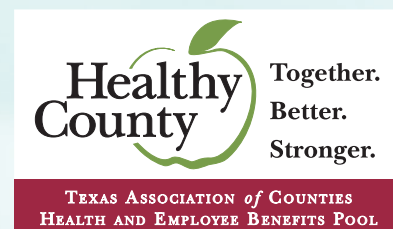
How to Purchase a Device:

1. Log in to your WebMD ONE account at county.org/webmdone.
2. Click the **Get a Fitness Tracker** featured card in the **Take Action** section in the middle of the page.
3. Once at the device storefront, there are two ways to use your coupon code:
 - a. Select **Click to Redeem** under your preferred device on the **Featured Products** banner to receive a Garmin or Fitbit device at **no cost* with your coupon code**.
 - b. Use your \$30 coupon code to subsidize the cost of an upgraded device.
4. Click the device you would like to purchase.
5. Click **Add to Cart**.
6. Click the **Shopping Bag** in the upper right corner of the page.
7. Click **View Cart & Checkout**.
8. To **use your \$30 coupon code**, enter the first nine digits of your **BCBSTX Member ID** from your health benefits card (leave out the letters) in the **Coupon Code** box and click **Apply Coupon**. Spouses will need to enter nine digit ID plus DOB (XXXXXXXXMMDDYYYY).*
9. Scroll down and click **Proceed to Checkout**.
10. Fill out your billing and shipping information.
11. To finalize your order, check the **I've read and accept the terms & conditions** box and click **Place Order**.

**Coupon code for \$30 may be used once every two years. Coupon code value varies depending on which featured device is redeemed and is a taxable wellness incentive.*

Questions?

Visit www.county.org/webmdone and click "Contact Us" at the bottom of the page or call WebMD Customer Service at (877) 855-9430, Monday – Friday 7:30 a.m. – 7 p.m. CT.



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.

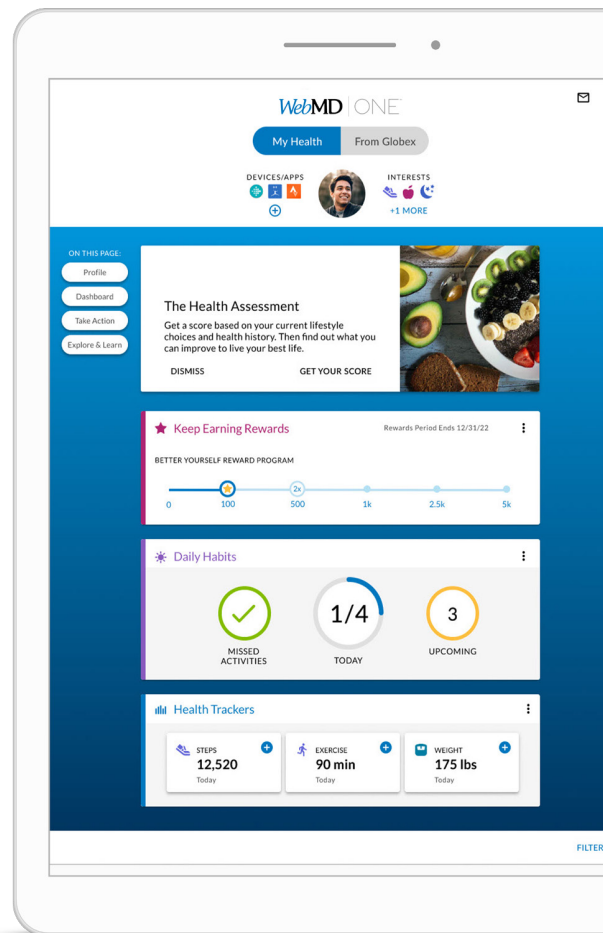
The WebMD Daily Habits tool will help you maintain or improve in areas such as:

- 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

Website: county.org/webmdone
App Access Code: county



Flexible programs to improve your health on your terms

Personalized support at no cost to you.



Diabetes Management

A personalized way to help manage diabetes. Get tools and support to track blood sugar levels and develop healthier lifestyle habits.

Program includes:

- A connected blood glucose meter
- Unlimited strips and lancets
- Tips, action plans and one-on-one coaching
- Real-time support for out-of-range readings

Hypertension Management

Take control of your heart health with guidance and a personalized plan. With a smart blood pressure monitor, you can track, get support, set up reminders and message a coach, all in one place.

Program includes:

- A connected blood pressure monitor
- Step-by-step action plans based on your goals
- Tips on nutrition and activity
- One-on-one support from expert coaches

Depending on your eligibility, you may see communications for one or more of these programs. Upon enrollment, you'll receive support for the programs that fit your unique needs.

Enroll now

Visit TeladocHealth.com/Go/HEALTHYCOUNTY or call 800-835-2362 and use registration code: HEALTHYCOUNTY.

Las comunicaciones del programa Teladoc Health están disponibles en español. Al inscribirse, podrá configurar el idioma que prefiera para las comunicaciones provenientes del medidor y del programa. Para inscribirse en español, llame al 800-835-2362 o visite TeladocHealth.com/Hola/HEALTHYCOUNTY

Program includes trends and support on your secure Teladoc Health account and mobile app but does not include a phone or tablet. You must have an iPhone or Android smartphone and install the Teladoc Health app to participate in the Teladoc Health program.

This program is offered at no cost to you by your health plan or employer.

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FIX PAIN FAST!

NEW 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



Alliance Work Partners is
here for you as life happens.

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

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

All benefits can be
accessed by calling:

toll free

1-800-343-3822

TDD

1-800-448-1823

teen line

1-800-334-TEEN (8336)

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



Visit your EAP website at
awpnow.com

and create a
customized account.

Go to

<https://www.awpnow.com>

Select "Access Your Benefits"

Registration Code:

AWP-TACHEBP-4661

Your EAP Benefits:

LawAccess

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

HelpNet

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

WorkLife

Resources and referrals for everyday needs. Available by telephone.

SafeRide

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

1 to 6 Counseling Sessions

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

Newsletters

Webinar Training Series
Tips for Everyday Living

Here for you as life happens ...



Employee Assistance Program (EAP)

Criteria for Benefits Eligibility

Full Benefits:

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

Assessment & Referral:

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

Information & Referral:

- Anyone contacting Alliance Work Partners regardless of contract status

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

Full-Time Employees of Bastrop County

Benefits At-A-Glance

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
Calendar Deductible	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.

Annual Maximum	\$1,250	\$1,250
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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

Lifetime Orthodontic Max	\$1,000	\$1,000
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Orthodontic Coverage is available for dependent children and adults.

Waiting Period	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"> • Six months for basic services • 12 months for major services • 24 months for orthodontic services 		
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	Premiums	County Pays	You Pay per Month	Amount Per Check
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 to register and elect "Go paperless" through the Profile & Settings menu.

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
Eye examination	100% after \$10 copay	Up to \$40 reimbursement
Eyeglass lenses		
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
Eyeglass frames	Up to \$130 allowance	Up to \$45 reimbursement
Contact lenses		
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?

Eye examination	Every 12 months
Eyeglass lenses OR contact lenses	Every 12 months
Eyeglass frames	Every 24 months

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

	Premiums	County Pays	You Pay per Month	Amount Per Check
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*® 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*® gives you the option to choose contact lenses instead of eyeglass lenses.
- *Lincoln VisionConnect*® 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 or call 1-800-440-8453.
- The Covered Contact Lens Selection is not available at 1-800 Contacts, Costco®, LensCrafters, Sam’s Club®, Target, Walmart® or Warby Parker locations.

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®, LensCrafters, Sam’s Club®, Target, Walmart® 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*® 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).

Plan Discounts

Further maximize your plan with in-network discounts.

Eyeglass Lens Option Discounts**	
Coatings	
Standard scratch coating	No charge
Scratch warranty	\$10
Tint	\$14
UV coating	\$16
Photochromic	\$67
Tier I anti-reflective coating	\$30
Tier II anti-reflective coating	\$50
Tier III anti-reflective coating	\$75
Tier IV anti-reflective coating	\$95
Lenses	
Roll and polish edges	\$13
Tier I progressive	\$55
Tier II progressive	\$100
Tier III progressive	\$150
Tier IV progressive	\$200
Tier V progressive	\$250
Material	
High index (1.66 or lower)	\$53
High index (1.67-1.73)	\$63
Polycarbonate	\$33
Polycarbonate for dependents under the age of 19	No charge

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 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.

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)

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.



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

All full-time and regular part-time employees

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 voluntary 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 24 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; an additional 25% of the original amount when you reach age 70; 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, unless eligible for retiree benefits.

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



Bastrop County Benefits At-A-Glance

All Full-Time 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.	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 choose a coverage amount up to \$200,000 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 choose a coverage amount up to \$30,000 for your spouse 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.

Benefits At-A-Glance

All Full-Time Employees

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.

Voluntary AD&D Insurance
\$.03/\$1,000 of Benefit (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.

Bastrop County Benefits At-A-Glance

All Full-Time Employees

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*SM 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

	Your Age	You Pay per \$100 of Coverage
90 day waiting period. Pays 60% of your income up to \$7,500. Pays to Social Security normal retirement age.	<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*SM offers professional, confidential services to help you and your loved ones improve your quality of life.

 In-person guidance	 Unlimited 24/7 assistance	 Online resources
<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"> ▪ In-person help for short-term issues (up to five sessions¹ with a counselor per person, per issue, per year) ▪ In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and 25% off subsequent meetings 	<p>You and your family can access the following services anytime online, via the mobile app, or with a toll-free call:</p> <ul style="list-style-type: none"> ▪ Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning, and more ▪ Legal information and referrals for family law, estate planning, and consumer and civil law² ▪ Financial guidance on household budgeting and short- and long-term planning 	<p><i>EmployeeConnect</i> offers a 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 GuidanceResources.com or download the GuidanceNowSM mobile app. You'll find:</p> <ul style="list-style-type: none"> ▪ Articles and tutorials ▪ Videos ▪ Interactive tools, including financial calculators, budgeting worksheets, and more

¹ In California, up to three sessions in six months, starting with initial contact by the employee.



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

*EmployeeConnect*SM

EMPLOYEE ASSISTANCE PROGRAM SERVICES

Confidential help available 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



No matter how well you plan, unexpected challenges arise. When they do, help and support are nearby thanks to *LifeKeys*® services from Lincoln.

Your life and accidental death and dismemberment (AD&D) insurance policies include access to a variety of services to help you and your loved ones navigate life's most important matters.

Help, guidance, and support for beneficiaries following a loss

The emotional impact of losing a loved one can be deep and long-lasting. All too often, financial or legal issues can add to the stress. *LifeKeys* services can be a welcome resource for your beneficiaries.

Your beneficiaries will have access to six in-person sessions for grief counseling, legal or financial information, and unlimited phone counseling. Services are available for up to one year after a loss.

Grief counseling — advice, information, and referrals on:

- Coping with loss
- Stress, anxiety, and depression
- Memorial planning information
- Concerns about family, including children and teens

Legal support — access to legal information on:

- Estate and probate law
- Real estate transactions
- Social Security survivor and child benefits
- Important documents for beneficiaries

Financial services — online resources and advice from financial specialists on:

- Estate planning
- Budgeting
- Overcoming debt
- Bankruptcy
- Investments

Help with everyday life — comprehensive information on:

- Finding child or elder care
- Financing a home
- Moving and relocation
- Making major purchases

LifeKeys services include:

Discounts on shopping and entertainment

Help with important life matters

Protection against identity theft

Online will preparation

Guidance and support for your beneficiaries

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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.

LCN-3985132-121521

MAP 12/23 Z05

Order code: LFE-LKEYE-FLI001



To access *LifeKeys* services, visit GuidanceResources.com, download the *GuidanceNow*™ mobile app, or call 855-891-3684. First-time users enter web ID: *LifeKeys*

Download the app today!



LifeKeys® services are provided by ComPsych® Corporation, Chicago, IL. ComPsych® is not a Lincoln Financial Group® company. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations (except in Vermont). *GuidanceResources*® is a trademark of ComPsych® Corporation.

Google Play and the Google Play logo are trademarks of Google LLC.

App Store is a service mark of Apple Inc., registered in the U.S. and other countries.

State limitations apply. Beneficiary grief counseling is the only benefit available to a beneficiary(ies) of policies issued in the state of New York. Online will prep is the only benefit available to insured employee and dependents of policies issued in the state of Washington.



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 \$3,200, 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.

Rollover

You may have the option to roll over up to \$610 of unused FSA funds remaining at the end of the 2023-2024 plan year. For the 2024-2025 plan year, rollover amount will increase to \$640. If you need ideas for spending any unused funds, head over to [FSAstore.com](https://www.FSAstore.com), where everything is FSA-eligible and you can pay with your Ameriflex card.

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. Unlike a Flexible Spending Account, DCA funds can only be used as they are deposited into your account.

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 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.

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

Live Chat: 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.
- ★ 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

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

Notes

Members, don't forget to:

Register **Your Account at TCDRS.org**

Registering online gives you access to your account information and ensures no one else has access. For your security, be sure to use a personal device, such as your cell phone or tablet. You'll need your TCDRS account number, which you can obtain from your employer or by calling TCDRS Member Services.

Designate or Review **Your Beneficiary**

Naming a beneficiary helps protect your loved ones. Be sure to review your beneficiaries each year and after a life-changing event like getting married or having a child.

Report **Service Time** (if applicable)

If you've ever worked for another eligible Texas public entity, such as the state, a city or school district, you may be able to add that service time to your TCDRS account.



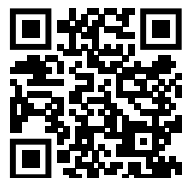
Explore **Your Online Account**

In addition to keeping your account information up to date, you can watch your account grow and estimate your future benefit.

Follow us on **Social Media**

Connect with fellow members on **Facebook** or **Instagram** and stay up to date with TCDRS.

REGISTER YOUR ACCOUNT **TODAY!**



Welcome to Your TCDRS Online Account!

Account Summary [View details](#)

Account Balance
\$2,536.66

Service Time
 1 year, 2 months
[Report other service time](#)

Vesting Date
 October 2029

Additional Service Time

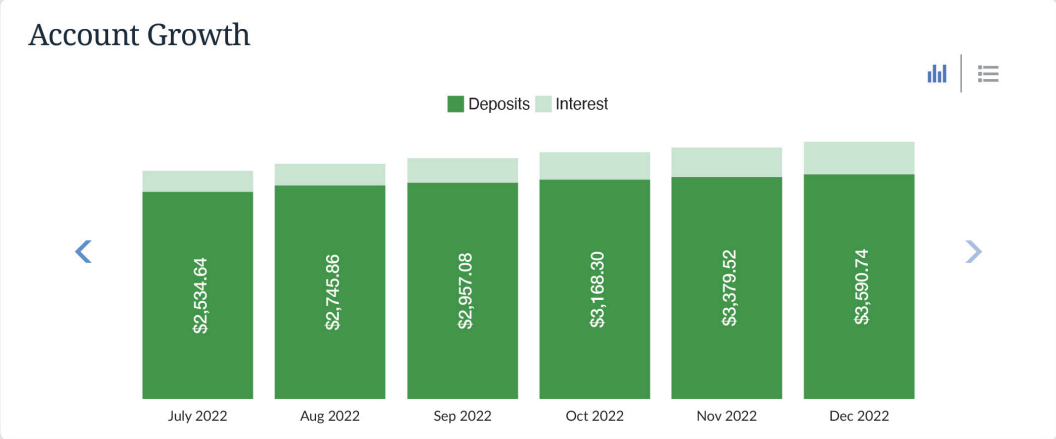
Eligibility Date
 January 2032

Account Number
 01234567890

An Introduction to Your Member Benefits

Watch later Share

Watch More Videos



Naming a Beneficiary

Watch later Share

Designate a beneficiary

Plan for Retirement

Find out what lifetime monthly benefit you might receive under different retirement payment options.

[Estimate benefit](#)

Documents [Upload](#)

[Account Summary](#)

[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](#)





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.



2024 Contribution Limits

You can contribute 100% of your compensation up to \$23,000, whichever is less. If you are age 50 or older, you can contribute up to an additional \$7,500 for a total of \$30,500. You can contribute to both 403(b) and 457(b) plans simultaneously.

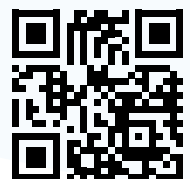


Plan Highlights

- 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

Enrollment assistance is available at www.tcgservices.com/telewealth or by calling the Enrollment Hotline at 800-943-9179.





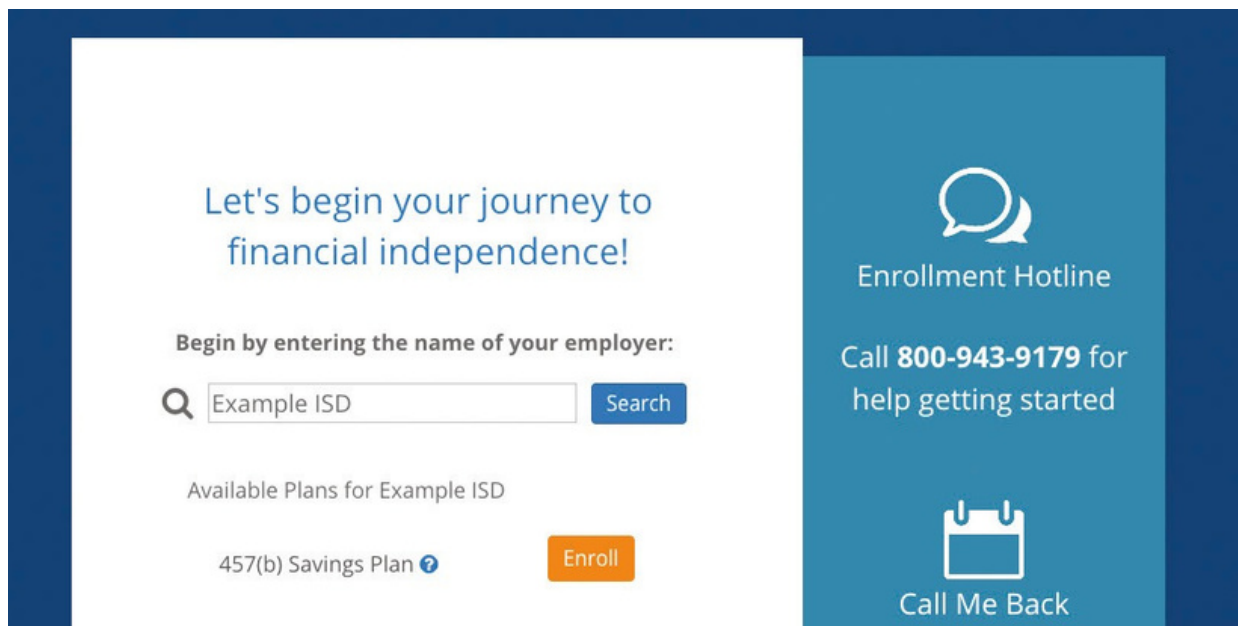
How to Register

Create your 457(b) account in minutes!

1. Start at www.tcgservices.com/enroll.
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.

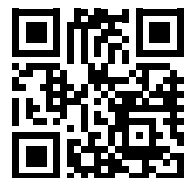
Note: If you're unsure about which investment option to select, please contact us using the information below.

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



Get started at www.tcgservices.com/457b

Enrollment assistance is available at www.tcgservices.com/telewealth or by calling the Enrollment Hotline at 800-943-9179.



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.

Wellness Benefit up to two times 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	
Emergency Care Payable within 60 days of accident unless otherwise noted				
Initial Accident Treatment 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
Telemedicine Treatment				\$60
Ambulance				\$300 - Ground \$900 - Air
Supportive Care				
Follow-Up Treatment: Benefit paid per visit, up to 2 visits per accident				\$100
Physical, Occupational or Speech Therapy, Chiropractic/Acupuncture Treatment: Benefit paid per visit, up to 6 visits per accident.				\$60
Appliances: Rented or purchased, such as crutches or wheelchair.				\$250
Specific Injury Care				
Burns: 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
Dislocations/Fractures: 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
Gunshot Wound: Requiring Hospitalization or Surgery				\$1,500
Eye Injury: Requiring Surgery or removal of foreign object				\$300
Concussion:				\$75
Traumatic Brain Injury: Diagnosed by CT, CAT, MRI, EEG, PET, or X-Ray				\$900
Child Organized Sport Benefit: Pays 10% additional benefits resulting from injury of dependent child during amateur organized athletic competition or supervised practice.				Up to \$1,000 maximum
Hospitalization Dailey benefit paid within 180 days of accident				
Hospital Admission:				\$1,000
Hospital Confinement: Dailey benefit paid up to 365 per accident				\$200
Intensive Care: Dailey benefit paid up to 30 days per accident				\$400
Rehabilitation Unit: Dailey benefit paid up to 30 days per accident, 60 days per year				\$200
Surgical Care Paid within 180 days of accident				
Open Abdominal, Thoracic or Cranial Surgery:				\$2,000
Tendon, Ligament, Rotator Cuff, Knee Cartilage Surgery or Ruptured Disc:				\$1,000
Hernia or Exploratory Surgery: Diagnostic arthroscopic or laparoscopic				\$500
Anesthesia				\$200
Accidental Death and Dismemberment Rider				
Accidental Death and Accidental Dismemberment Benefit				\$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"> ● Biopsy for skin cancer ● Breast Ultrasound ● Chest X-Ray ● CA 15-3 (blood test for breast cancer) 	<ul style="list-style-type: none"> ● Colonoscopy ● Stress Test ● Pap Smear ● CA 19-9 (blood test for pancreatic cancer) 	<ul style="list-style-type: none"> ● Mammography ● Thermography ● Flexible Sigmoidoscopy ● CA 125 (blood test for ovarian cancer) 	<ul style="list-style-type: none"> ● CEA (blood test for colon and cervical cancer) ● Bone marrow biopsy and aspiration ● PSA (blood test for prostate cancer) 		

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.

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

Issue Age	\$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



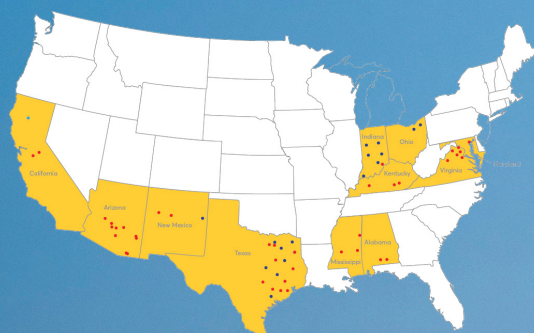
EXCITING NEWS FOR

BASTROP COUNTY EMPLOYEES

Bastrop County now provides PHI Cares membership for all benefit eligible employees and their household members. This means zero out-of-pocket costs for PHI Air Medical transports in case of air medical emergencies. When time is crucial, focus on what matters most—you and your loved ones.

Your PHI Cares Membership Includes:

- **No Out-of-Pocket Expenses:** For PHI Air Medical or partner transports.
- **Comprehensive Coverage:** Membership includes both scene calls and inter-facility hospital transfers.
- **Household Coverage:** Extends to immediate family members and up to 3 additional non-family household members who share the same address.
- **Wide-Ranging Coverage:** Valid in all areas we fly across 11 states.
- **No Financial Limitations:** Enjoy unlimited financial coverage.
- **Unlimited Flights:** No cap on the number of flights covered by the membership.



For More Information please reach out to:

Michelle Chaisson

Membership Sales Manager

855-455-9976

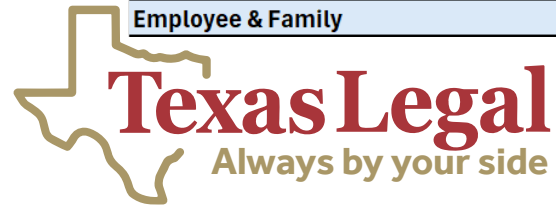
mchaisson@phiairmedical.com

Visit: <https://phicare.com/michelle-chaisson/>





Texas Legal (Per Pay Check)	
Employee Only (Employer Paid)	\$0.00
Employee & Family	\$1.60



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





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*

Employee Only – Employer Paid
Family Coverage – \$3.20 per month

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



For more information, visit 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.

