TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Hill County

Group # 51898

Rev. October 2018

Texas Association of Counties Health and Employee Benefits Pool

CONTACT INFORMATION

MEDICAL / DENTAL

Blue Cross Blue Shield of Texas
(800) 521-2227 / www.bcbstx.com

PRESCRIPTION DRUGS

Navitus Health Solutions
(866) 333-2757 / www.navitus.com

VISION

Dearborn National
(844) 323-8302 /
www.eyemedvisioncare.com

LIFE

VOYA Financial
(800) 369-5303 / www.voya.com

WELLNESS PROGRAMS

TAC Healthy County
(800) 456-5974 /
www.mybenefits.county.org

Hill County

Health, Rx, Dental, Vision and Life Benefits Resource Guide

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Rev. October 2018
TAC HEBP Non-Grandfathered Health Plan

TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

ONLINE BENEFITS PORTAL: EMPLOYEE SELF-SERVICE (ESS)

Accessing your current health benefits and wellness program resources online should be easy. That's why we created Employee Self-Service (ESS) for **county employees**. ESS is one single website with all the links you need. Just one password here gets you access to Blue Cross and Blue Shield of Texas (BCBSTX), Navitus (prescription drugs), Healthy County wellness initiatives and more.

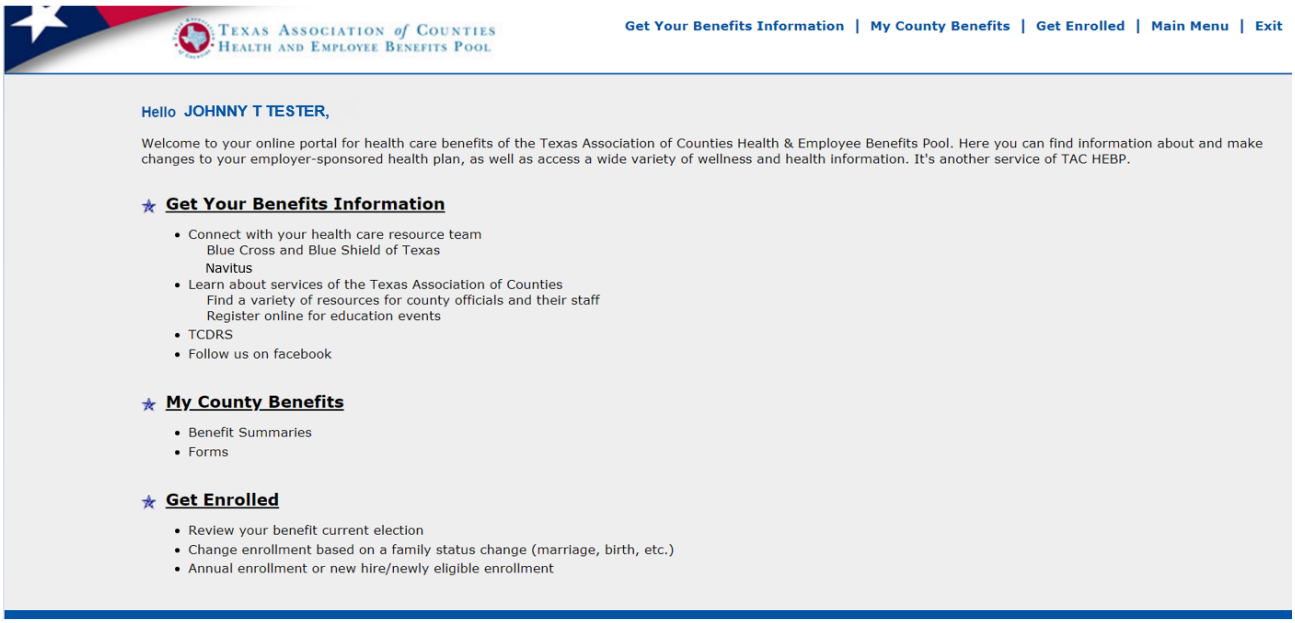
WHERE CAN I ACCESS ESS ONLINE?

Go To: https://mybenefits.county.org

Save or bookmark this web address as a favorite so you can reference your benefits and tools with one simple click!

WHAT CAN I DO IN THE EMPLOYEE SELF-SERVICE (ESS) TOOL?

Get Benefits Information	Review a variety of wellness program details, vendor and health information.
My County Benefits	Access your current health and prescription coverage Benefits Summaries and miscellaneous forms.
Review Current Enrollment	Retrieve and review benefit information.

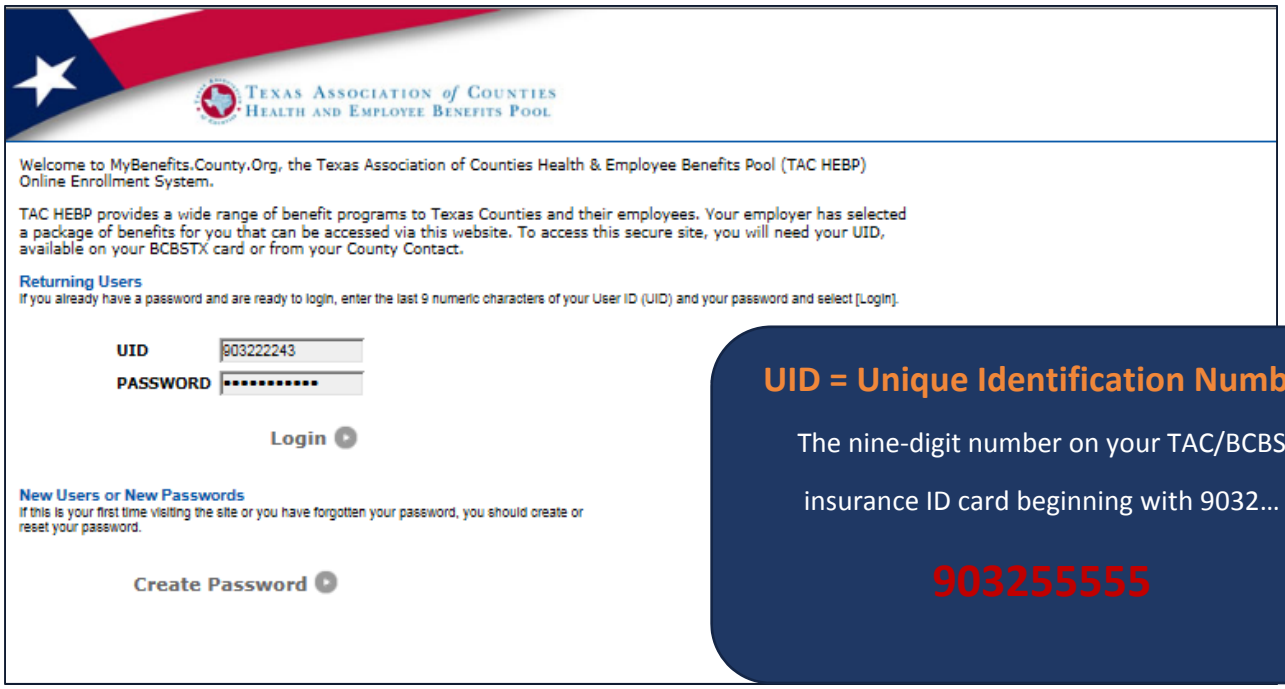


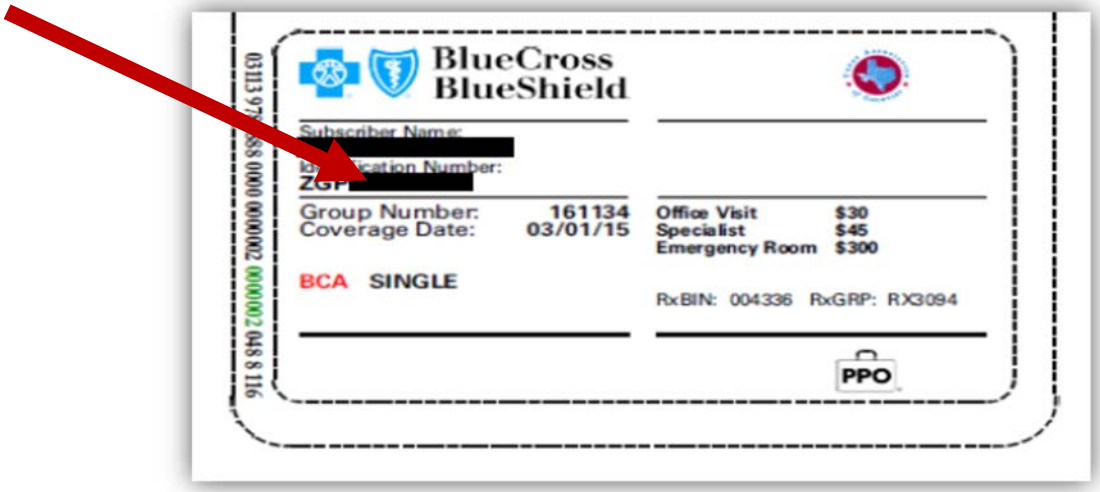
FIRST TIME USER INFORMATION

First-time users will need to create a unique password before logging onto the system.

From this page, *first-time users* should click on the ***Create Password*** link displayed at the bottom of this page.

First-time users will need to acknowledge and accept an online authorization. TAC HEBP may require employees to accept this online authorization once a year.





TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

BENEFIT HIGHLIGHTS
PLAN 1100-NG
(Non-Grandfathered ACA)

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
Deductibles		
Per-admission Deductible	*$0*	*$0*
Deductible *Applies to all Eligible Expenses except Inpatient Hospital Expenses (unless otherwise indicated)*	*$750 Individual / $2,250 Family*	*$1,000 Individual / $3,000 Family*
CoShare Stoploss Maximum		
Deductibles are not applied to CoShare Stoploss Maximum. Copayment Amounts will apply and will not be required after CoShare Stoploss Maximum has been satisfied. Your benefit booklet will provide more details.	*$3,000 Individual / $9,000 Family* *Network Deductible & CoShare Stoploss Maximum **will only** apply toward Network Deductible & CoShare Stoploss Maximum*	*$6,000 Individual / $18,000 Family* *Out-of-Network Deductible & CoShare Stoploss Maximum **do not** apply toward Network Deductible & CoShare Stoploss Maximum*
Copayment Amounts Required		
Physician office visit/consultation *Refer to Medical/Surgical Expenses section for more information*	*$25 Copayment Amount*	*N/A-Refer to Medical/Surgical Expense section for benefits*
MDLive	*$10 Copayment Amount*	*Not Applicable*
Urgent Care	*$25 Copayment Amount*	*70% of Allowable Amount*
Outpatient Hospital Emergency Room/Treatment Room *Refer to Emergency Room/Treatment Room section for more information*	*$150 Copayment Amount*	*$150 Copayment Amount*
Maximum Lifetime Benefits		
Per Participant	*Unlimited*	

Inpatient Hospital Expenses		
Inpatient Hospital Expenses		
All services must be preauthorized		
All usual Hospital services and supplies, including semiprivate room, intensive care, and coronary care units	*80% of Allowable Amount*	*60% of Allowable Amount*
Penalty for failure to preauthorize services	*None*	*$250*

BlueCross BlueShield of Texas

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

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 $25 Copayment Amount*	*70% of Allowable Amount after Plan Year Deductible*
Lab & x-ray in other outpatient facilities (excluding Certain Diagnostic Procedures)	*100% of Allowable Amount*	*70% of Allowable Amount after Plan Year Deductible*
Allergy Injections	*100% of Allowable Amount*	*70% of Allowable Amount after Plan Year Deductible*
Colonoscopy (All places of treatment and diagnoses)	*100% of Allowable Amount*	*70% of Allowable Amount after Plan Year Deductible*
Physician surgical services performed in any setting	*80% of Allowable Amount after Plan Year Deductible*	*60% of Allowable Amount after Plan Year Deductible*
Certain Diagnostic Procedures; such as Bone Scan, Cardiac Stress Test, CT -Scan (with or without contrast), Ultrasound, MRI, Myelogram, PET Scan.	*80% of Allowable Amount after Plan Year Deductible*	*60% of Allowable Amount after Plan Year Deductible*
Home Infusion Therapy *(Services must be preauthorized)*	*80% of Allowable Amount after Plan Year Deductible*	*60% of Allowable Amount after Plan Year Deductible*
Organ Transplants	*80% of Allowable Amount after Plan Year Deductible*	*60% of Allowable Amount after Plan Year Deductible*
All other outpatient services and supplies	*80% of Allowable Amount after Plan Year Deductible*	*60% of Allowable Amount after Plan Year Deductible*
In Vitro Fertilization Services	*Declined*	

Extended Care Expenses		
Extended Care Expenses *All services must be preauthorized*		
	100% of Allowable Amount	*70% 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 $25 Copayment Amount*	*70% of Allowable Amount after Plan Year Deductible*
-All outpatient services and psychological testing	*80% of Allowable Amount after Plan Year Deductible*	*60% of Allowable Amount after Plan Year Deductible*

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

Special Provisions Expenses, cont.	In-Network Benefits	Out-of-network Benefits
Mental Health Care/Chemical Dependency		
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*
Plan Year Maximum	*30 inpatient days/30 inpatient Physician visits each Plan Year**	*30 inpatient days/30 inpatient Physician visits each Plan Year**
Outpatient Services		
-Services performed during Physician office visit/consultation *(does not include psychological testing)*	*100% of Allowable Amount after $25 Copayment Amount*	*70% of Allowable Amount after Plan Year Deductible*
-Emergency Room/Treatment Room	*80% of Allowable Amount after $150 Copayment Amount* *(Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)*	*60% of Allowable Amount after $150 Copayment Amount & Plan Year Deductible* *(Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)*
-Other Outpatient Services and psychological testing	*80% of Allowable Amount after Plan Year Deductible*	*60% of Allowable Amount after Plan Year Deductible*
Plan Year Maximum	*30 outpatient visits each Plan Year**	
Chemical Dependency Maximum *(Inpatient treatment must be provided in a Chemical Dependency Treatment Center)*	*Limited to three separate series of treatments for each covered individual per lifetime **	
Emergency Room/Treatment Room		
Accidental Injury & Emergency Care		
-Facility charges (outpatient Hospital emergency treatment room charges)	*80% of Allowable Amount after $150 Copayment Amount (Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)*	
-Physician charges	*80% of Allowable Amount after Plan Year Deductible*	
Non-Emergency Care		
-Facility charges (outpatient Hospital emergency treatment room charges)	*80% of Allowable Amount after $150 Copayment Amount* *(Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)*	*60% of Allowable Amount after $150 Copayment Amount & Plan Year Deductible* *(Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)*
-Physician charges	*80% of Allowable Amount after Plan Year Deductible*	*60% of Allowable Amount after Plan Year Deductible*
Ground and Air Ambulance Services	*80% of Allowable Amount after Plan Year Deductible*	

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

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*	*70% of Allowable Amount after Plan Year Deductible*
Immunizations for Dependent children through the date of the child's 6th 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	*$25 Copayment Amount*	*Not Applicable*
Plan Year Maximum	*35 visit maximum each Plan Year**	
	All other Physical Medicine Services rendered by any other eligible Provider will be allowed on the same basis as any other sickness.	

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

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 is now 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.

BlueCross BlueShield of Texas

Texas Association of Counties Health and Employee Benefits Pool

Confused About Where to Go for Care?

SmartER Care℠ options may save you money.

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

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

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

Virtual Visits

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

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Doctor's Office

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

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Retail Health Clinic

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

$

Urgent Care Center

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

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Hospital ER

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

$ $ $

Freestanding ER

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

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

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

[2] Vitals Annual Wait Time Report, 2017.

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

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

[5] The Texas Association of Health Plans.

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

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

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

Deciding Where to Go? Virtual Visit, Doctor's Office, Retail Clinic, Urgent Care or ER.

	Virtual Visits powered by MDLIVE	Doctor's Office	Retail Health Clinic	Urgent Care Center	Hospital ER	Freestanding ER
						
Who usually provides care	**Primary Care Pediatrics, Family and Emergency Medicine Doctors**	**Primary Care Doctor**	**Physician Assistant or Nurse Practitioner**	**Internal Medicine, Family Practice and Pediatric**	**ER Doctors, Internal Medicine, Specialists**	**ER Doctors**
Sprains, strains		■	■	■	• Any life-threatening or disabling conditions • Sudden or unexplained loss of consciousness • Major injuries • Chest pain; numbness in the face, arm or leg; difficulty speaking • Severe shortness of breath • High fever with stiff neck, mental confusion or difficulty breathing • Coughing up or vomiting blood • Cut or wound that won't stop bleeding • Possible broken bones	• Most major injuries except for trauma[1] • May also provide imaging and lab services but do not offer trauma or cardiac services requiring catheterization[1] • Do not always accept ambulances
Animal bites		■	■	■		
X-rays				■		
Stitches				■		
Mild asthma	■	■	■	■		
Minor headaches	■	■	■	■		
Back pain		■	■	■		
Nausea, vomiting, diarrhea	■	■	■	■		
Minor allergic reactions	■	■	■	■		
Coughs, sore throat	■	■	■	■		
Bumps, cuts, scrapes	■	■	■	■		
Rashes, minor burns	■	■	■	■		
Minor fevers, colds	■	■	■	■		
Ear or sinus pain	■	■	■	■		
Burning with urination	■	■	■	■		
Eye swelling, irritation, redness or pain	■	■	■	■		
Vaccinations		■	■	■		

24/7 Nurseline[2]

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

Urgent Care Center or Freestanding ER

Knowing the Difference Can Save You Money

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

Freestanding ERs:

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

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

[1] "Freestanding ED 101: What you need to know" July 2016, The Advisory Board Company.

[2] 24/7 Nurseline is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.

[3] Freestanding ERs: The Need for Greater Transparency and More Consumer Protections. (2016). The Texas Association of Health Plans.

[4] The closest urgent care center may not be in your network. Be sure to check Provider Finder® to make sure the center you go to is in-network.

[5] Message and data rates may apply. Read terms, conditions and privacy policy at bcbstx.com/mobile/text-messaging.

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Powered by MDLIVE®

BlueCross BlueShield of Texas

Texas Association of Counties Health and Employee Benefits Pool

Care When and Where You Need It Just Got Easier

Virtual Visits

Convenient health care at your fingertips

Powered by MDLIVE®

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

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Connect
Computer, smartphone, tablet or telephone

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

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

Website:
Visit the website
MDLIVE.com/BCBSTX

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

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

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

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

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.

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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 Microsoft™

Nurses available anytime you need them

BlueCross BlueShield of Texas

Call the 24/7 Nurseline with any health questions.

Toll-free: **800-581-0393**

Hours of Operation: **Anytime**

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

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

Note: 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.

AIRROSTI

Texas Association of Counties

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

FIX PAIN FAST!

NEW HEALTH PLAN BENEFIT

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

Effective 10/1/2018: Airrosti visits are covered by your primary care office visit copay*

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

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

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

Schedule Your Appointment Today!

3.2 visits average to complete injury resolution*

*Based on patient reported outcomes

10,000+ SURGERIES AVOIDED

40% THE AVERAGE COST OF OTHER CARE

MKT0294 8-8-16

TAKE CHARGE OF YOUR HEALTH

Provider Finder® shares information that gives you control.

- Do you want to know more about the doctors who take care of you or your family?
- Do you need to know the estimated cost of a medical service?
- Do you want to find savings by comparing costs?
- How do you choose where to go for medical services?

You have a tool that can help you answer these questions. Provider Finder is an innovative tool for helping you choose a provider and estimate health care costs. It's easy, immediate and secure.

It's easy to get started:

1. Go to **bcbstx.com**.
2. Click the **Log In** tab, and then click the **Register Now** link.
3. Use the information on your Blue Cross and Blue Shield of Texas ID card to finish the process.
4. Log in to Blue Access for Members℠. Provider Finder can be found under the **Doctors & Hospitals tab**.

You have a choice when choosing where to go for health care. Many times you can choose between several doctors or facilities and have the same procedure at a lower cost. For example, an MRI of your knee can range in cost from hundreds to thousands of dollars. It pays to ask questions and to shop around for lower cost options.

DO YOU WANT TO SAVE MONEY THIS YEAR?

It pays to be a smart health care shopper.

At the start of each year, your deductible and out-of-pocket limits start again, so it pays to know what those limits are. It is also smart to know about your costs for doctor visits and medical procedures. These can differ greatly even in the same city. Use your money wisely this year.

Terms you should know to get the most from your health plan:

- **Network:** Not all health care professionals are in the same network, so you need to check to make sure your doctor or hospital is in your plan's network.
- **Deductible:** Most plans call for you to pay a certain amount before your health plan starts to pay. For instance, if your deductible is $2,000, your plan may not pay anything until you've paid the first $2,000.
- **Coinsurance:** Some plans don't cover all your costs. They may include coinsurance - your share of the costs of a covered health care service. Coinsurance is often a percentage of the total cost. For instance, you may pay 20 percent of an allowed service while your plan pays 80 percent.
- **Copayment (or copay):** This is a flat dollar amount you pay when you see a doctor, use medical services or fill a prescription.
- **Out-of-Pocket Maximum:** Your health plan will have a limit on how much you are required to pay in one year. If your out-of-pocket maximum is $5,000, you won't pay anything once you've paid that $5,000. That means no more copays or coinsurance.

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BlueCross BlueShield of Texas

HEALTHY YOU, HEALTHY BUDGET

Keep your budget and your health on track with these easy steps.

Taking charge of your health care costs is key to keeping your budget on track. In today's economy, who doesn't want to save money? Help keep your costs in check with these quick and easy tips.

- **Take care of yourself** — It sounds straightforward, but exercising and eating right can save you money on health care costs.
- **Get a yearly exam** — Prevention is key to staying on top of your health and steering clear of more serious costs and issues down the line.
- **Review your EOBs** — Any time you get an Explanation of Benefits (EOB) statement, review it. Understand your benefits and make sure you are not being charged for tests that never took place
- **Use Blue365®** — Check out savings for health products, health and fitness clubs, weight-loss programs and so much more.
- **Be rewarded** — Take part in any wellness reward program that your employer may offer.
- **Save on prescriptions** — Check to see if you can save money by going to certain pharmacies or using mail order. Using a generic version of a drug may be less costly. Check with your doctor to see what may be available. Treatment is between you and your doctor.
- **Know your network** — It pays to use Provider Finder® to make sure that your doctors and hospitals are in your network. Using out-of-network providers may cost you more. You can also get estimates for doctor visits and procedures. For instance, the same test or procedure at one network provider may cost less than one at another provider nearby. As a result, you could end up paying more.

Get started today.

Go to **bcbstx.com** and log in to Blue Access for Members℠. Provider Finder is under the **Doctors & Hospital** tab. Click on **Find A Doctor**. You can also access Provider Finder on your mobile device's Web browser.

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BE A FORWARD THINKER

Get the facts to learn how to help keep your health care costs down.

- **Plan ahead** — Use the right level of care. Emergency room (ER) visits can really add up. If you're not feeling well, try to see your doctor during regular working hours. An urgent care center may cost less than an ER visit for after-hours care.*
- **Budget wisely** — Add in health care costs to your budget as much as you can. For instance, if you're planning to have a baby next year, think about setting up a Health Savings Account or Flexible Spending Account to help with some of the extra costs.
- **Be a smart shopper** — If you have the option to choose a plan, check out your choices before you make a decision. Pick what works best for you and your family. You can also use Provider Finder to help you make more informed health care decisions by viewing clinical quality ratings from Blue Cross and Blue Shield as well as independent third parties.

*In the event of a medical emergency call 911 or your local emergency services.

Take the first step to a HEALTHY BUDGET.

Go to bcbstx.com to learn ways to keep your costs in control.

BlueCross BlueShield of Texas

Texas Association of Counties Health and Employee Benefits Pool

SAVE MONEY WITH IN-NETWORK PROVIDERS and Avoid "BALANCE BILLING"

If you receive care from a provider that is outside the PPO network, you may have to pay more for your care or even the full cost. Providers outside the network may "balance bill" you, which means they may charge you an amount that is more than your health plan's fee schedule. Examples of out-of-network providers you may encounter include emergency room and hospital-based physicians. It is possible that a hospital is in the network, but a doctor or other person treating you there may be out of network.

Get the most from your health plan benefits by avoiding out-of-network providers. Use Provider Finder® from Blue Cross and Blue Shield of Texas (BCBSTX) when you need to find a doctor, hospital or other facility and keep your out-of-pocket costs lower.

Knowing how your plan works can help you save. Your benefits are based on your health plan's fee schedule. Doctors, hospitals, clinics and urgent care facilities (these are all called "providers") who contract independently with the PPO network have agreed to accept our negotiated rates as payment in full. When you receive care from a network provider, you will usually pay less out of pocket than at an out-of-network provider.

Before you go for medical care, make sure the doctor or hospital is part of the PPO network. There are several ways to find a PPO network provider:

- Register or log in to Blue Access for Members℠, our secure member website by logging on at **https://mybenefits.county.org**, select **"Get Connected,"** and click on the Blue Cross and Blue Shield link. Use the information on your BCBSTX ID Card to complete the process. Click the **"Doctors & Hospitals"** tab to conduct a personalized search based on your health plan and network.
- You can use Provider Finder from your phone or tablet by downloading the free BCBSTX mobile app. Just text* **BCBSTXAPP** to **33633**.

In an emergency, call 911 or go to the nearest emergency room.

Call the number on the back of your BCBSTX ID card if you have a question about your benefits or want help using Provider Finder.

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

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BlueCross BlueShield of Texas

Texas Association of Counties Health and Employee Benefits Pool

Understanding Your Explanation of Benefits

An Explanation of Benefits (EOB) is a notification provided to members when a health care benefits claim is processed by Blue Cross and Blue Shield of Texas (BCBSTX). The EOB shows how the claim was processed. The EOB is not a bill. Your provider may bill you separately.

THE EOB HAS THREE MAJOR SECTIONS:

- Subscriber Information and Total of Claim(s) includes the member's name, address, member ID number and group name and number. The Total of Claims table shows you the amount billed, any applied discounts, reductions and payments and the amount you may owe the provider.
- Service Detail for each claim includes:
  - Patient and provider information
  - Claim number and when it was processed
  - Service dates and descriptions
  - The amount billed
  - The discounts or other reductions subtracted from amount billed
  - Total amount covered
  - The amount you may owe (your responsibility)
- Summary - Shows you what the plan covers for each claim and your responsibility including:

Plan Provisions

- The amount covered
- Less any amounts you may owe, like deductible, copay and coinsurance

Your Responsibility

- Deductible and copay amount
- Your share of coinsurance
- Amount not covered, if any
- Amount you may owe the provider. You may have paid some of this amount, like your copay, at the time you received the service.

THE EOB MAY INCLUDE ADDITIONAL INFORMATION:

- Amounts Not Covered will show what benefit limitations or exclusions apply.
- Out-of-Pocket Expenses will show an amount when a claim applies toward your deductible or counts toward your out-of-pocket expenses.
- Fraud Hotline is a toll-free number to call if you think you are being charged for services you did not receive or if you suspect any fraudulent activity.
- An explanation of your right to appeal if your health plan doesn't cover a health care claim.

Available in English and Spanish

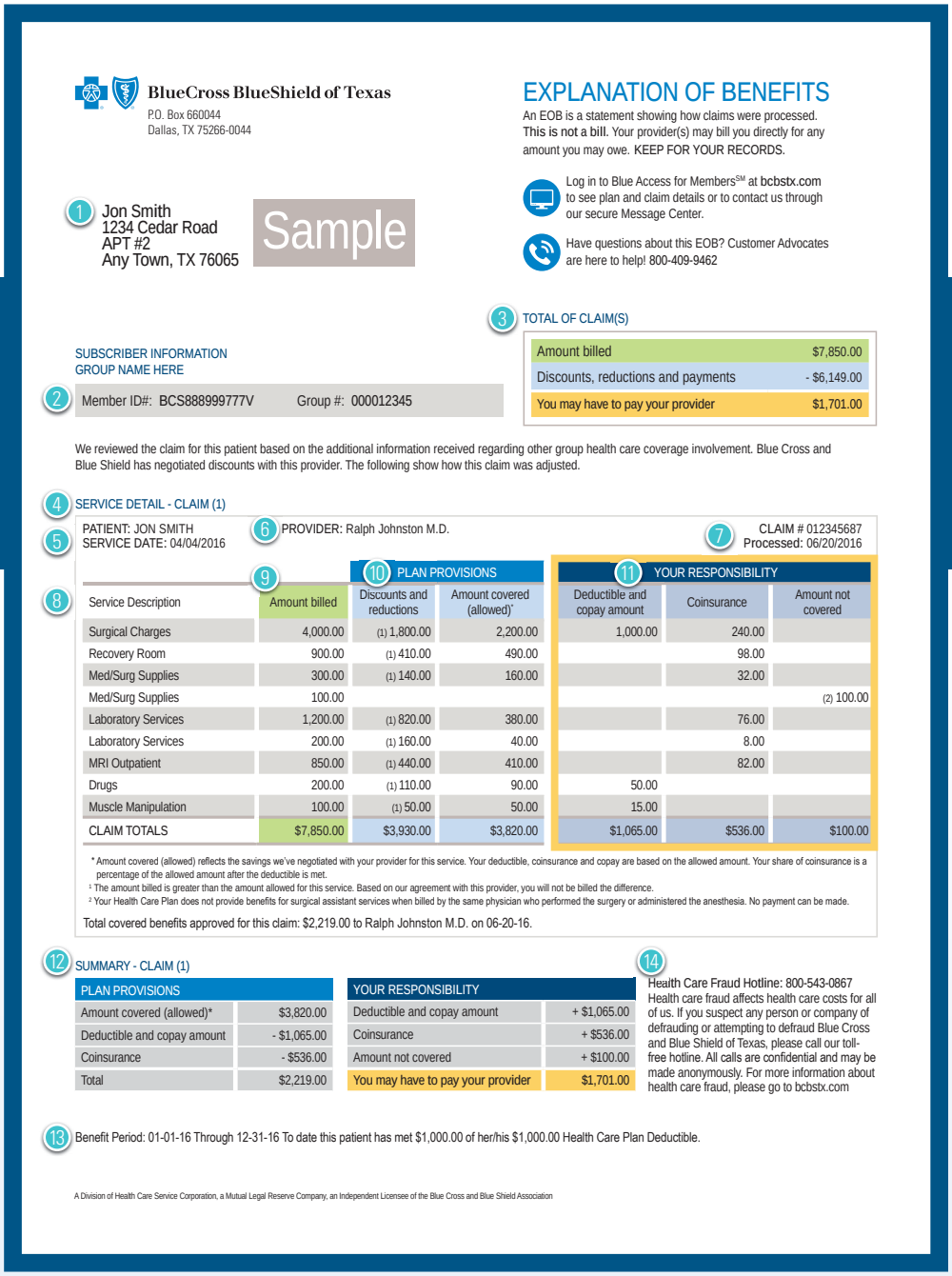
Your EOBs Are Available Online!

Sign up for Blue Access for Members℠ (BAM℠) at **bcbstx.com** for convenient and confidential access to your claim information and history. Choose to opt out of receiving EOBs by mail to save time and resources. Go to BAM and click on **Settings/Preferences** to change your preferences.

bcbstx.com

45168.0117

Sample EOB



BlueCross BlueShield of Texas
P.O. Box 660044
Dallas, TX 75266-0044

EXPLANATION OF BENEFITS

An EOB is a statement showing how claims were processed. **This is not a bill.** Your provider(s) may bill you directly for any amount you may owe. KEEP FOR YOUR RECORDS.

Log in to Blue Access for Members℠ at bcbstx.com to see plan and claim details or to contact us through our secure Message Center.

Have questions about this EOB? Customer Advocates are here to help! 800-409-9462

1 Jon Smith
1234 Cedar Road
APT #2
Any Town, TX 76065

Sample

3 TOTAL OF CLAIM(S)

Amount billed	$7,850.00
Discounts, reductions and payments	- $6,149.00
You may have to pay your provider	$1,701.00

SUBSCRIBER INFORMATION
GROUP NAME HERE

2 Member ID#: BCS888999777V Group #: 000012345

We reviewed the claim for this patient based on the additional information received regarding other group health care coverage involvement. Blue Cross and Blue Shield has negotiated discounts with this provider. The following show how this claim was adjusted.

4 SERVICE DETAIL - CLAIM (1)

5 PATIENT: JON SMITH
SERVICE DATE: 04/04/2016

6 PROVIDER: Ralph Johnston M.D.

7 CLAIM # 012345687
Processed: 06/20/2016

8 Service Description	9 Amount billed	10 PLAN PROVISIONS: Discounts and reductions	10 PLAN PROVISIONS: Amount covered (allowed)*	11 YOUR RESPONSIBILITY: Deductible and copay amount	11 YOUR RESPONSIBILITY: Coinsurance	11 YOUR RESPONSIBILITY: Amount not covered
Surgical Charges	4,000.00	(1) 1,800.00	2,200.00	1,000.00	240.00	
Recovery Room	900.00	(1) 410.00	490.00		98.00	
Med/Surg Supplies	300.00	(1) 140.00	160.00		32.00	
Med/Surg Supplies	100.00					(2) 100.00
Laboratory Services	1,200.00	(1) 820.00	380.00		76.00	
Laboratory Services	200.00	(1) 160.00	40.00		8.00	
MRI Outpatient	850.00	(1) 440.00	410.00		82.00	
Drugs	200.00	(1) 110.00	90.00	50.00		
Muscle Manipulation	100.00	(1) 50.00	50.00	15.00		
CLAIM TOTALS	$7,850.00	$3,930.00	$3,820.00	$1,065.00	$536.00	$100.00

* Amount covered (allowed) reflects the savings we've negotiated with your provider for this service. Your deductible, coinsurance and copay are based on the allowed amount. Your share of coinsurance is a percentage of the allowed amount after the deductible is met.
[1] The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.
[2] Your Health Care Plan does not provide benefits for surgical assistant services when billed by the same physician who performed the surgery or administered the anesthesia. No payment can be made.

Total covered benefits approved for this claim: $2,219.00 to Ralph Johnston M.D. on 06-20-16.

12 SUMMARY - CLAIM (1)

PLAN PROVISIONS	
Amount covered (allowed)*	$3,820.00
Deductible and copay amount	- $1,065.00
Coinsurance	- $536.00
Total	$2,219.00

YOUR RESPONSIBILITY	
Deductible and copay amount	+ $1,065.00
Coinsurance	+ $536.00
Amount not covered	+ $100.00
You may have to pay your provider	$1,701.00

14 Health Care Fraud Hotline: 800-543-0867
Health care fraud affects health care costs for all of us. If you suspect any person or company of defrauding or attempting to defraud Blue Cross and Blue Shield of Texas, please call our toll-free hotline. All calls are confidential and may be made anonymously. For more information about health care fraud, please go to bcbstx.com

13 Benefit Period: 01-01-16 Through 12-31-16 To date this patient has met $1,000.00 of her/his $1,000.00 Health Care Plan Deductible.

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

1. Member's name and mailing address
2. Member ID and group number
3. Summary box for all claims including total billed by the provider, and discounts, reductions or payments made, and the amount you may owe
4. Detailed claim information for each claim
5. Patient name and service date
6. Provider information
7. Claim number and date the claim was processed
8. Service description
9. Amount billed for each service
10. The amount covered (allowed) for each service and the discounts or reductions subtracted from the amount your provider billed
11. Your share of the costs
12. Claim summary with amount covered less your responsibility
13. Deductible and/or out-of-pocket expense information
14. Health Care Fraud Hotline

* Please provide this information when contacting us about a claim.

Not all EOBs are the same. The format and content of your EOB depends on your benefit plan and the services provided. Deductible and copayment amounts vary.

BlueCross BlueShield of Texas

Blue Access for Members℠

Secure access to your personal health plan information

Get information about your health benefits, anytime, anywhere. Use your mobile phone, tablet or computer to access the Blue Cross and Blue Shield of Texas (BCBSTX) secure member website, Blue Access for Members (BAM).

With BAM, you can:

- Check the status or history of a claim
- Locate a doctor or hospital in your plan's network
- Find Spanish-speaking providers
- Request a new ID card – or print a temporary one
- Visit Health Care School to see articles and videos to help you make the most of your benefits

Any covered dependent age 18 and older can have his or her own BAM account.

It's easy to get started

From your mobile phone, tablet or computer:

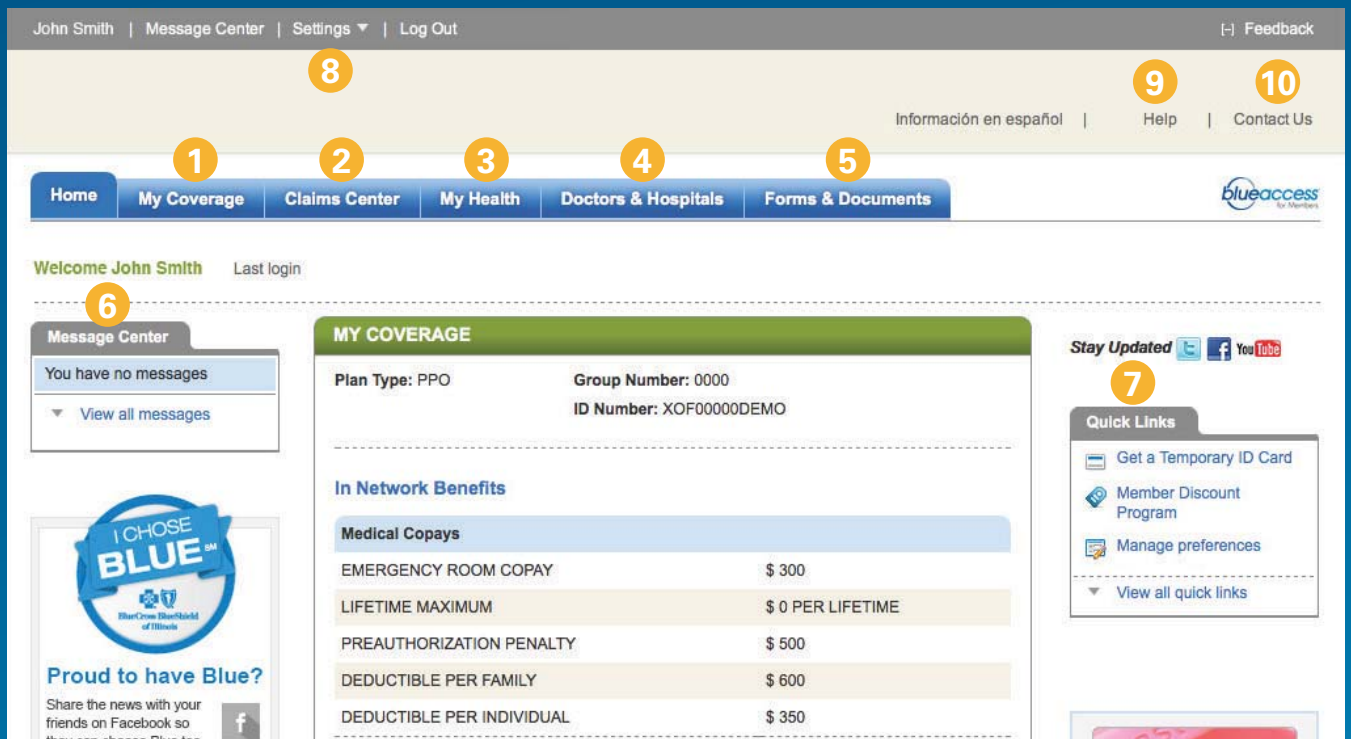
1. **Go to bcbstx.com/member**
2. **Click Register Now**
3. **Use the information on your BCBSTX ID card to complete the registration process.**

Text* BCBSTXAPP to 33633 to get the BCBSTX app that lets you use BAM while you're on the go.

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

Texas Association of Counties Health and Employee Benefits Pool

Find what you need with Blue Access for Members



1. **My Coverage:** Review your benefit details.
2. **Claims Center:** View and organize details such as payments, dates of service, provider names, claims status and more.
3. **My Health:** Make more informed health care decisions by reading about health and wellness topics and researching specific conditions.
4. **Doctors & Hospitals:** Use Provider Finder® to locate a network doctor, hospital or other health care provider and get driving directions.
5. **Forms & Documents:** Use the form finder to get medical, dental, pharmacy and other forms quickly and easily.
6. **Message Center:** Learn about updates to your benefit plan and receive promotional information via secure messaging.
7. **Quick Links:** Go directly to some of the most popular pages, such as medical coverage, replacement ID cards, manage preferences and more.
8. **Settings:** Set up notifications and alerts to receive updates via text and email, review your member information and change your secure password at any time.
9. **Help:** Look up definitions of health insurance terms, get answers to frequently asked questions and find Health Care School articles and videos.
10. **Contact Us:** Submit a question and a Customer Advocate will respond by phone or through the Message Center.

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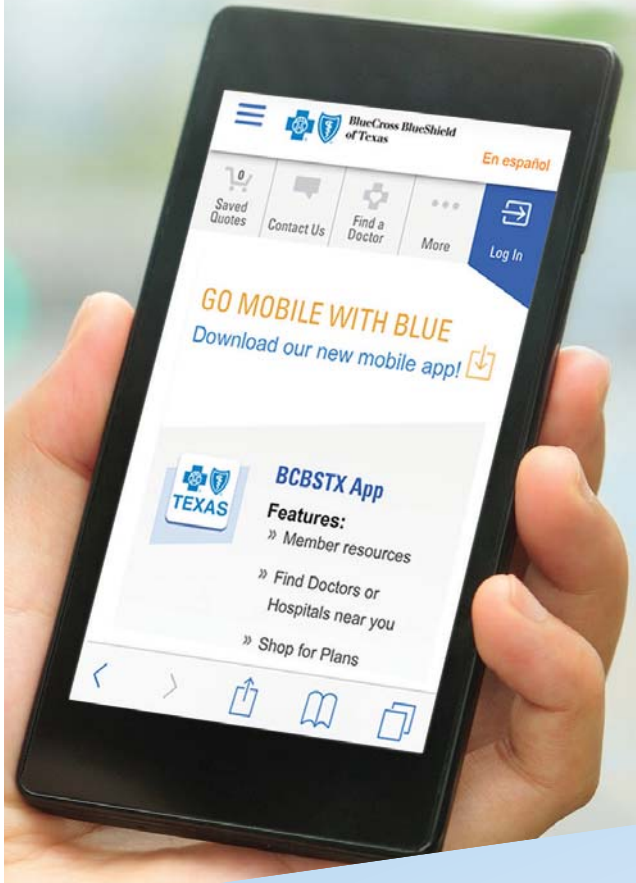
BlueCross BlueShield of Texas



Blue Access Mobile℠

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

BCBSTX App and Mobile Website:

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

Centered App for iPhone®:

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

Text Messaging:

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

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

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

BlueCross BlueShield of Texas

Texas Association of Counties Health and Employee Benefits Pool

Health Insurance Fraud

What You Should Know

Fraud Affects Everyone

Fraud may cost the health care industry (public and private payers) more than $200 billion each year. As a member of Blue Cross and Blue Shield of Texas (BCBSTX), this fraud may cause you to face rising premiums, increased copayments and deductibles, and the elimination of certain benefits.

Don't Be a Victim

In addition to losing money through fraud, members may also experience physical and mental harm as a result of health care fraud schemes in which a provider performs unnecessary or dangerous procedures.

Identifying Fraud

Commonly identified schemes involving providers include:

- **Misrepresenting Services** – Intentionally billing procedures under different names or codes to obtain coverage for services that aren't included in a member's plan.
- **Upcoding** – Deliberately charging for more complex or more expensive services than those actually provided.
- **Non-rendered and/or "Free" Services** – Some providers intentionally bill for tests or services never provided. This can also mean that the provider offered "free" services to bill the insurance company for services not performed or needed.
- **Kickbacks, Bribes or Rebates** – Referring patients to a provider or facility where the referring provider has a financial interest.

Commonly identified member schemes include:

- **Identity Swapping** – Allowing an uninsured individual to use your insurance card.
- **Identity Theft** – Using false identification to gain employment and the health insurance benefits that come with it.
- **Non-eligible Members** – Adding someone to a policy who is not eligible or failing to remove someone when that person becomes ineligible.
- **Prescription Medicine Abuse and Diversion** – Controlled substances can be obtained through deception or dishonesty for personal use or sale "on the street." Prescription medications can be obtained through doctor shopping, visiting several emergency rooms or stealing doctors' prescription pads.

Fraud **increases costs** and **decreases benefits**.

Fighting Fraud

BCBSTX offers these tips:

- Know your own benefits and scope of coverage.
- Review all Explanation of Benefits (EOB) forms. Make sure the exams, procedures and tests billed were the ones you actually had with the provider who treated you.
- Understand your responsibility to pay deductibles and copayments, and what you can and cannot be balance-billed for once your claim has been processed.
- Guard your health insurance card and personal insurance information. Notify BCBSTX immediately if your card or insurance information is lost or stolen.
- Sign and date only one claim form per office visit.
- Never lend your member ID card to another person.
- Don't give out insurance or personal information if services are offered as "free." Be sure you understand what is "free" and what you or your employer will be charged for.
- Ask your doctors exactly what tests or procedures they want you to have and why. Ask why the tests or procedures are necessary before you have them.
- Be sure any referrals you receive from your network provider are to other network doctors or facilities. If you're not sure, ask.
- Monitor your prescription utilization via the BCBSTX website or your Pharmacy Benefit Manager (PBM). Make sure the medications billed to your insurance are accurate.

Our Special Investigations Department is one of the most effective in the industry.

Preventing Health Care Fraud

BCBSTX created the Special Investigations Department (SID) to fight fraud and help lower health care costs. The staff includes individuals with medical, insurance and law enforcement backgrounds as well as data analysts experienced in detecting fraudulent billing schemes. The SID aggressively investigates allegations of fraud and refers appropriate cases for criminal prosecution.

Fraud Isn't Fair. Help Us Fight It.

Reducing health care fraud is a collaborative effort between BCBSTX, its providers and its members. Additional information — including a fighting fraud checklist — is available through the SID website at *bcbstx.com/sid*.

We also encourage you to report any suspected incidence of fraud by calling our Health Care Fraud Hotline, completing a form online or sending us a note in the mail. Suspicions of fraud can be reported to the SID anonymously.

Three Ways To Report Fraud To BCBSTX

The SID is here to help you. You can contact the SID in any of the following ways:

1. **800-543-0867**
   The toll-free Fraud Hotline operates 24 hours a day, seven days a week. You can remain anonymous or provide information if you want to be contacted by a member of the SID.
2. **bcbstx.com/sid/reporting**
   This website address links to an online fraud reporting form that can be completed and sent to the SID electronically.
3. **U.S. Mail**
   You can write the SID at:
   Blue Cross and Blue Shield of Texas
   Special Investigations Department
   1001 E. Lookout Drive, Tower A-2.212
   Richardson, Texas 75082

50638.0814

Medical Plan Frequently Asked Questions

Q. Are my medical records kept confidential?

A. Yes. Blue Cross and Blue Shield of Texas (BCBSTX) is committed to keeping all specific member information confidential. Anyone who may have to review your records is required to keep your information confidential. Your medical records or claims data may have to be reviewed (for example, as part of an appeal that you request). If so, precautions are taken to keep your information confidential. In many cases, your identity will not be associated with this information.

Q. Who do I call with questions about my benefits?

A. Call the toll-free Customer Service number on the back of your ID card.

Q. How do I find a contracting network doctor or hospital?

A. Go to **bcbstx.com** and use the **Provider Finder®**, or call Customer Service at the toll-free number on the back of your ID card.

Q. What do I do when I need emergency care?

A. Call 911 or seek help from any doctor or hospital. BCBSTX will coordinate your care with the emergency provider.

Q. What should I bring to my first appointment with a new doctor?

A. Your first appointment is an opportunity to share information about your health with your new doctor. Bring as much medical information as possible, including:

- **Medical records and insurance card** — If you are undergoing treatment at the time you change doctors, your medical records are important to your new doctor. Your insurance card provides information about copayments, billing and customer service phone numbers.
- **Medications** — Give your new doctor information about prescription and over-the-counter medications, including any herbal medications you take. Be sure to include the name of the medication, the dosage, how often you take it and why you take it.
- **Special needs** — Make a list of any equipment or devices you use including wheelchairs, oxygen, glucose monitors and the glucose strips. Be prepared to explain how you use them, not only to make sure you have the equipment you need, but also to make sure that there is no disruption in your care.

Q. What questions should I ask if I am selecting a new doctor?

A. In addition to preliminary questions you might ask a new doctor — such as "Are you accepting new patients?" — here are some questions to help you evaluate whether a doctor is right for you.

- What is the doctor's experience in treating patients with the same health problems that I have?
- Where is the doctor's office? Is there convenient and ample parking, or is it close to public transportation?
- What are the regular office hours? Does the office have drop-in hours if I have an urgent problem?
- How long should I expect to wait to see the doctor when I'm in the waiting room?
- Are routine lab tests and X-rays performed in the office, or will I have to go elsewhere?
- Which hospitals does the doctor use?
- If this is a group practice, will I always see my chosen doctor?
- How long does it usually take to get an appointment?
- How do I get in touch with the doctor after office hours?
- Can I get advice about routine medical problems over the phone or by email?
- Does the office send reminders for routine preventive tests like cholesterol checks?

Q. What if I'm already in treatment when I enroll and my provider isn't in the network?

A. We'll work with you to provide the most appropriate care for your medical situation, especially of you are pregnant or receiving treatment for a serious illness. You may still be able to see your out-of-network provider for a period of time. Call the toll-free Customer Service number on the back of your ID card for more information.

BlueCross BlueShield of Texas

Texas Association of Counties Health and Employee Benefits Pool

Your Medicare Checklist:

This checklist will help you remember the important steps that need to be taken between now and your 65th birthday or when you become Medicare eligible. The items are listed in the order you should address them.

7 to 9 Months Before Your 65th Birthday

- ☐ Contact the Social Security Administration at 1-800-772-1213, TTY: 1-800-325-0778, or go online to ssa.gov to confirm your eligibility for Medicare benefits.
- ☐ Review your current health insurance coverage to find out what happens after you become Medicare eligible. If you are working, contact your Human Resources department.

4 to 6 Months Before Your 65th Birthday

- ☐ Check with your current doctors to see if they accept Medicare.
- ☐ Learn and research Medicare coverage options in your area at medicare.gov (general Medicare information, ordering Medicare booklets, information about health plans, learning if you qualify for financial assistance) or bcbstx.com/medicare (coverage specifics, plan options and estimated costs).

3 Months Before Your 65th Birthday

- ☐ Enroll in Medicare Part A and Part B*. If you haven't received your automatic enrollment packet in the mail, contact the Social Security Administration at 1-800-772-1213, TTY/TDD: 1-800-325-0778, or go online to ssa.gov.
- ☐ Select your Medicare coverage option. Learn about BCBSTX's options at bcbstx.com/medicare or speak to a BCBSTX Medicare sales representative at 1-866-292-6745, TTY/TDD: 711. We are open 8 a.m. – 8 p.m., local time, 7 days a week. If you are calling from February 15 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays.

* You may defer enrollment in Part B for as long as you are enrolled in a qualifying group health plan.

PRESCRIPTION DRUG PLAN
OPTION 4A-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*
Non-Preferred Brand Name Drug	*$40 Copayment Amount*
Brand Name Drug	*$25 Copayment Amount*
Generic 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

Non-Preferred Brand Name Drug	*$80 Copayment Amount*
Brand Name Drug	*$50 Copayment Amount*
Generic 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

FINDING YOUR PHARMACY

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

Some of the pharmacies available:

- CVS
- HEB
- Lifechek
- Walgreens
- WalMart
- Kroger
- Brookshire Brothers
- Savon
- plus many independently operated retail pharmacies

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

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

Texas Association of Counties

QUESTIONS?

NAVITUS CUSTOMER CARE

1-866-333-2757

Open 24 hours a day, 7 days a week.

Or visit us online at: www.navitus.com

NAVITUS HEALTH SOLUTIONS

COMPARE PRICES AND LOCATE PHARMACIES USING NAVITUS' COST COMPARE TOOL

Are you looking for ways to pay the lowest cost for your medications? Navitus can help.

Prescription medication prices often vary between pharmacies. To help you compare prescriptions costs and choose the best price at the best location, Navitus now offers Cost Compare.

The Cost Compare tool is available via the Navi-Gate® for Members portal on www.navitus.com. This new tool can help you:

- Identify lower cost alternatives
- See suggested alternatives to your prescribed drugs
- Find participating network pharmacies

By entering information such as your city and state or zip code, the name and strength of your prescribed drug, and other preferences, the Cost Compare tool will provide results that allow you to compare prices and save on your prescriptions.

Cost Compare is available on **any device, anywhere, anytime**, and at no additional cost.

You can access Cost Compare from your Navi-Gate® for Members portal at Navitus.com or through your plan's website.

Compare pharmacy prices in your area

Get real-time, accurate prices estimates

Search based on your prescription history

QUESTIONS?

NAVITUS CUSTOMER CARE

1-866-333-2757

Open 24 hours a day, 7 days a week.

Or visit us online at: www.navitus.com

NAVITUS HEALTH SOLUTIONS

N5139-0217

SAVING MONEY
with mail order service

WHY USE OUR MAIL SERVICE?

With Navitus' mail order pharmacy service through Costco, you save both money and time spent picking up your medicine. By filling your prescriptions through mail order, you may receive a 3-month supply of medication for the out-of-pocket costs of 2 months.* *You do not have to be a member of Costco to use the mail order service.*

* Please refer to your plan description for more details.

EXAMPLE OF SAVINGS USING MAIL ORDER

Drug	Supply	Copay Amount	Out of Pocket Costs per Year
Glipizide	30 days	$5.00	$60.00
Glipizide	90 days	$10.00	$40.00

With this example, total cost savings is $20.00 a year!

*drug costs are for example only

QUESTIONS?

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NAVITUS HEALTH SOLUTIONS

FILLING YOUR PRESCRIPTION

Filling Your Prescription at a Network Pharmacy	The first step to filling your prescription is deciding on a participating pharmacy. In most cases, you can still use your current pharmacy. There is a complete list on the Navitus member website.
Your Pharmacy Benefit ID Card	Your TAC HEBP/Blue Cross ID card contains information the pharmacy needs to process your prescription. To determine your copay before going to the pharmacy, consult your Pharmacy Benefit Highlights or call customer care.

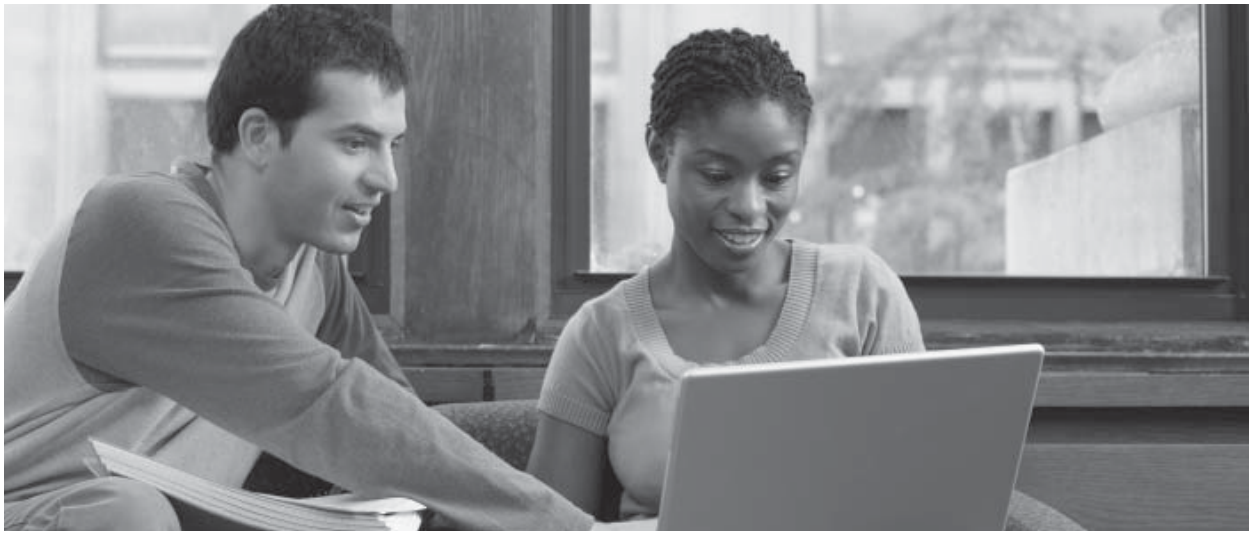
Submitting a Claim

In an emergency, you may need to request reimbursement for prescriptions that you have filled and paid for yourself. To submit a claim, you must provide specific information about the prescription, the reason you are requesting reimbursement, and any payments made by primary insurers. Complete the appropriate claim form and mail it along with the receipt to:

Navitus Health Solutions Operations Division - Claims P.O. Box 999, Appleton, WI 54912-0999

Claim forms are available on the website or by calling customer care.

FORMULARY FACTS



About Drug Formularies

The formulary is a comprehensive list of preferred drugs chosen on the basis of quality and efficacy by a committee of physicians and pharmacists. The drug formulary serves as a guide for the provider community by identifying which drugs are covered. It is updated regularly and includes brand name and generic drugs.

Selecting Drugs for Your Formulary

An independent group of physicians and pharmacists meets regularly during the year to review and recommend drugs for your formulary that will be, effective and affordable. The committee assesses drugs based on their therapeutic value, side effects and cost compared to similar medications. Based on the committee's review of new and existing drugs, your formulary is evaluated to ensure it is up-to-date. Navitus and TAC HEBP then review these recommendations and will post updates to the formulary on our websites.

Checking Your Formulary	Your formulary is on the website through your TAC HEBP member portal, www.mybenefits.county.org, or the Navitus member portal. You may search the formulary for a specific drug. You can also browse alphabetically or by category of use. Also included is information about which drug products need prior authorization and/or have quantity limits. The formulary is a condensed list and does not list every covered drug. The coverage or tier for each drug product is noted on the formulary. But the dollar amount you pay for each medication is not listed. See the Pharmacy Benefit Highlights included in this booklet for more information, including the cost share amount you pay for each drug.
Changes to Your Formulary	Your formulary is evaluated on an ongoing basis, and could change. Navitus does not send separate notices if a brand-name drug becomes available as a generic drug. The pharmacist usually tells you this information when you fill your next prescription. If you have more questions about the formulary or your cost share, please contact Customer Care.

COMMON TERMS

Copayment/ Coinsurance	Refers to that portion of the total prescription cost that the member must pay.
Formulary	A list of drugs that are covered under your benefit plan. The drugs on your formulary are chosen for your formulary by an independent group of doctors and pharmacists. These experts evaluate drugs based on effectiveness, side-effects, potential for drug interactions, and cost. Drugs that are both clinically sound and cost effective are added to your formulary.
Generic Drugs	Prescription drugs that have the same active ingredients, same dosage form and strength as their brand name counterparts.
Out-of-Pocket Maximum	The maximum dollar amount the member can pay per contract year.
Over-the-Counter Medication	A drug you can buy without a prescription.
Prescription Drug	Any drug you may get by prescription only.
Prior Authorization	Approval from Navitus for coverage of a prescription drug.
Specialty Drug	Drugs, such as self-injectables and biologics typically used to treat patients with chronic illnesses or complex diseases.
Therapeutic Equivalent	Similar drug in the same drug classification used to treat the same condition.

DENTAL PLAN II WITH ORTHODONTICS

BlueCross BlueShield of Texas

Type of Service	Benefit**
General Provisions	
Plan Year Deductible	*$50 Individual / $150 Family*
Plan Year Maximum per Participant	*$1,500*
Diagnostic and Preventive Care Benefits (deductible waived)	
Oral Examinations (twice per Plan Year) Prophylaxis (two cleanings per Plan Year) Fluoride Treatment (to age 19; twice per Plan Year) Dental X-rays -Full Mouth/Panoramic X-rays (once every 36 months) Bitewing X-ray Series (twice per Plan Year) Labs and Tests Sealants up to age 14, permanent molars, one time per lifetime	*100%*
Miscellaneous Services	
Space Maintainers Palliative Care	*80%*
Restorative Services	
Amalgams and Composites(once per surface on the indicated tooth per Plan Year) Simple Extractions Pin Retention	*80%*
General Services	
Anesthesia Stainless Steel Crowns Recementation of crowns, inlays/onlays Crown repair Reline/Rebase Recementation and repair of bridges/denture repair Diagnostic Casts (once per Plan Year)	*80%*
Endodontic Services	
Root canal therapy Direct pulp cap Apicoectomy/Apexification Retrograde filling Root amputation/hemisection Therapeutic pulpotomy Gross pulpal debridement	*80%*
Periodontal Services	
Periodontal scaling and root planning Full mouth debridement Gingivectomy/gingivoplasty Gingival flap procedure / Osseous surgery and grafts / Soft tissue grafts	*80%*
Oral Surgery Services	
Surgical tooth extractions Alveoloplasty Vestibuloplasty	80%
Crowns, Inlays/Onlays Services	
Prefabricated post and cores	*50%*
Prosthodontic Services	
Bridges and dentures	*50%*
Orthodontic Benefits	
Orthodontic Diagnostic Procedures and Treatment (Available only to participants under age 26)	*50%*
Lifetime Maximum per Participant	*$1,500*

**Each time you need dental care, you can choose to:

SEE A CONTRACTING DENTIST	SEE A NON-CONTRACTING DENTIST
• Your out-of-pocket cost will generally be the least amount because BlueCare Dentists have contracted to accept a lower Allowable Amount as payment in full for Eligible Dental Expenses • You are not required to file claim forms • You are not balance billed for costs exceeding the BCBSTX Allowable Amount for BlueCare Dentists	• Your out-of-pocket cost may be greater because Non-Contracting Dentists have not entered into a contract with BCBSTX to accept any Allowable Amount determination as payment in full for Eligible Dental Expenses • You are required to file claim forms • You are balance billed for costs exceeding the BCBSTX Allowable Amount

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. The following eligibility provisions apply:

- Dependent children are covered to age 26. Disabled dependent children can be covered beyond age 26.
- Retirees may be eligible, depending on employer contract.
- Employees may enroll dependent children up to age 5, on the first of the month following application with no late enrollment penalty.

An exclusion will apply to expenses involving the replacement of teeth that were missing prior to the effective date of the dental contract. All other benefits will begin on the first day of coverage. This exclusion will not apply to:

- Any participant who becomes effective on the dental contract date who was covered under a previous group dental care contract by the Employer.
- Any participant who has been continuously covered for 24 months under a group dental care contract with BCBSTX which included prosthetic benefits.
- A partial or full denture or fixed bridge which includes replacement of a missing tooth which was extracted after coverage becomes effective.

When the course of treatment will be in excess of $300, a predetermination request should be submitted to BCBSTX in advance of treatment.

BlueCross BlueShield of Texas

BlueCare Dental℠

BlueCare Dental offers you and your family access to one of the largest national dental networks[1]. This network includes general and specialty dentists in Texas as well as across the country. As a BlueCare Dental plan member, you can go to any dentist. However, you'll save money and get more from your benefits when you use an in-network dentist. These in-network dentists have agreed to:

- Accept set fees for covered services
- Not bill you for costs over the negotiated fees (except copayments, coinsurance and deductibles)

You can choose an out-of-network dentist, but he or she may have higher fees and charge you for amounts not covered by your insurance.

Finding an In-Network Dentist is Easy

For a list of in-network general and specialty dentists, go to **bcbstx.com** and use the Provider Finder® tool. You can search for a dentist near your home, school or office and easily download a map with driving directions.

BlueCare Dental Connection℠

As an enhanced service, Blue Cross and Blue Shield of Texas (BCBSTX) offers BlueCare Dental Connection. This service provides educational information and other resources to help you make choices about your dental care — at no extra cost.

To help you learn about good oral health, BlueCare Dental Connection offers:

- Educational mailings
- 24-hour online access to the Dental Wellness Center,* which offers educational articles and special tools

The Dental Wellness Center allows you to:

- Ask dental-related questions through **Ask a Dentist***
- Find an in-network dentist using **Provider Finder**
- Research dental fees in your area with the **Dental Cost Advisor***
- Search the **Dental Dictionary*** of common clinical terms
- View animations on different dental topics in the **Treatment and Procedure*** tool

To access the Dental Wellness Center, log in at **https://mybenefits.county.org**, anytime, day or night. Select **Get Connected** and click on the **Blue Cross and Blue Shield** link. Then, log in to **Blue Access for Members℠ (BAM℠)**. Use the information on your BCBSTX ID card to complete the process. The Dental Wellness Center can be accessed by clicking on the **My Health** tab.

Dedicated to Customer Service

After signing up, you will get more detailed information about your dental plan. Look at your plan materials for complete details. Customer Service can answer questions about eligibility, claims, benefits and providers. Just call **800-521-2227** between 8 a.m. and 6 p.m. CT, Monday through Friday. In addition, you can find general benefit information at **bcbstx.com**.

1 Dental Network of America, LLC. (DNoA), a separate company and the network manager providing access to the national network. Source: Netminder, February 2015

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* The Dental Wellness Center, Dental Cost Advisor, Ask a Dentist, Dental Dictionary and Treatment and Procedure are provided by DNoA, a separate company that acts as the administrator of Blue Cross and Blue Shield of Texas dental programs. DNoA is solely responsible for the products or services it offers. BCBSTX assumes no liability or responsibility for damage or injury to persons or property arising from the use of any product, information, idea or instruction mentioned in DNoA's content.

Voluntary Vision Insurance Benefit Summary

Eligibility: All Active Full-Time Employees Working 30 Hours or More Per Week

Dependent Definition: To age 26

Vision Plan: 12/12/24 $130

Vision Care Service	Member Cost In-Network	Out of Network Reimbursement
Exam with Dilation as Necessary	$10 Copay	Up to $30
Frequency:		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	
Exam Options:		
Standard Contact Lens Fit and Follow Up:	Up to $40 for Standard; 10% off retail price for Premium	N/A
Frames:		
Any available frame at provider location	$0 Copay; **$130** Allowance, 20% off balance over $130	Up to $65
Standard Plastic Lenses		
Single Vision	$25 Copay	Up to $25
Bifocal	$25 Copay	Up to $40
Trifocal	$25 Copay	Up to $55
Lenticular	$25 Copay	Up to $55
Standard Progressive Lens	$75 Copay	Up to $40
Premium Progressive Lens	See table on page 2	Up to $40
Lens Options		
UV treatment	$15	N/A
Tint (solid and gradient)	$15	N/A
Standard Plastic Scratch Coating	$0	Up to $5
Standard Polycarbonate – Adults	$40	N/A
Standard Polycarbonate – Kids under 19	$0	Up to $5
Standard Anti-Reflective Coating	$45	N/A
Polarized	20% off retail price	N/A
Photocromatic/Transitions Plastic	$75	N/A
Premium Anti-reflective	See Below Table	N/A
Contact Lenses (Contact lens allowance includes materials only)		
Conventional	$0 Copay; $130 allowance, 15% off balance over $130	Up to $104
Disposable	$0 Copay; $130 allowance, plus balance over $130	Up to $104
Medically Necessary	$0 Copay, Paid in full	Up to $210
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off Retail Price or 5% off Promotional Price	N/A
Additional Pairs Benefit:	Members also receive a 40% discount off complete pair eyeglass purchase and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A

Progressive Price List*	Member Cost In-Network
Standard Progressive	$75 Copay
Premium Progressives as Follows:	
Tier 1	$95 Copay
Tier 2	$105 Copay
Tier 3	$120 Copay
Tier 4	$75 Copay, 80% of charge less $120 Allowance
Anti-Reflective Coating Price List*	**Member Cost In-Network**
Standard Anti-Reflective Coating	$45
Premium Anti-Reflective Coatings as Follows:	
Tier 1	$57
Tier 2	$68
Tier 3	80% of charge
Other Add-ons Price List	**Member cost In-Network**
Photochromic (plastic)	$75
Polarized	80% of charge
Dearborn National Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs.	
*Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands	
For a current listing of brands by tier, go to: www.eyemedvisioncare.com/theme/pdf/miccrosite-template/eyemedlenslist.pdf	

Exclusions

No benefits will be paid for services or materials connected with or charges arising from:

1. Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses;
2. Medical and/or surgical treatment of the eye, eyes or supporting structures;
3. Any eye or Vision Examination, or any] corrective eyewear required by a Policyholder as a condition of employment ; safety eyewear
4. Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;
5. Plano (non-prescription) lenses and/or contact lenses;
6. Non-prescription sunglasses;
7. Two pair of glasses in lieu of bifocals;
8. Services or materials provided by any other group benefit plan providing vision care;
9. Certain name brand Vision Materials for which the manufacturer maintains a no-discount practice;
10. Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order;
11. Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

Vision benefits made easy

Vision benefits should enhance your life, not complicate it. That's why Dearborn National® Vision Care is working with EyeMed to bring you vision benefits that deliver more.

Freedom of choice

Our vision benefit packages give employees the freedom to choose at any in-network provider.

- NO limiting frame towers
- NO unnecessary restrictions
- NO confusing formularies
- ANY frame
- ANY Lens
- ANY Contacts

Network

With the right combination of retail and independent doctors members will have access to providers with weekend and evening hours. Plus members can access their benefits, view their claims and request ID Cards from www.DearbornNational.com/Vision. Also benefits can be applied online at Glasses.com – providing access to a huge selection of frames and lenses with 3-D virtual try on technology. Members can shop right from their homes.

Hill County

Life Insurance

Basic Life Coverage

Classification of Employees	Term Life Insurance	Accidental Death and Dismemberment
Any full-time, active employee or elected or appointed official	$10,000	$10,000

Beginning on and after your 70th birthday, your life insurance benefit will decrease as follows:

- From your 70th birthday to age 75, your benefit is reduced to 65%,
- From your 75th birthday to age 80, your benefit is reduced to 40%.
- From your 80th birthday to age 85, your benefit is reduced to 25%,
- From your 85th birthday to age 90, your benefit is reduced to 15%.
- From your 90th birthday and after, your benefit is reduced to 10%.

Coverage terminates at retirement.
Extended Insurance Benefits terminate at age 70.

Group Term Life

Eligible Employees Become Insured

Employees eligible on the effective date of the policy who work a minimum of 120 hours per month will become insured on that date if actively at work, provided a properly completed application is received within 10 days of the effective date. Actively at work, active work, or active service means the active expenditure of time and energy in the services of the employer at the employee's usual and customary place of employment by an employee who is physically and mentally capable of performing on a regular basis all of the usual and customary duties required for his position; provided, however, that an employee shall be deemed to be so actively expending time and energy on each day of a regular paid vacation, or on a regular nonworking day, on which he is not disabled provided he was so actively expending time and energy on the last scheduled working day preceding such vacation or nonworking day.

Employees becoming eligible after the effective date of the policy will become insured according to the option selected, provided a properly completed and acceptable application is received by Voya within 30 days following the date the employee is both eligible and actively at work.

Employer/Employee Contributions

If the employer pays the entire cost of the employee's insurance, then every employee will become automatically insured on the date of his eligibility. If part of the cost of the insurance is paid by the employee, then such employee will become insured on the date he first becomes eligible, provided that he applies for the insurance within 30 days following the date he is both eligible and actively at work and agrees to pay his part of the cost.

Adjustments in Amounts of Insurance

Increases in the amounts of insurance because of changes in salary, position, or classification will become effective on the first of the month following the date of change; provided however, the employee must be actively at work on that date for an increase to be effective.

Decreases in the amounts of insurance because of changes in salary, position, classification or age will become effective on the first of the month following the date of change. Changes in coverage due to retirement status will become effective on the first of the month following retirement.

Extended Insurance Benefit

If the employee, while insured and while under age 60, becomes totally disabled from bodily injury or disease, thereby being prevented for a period of at least 6 months from performing any work or engaging in any occupation for compensation or profit, the employee's term life insurance will be continued without payment of premiums, subject to furnishing proof of continuing disability. Extended Insurance Benefits will terminate at age 70.

Accelerated Benefit

If an insured employee is diagnosed with a Terminal Condition which with reasonable medical certainty will result in his or her death within 6 months, he or she may choose to accelerate up to 50% of his or her term life death benefit, with a minimum of $5,000 and up to $100,000. An administrative fee of $150 and a 6 month interest rate discount based on an annual interest rate of 8% will be deducted from the payment. The amount of the accelerated payment will reduce the death benefit payable to the employee's designated beneficiary under the term life coverage by the requested payment amount. The monthly premium will be the same as if the accelerated payment had not been made. DISCLOSURE: The Accelerated Benefit offered under this group policy is intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986. If the Accelerated Benefit qualifies for such favorable tax treatment, the benefits will be excludable from the employee's income and not subject to federal taxation. Tax laws relating to Accelerated Benefits are complex. The employee is advised to consult with a qualified tax advisor about circumstances under which he or she could receive the Accelerated Benefit excludable from income under federal law.

Receipt of an Accelerated Benefit payment may affect the employee, the employee's spouse or the employee's family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), Supplemental Social Security Income (SSI) and drug assistance programs. The employee is advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect the employee, the employee's spouse or the employee's family's eligibility for public assistance.

Conversions While Group is in Force

When an employee terminates his employment or otherwise becomes ineligible for his group term life insurance while the policy is in force, he will then have the guaranteed right to convert the amount of his group term life insurance so terminated.

The initial premium and written application for insurance must be received by Voya within 31 days after the date of termination of his term life insurance. The premium rate will be the rate for his attained age for the plan of insurance and the amount of insurance so converted.

The effective date of his insurance will be 31 days after the date of the termination of his group insurance. In any event, he will always have 31 days of insurance without cost. *No evidence of insurability will be required.*

AD&D

Provides for an additional payment to the beneficiary in case of accidental death. For example, if the term life amount was $20,000, and the AD&D amount was $20,000, the beneficiary would receive a combined payment of $40,000

Accidental Death/Dismemberment Benefits

If injuries result in death or dismemberment within one year after an accident, the program pays the following benefits:

Loss of life…….....……..the principal sum

Loss of two or more members……the principal sum

Loss of one member…….one-half the principal sum

Loss of speech or hearing…….…...one-half the principal sum

Loss of thumb and index finger of the same hand ..... one-quarter the principal sum

Loss of hand means severance at the wrist or above. Loss of foot means severance at the ankle or above. Loss of sight is the total and irrecoverable loss of sight of one eye.

The maximum payable for all consequences of a single accident is the amount of the accidental death benefit, but no payment for dismemberment is deducted from the benefit available in the event of a subsequent accident.

General Exclusions

We will not pay any benefit for any Loss that, directly or indirectly, results in any way from or is contributed to by:

Any disease or infirmity of mind or body, and any medical or surgical treatment thereof; or;

Any infection, except a pus-forming infection of an accidental cut or wound: or

Suicide or attempted suicide, while sane or insane; or

Any intentionally self-inflicted Accident; or

War, declared or undeclared, whether or not the Insured is a member of any armed forces; or

Travel or flight in an aircraft while a member of the crew, or while engaged in the operation of the aircraft, or giving or receiving training or instruction in such aircraft; or

Commission of, participation in, or an attempt to commit an assault or felony; or

Being under the influence of any narcotic, hallucinogen, barbiturate, amphetamine, gas or fumes, poison or any other controlled substance as defined in Title II of the comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by the Insured's licensed physician and used in the manner prescribed. Conviction is not necessary for a determination of being under the influence; or

Intoxication as defined by the laws of the jurisdiction in which the accident occurred. Conviction is not necessary for a determination of being intoxicated; or

Active participation in a riot. "Riot" means all forms of public violence, disorder, or disturbance of the public peace, by three or more persons assembled together, whether with or without a common intent and whether or not damage to person or property or unlawful act is the intent or the consequence of such disorder.

Accidental Death or Loss

This means a death or loss resulting directly from an accident within 90 days from the date of the accident.

Seatbelt Benefit

Pays an additional benefit equal to the employee benefit (up to $25,000) if an insured employee dies as the result of a covered accident which occurs while the insured was

driving or riding in an automobile driven by a licensed driver who was not intoxicated, under the influence of a controlled substance or impaired. The automobile must be equipped with seat belts, and the seat belts must have been in actual use and properly fastened at the time of the accident. The position of the seat belt must be certified in the official accident report or by the investigating officer. If an official police report certifying that the seat belt was being properly worn, is not available at the time the claim is submitted, the benefit amount will be $1,000.

Air Bag Benefit

An additional benefit amount equal to 5% of the Principal Sum will be payable if the insured dies while driving or riding in an automobile, provided that the insured was positioned in a seat equipped with a factory-installed air bag. The insured must have been properly strapped in the seat belt when the air bag inflated, and the air bag inflated properly upon impact. The maximum benefit payable is $5,000. If it is unclear whether the seat belt was being properly used and the air bag inflated properly, the benefit will be $1,000.

Repatriation Benefit

If an insured employee dies as a result of a covered accident at least 75 miles from his principal residence, up to $5,000 will be paid for the preparation and transportation of the insured employee's body. (Not available in all states)

Education Benefit

If the Principal Sum is payable under the AD&D benefit for the employee's loss of life, each insured child who qualifies will receive reimbursement for incurred educational expenses in a school of higher education beyond the 12th grade. The maximum education benefit is equal to the lesser of the employee benefit amount or $12,000 and will be payable in four equal installments. A benefit of $1,000 is payable for children in elementary or high school. (Not available in all states)

Voya™ Travel Assistance

Security When You Travel

We live in a highly connected world where frequent domestic and international travel is the norm. Voya Travel Assistance offers you enhanced security for your leisure and business trips. You and your dependents will have toll-free or collect-call access to the Voya Travel Assistance customer service center or access to the services provided on the website 24 hours a day, 365 days a year – from anywhere in the world.

Covered Services

When traveling more than 100 miles from home, Voya Travel Assistance offers you and your dependents four types of services: Pre-Trip Information, Emergency Personal Services, Medical Assistance Services, and Emergency Transportation Services.

Pre-Trip Information

These valuable services help you start your trip the right way. Voya Travel Assistance can provide you with important, up-to-date travel information including:

- Immunization requirements
- Visa & passport requirements
- Foreign exchange rates
- Embassy/consular referral
- Travel/tourist advisories
- Temperature & weather conditions
- Cultural information

Emergency Personal Services

In the event of an unexpected situation of a non-medical nature, Voya Travel Assistance offers access to several valuable services, including:

- Urgent message relay
- Interpretation/ translation services
- Emergency travel arrangements
- Recovery of lost or stolen luggage or personal possessions
- Legal assistance and/ or bail bond

If You Need Emergency or Pre-Trip Services...

...use the contact information on the reverse and identify yourself as an eligible participant in the Voya Travel Assistance program.

You will be asked to provide some additional information in order to confirm your eligibility under this program. Once your eligibility has been verified, Voya Travel Assistance will arrange and provide the Emergency Transportation Services previously described.

Please note: Covered services are only eligible for payment through Voya Travel Assistance if Voya Travel Assistance was contacted at the time of service and arranged for the service. If costs are incurred for other services, you are responsible for those costs or reimbursement of those costs if initially paid by Voya Travel Assistance; Voya Travel Assistance will ask for your credit card and debit your account for the required amount.

Voya Travel Assistance

Contact Voya Travel Assistance 24 hours a day, 365 days a year for Pre-Trip Information, Emergency Personal Services, Medical Assistance Services, and Emergency Transportation Services.

In the US, Toll Free: 800.859.2821
Worldwide, Collect: 202.296.8355
Email: ops@europassistance-usa.com
Online Portal: https://eservices.europassistance-usa.com/sites/Voya
Group ID: N1VOY
Activation Code: 140623

ReliaStar Life Insurance Company, a member of the Voya™ family of companies.

Medical Assistance Services Include:

- Medical referrals for local physicians and dentists
- Medical case monitoring
- Prescription assistance and eyeglass replacement
- Arrangement and payment of emergency medical services (up to $10,000 with a written guarantee of reimbursement from the eligible participant.)

Emergency Transportation Services*

Should you need medical care or assistance while traveling, Voya Travel Assistance can help. When deemed medically necessary by a Voya Travel Assistance designated physician, evacuation and transportation to the nearest adequate medical facility that can properly treat your condition will be arranged and paid for on your behalf. Additional transportation services include:

- Visit of family member or friend
- Return of traveling companion
- Return of dependent children
- Return of vehicle
- Return of mortal remains

How It Works

At any time before or during a trip, you may contact Voya Travel Assistance for assistance services. It is recommended that you keep a copy of this summary with your travel documents. Use the wallet card to have convenient access to the numbers that you need.

* The services listed above are subject to a maximum combined single limit of $150,000.

Exclusions and Limitations

A. Voya Travel Assistance shall not provide services enumerated if the covered service is sought as a result of your or your dependent's:

- Involvement in any act of war, invasion, acts of foreign enemies, hostilities (whether war is declared or not), civil war, rebellion, revolution, and insurrection, military or usurped power;
- Travel against the advice of a physician;
- Travel for the purpose of obtaining medical treatment;
- Travel in any country in which the U.S. State Department issued travel restrictions;
- Commission of or attempt to commit an unlawful act;
- Being under the influence of drugs or intoxicants unless prescribed by a physician;
- Pregnancy and childbirth (except for complications of pregnancy);
- Mental or emotional disorders, unless hospitalized;
- Participation as a professional in athletics;
- Services provided for which no charge is normally made;
- Travel within 100 miles of your permanent residence, unless in a foreign country.

B. The services described above currently are available in every country of the world. Due to political and other situations in certain areas of the world, Voya Travel Assistance may not be able to respond in the usual manner. It is your responsibility to inquire whether a country is "open" for assistance prior to your departure and during your stay. Voya Travel Assistance also reserves the right to suspend, curtail or limit its services in any area in the event of rebellion, riot, military uprising, war, terrorism, labor disturbance, strikes, nuclear accidents, acts of God or refusal of authorities to permit Voya Travel Assistance to fully provide services.

C. If you request a transport related to a condition that has not been deemed medically necessary by a physician designated by Voya Travel Assistance in consultation with a local attending physician or to any condition excluded hereunder, and the Employer or Plan Sponsor agrees to be financially responsible for all expenses related to that transport, Voya Travel Assistance will arrange but not pay for such transport to a medical facility or to your residence and will make such arrangements using the same degree of care and completeness as if Voya Travel Assistance was providing service under this agreement. A waiver of liability will be required prior to arranging these transportation services.

D. Voya Travel Assistance shall not be responsible for any claim, damage, loss, cost, liability or expense which arises in whole or in part as a result of Voya Travel Assistance's inability to reach the Employer's or Plan Sponsor's authorized Contact person for any reason beyond Voya Travel Assistance's control, or as a result of the failure and/or refusal of the Employer or Plan Sponsor to authorize services proposed by Voya Travel Assistance.

149985 09/01/2014

Voya™ Travel Assistance

DESCRIPTION OF COVERED SERVICES

The following is a detailed Description of Services provided under the Voya Travel Assistance program to ReliaStar Life Insurance Company group policyholders, for the benefit of their employees and eligible dependents.

All services in connection with Emergency Evacuation, Medically Necessary Repatriation, Repatriation of Mortal Remains, Visit by Family Member or Friend, Traveling Companion Transportation, and Return of Dependent Children are subject to a maximum Combined Single Limit of one hundred fifty thousand dollars ($150,000) per event. Pre-trip and information services are available at any time. Transportation, Medical Assistance and Emergency Personal services are available to you when you or your spouse and dependent children are traveling at least 100 miles away from home for no more than 90 consecutive days for business or pleasure.

All services must be provided by Voya Travel Assistance. No claims for reimbursement will be accepted. Any expenses associated with these services are your responsibility except as provided within this Description of Services.

EMERGENCY TRANSPORTATION SERVICES

Emergency Evacuation: If you or your spouse or dependent suffer an Injury or Sickness and adequate medical facilities are not available locally in the opinion of Voya Travel Assistance's Medical Director, Voya Travel Assistance will provide emergency evacuation (under medical supervision) by whatever means necessary to the nearest facility capable of providing adequate care. Services include arranging and paying for transportation and related medical services (including cost of medical escort) and medical supplies necessarily incurred in connection with the emergency evacuation.

Medically Necessary Repatriation: After initial treatment and stabilization for an Injury or Sickness, if the attending Physician and Voya Travel Assistance's Medical Director deem it medically necessary, Voya Travel Assistance will transport you back to your permanent place of residence for further medical treatment or to recover. Services include arranging and paying for transportation and related medical services (including escort if necessary) and medical supplies necessarily incurred in connection with the repatriation.

Repatriation of Mortal Remains: In the event of your death, Voya Travel Assistance will render assistance and provide for the return of mortal remains. Services include arranging and paying for the following: location of a sending funeral home; transportation of the body from the site of death to the sending funeral home to the airport; minimally necessary casket or air tray for transport; coordination of consular services (in the case of death overseas); procuring death certificates; and transport of the remains from the airport to the receiving funeral home. Other services that might be performed in conjunction with those listed above include making travel arrangements for any traveling companions and identification and/or notification of next-of-kin. Repatriation of Mortal Remains services are subject to a maximum coverage limit of $15,000.

Visit by Family Member or Friend: If you are hospitalized for more than seven (7) days and are traveling alone, Voya Travel Assistance will arrange and provide your family member or friend with transportation to visit you. Visit by Family Member or Friend services are subject to a maximum coverage limit of $7,500, to include meals and accommodations subject to a daily maximum of $175, up to a maximum of 7 days.

Traveling Companion Transportation: If your travel companion loses previously made travel arrangements due to your medical emergency, Voya Travel Assistance will arrange and pay for your traveling companion's return home by the most direct and economical route, up to a maximum coverage limit of $7,500.

Return of Dependent Children: If you are hospitalized for more than seven (7) days, Voya Travel Assistance will arrange and pay for the return of your minor children who are under nineteen (19) years of age, and if necessary, accompany him/her with an attendant, up to a maximum coverage limit of $7,500.

Vehicle Return: In the event of an emergency evacuation, medically necessary repatriation, or repatriation of remains, Voya Travel Assistance will arrange to return your non-commercial vehicle that is left behind unattended, up to the maximum coverage limit of $2,500.

MEDICAL ASSISTANCE SERVICES

Medical Referrals: Voya Travel Assistance will assist you in finding Physicians, dentists, and medical facilities.

Medical Monitoring: During the course of a medical emergency, Voya Travel Assistance's professional case managers, including Physicians and nurses, will make sure the appropriate level of care is maintained or determine if further intervention, medical transportation, or possibly repatriation (return to U.S.) is needed. If authorized, Voya Travel Assistance will provide case notification, both foreign and domestic, between the patient, family, Physician, employer, travel company, and consulate as needed. Voya Travel Assistance will continue to provide all necessary international claim coordination, to include hospital bill translation and interpretation, as needed.

Emergency Medical Payments: When it is necessary for you to obtain needed medical services, upon request, Voya Travel Assistance will advance up to $10,000, in local currency if needed, to cover on-site medical expenses. The advance of funds will be made to the medical provider after you, your family or any other associate have provided a credit card guarantee to Voya Travel Assistance to secure the necessary funds.

Replacement of Medication and Eyeglasses: Voya Travel Assistance will arrange to fill a prescription that has been lost, stolen, or requires a refill, subject to local law, whenever possible. Voya Travel Assistance will also arrange for shipment of replacement eyeglasses. Costs for shipping of medication or eyeglasses, or a prescription refill, etc., are your responsibility.

Hotel Convalescence Arrangements: Voya Travel Assistance can assist you with hotel arrangements if you or your companion needs to convalesce in a hotel prior to or following medical treatment.

Medical Insurance Assistance: Voya Travel Assistance can assist you by coordinating notifications to medical insurers or managed care organizations, verifying policy enrollment, confirming medical benefits coverage, guaranteeing medical payments, assisting in the coordination of multiple insurance benefits, and handling claims paperwork flow.

Prescription Drug Assistance: When permitted by law and approved by the patient's Physicians, Voya Travel Assistance will assist you in obtaining prescription drugs and other necessary personal medical items that may have been forgotten, lost or depleted while traveling.

PRE-TRIP INFORMATION

Pre-trip information is available at any time, not subject to 100 mile travel requirement.

Passport and Visa Information: Voya Travel Assistance can advise you of the required documentation to enter and depart foreign destinations.

Health Hazards Advisory: Voya Travel Assistance can provide you with up-to-date travel advisories.

Inoculation Requirements: Medical entry requirements can be provided to you prior to your departure.

Weather Information: Voya Travel Assistance maintains current information regarding weather conditions for both domestic and international travel destinations. This information will be provided to you through the Voya Travel Assistance Center.

Currency Exchange Information: Voya Travel Assistance can provide you with the daily currency exchange rate for a specified country.

Consulate and Embassy Locations: Voya Travel Assistance maintains a complete listing of consulates and embassies. These locations are accessible to you by calling the Voya Travel Assistance Center.

Translation and Interpreter Services: Professional translators and interpreters can be reached 24 hours a day to obtain translation or interpreter assistance services during emergency situations while traveling internationally.

Travel Locator Service: You can contact the Voya Travel Assistance Center 24 hours a day, seven (7) days a week, for assistance in locating hotels, airports, sports facilities, campgrounds, and tourist attractions.

EMERGENCY PERSONAL SERVICES

Emergency Message Assistance: Voya Travel Assistance can record emergency messages from you or emergency messages for you for 24-hour periods. These messages may be retrieved at any time by you, your family, or business Associates.

Emergency Cash Assistance: Voya Travel Assistance can assist you with emergency cash up to $500. You, your family or other associate must provide a credit card guarantee to Voya Travel Assistance to cover the advance. Any fees associated with the transfer, such as credit card or Western Union fees are also your responsibility.

Emergency Ticket Replacement: Voya Travel Assistance can assist you in replacing lost or stolen airline tickets.

Emergency Card Replacement: Voya Travel Assistance can assist you with emergency card replacement if you should experience a loss, theft, or damage to your credit card or membership card.

Emergency Pet Return: In the event of an emergency evacuation, medically necessary repatriation, or repatriation of remains, and your pet is left unattended, Voya Travel Assistance will assist in the arrangements to have your pet transported to your place of residence.

Emergency Payment Assistance: Voya Travel Assistance can assist you in obtaining an advance of funds for non-medical or other travel emergencies by coordinating directly with your family, or your credit card company, bank, employer, plan sponsor or other sources of credit.

Locating Legal Services: Voya Travel Assistance can assist in contacting a local attorney or the appropriate consular officer if you are arrested or detained, involved in an automobile accident, or otherwise need legal help. Voya Travel Assistance will maintain communications with you, your family, and employer until legal counsel has been retained by you.

Bail Bond Services: Voya Travel Assistance can assist in securing bail bond services in all available locations.

Baggage Assistance: Voya Travel Assistance can assist you if your baggage is lost, stolen, or delayed while traveling on a common carrier. Voya Travel Assistance will advise you of the proper reporting procedures and will help you maintain contact with the appropriate companies or authorities to help resolve the problem.

EXCLUSIONS AND LIMITATIONS

A. Voya Travel Assistance shall not provide benefits and/or services enumerated if the coverage is sought as a result of your or your dependent's involvement in any act of war, invasion, acts of foreign enemies, hostilities (whether war is declared or not), civil war, rebellion, revolution, and insurrection, military or usurped power; traveling against the advice of a Physician; traveling for the purpose of obtaining medical treatment; traveling in any country in which the U.S. State Department issued travel restrictions; commission of or attempt to commit an unlawful act; being under the influence of drugs or intoxicants unless prescribed by a Physician; pregnancy and childbirth (except for complications of pregnancy); mental or emotional disorders, unless hospitalized; participation as a professional in athletics; services provided for you for which no charge is normally made; travel within 100 miles of your permanent residence, unless in a foreign country, or up to a maximum trip duration of 90 days.

B. The services described above currently are available in every country of the world. Due to political and other situations in certain areas of the world, Voya Travel Assistance may not be able to respond in the usual manner. It is your responsibility to inquire whether a country is "open" for assistance prior to your departure and during your stay. Voya Travel Assistance also reserves the right to suspend, curtail or limit its services in any area in the event of rebellion, riot, military uprising, war, terrorism, labor disturbance, strikes, nuclear accidents, acts of God or refusal of authorities to permit Voya Travel Assistance to fully provide services.

C. If you request a transport related to a condition that has not been deemed medically necessary by a Physician designated by Voya Travel Assistance in consultation with a local attending Physician or to any condition excluded hereunder, and you agree to be financially responsible for all expenses related to that transport, Voya Travel Assistance will arrange but not pay for such transport to a medical facility or to your residence and will make such arrangements using the same degree of care and completeness as if Voya Travel Assistance was providing service under this agreement. A waiver of liability will be required prior to arranging these transportation services.

D. Voya Travel Assistance shall not be responsible for any claim, damage, loss, cost, liability or expense which arises in whole or in part as a result of Voya Travel Assistance's inability to reach the authorized Employer or Plan Sponsor Contact person for any reason beyond Voya Travel Assistance's control, or as a result of the failure and/or refusal of the Employer or Plan Sponsor to authorize services proposed by Voya Travel Assistance.

All transportation benefits provided hereunder must be by the most direct and economical route possible.

For the purposes of this Agreement, the following definitions shall apply: "Injury" means identifiable injury caused by an Accident; "Accident" means a sudden, unexpected, unusual, specific event which occurs at an identifiable time and place; "Sickness" means a sickness of the Participant which declares itself during the period when services are available under this Agreement.

Voya Travel Assistance is not responsible and cannot be held liable for any malpractice performed by a local Physician or attorney who is not an employee of Voya Travel Assistance or for any loss or damage to your vehicle during the return of the vehicle, or for any loss or damage to any personal belongings.

Peace of mind
when it's needed the most

Funeral Planning Services

A value-added service offered with your Group Life Insurance offered by Voya™ Employee Benefits, a division of ReliaStar Life Insurance Company. Funeral planning services provided by Everest Funeral Package, LLC.

Everest is pleased to provide a value-added service that empowers individuals who are dealing with funeral related issues.

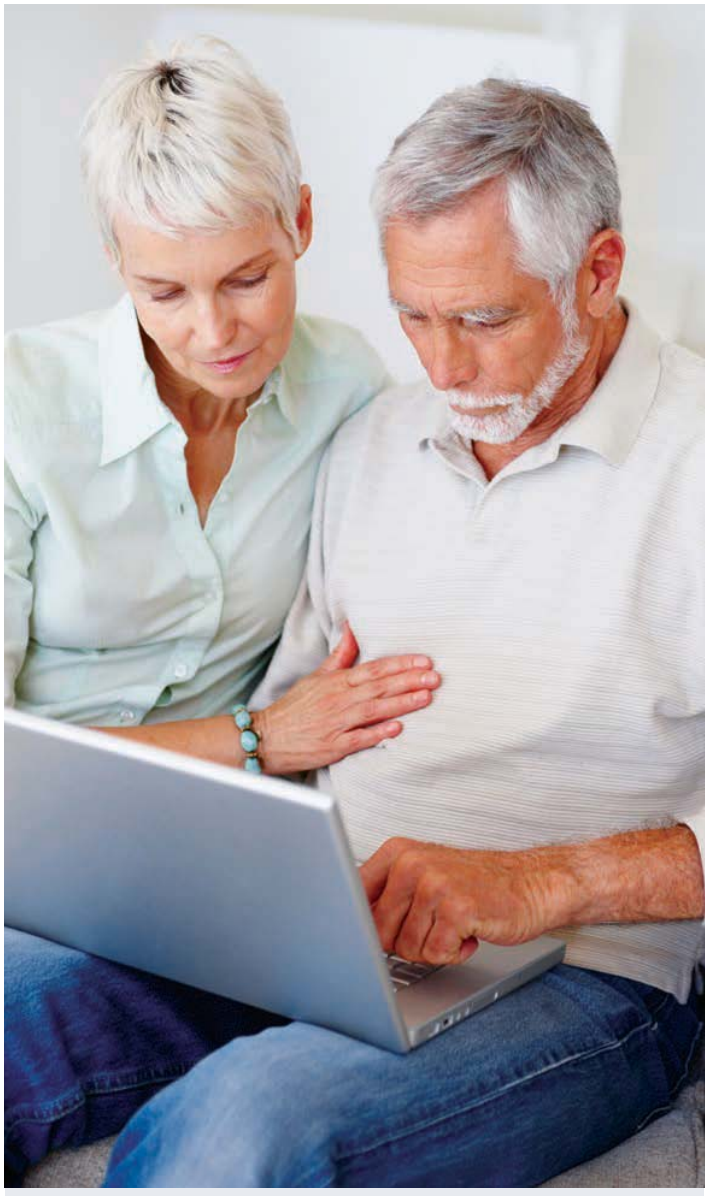
Who is Everest?

Everest, the first nationwide funeral planning and concierge service, is an independent consumer advocate who works on your behalf. Everest's sole purpose is to provide the information you need to make the most informed decisions about all funeral related issues, and then put those wishes into action.

You're never locked into a decision because Everest's funeral advisory services can be used at any funeral home across North America.

Everest is an impartial consumer advocate, not a funeral home. Everest does not sell funeral goods or services, nor does Everest receive any commissions from funeral homes or other service providers in the funeral industry. With Everest, you are removed from a sales-focused environment allowing you and your family to make well-informed and confident decisions during a stressful time.

Everest offers both pre-planning and at-need services at or near the time of need. Everest's online planning tools help you prepare for the future. At-need services include price negotiation assistance and communicating the family's wishes to the funeral home. Everest Advisors are available by phone 24/7 and can determine eligibility for the expedited life insurance claim process.



While you can't predict life's outcome,
you can prepare for it...

EVEREST
The First Nationwide Funeral Planning and Concierge Service

Who is Eligible?

Everest can be used to plan a funeral for an employee; a spouse or domestic partner; or an employee's dependents up to age 26.*

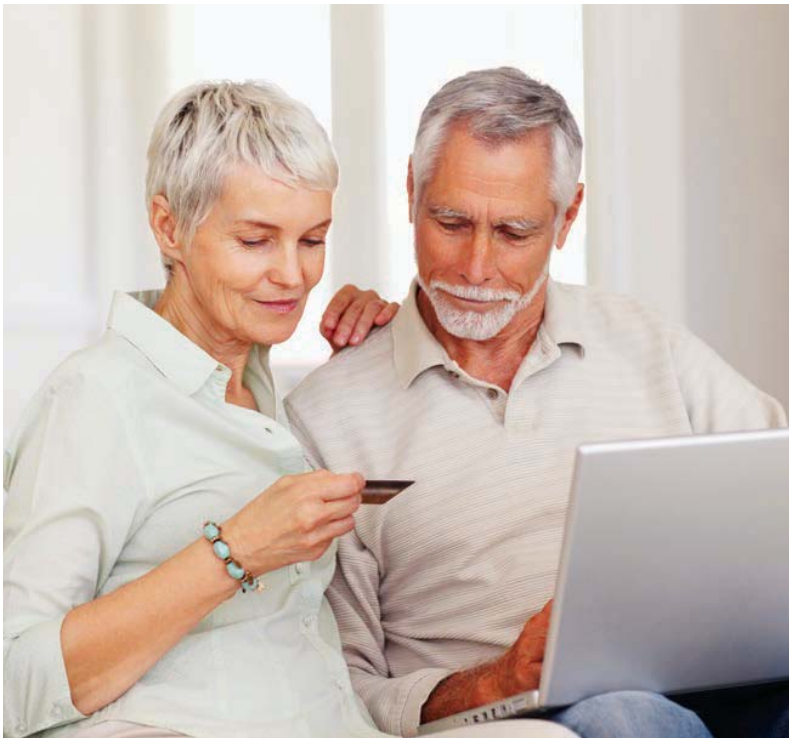
Getting Started

Create an online profile and use Everest's planning tools:

Visit: **www.everestfuneral.com/voya**

- Enter your email address and your employer's name
- Create a password and complete your online profile
- Access "Planning Tools"

If you do not have access to a computer, Everest Advisors are available 24/7 by calling **1-800-913-8318.**



Everest's services include:

Pre-planning services

24/7 Advisor Assistance

- To discuss funeral planning issues

PriceFinder℠ Research Reports

- The only nationwide database of funeral home prices
- Detailed, local funeral home price comparisons

Online Planning Tools

- Include:
  - Personal Profile
  - 10 Key Decisions Planner
  - "My Wishes" Planning Guide
  - Reference Guide
- Information stored and maintained in a secure data warehouse

At-need services

At-Need Family Support

- Family assistance and plan implementation
- Communicate the Personal Funeral Plan to the funeral home; removing the family from a sales-focused environment
- Provide 24-hour assistance throughout the funeral process
- New! Expedited life insurance claim process. Eligible beneficiaries may have access to a portion of the life insurance funds in as little as two business days following receipt of the claim form.**

Negotiation Assistance

- Gather pricing information and present it to the family in an easy-to-read format
- Negotiate funeral service pricing with local funeral homes
- Help the family compare prices of caskets and other products

**Availability may vary by state.

For more information, please visit: **www.everestfuneral.com/voya**

EVEREST
The First Nationwide Funeral Planning and Concierge Service

* Spouse or domestic partner coverage varies depending on the terms of your employer's group life insurance coverage. Contact your employer for more information.

Funeral Planning and Concierge Services provided by Everest Funeral Package, LLC, Houston, TX 77056. Product availability may vary by state.

Insurance products are issued by ReliaStar Life Insurance Company, a member of the Voya family of companies. ReliaStar Life Insurance Company Home and Administrative Office: Minneapolis, MN. Products and services may not be available in all states.

168180 05/01/2014

RETIREMENT | INVESTMENTS | INSURANCE

VOYA FINANCIAL™

Voya.com

HEALTHY COUNTY ROAD MAP

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

Access Wellness and Health Benefits Programs and Resources

Healthy County can set you on the path to living a healthier life. For program information, links, directions and additional resources:

- Go to the **Healthy County Web Page** at ***www.county.org/healthycounty***

To Access your Blue Cross and Blue Shield of Texas (BCBSTX) Medical Benefits, Health Assessment (HA), your Sonic Boom Wellness account page, Caremark (Prescription Benefits Provider) and other services:

- Go to your Benefits & Wellness Portal at ***https://mybenefits.county.org*** and enter your User ID (UID) (the nine-digit number on your BCBSTX Benefits card) and password to log on; Click on "Get Connected." From there you can access all your BCBSTX Medical Benefits and Services and the majority of your Healthy County wellness programs.

Get Weight Watchers Reimbursement

Healthy County will help you host a worksite Weight Watchers program and reimburse more than 75 percent of the cost for covered employees and spouses on the benefits plan. Attendance conditions apply.

- To learn more, go to ***www.county.org/weightwatchers***

Lifestyle Resources

Take Your Confidential Health Assessment

Get a personalized guide to your health. Learn about health risks and lifestyle choices that can affect you down the road. Plus, you'll earn Blue Points! To access your health assessment, go to:

- ***https://mybenefits.county.org*** and click "Get Connected," then click the Blue Cross and Blue Shield of Texas link;
- Click the "Health Assessment" under "Quick Links."

Healthy County powered by Provant

All TAC HEBP member employees have access to Healthy County's integrated health and physical activity portal. On the portal you will find access to:

- Wellness Challenges;
- Activity trackers;
- Device storefront;
- Tracking of wellness activity completion;
- Online health education courses and tools, and
- Healthy Lifestyle Reward redemption (participating counties only).
- Log in today at: ***www.healthycounty.provantone.com***

Join the Blue Cross and Blue Shield Fitness Program for Access to a Gym Network

Available exclusively to employees and dependents (age 18 and older) covered on the county's health plan, the Fitness Program provides:

- Flexible membership, no long-term contract. Enroll for a one-time fee of $25 and $25 per member per month.
- Unlimited access to a nationwide network of more than 9,000 participating fitness centers.
- Easy online enrollment; automatic monthly payment withdrawal.
- Enroll online today at: ***https://mybenefits.county.org***; select Get Connected; Select "BCBSTX" link; and
- Select "Fitness Program" under quick links.
- Or, sign up by phone at (888) 762-BLUE.

Earn and Redeem Blue Points Rewards

In addition to Healthy County gift cards and any incentives your county may offer, you are eligible to receive Blue Points Rewards from BCBSTX/Well onTarget. With the Blue Points program, you can earn points by regularly participating in healthy activities. You can then redeem your hard earned points for clothing, books, health and personal care, jewelry, electronics, music, sporting goods and more. Log in today at:

- ***https://mybenefits.county.org;***
- Select "Get Connected;"
- Select the "BCBSTX" link;
- Select the "Well onTarget" link; and
- Select the "Blue Points" link then agree to terms.

Enroll in Lifestyle Coaching

From stress management to weight-loss, nutrition, fitness, and a host of other lifestyle areas, a Blue Care Connections Lifestyle Coach can help answer your questions and guide you on your journey to better health.

- To access lifestyle coaching call (866) 412-8795, say "Lifestyle Management" at the verbal prompt, then enter your BCBSTX ID#.

Health Management Resources

Blue Access for Members

From your **BCBSTX** link at ***https://mybenefits.county.org*** you can review your health and dental elections, find doctors, review claims, request a new or replacement member ID card and access time and money saving tools.

Save Time and Money with Provider Finder and Cost Estimator

Use Provider Finder to locate a network doctor, hospital or other health care provider, and get driving directions. Also search the cost for procedures and surgeries using the Cost Estimator tool.

To access the Provider Finder and Cost Estimator, go to:

- ***https://mybenefits.county.org;***
- Click "Get Connected," then click "BCBSTX;" and
- Click "Doctors & Hospitals" link.

Call the 24/7 Nurseline

Call to speak with an experienced registered nurse who can help with your health care concerns and your family members' concerns, too. Calls are FREE and confidential.

- Call the Nurseline at **(866) 412-8795** and follow the verbal prompts.

Naturally Slim Weight Loss Program

Healthy County is offering you an opportunity to lose weight – at no charge – with a program called Naturally Slim.

Naturally Slim is an online program that teaches you how eat to reduce your chance of getting a serious disease, like diabetes or heart disease, and increase your chances at living a longer, healthier life. Lose weight, plus improve your overall health – all while eating the foods you love! Employees and spouses enrolled in the county's medical plan are eligible to apply for Naturally Slim. Acceptance into program is based on qualifying risk factors.

- To learn more, go to: ***www.county.org/healthycounty*** and click on Naturally Slim

Enroll in Condition Management (Blue Care Connections)

Learn how to better manage your condition with the help of a confidential health coach. Conditions include cancer, congestive heart failure, coronary artery disease, chronic obstructive pulmonary disease, asthma, diabetes, metabolic syndrome, high blood pressure and back pain. To get started:

- Call (866) 412-8795;
- When prompted, say "Blue Care Connections;" and
- Enter your BCBSTX ID#.

Get 50 Percent Off of Prescriptions with Medicine Match

Receive 50 percent off your prescription copays for medications needed for specific conditions when enrolled in condition management for asthma, diabetes, cholesterol or high blood pressure.

- Call (866) 412-8795;
- When prompted say "Blue Care Connections;" and
- Enter your BCBSTX ID number, ask to enroll in any of the four condition management programs listed above.
- Prescription copay discount will automatically take effect within one week of enrolling in condition management program.

SUBSCRIBE TO OUR NEW HEALTHY COUNTY EMAIL

HEALTHY BYTE

Healthy Byte is a monthly email that will inspire you with ideas for incorporating wellness into your daily lives, plus give you exclusive access to Healthy County news and upcoming program announcements. The email is free!
Sign up at *www.county.org/HCMonthly.*

Make Quitting Tobacco Easier

This voluntary program provides personal coaching, an optional 12 week online program, and cessation medications at only a $0 copay.

To enroll in the personal coaching program:

- Call (866) 412-8795, say "Lifestyle Management" at the verbal prompt, then enter your BCBSTX ID#.

To access the 12 week online program, go to:

- ***https://mybenefits.county.org***, click "Get Connected," then click "BCBSTX;"
- Click "Well onTarget" link and click "Quitting Tobacco" link under "onmytime courses."

Questions about which medications are covered under the $30 copay should be directed to Navitus at (866) 333-2757.

Fix Pain Fast at Airrosti

Airrosti is a safe and highly effective alternative to surgery, pain management, and long term chiropractic or physical therapy treatment programs. Airrosti's non-invasive treatment helps patients rapidly recover from injuries or nagging pain often within an average of 3.2 visits.

- Your copay for an Airrosti visit is $20
- Visit www.airrosti.com or call (800) 404-6050 to learn more and schedule an appointment at the location nearest you.

Enroll in Special Beginnings Maternity Management Program

There's confidential support available for moms-to-be from obstetric nurses who provide prenatal risk assessment and coordinate with your provider during every stage of pregnancy.

- Call (888) 421-7781; When prompted, say "Special Beginnings Program."
- Enter your BCBSTX ID#.

To learn more about Healthy County, available programs and other resources visit our website at www.county.org/HealthyCounty.

Discover What is Happening with Texas County Health!

Sign up for your monthly Healthy Byte Wellness E-Newsletter today at **www.county.org/HCMonthly**

Inside each monthly edition you will find:

- Practical health and lifestyle information you can use today;
- The latest Healthy County challenges and events;
- Tools and programs available to you;
- Inspiring success stories from counties and employees who have embraced wellness and radically changed their health.

Sign up today to stay informed and maximize your health at www.county.org/HCMonthly

Healthy County

Together.
Better.
Stronger.

Texas Association of Counties
Health and Employee Benefits Pool

Medicine Match

Get 50 Percent Off Prescriptions!

Healthy County, the Texas Association of Counties Health and Employee Benefits Pool's (TAC HEBP) wellness program, encourages covered members to take advantage of Medicine Match by enrolling in a condition management program. Medicine Match is designed to make treating **asthma, diabetes, cholesterol and high blood pressure** more affordable.

When enrolled in a condition management program for these conditions, members and covered spouses automatically receive a 50 percent reduction in co-pays for the medications filled through the pharmacy or by mail order that treat these conditions.

Condition management participants get:

- 50 percent reduction in co-pays for covered medications and supplies that treat **asthma, diabetes, high blood pressure, and high cholesterol;**
- Deductibles waived on applicable prescription plans;
- Information and tools to control symptoms; and
- A personal advisor to walk through each step and help participants learn to live better with a chronic condition.

How to enroll in a condition management program:

TAC HEBP members and covered spouses can sign up for a condition management program in three easy steps:

1. Call (866) 412-8795;
2. Select Condition Management option; and
3. Enter your BCBS ID number to enroll.

Healthy County

Together. Better. Stronger.

Texas Association of Counties
Health and Employee Benefits Pool

For more information, visit our website www.county.org/healthycounty

Take Advantage of Preventive Services

Your family's race to better health begins with a single step: Taking advantage of preventive health care services

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

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

Some examples of preventive care services covered by your plan include general wellness exams each year, recommended vaccines, and screenings for things like diabetes, cancer or depression. Preventive services are provided for women, men and children of all ages.

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

Learn more on immunization recommendations and schedules by visiting the Centers for Disease Control and Prevention website at **cdc.gov/vaccines**.

745188.0417

BlueCross BlueShield of Texas

These preventive services are covered by your plan at no cost to you[1]

FOR ADULTS

OVER 18

Annual preventive medical history and physical exam

SCREENINGS FOR

- ☐ Abdominal aortic aneurysm
- ☐ Alcohol abuse and tobacco use
- ☐ Colorectal and lung cancer
- ☐ Depression
- ☐ Falls prevention and vitamin D use for stronger bones
- ☐ High blood pressure, high cholesterol, obesity, diabetes and depression
- ☐ Sexually transmitted infections, HIV, HPV and hepatitis

COUNSELING FOR

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

FOR CHILDREN

Annual preventive medical history and physical exam

SCREENINGS FOR

- ☐ Autism
- ☐ Cervical dysplasia
- ☐ 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
- ☐ Visual acuity

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

JUST FOR WOMEN

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

CERTAIN VACCINES

Learn more on immunization recommendations and schedules by visiting: **cdc.gov/vaccines**

- ☐ Diphtheria, Pertussis, 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)

bcbstx.com

[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.

Blue Care Connection® can help you:

- Learn your health status
- Make a plan
- Take charge

BlueCross BlueShield of Texas

We all have health challenges. Many of us are trying to lose those extra 10 pounds or keep our cholesterol under control. Some of us are dealing with a chronic or serious illness.

No matter what your health challenge, the Blue Care Connection (BCC) program may help. BCC offers support and resources to you and your covered family members.

Take the first step and learn your health status.

Take the online **Health Assessment.** It's confidential, and you will get a personal report that helps you understand your current health. Just visit **wellontarget.com** to get started.

bcbstx.com

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Texas Association of Counties

BlueCross BlueShield of Texas

Blue Access for Members℠

With Blue Access for Members (BAM℠), our secure member website, you can:

- Locate a doctor or hospital in your plan's network.
- Find Spanish-speaking providers.
- Sign up for Blue Access Mobile℠ through your BAM user profile to access these services via your mobile phone or tablet.

Do you have health issues that need extra attention?	Are you dealing with a chronic illness?
Join **Lifestyle Management** to try to lose weight or quit smoking. You will work with a Lifestyle Management Specialist to set a plan and reach your health goals. Call **866-412-8795** and select "Lifestyle Management."	Talk to registered nurses from our **Condition Management** program. They can offer support, education and coaching to try to help you manage your condition. Call **866-412-8795** and select "Blue Care Connection."
If you are pregnant, join **Special Beginnings®** to receive education about your pregnancy, access to our helpful website, a book and access to a nurse whenever you have questions. Call **888-421-7781** to join.	Get help from a licensed **Behavioral Health** professional if you are dealing with depression, substance abuse, anxiety or other mental health issues. Call **866-412-8795** and select "Blue Care Connection."

Whether you're running a fever or training to run a marathon, here are some other BCC services available to you!

- Call the toll-free 24/7 Nurseline at **800-581-0393** anytime you have a health question for a registered nurse.
- Take advantage of the Fitness Program and get a discounted membership to a nationwide network of fitness centers. Just visit the Blue Access for Members site.

All BCC programs and services are confidential and available at no additional cost to you.

NOTE: These programs are not a substitute for the medical advice of your doctor. If you have any questions or concerns regarding your health, you should discuss them with your doctor. To get the most out of the Blue Care Connection program, discuss the health information you receive with your doctor.

Texas Association of Counties

BlueCross BlueShield of Texas

Texas Association of Counties

Blue365®
Because health is a big deal℠

Blue365®
A Discount Program for You

Blue365 is just one more advantage you have by being a Blue Cross and Blue Shield of Texas (BCBSTX) member. With this program, you may save money on health and wellness products and services from top retailers that are not covered by insurance. There are no claims to file and no referrals or pre-authorizations.

Once you sign up for Blue365 at **blue365deals.com/BCBSTX**, weekly "Featured Deals" will be emailed to you. These deals offer special savings for a short period of time.

Below are some of the ongoing deals offered through Blue365.

EyeMed | Davis Vision
You may save on eye exams, eyeglasses, contact lenses and accessories. You have access to national and regional retail stores and local eye doctors. You may also get possible savings on laser vision correction.

TruHearing® | Beltone™
You may get possible savings on hearing tests, evaluations and hearing aids. Discounts may also be available for your immediate family members.

Dental Solutions℠
You may get dental savings with Dental Solutions. You may receive a dental discount card that provides access to discounts of up to 50 percent at more than 61,000 dentists and more than 185,000 locations.*

Jenny Craig® | Seattle Sutton's® | Nutrisystem®
Help reach your weight loss goals with savings from leading programs. You may save on healthy meals, membership fees (where applicable), nutritional products and services.

See all the Blue365 deals and learn more at **blue365deals.com/BCBSTX**.

BlueCross BlueShield of Texas

Texas Association of Counties

Blue365®
Because health is a big deal℠

Retrofit℠

Receive 15 percent off Retrofit's online, private weight loss coaching sessions. Retrofit includes the use of a wireless Fitbit® device and smart-scale, one-on-one videoconferencing with a personal team of experts and unlimited online support. You will enjoy flexibility in scheduling and the ability to meet with coaches anywhere there is an Internet connection.

Reebok | SKECHERS®

Reebok, a trusted brand for more than 100 years, makes top athletic equipment for all people, from professional athletes to kids playing soccer. SKECHERS, an award-winning leader in the footwear industry, offers exclusive pricing on select Performance, Sport, Work and Corporate Casual styles. You will enjoy discounts and free shipping opportunities.

Holly Clegg trim&TERRIFIC® Cookbooks

Save 25% on Holly Clegg's best-selling trim&TERRIFIC cookbooks with popular, easy, 30-minute delicious recipes made healthier — perfect for the busy person. All books include nutritional information and diabetic exchanges and highlight freezer-friendly and vegetarian recipes.

Snap Fitness™

Join Snap Fitness for a 50 percent discount off the best current enrollment offer (no processing fees) and a 5 percent discount on monthly dues. You may also get 10 percent off up to five personal-training sessions, complimentary access to Snap Fitness online workout tools, one month of online nutrition and meal-planning services and biannual fitness assessments. A 30-day trial membership is also available for $8.95.

For more great deals or to learn more about Blue365, visit **blue365deals.com/BCBSTX**.

The relationship between these vendors and Blue Cross and Blue Shield of Texas (BCBSTX) is that of independent contractors. BCBSTX makes no endorsement, representations or warranties regarding any products or services offered by the above-mentioned vendors.

* Dental Solutions requires a $9.95 signup and $6 monthly fee.

Blue365 is a discount program only for BCBSTX members. This is NOT insurance. Some of the services offered through this program may be covered under the health plan you choose to offer. Employees should check their benefit booklet or call the customer service number on the back of their ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are only given through vendors that take part in this program. BCBSTX does not guarantee or make any claims or recommendations about the program's services or products. Members should consult their doctor before using these services and products. BCBSTX reserves the right to stop or change this program at any time without notice.

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BlueCross BlueShield of Texas

Blue365® Davis Vision℠ Discount Program

Blue Cross and Blue Shield of Texas (BCBSTX) is pleased to offer BCBSTX members a vision discount program through Davis Vision, a national provider of vision care programs.

What is the Davis Vision discount program?

This is a program that may offer savings on eyeglasses, contact lenses, eye exams, accessories and laser vision correction. See the back page for a full list of discounts.

How do I locate a Davis Vision provider?

The Davis Vision network consists of major national and regional retail locations, such as Visionworks®, Walmart® and Costco®, as well as independent ophthalmologists and optometrists.

For a list of Davis Vision providers near you, go to davisvision.com, click *Member* and enter Client Code 4513 in the *Open Enrollment* section, or call Davis Vision at 888-897-9350. For more information about Blue365, log in to Blue Access for Members℠ at bcbstx.com. Click the *My Coverage* tab at the top, and then click the *Discount* link on the left.

Are there any exclusions?

The following items are ***not*** covered by this vision discount program:

- Medical treatment of eye disease or injury
- Vision therapy
- Special lens designs or coatings, other than those listed on the other side of this flier
- Services performed by a provider who is not in the Davis Vision network
- Replacement of lost eyewear
- Services not performed by licensed personnel

bcbstx.com

Texas Association of Counties Health and Employee Benefits Pool

What discounts are available in the vision program?[1]

If your plan offers vision benefits, see your BCBSTX network provider for your initial eye exam. You may be able to receive the discounts listed below on vision hardware materials when using a Davis Vision provider and presenting your BCBSTX card.

In addition to the discounted rates below, there are other value-added features that may be available to you, including discounts on disposable contact lenses through Davis Vision's mail-order contact lens replacement program. For more information, contact Davis Vision at 888-897-9350 or visit davisvisioncontacts.com.

	You May Pay:
Examinations	
Comprehensive examination	15% off or $5 off retail cost
Contact lens examination	15% off or $10 off retail cost
Frames[2]	
Priced up to $70 retail	$40
Priced over $70 retail	$40 plus 10% off the amount over $70
Spectacle Lenses (Uncoated Plastic)[2]	
Single vision	$35
Bifocal	$55
Trifocal	$65
Lenticular	$110
Contact Lenses	
Conventional[3]	20% off
Disposable/planned replacement[3]	10% off
Spectacle Lens Options (Add to Lens Prices)[2]	
Standard progressive[4]	$60
Premium progressive[4]	$110
Glass lenses	$18
Polycarbonate lenses	$30
Blended invisible bifocals	$20
Intermediate vision lenses	$30
Photogrey Extra® lenses	$35
Scratch-resistant coating	$15
Anti-reflective coating	$45
Ultraviolet coating	$15
Solid tint	$10
Gradient tint	$12
Hi-index lenses	$55
Photochromic lenses (e.g., Transitions®)	$65
Polarized lenses	$75

For more information:

Call Davis Vision at **888-897-9350** (Monday through Friday, 7 a.m. to 10 p.m., Saturday, 8 a.m. to 3 p.m., Sunday, 11 a.m. to 3 p.m., Central Time).

Visit **davisvision.com**, click *Member* and enter Client Code 4513 in the *Open Enrollment* section.

1 These discounted fees apply at most provider locations. However, fees may vary. For example, at Walmart or Sam's Club, members will receive comparable values on spectacle lens and contact lens purchases with the applicable standard retail cost. Members buying frames at either provider will receive a flat 10 percent discount on the price, rather than the discounts shown. Confirm discounts with your selected provider.

2 Special lens designs, materials, powers and frames may require additional cost.

3 Discount will be applied to the provider's usual and customary price for services.

4 Pricing at some retail locations may vary.

The relationships between Blue Cross and Blue Shield of Texas (BCBSTX) and Davis Vision, Inc., is that of independent contractors.

Blue365 is a discount program available to BCBSTX members. This is *not* insurance. Some of the services offered through Blue365 may be covered under your health plan. Please refer to your benefit booklet or call the Customer Service number on the back of your ID card for specific benefit information under your health plan. Use of Blue365 does not affect your premium, nor do costs of Blue365's services or products count toward any maximums and/or plan deductibles. Discounts are only available through participating vendors.

BCBSTX does not guarantee or make any claims or recommendations regarding the services or products offered under Blue365. You may want to consult with your physician prior to use of these services and products. Services and products are subject to availability by location. BCBSTX reserves the right to discontinue or change this discount program at any time without notice.

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

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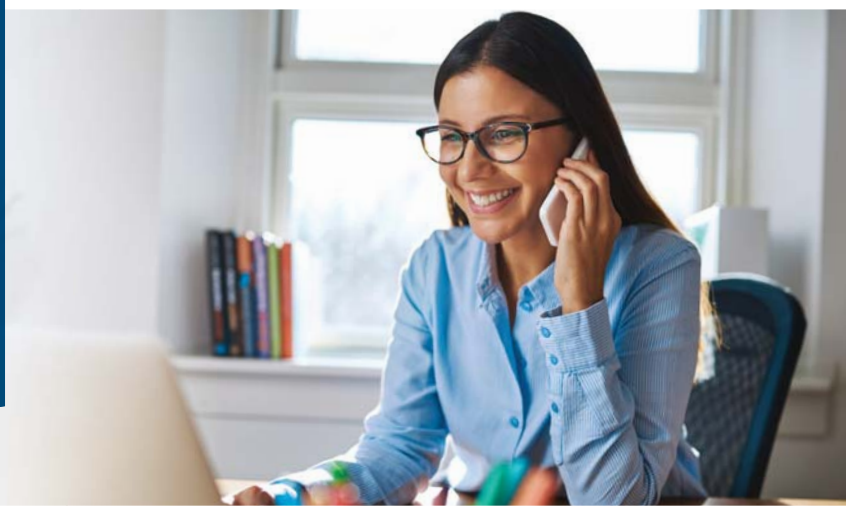
BlueCross BlueShield of Texas

Texas Association of Counties Health and Employee Benefits Pool

Blue365®
Because health is a big deal℠

Blue365®
EyeMed Vision Discount Program



Blue Cross and Blue Shield of Texas (BCBSTX) is pleased to offer you a vision discount program through EyeMed Vision Care.

What?
The EyeMed Vision Discount through Blue365 offers savings on eyeglasses, contact lenses, eye exams, accessories and laser vision correction. See the back page for a full list of discounts.

Who?
The EyeMed network consists of major national and regional retail locations, such as LensCrafters®, PEARLE VISION®, Target Optical®, Sears Optical® and JCPenney Optical, as well as independent ophthalmologists and optometrists. Additionally, you may go online to in-network providers at contactsdirect.com.

Where?
Visit eyemedexchange.com/blue365, click Find a Provider and begin your search. Be sure the Advantage network is selected.

For more information about Blue365, log in to Blue Access for Members℠ (BAM) at bcbstx.com. Click the My Coverage tab at the top, and then click the Discounts link on the left.

Referral?
You don't need a referral. Simply visit any EyeMed provider and show your BCBSTX medical ID card.

Program Features
- Discounts on vision care services and materials
- No limit to the number of times the member can receive discounts on purchases
- Access to large provider network
- Convenient evening and weekend hours

Note: This in not insurance. When contacting EyeMed or any retailer or provider in the Eyemed Advantage network, be sure to refer to the discount program.

See all the Blue365 deals and learn more at **blue365deals.com/BCBSTX**.

EyeMed Vision Discounts

For more information, visit eyemedexchange.com/blue365 or call EyeMed's automated help line at 866-273-0813.

Vision Care Services	Cost
Exam with dilation as necessary:	$50 routine exam $10 off contact lens fit and follow-up
Complete Pair of Glasses Purchase: frame, standard plastic lenses, and lens options must be purchased in the same transaction to receive full discount	
Frames*	
Any frame available at provider location	35% off retail price
Standard Plastic Lenses*	
Single-vision	$50
Bifocal	$70
Trifocal	$105
Lenticular	$105
Standard Progressive	$135
Premium Progressive	30% off retail price
Lens Options*	
UV Coating	$12
Tint (Solid and Gradient)	$12
Standard Scratch-resistance	$12
Standard Polycarbonate	$35
Standard Anti-reflective	$40
Other Add-ons and Services	30% off retail price
* Items purchased separately will be discounted 20% off of the retail price.	
Contact Lens Materials (applied to materials only)	
Conventional	15% off retail price
Laser Vision Correction	
Lasik or PRK	15% off retail price or 5% off promotional price
Frequency	
Examination	Unlimited
Frame	Unlimited
Lenses	Unlimited
Contact Lenses	Unlimited

Discounts are only available through participating vendors.

The relationships between Blue Cross and Blue Shield of Texas (BCBSTX) and EyeMed are that of independent contractors.

Blue365 is a discount program available to BCBSTX members. This is NOT insurance. Some of the services offered through Blue365 may be covered under your health plan. Please refer to your benefit booklet or call the Customer Service number on the back of your ID card for specific benefit information under your health plan. Use of Blue365 does not affect your premium, nor do costs of Blue365's services or products count toward any maximums and/or plan deductibles.

BCBSTX does not guarantee or make any claims or recommendations regarding the services or products offered under Blue365. You may want to consult with your physician prior to use of these services and products. Services and products are subject to availability by location. BCBSTX reserves the right to discontinue or change this discount program at any time without notice.

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

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

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

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

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

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

Website: http://gethipptexas.com/

Phone: 1-800-440-0493

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

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

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

WOMEN'S HEALTH AND CANCER RIGHTS NOTICE

The Women's Health and Cancer Rights Act of 1998 requires this notice. This Act is effective for plan year anniversaries on or after October 21, 1998. The benefit may already be included as part of your coverage.

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

1. Reconstruction of the breast on which the mastectomy was performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

Deductibles, coinsurance and co-payment amounts will be the same as those applied to other similarly covered medical services, such as surgery and prostheses.

Please refer to the U.S. Department of Labor website for further information.
http://www.dol.gov/dol/topic/health-plans/womens.htm

TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

I. USE AND DISCLOSURE OF HEALTH INFORMATION

The Texas Association of Counties Health and Employee Benefits Pool ("Pool") has created a health plan that provides health coverages for employees (and their dependents) of the counties and county-related entities that are members of the Pool ("the Plan"). The Plan is subject to the requirements of the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Privacy Rule published by the United States Department of Health and Human Services at 45 CFR §§ 160 -164 ("Privacy Rule"). HIPAA and the Rule regulate the Plan's use of your protected health information.

The Plan may use your protected health information for purposes of making or obtaining payment for your care and conducting health care operations. The Plan has established a policy to guard against unnecessary disclosure of your health information.

The following is a summary of the circumstances under which and purposes for which your health information may be used and disclosed without getting an authorization from you or giving you a chance to agree or object to the disclosure:

A. To Make or Obtain Payment.
The Plan may use or disclose your health information to make payment to or collect payment from third parties, such as other health plans or providers, for the care you receive. For example, the Plan may provide information regarding your coverage or health care treatment to other health plans to coordinate payment of benefits.

B. To Conduct Health Care Operations.
The Plan may use or disclose health information for its own health care operations, to facilitate the administration of the Plan, and as necessary to provide coverage and services to all of the Plan's participants. If the Plan needs to use your information, but does not need to disclose it to third parties, it will be used but will not be disclosed. Health care operations includes such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Clinical guideline and protocol development, case management and care coordination.
- Contacting health care providers and participants with information about treatment alternatives and other related functions.
- Health care professional competence or qualifications review and performance evaluation.
- Accreditation, certification, licensing or similar activities.
- Underwriting, premium rating or related functions to create, renew or replace health insurance or health benefits. However, while we may use and disclose your health information for underwriting purposes, we are prohibited from using or disclosing genetic information of an individual for such purposes.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development, including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of the Plan, including customer service and resolution of internal grievances.

For example, the Plan may use your health information to conduct case management reviews, to review and assess the quality of the various components of the Plan and the utilized health care providers, or to engage in customer service and grievance resolution activities.

C. For Treatment Alternatives.
The Plan may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

D. For Distribution of Health-Related Benefits and Services.
The Plan may use or disclose your health information to provide to you information on health-related benefits and services that may be of interest to you.

E. For Disclosure to the Plan Sponsor.
The Plan may provide summary health information to the plan sponsor so that the plan sponsor may solicit premium bids from health insurers or modify, amend or terminate the plan. The Plan also may disclose to the plan sponsor information on whether you are participating in the health plan.

In addition, the Plan may disclose your protected health information (PHI) to the plan sponsor as necessary for the plan sponsor to perform administration functions on behalf of the Plan. The Plan will not provide your name in connection with your health information and will otherwise de-identify the information to the extent it is practical to do so. PHI will be disclosed to the plan sponsor only upon receipt of a certification by the plan sponsor that the plan sponsor agrees to:

- Not use or further disclose the information other than as permitted or required by the plan documents or as required by law;
- Ensure that any agents to whom it provides PHI received from HEBP agree to the same restrictions that apply to the plan sponsor with respect to such information;
- Not use or disclose the information for employment related actions and decisions or in connection with any other benefit or employee benefit plan of the plan sponsor;
- Report to HEBP any use or disclosure of PHI that is inconsistent with the uses or disclosures provided for of which it becomes aware;
- Make available PHI for amendment and incorporate any amendments to PHI agreed to or required by HEBP;
- Make PHI available to an individual who has a right to access it pursuant to the Privacy Rule;
- Make available the information required to provide an accounting of disclosures in accordance with the Privacy Rule;
- Make its internal practices, books, and records relating to the use and disclosure of PHI received form HEBP available to the Secretary for purposes of determining compliance by HEBP with the Privacy Rule; and
- If feasible, return or destroy all PHI received from HEBP that the sponsor still maintains in any form and retain no copies of such information when no longer needed for the purpose for which the disclosure was made.

Any PHI disclosed by the Plan will be disclosed to the Pool Coordinator designated by the Plan Sponsor. The Plan Sponsor will restrict access to and use of PHI to those individuals who need it to perform plan administration functions or to obtain bids for health coverage. The plan sponsor will provide an effective mechanism for resolving any issues if such persons use or disclose your PHI inappropriately.

F. When Legally Required.
The Plan will disclose your health information when it is required to do so by any federal, state or local law.

G.To Conduct Health Oversight Activities.
The Plan may disclose your health information to a health oversight agency for authorized activities including audits, civil, administrative, or criminal investigations, inspections, licensure or disciplinary action. The Plan, however, may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of or is not directly related to your receipt of health care or public benefits.

H.In Connection With Judicial and Administrative Proceedings.
The Plan may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when the Plan makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

I. For Law Enforcement Purposes.
As permitted or required by state law, the Plan may disclose your protected health information to a law enforcement official for certain law enforcement purposes, including, but not limited to, if the Plan has a suspicion that your death was the result of criminal conduct or in an emergency to report a crime.

J. In the Event of a Serious Threat to Health or Safety.
The Plan may, consistent with applicable law and ethical standards of conduct, disclose your protected health information if the Plan, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

K.For Specialized Government Functions.
We may be required to disclose your information to federal authorities. Federal regulations require the Plan to use or disclose your health information to facilitate specified government functions related to the military and veterans, national security and intelligence activities, protective services for the president and others, and correctional institutions and inmates.

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

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

II. AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

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

III. YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

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

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

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

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

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

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

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

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

IV. DUTIES OF TAC HEBP HEALTH PLAN

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

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

EFFECTIVE DATE
This Notice is effective Nov 8, 2013.

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

BlueCross BlueShield of Texas

Important Notices

Initial Notice About Special Enrollment Rights in Your Group Health Plan

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

A. SPECIAL ENROLLMENT PROVISIONS

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

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

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

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

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

II. Additional Notices

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

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

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

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

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

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