



# **EMPLOYEE BENEFIT BOOKLET**

Plan Year: 2021 – 2022



# PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY.

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TO: The Employees of Hill County  
FROM: Daniel Anderson || Anco Insurance of Bryan/College Station

We are pleased to furnish this Benefits Guide full of information about the elected plans for 10/1/21-9/30/22. Medical benefits will be moving to Aetna and the GAP benefits will remain with AmFirst. While Base life & AD&D, Dental and Vision will be moving to Guardian who also manages the county's Short-Term Disability, Accident, Cancer, and Critical Illness coverages. The Whole Life policy will continue to be offered through Texas Republic Life.

Please note that certain benefits may require the completion of additional forms, and benefits could be reduced if enrolling for the first time after the initial new hire enrollment period; especially for life and disability plans.

Should difficulties arise requiring resolution with any carrier, Kelly Coppock can be reached at Anco via:

Direct: 979-774-6214 || Fax: 979-774-3096 || Email: [coppockk@anco.com](mailto:coppockk@anco.com)

Anco is happy to assist with any issues or questions concerning the benefit programs. For some claims research, the following items are often requested:

- member authorization to disclose health information
- date-of-service, provider, amount of charges, and explanation of the problem
- Explanation of Benefits (EOB) from carrier and statement from provider's office

Our continuing effort is to provide any assistance and support as needed. Please feel free to contact me at any time. We wish you great health and full satisfaction with your benefits program in the upcoming year.



Daniel Anderson

Vice President, Anco Insurance || Direct: 979-774-6216 || Email: [anderson@anco.com](mailto:anderson@anco.com) || Fax: 979-774-3096

## WHO IS ELIGIBLE?

If you are a full-time employee at Hill County, you are eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 30 or more hours per week. You are eligible for benefits beginning the 1<sup>st</sup> day of the month following 30 days of employment.

## HOW TO ENROLL

Are you ready to enroll? The first step is to review your current benefits. Did you move recently or get married? Verify all of your personal information and make any necessary changes.

Once all your information is up to date, it's time to make your benefit elections. The decisions you make during open enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully.

## HOW TO MAKE CHANGES

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan

**\*\*REQUESTS FOR QUALIFYING EVENTS MUST BE SUBMITTED TO HUMAN RESOURCES WITHIN 30 DAYS OF THE EVENT.**



# What's New for Health Insurance

The group's medical plan will be PPO Aetna and GAP benefits through AmFirst.

The following chart illustrates the benefits that will take effect **October 1, 2021**:

| <i>Effective 10.1.2021</i>            | <b>Aetna<br/>Aetna w/ Am First (major<br/>medical GAP plan)</b>                        |
|---------------------------------------|--|
| <b>PLAN NAME</b>                      | <b>TX20 OAMC 5000 80/50 / RX2</b>  |
| <b>NETWORK</b>                        | <b>OAMC</b>  |
|                                       | <i>In Network/Out Network</i>  |
| <b>COINSURANCE LEVEL (IN/OUT)</b>     | <b>80 / 50%</b>  |
| <b>LIFETIME MAXIMUM</b>               | Unlimited  |
| <b>FISCAL YEAR DEDUCTIBLE</b>         |  |
| - Individual (IN/OUT)                 | <b>\$500 / \$7,000</b>   |
| - Family (IN/OUT)                     | \$1,000** / \$21,000   |
|                                       | <b>**2 family members must meet the \$500 deductible**</b>                             |
| <b>OUT-OF-POCKET MAXIMUM</b>          |  |
| - Individual (IN/OUT)                 | <b>\$2,500 / \$13,000</b>  |
| - Family (IN/OUT)                     | \$7,500 / \$39,000   |
| <b>OFFICE VISIT: PCP / Specialist</b> | <b>\$30 / \$60; deductible waived</b>  |
| <b>PREVENTATIVE CARE</b>              | 100% of allowable amount   |
| <b>LAB &amp; X-RAY</b>                | 80% after deductible   |
| <b>URGENT CARE</b>                    | \$75 copay   |
| <b>EMERGENCY ROOM CARE</b>            | 80% after \$500 Copay/visit;<br>Deductible Doesn't Apply<br>(copay waived if admitted) |
| <b>PRESCRIPTION DRUGS:</b>            |  |
| <b>FISCAL YEAR DEDUCTIBLE</b>         | None   |
| <b>RETAIL:</b>                        | <b>30-day supply</b>   |
| Tier 1                                | \$10   |
| Tier 2                                | \$35   |
| Tier 3                                | \$70   |
| Specialty                             | \$200  |
| <b>MAIL ORDER:</b>                    | <b>90-day supply (2.5x retail)</b>   |
| Generic/Preferred/Non-Preferred       | \$25 / \$87.50 / \$175 / \$200   |

## YOUR MEDICAL COST

The following chart illustrates the benefits that will take effect **October 1, 2021**:

| MEDICAL RATE BREAKDOWN |                    |                       |                       |                         |
|------------------------|--------------------|-----------------------|-----------------------|-------------------------|
| Medical Tier           | Total Monthly Rate | Employer Contribution | Employee Monthly Rate | Employee Bi-Weekly Rate |
| Employee Only          | \$758.63           | \$758.63              | \$0.00                | \$0.00                  |
| Employee & Spouse      | \$1,628.62         | \$1,237.75            | \$390.87              | \$195.43                |
| Employee & Child       | \$1,274.40         | \$1,146.96            | \$127.44              | \$63.72                 |
| Employee & Children    | \$1,274.40         | \$1,032.26            | \$242.14              | \$121.07                |
| Employee & Family      | \$2,156.57         | \$1,638.99            | \$517.58              | \$258.79                |

### \*PROVIDER FINDER\*

Website: [www.aetna.com/docfind](http://www.aetna.com/docfind)

Can either register or continue as guest

Plan: Aetna Open Access Plans

Network: Managed Choice POS (Open Access)



# You've got this

## Health and benefits made easier

Your Aetna® member website

### Tools to help you make use of your benefits

To visit your Aetna member website, create an account and log in at [aetna.com](https://www.aetna.com)



User-friendly  
design



Simple claims details  
and management



Benefits tools



Fitness and  
wellness perks

In Idaho, health benefits and health insurance plans are offered and/or underwritten by Aetna Health of Utah Inc. and Aetna Life Insurance Company. For all other states, health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Health of California Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company, Aetna HealthAssurance Pennsylvania Inc. and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming, by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.



# Features that get you where you need to go

Quick and easier access to all of your important health plan information — all in one place

## Finding care



- Find in-network providers, facilities and procedures.
- Change your doctor.
- See past activity.

## Managing claims



- View and sort claims.
- Pay your claims.
- View claims progress.

## Seeing coverage and costs



- Get coverage details.
- See out-of-pocket costs.
- Estimate the costs of doctors and procedures.
- Compare costs across providers.

## Managing prescriptions



- Estimate drug costs.
- Find a pharmacy.
- Learn about drug information and side effects.
- Refill a prescription.
- Enroll in home delivery.

## Helping you stay healthy



- Take a health survey.
- Try health coaching.
- Start a wellness program.
- Get treatment options.
- Save on gyms, vision and more.

Visit **aetna.com** and log in to your member website.

And you can manage your benefits on the go by downloading the Aetna Health<sup>SM</sup> app.

Program features and availability may vary by location and are subject to change. This material is for information only. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Health benefits and health insurance plans contain exclusions and limitations. Estimated costs not available in all markets. The tool provides an estimate of what would be owed for a particular service based on the plan at that very point in time. Actual costs may differ from an estimate if, for example, claims for other services are processed after the estimate is provided but before the claim for this service is submitted. Or if the doctor or facility performs a different service at the time of the visit. Health maintenance organization (HMO) members can only look up estimated costs for doctor and outpatient facility services. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to **aetna.com**.







# You've got **Teladoc**

made available through  


 **TELADOC**

Access to quality care at your fingertips

### **Everyday Care**

**\$47 or less / visit**

Talk to a licensed doctor for non-emergency conditions 24/7  
Flu • Sinus infections • Sore throats • And more

### **Mental Health Care**

**\$85 or less / therapist visit**

**\$190 or less / psychiatrist first visit**

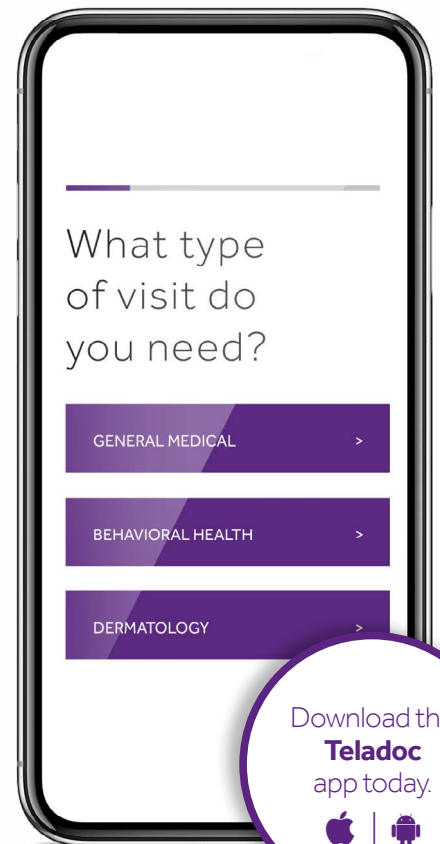
**\$95 or less / psychiatrist ongoing visit**

Talk to a therapist 7 days a week (7 a.m. to 9 p.m. local time)

### **Dermatology**

**\$75 or less / consult**

Upload images of a skin issue online and get a custom treatment plan within two days  
Eczema • Acne • Rashes • And more



## Set up your account or log in today.

Teladoc.com/Aetna | 1-855-TELADOC (835-2362)



# We're listening

## 24-Hour Nurse Line

Information and support for your health questions

### Talk to a registered nurse anytime

With the 24-Hour Nurse Line, you can speak to a registered nurse about health issues — whenever you need to.\*

Plus —

- It's toll-free.
- You can call as many times as you need — at no extra cost.
- Your covered family members can use it, too.

### You could save time, money and a trip to the doctor

The 24-Hour Nurse Line can provide helpful information and possibly prevent an unneeded trip to the doctor's office. That can be a money-saver.

Plus, you'll be able to make smarter health decisions. You'll have reliable information you can trust — and it's only a phone call or click away.

\*While only your doctor can diagnose, prescribe or give medical advice, the 24-Hour Nurse Line nurses can provide information on more than 5,000 health topics. Contact your doctor first with any questions or concerns regarding your health care needs.



[Aetna.com](https://www.aetna.com)

## More reasons to use the 24-Hour Nurse Line

You can:

- Get information on a wide range of health and wellness topics
- Make better health care decisions
- Find out more about a medical test or procedure
- Get help preparing for a visit to your doctor
- Receive emails with links to videos that relate to your question or topic

## Your online source for health information

Prefer to go online for health information? Check out the 24-Hour Nurse Line page on your member website.

Here's what you can do:

- Send us an email.
- Use our symptom checker.
- Learn about treatment options and health risks.
- Research a medicine, and more.

It explains things in terms that are easy to understand. And it's easy to get to — once you're a member, just go to **Aetna.com** and log in.

## Members like you get the information they need

We asked our members what they liked about the 24-Hour Nurse Line.<sup>1</sup> Here's what they said:

- 93 percent felt it helped them better manage their health.
- 96 percent said this program was an important part of their health plan benefits.

## Two ways to get health information fast

1. Call a registered nurse anytime toll-free.
2. Go to **Aetna.com** and log in.

**Get health information — when and where you need it.**  
Just call **1-800-556-1555 (TTY: 711)\***  
or go to **Aetna.com** to log in.

### **THIS IS NOT INSURANCE. THIS IS A PROGRAM AVAILABLE WITH THE MEDICAL PLAN.**

<sup>1</sup>24-Hour Nurse Line Member Satisfaction Survey. October 2017.

\*Ask the relay operator to dial **1-800-556-1555 (TTY: 711)** and select the option to speak to a nurse.

### **Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).**

This material is for information only. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Health benefits and health insurance plans contain exclusions and limitations. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Information is believed to be accurate as of the production date; however, it is subject to change. **Policies and plans are insured and/or administered by Aetna Life Insurance Company (Aetna).** Refer to **Aetna.com** for more information about Aetna® plans.



# DENTAL INSURANCE

Dental insurance helps pay for dental care and usually includes checkups, cleanings and X-rays. Studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body, including your heart. Receiving regular dental care can protect you from the high cost of dental disease.

**Option 1: Value** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are limited to our PPO fee schedule.

**Option 2: NAP** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.

| Your Dental Plan                              | Option 1: Value       |                       | Option 2: NAP         |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>Your Network is</b>                        | DentalGuard Preferred |                       | DentalGuard Preferred |                       |
| <b>Calendar year deductible</b>               | <i>In-Network</i>     | <i>Out-of-Network</i> | <i>In-Network</i>     | <i>Out-of-Network</i> |
| Individual                                    | \$50                  | \$50                  | \$50                  | \$50                  |
| Family limit                                  | 3 per family          |                       | 3 per family          |                       |
| Waived for                                    | Preventive            | Preventive            | Preventive            | Preventive            |
| <b>Charges covered for you (co-insurance)</b> | <i>In-Network</i>     | <i>Out-of-Network</i> | <i>In-Network</i>     | <i>Out-of-Network</i> |
| Preventive Care                               | 100%                  | 100%                  | 100%                  | 100%                  |
| Basic Care                                    | 100%                  | 100%                  | 80%                   | 80%                   |
| Major Care                                    | 60%                   | 60%                   | 50%                   | 50%                   |
| Orthodontia                                   | 50%                   | 50%                   | 50%                   | 50%                   |
| <b>Annual Maximum Benefit</b>                 | \$1500                | \$1500                | \$1500                | \$1500                |
| <b>Maximum Rollover</b>                       | Yes                   |                       | Yes                   |                       |
| Rollover Threshold                            | \$700                 |                       | \$700                 |                       |
| Rollover Amount                               | \$350                 |                       | \$350                 |                       |
| Rollover Account Limit                        | \$1250                |                       | \$1250                |                       |
| <b>Lifetime Orthodontia Maximum</b>           | \$1500                |                       | \$1500                |                       |
| <b>Dependent Age Limits</b>                   | 26                    |                       | 26                    |                       |

|                 |  | Option 1: Value<br><i>Plan pays (on average)</i> |                       | Option 2: NAP<br><i>Plan pays (on average)</i> |                       |
|-----------------|--|--|-----------------------|--|-----------------------|
|                 |  | <i>In-network</i>                                | <i>Out-of-network</i> | <i>In-network</i>                              | <i>Out-of-network</i> |
| Preventive Care | Cleaning (prophylaxis)                             | 100%   | 100%                  | 100%   | 100%                  |
|                 | Frequency:   | 2 in 12 Months                                   |                       | 2 in 12 Months                                 |                       |
|                 | Fluoride Treatments                                | 100%   | 100%                  | 100%   | 100%                  |
|                 | Limits:  | Under Age 19                                     |                       | Under Age 19                                   |                       |
|                 | Oral Exams   | 100%   | 100%                  | 100%   | 100%                  |
|                 | Sealants (per tooth)                               | 100%   | 100%                  | 100%   | 100%                  |
|                 | X-rays   | 100%   | 100%                  | 100%   | 100%                  |
| Basic Care      | Anesthesia*  | 100%   | 100%                  | 80%  | 80%                   |
|                 | Fillings†  | 100%   | 100%                  | 80%  | 80%                   |
|                 | Perio Surgery                                      | 100%   | 100%                  | 80%  | 80%                   |
|                 | Periodontal Maintenance                            | 100%   | 100%                  | 80%  | 80%                   |
|                 | Frequency:   | 2 in 12 months                                   |                       | 2 in 12 months                                 |                       |
|                 | Repair & Maintenance of Crowns, Bridges & Dentures | 100%   | 100%                  | 80%  | 80%                   |
|                 | Root Canal   | 100%   | 100%                  | 80%  | 80%                   |
|                 | Scaling & Root Planing (per quadrant)              | 100%   | 100%                  | 80%  | 80%                   |
|                 | Simple Extractions                                 | 100%   | 100%                  | 80%  | 80%                   |
|                 | Surgical Extractions                               | 100%   | 100%                  | 80%  | 80%                   |



|             |                           | <b>Option 1: Value</b><br><i>Plan pays (on average)</i> |     | <b>Option 2: NAP</b><br><i>Plan pays (on average)</i> |     |
|-------------|---------------------------|---|-----|---|-----|
| Major Care  | Bridges and Dentures      | 60%   | 60% | 50%   | 50% |
|             | Dental Implants           | 60%   | 60% | 50%   | 50% |
|             | Inlays, Onlays, Veneers** | 60%   | 60% | 50%   | 50% |
|             | Single Crowns             | 60%   | 60% | 50%   | 50% |
| Orthodontia | Orthodontia               | 50%   | 50% | 50%   | 50% |
|             | Limits:                   | Child(ren)  |     | Child(ren)  |     |

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. \*\*For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. \*General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

### Manage Your Benefits:

Go to [www.Guardianlife.com](http://www.Guardianlife.com) to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date..

### Find A Dentist:

Visit [www.Guardianlife.com](http://www.Guardianlife.com)  
Click on "Find A Provider"; You will need to know your plan, which can be found on the first page of your dental benefit summary.

### Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00530422

**Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date. Please note, self-serve options over the phone or online at Guardian Anytime are not available until the case is fully implemented, please wait to speak to a live agent when calling the Guardian Helpline.**

# Guardian Choice

With dental insurance from Guardian, you have the flexibility to choose a plan that works for you, and helps you save.

Both of the dental plans available are designed to keep you healthy, with identical premiums. The differences between them are summarized below, and you can change plans each year at your annual enrollment time.



## It's easy to save

Find a participating doctor near you by visiting [guardiananytime.com/fpapp/FPWeb/search](https://guardiananytime.com/fpapp/FPWeb/search) or by downloading the **Guardian Anytime mobile app**.

## Pick the plan that best suits your needs

Choose from:

|                       | Value Plan  | Network Access Plan   |
|-----------------------|---|---|
| <b>Description</b>    | In-network and out-of-network benefits are paid at the same coinsurance percentages. Both plans allow you to retain the freedom of choice to see any dentist, in-network or out of network. |   |
| <b>Coinsurance</b>    | Preventive services covered at 100%.<br>Coinsurance for other services is higher than the Network Access Plan (increased coverage).   | Preventive services covered at 100%.<br>Coinsurance for other services is lower than the Value Plan (decreased coverage). |
| <b>In-network</b>     | Member benefits are based on discounted (negotiated) rates.   |   |
| <b>Out-of-network</b> | Member pays the difference over network negotiated rates.   | Member costs are based on usual and customary (UCR) rates.  |

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America or its subsidiaries, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage." Policy Form #GP-1-DG2000, et al.

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[guardianlife.com](https://guardianlife.com)

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2020-105035 (07/22)

## YOUR DENTAL COST

The following chart illustrates the benefits that will take effect **October 1, 2021**:

| DENTAL RATE BREAKDOWN |                    |                       |                       |                         |
|-----------------------|--------------------|-----------------------|-----------------------|-------------------------|
| Dental Tier           | Total Monthly Rate | Employer Contribution | Employee Monthly Rate | Employee Bi-Weekly Rate |
| Employee Only         | \$23.70            | \$23.70               | \$0.00                | \$0.00                  |
| Family                | \$68.66            | \$28.28               | \$40.38               | \$20.19                 |

**\* PROVIDER FINDER \***

Website: [www.guardiananytime.com](http://www.guardiananytime.com)

Scroll to the bottom and under Resources select "Find a dental or vision provider"

Plan Type: PPO

# Oral Health Rewards Program

Regular visits to the dentist can help prevent and detect the early signs of serious diseases.

That's why Guardian's Maximum Rollover Oral Health Rewards Program encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan's annual maximum is reached.

## How maximum rollover works\*

Depending on a plan's annual maximum, if claims made for a certain year don't reach a specified threshold, then the set maximum rollover amount can be rolled over.

| Plan annual maximum**                          | Threshold  | Maximum rollover amount  | Maximum rollover account limit  |
|--|--|--|---|
| <b>\$1,500</b><br>Maximum claims reimbursement | <b>\$700</b><br>Claims amount that determines rollover eligibility | <b>\$350</b><br>Additional dollars added to a plan's annual maximum for future years | <b>\$1,250</b><br>The limit that cannot be exceeded within the maximum rollover account |



### Automatic rollover

Submit a claim (without exceeding the paid claims threshold of a benefit year), and Guardian will roll over a portion of your unused annual dental maximum.

\* This example has been created for illustrative purposes only.

\*\* If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan. May not be available in all states.

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Information provided in this communication is for informational purposes only. Dental Policy Form No. GP-1-DEN-16. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America © Copyright 2019 The Guardian Life Insurance Company of America.

# VISION INSURANCE

Driving to work, reading a news article, and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

Hill County's vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

If you seek the services of a provider listed in our Preferred Provider directory, your benefits include the following:

| <b>Your Vision Plan</b>   | <b>Full Feature</b>  |                       |
|---|--|-----------------------|
| <b>Your Network is</b>  | VSP Choice Network   |                       |
| <b>Your Semi-monthly premium</b>                                  | <b>\$ 3.10</b>   |                       |
| You and Spouse/Domestic partner                                   | \$ 5.90  |                       |
| You and Child(ren)  | \$ 6.22  |                       |
| You, Spouse/Domestic partner and Child(ren)                       | \$ 9.14  |                       |
| <b>Copay</b>  |  |                       |
| Exams Copay   | \$ 10  |                       |
| Materials Copay (waived for elective contact lenses)              | \$ 25  |                       |
| <b>Sample of Covered Services</b>                                 | <i>You pay (after copay if applicable):</i>                |                       |
|   | <i>In-network</i>  | <i>Out-of-network</i> |
| Eye Exams   | \$0  | Amount over \$39      |
| Single Vision Lenses  | \$0  | Amount over \$23      |
| Lined Bifocal Lenses  | \$0  | Amount over \$37      |
| Lined Trifocal Lenses   | \$0  | Amount over \$49      |
| Lenticular Lenses   | \$0  | Amount over \$64      |
| Frames  | 80% of amount over \$130 <sup>1</sup>                      | Amount over \$46      |
| Costco, Walmart and Sam's Club Frame Allowance                    | Amount over \$70   |                       |
| Contact Lenses (Elective)   | Amount over \$130  | Amount over \$100     |
| Contact Lenses (Medically Necessary)                              | \$0  | Amount over \$210     |
| Contact Lenses (Evaluation and fitting)                           | 15% off UCR  | No discounts          |
| Cosmetic Extras   | Avg. 20-25% off retail price                               | No discounts          |
| Glasses (Additional pair of frames and lenses)                    | 20% off retail price <sup>**</sup>                         | No discounts          |
| Laser Correction Surgery Discount                                 | Up to 15% off the usual charge or 5% off promotional price | No discounts          |
| <b>Service Frequencies</b>  |  |                       |
| Exams   | Every calendar year  |                       |
| Lenses (for glasses or contact lenses) <sup>‡‡</sup>              | Every calendar year  |                       |
| Frames  | Every two calendar years <sup>‡‡‡</sup>                    |                       |
| Network discounts (glasses and contact lens professional service) | Limitless within 12 months of exam.                        |                       |
| <b>Dependent Age Limits</b>                                       | 26   |                       |
| To Find a Provider:   | Register at VSP.com to find a participating provider.      |                       |

## VSP

- <sup>‡‡</sup>Benefit includes coverage for glasses or contact lenses, not both.
- <sup>\*\*</sup> For the discount to apply your purchase must be made within 12 months of the eye exam.

- Charges for an initial purchase can be used toward the material allowance. Any unused balance remaining after the initial purchase cannot be banked for future use. The only exception would be if a member purchases contact lenses from an out of network provider, members can use the balance towards additional contact lenses within the same benefit period.
- <sup>1</sup>Extra \$20 on select brands
- Members can use their in network benefits on line at Eyeconic.com.
- ~~###~~ The VSP system considers contact lenses to be the equivalent of a full pair of eyeglasses (lenses and frames) so while the member can obtain contact lenses one year and standard eyeglass lenses the next year, the frames benefit would not be available until 24 months or two calendar years, depending on the plan design, after the date the member obtained the contact lenses.

**Laser Correction Surgery:**

Discounts on average of 10-20% off usual and customary charge or 5% off promotional price for vision laser Surgery. Members out-of-pocket costs are limited to \$1,800 per eye for LASIK or \$1,500 per eye for PRK or \$2300 per eye for Custom LASIK, Custom PRK, or Bladeless LASIK.

Laser surgery is not an insured benefit. The surgery is available at a discounted fee. The covered person must pay the entire discounted fee. In addition, the laser surgery discount may not be available in all states.

## YOUR VISION COST

The following chart illustrates the benefits that will take effect **October 1, 2021**:

| VISION RATE BREAKDOWN |                    |                       |                       |                         |
|-----------------------|--------------------|-----------------------|-----------------------|-------------------------|
| Vision Tier           | Total Monthly Rate | Employer Contribution | Employee Monthly Rate | Employee Bi-Weekly Rate |
| Employee Only         | \$6.20             | \$0.00                | \$6.20                | \$3.10                  |
| Employee & Spouse     | \$11.80            | \$0.00                | \$11.80               | \$5.90                  |
| Employee & Child(ren) | \$12.44            | \$0.00                | \$12.44               | \$6.22                  |
| Employee & Family     | \$18.28            | \$0.00                | \$18.28               | \$9.14                  |

**\* PROVIDER FINDER \***

Website: <https://www.vsp.com/eye-doctor>

Network: VSP



## BASIC LIFE INSURANCE

Hill County's Life insurance can help provide for your loved ones if something were to happen to you. Hill County provides full-time employees with \$10,000 in group life and accidental death and dismemberment (AD&D) insurance.

Hill County pays for the full cost of this benefit—meaning you are not responsible for paying any monthly premiums. Contact HR if you would like to update your beneficiary information.

| <b>BASIC LIFE</b>   |  |
|---|--|
| <b>Employee Benefit</b>   | Your employer provides \$10,000 Basic Term Life coverage for all full time employees.            |
| <b>Accidental Death and Dismemberment</b>   | Your Basic Life coverage includes Accidental Death and Dismemberment coverage.                   |
| <b>Guarantee Issue:</b> The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period. | Guarantee Issue coverage up to \$10,000 per employee   |
| <b>Premiums</b>   | Covered by your company if you meet eligibility requirements                                     |
| <b>Portability:</b> Allows you to take coverage with you if you terminate employment.   | Yes, with age and other restrictions, including evidence of insurability                         |
| <b>Conversion:</b> Allows you to continue your coverage after your group plan has terminated.   | Yes, with restrictions; see certificate of benefits  |
| <b>Waiver of Premiums:</b> Premium will not need to be paid if you are totally disabled.  | For employees disabled prior to age 60, with premiums waived until age 65, if conditions are met |
| <b>Benefit Reductions:</b> Benefits are reduced by a certain percentage as an employee ages.  | 35% at age 65, 60% at age 70, 75% at age 75, 85% at age 80                                       |

Subject to coverage limits

# DISABILITY INCOME BENEFITS

Hill County provides full-time employees with the option to purchase voluntary short-term disability income benefits. Without disability coverage, you and your family may struggle to get by if you miss work due to an injury or illness.

In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please note, though, that you are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

## VOLUNTARY SHORT-TERM DISABILITY INCOME BENEFITS

**\*STD Benefits begin on Day 8\***

| <b>Short-Term Disability</b>  |   |
|---|---|
| <b>Coverage amount</b>  | Choose weekly benefit amount from \$200 to \$1500. See cost illustration page for weekly benefit offerings. |
| <b>Maximum payment period:</b> Maximum length of time you can receive disability benefits.  | 13 weeks  |
| <b>Accident benefits begin:</b> The length of time you must be disabled before benefits begin.  | Day 8   |
| <b>Illness benefits begin:</b> The length of time you must be disabled before benefits begin.   | Day 8   |
| <b>Evidence of Insurability:</b> A health statement requiring you to answer a few medical history questions.  | Health Statement may be required  |
| <b>Guarantee Issue:</b> The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when applicant signs up for coverage during the initial enrollment period.    | We Guarantee Issue \$1500 in coverage   |
| <b>Minimum work hours/week:</b> Minimum number of hours you must regularly work each week to be eligible for coverage.  | Planholder Determines   |
| <b>Pre-existing conditions:</b> A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs. | 3 months look back; 12 months after 2 week limitation   |
| <b>Premium waived if disabled:</b> Premium will not need to be paid when you are receiving benefits.  | Yes   |

### **UNDERSTANDING YOUR BENEFITS—DISABILITY** (Some information may vary by state)

- **Earnings definition:** Your covered salary excludes bonuses and commissions.



**SHORT TERM DISABILITY PLAN COST ILLUSTRATION:**

|  | <i>Election Cost Per Age Bracket</i> |              |              |              |              |              |              |              |            |
|--|--------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|------------|
|  | <i>&lt; 25</i>                       | <i>25-29</i> | <i>30-34</i> | <i>35-39</i> | <i>40-44</i> | <i>45-49</i> | <i>50-54</i> | <i>55-59</i> | <i>60+</i> |
| \$17,333 Minimum Annual Salary<br>\$200 Weekly Benefit | \$6.43                               | \$6.43       | \$8.71       | \$6.21       | \$4.48       | \$4.40       | \$4.95       | \$5.70       | \$8.62     |
| \$21,667 Minimum Annual Salary<br>\$250                | \$8.04                               | \$8.04       | \$10.89      | \$7.76       | \$5.60       | \$5.50       | \$6.19       | \$7.13       | \$10.78    |
| \$26,000 Minimum Annual Salary<br>\$300                | \$9.65                               | \$9.65       | \$13.07      | \$9.32       | \$6.72       | \$6.60       | \$7.43       | \$8.55       | \$12.93    |
| \$30,333 Minimum Annual Salary<br>\$350                | \$11.25                              | \$11.25      | \$15.24      | \$10.87      | \$7.84       | \$7.70       | \$8.66       | \$9.98       | \$15.09    |
| \$34,667 Minimum Annual Salary<br>\$400                | \$12.86                              | \$12.86      | \$17.42      | \$12.42      | \$8.96       | \$8.80       | \$9.90       | \$11.40      | \$17.24    |
| \$39,000 Minimum Annual Salary<br>\$450                | \$14.47                              | \$14.47      | \$19.60      | \$13.97      | \$10.08      | \$9.90       | \$11.14      | \$12.83      | \$19.40    |
| \$43,333 Minimum Annual Salary<br>\$500                | \$16.08                              | \$16.08      | \$21.78      | \$15.53      | \$11.20      | \$11.00      | \$12.38      | \$14.25      | \$21.55    |
| \$47,667 Minimum Annual Salary<br>\$550                | \$17.68                              | \$17.68      | \$23.95      | \$17.08      | \$12.32      | \$12.10      | \$13.61      | \$15.68      | \$23.71    |
| \$52,000 Minimum Annual Salary<br>\$600                | \$19.29                              | \$19.29      | \$26.13      | \$18.63      | \$13.44      | \$13.20      | \$14.85      | \$17.10      | \$25.86    |
| \$65,000 Minimum Annual Salary<br>\$750                | \$24.11                              | \$24.11      | \$32.66      | \$23.29      | \$16.80      | \$16.50      | \$18.56      | \$21.38      | \$32.33    |
| \$73,667 Minimum Annual Salary<br>\$850                | \$27.33                              | \$27.33      | \$37.02      | \$26.39      | \$19.04      | \$18.70      | \$21.04      | \$24.23      | \$36.64    |
| \$86,667 Minimum Annual Salary<br>\$1,000              | \$32.15                              | \$32.15      | \$43.55      | \$31.05      | \$22.40      | \$22.00      | \$24.75      | \$28.50      | \$43.10    |
| \$108,333 Minimum Annual Salary<br>\$1,250             | \$40.19                              | \$40.19      | \$54.44      | \$38.81      | \$28.00      | \$27.50      | \$30.94      | \$35.63      | \$53.88    |
| \$130,000 Minimum Annual Salary<br>\$1,500             | \$48.23                              | \$48.23      | \$65.33      | \$46.58      | \$33.60      | \$33.00      | \$37.13      | \$42.75      | \$64.65    |

\*This benefit may not exceed 60% of your weekly salary.

# ADDITIONAL BENEFIT OFFERINGS

You are also eligible to enroll or participate in the following voluntary programs:

## CRITICAL ILLNESS BENEFITS

| <b>CRITICAL ILLNESS</b>                              |   |                       |
|--|---|-----------------------|
| <b>Benefit Amount(s)</b>                             | Employee may choose a lump sum benefit of \$5,000 to \$20,000 in \$5,000 increments.                                      |                       |
| <b>CONDITIONS</b>                                    |   |                       |
| <b>Vascular</b>                                      | <b>1st OCCURRENCE</b>   | <b>2nd OCCURRENCE</b> |
| Heart Attack   | 100%  | 50%                   |
| Stroke   | 100%  | 50%                   |
| Heart Failure  | 100%  | 50%                   |
| Coronary Arteriosclerosis                            | 30%   | 0%                    |
| <b>Other</b>   |   |                       |
| Organ Failure  | 100%  | 50%                   |
| Kidney Failure                                       | 100%  | 50%                   |
| <b>ADDITIONAL CONDITIONS</b>                         | <b>1st OCCURRENCE ONLY</b>  |                       |
| Addison's Disease                                    | 30%   |                       |
| ALS (Lou Gehrig's Disease)                           | 100%  |                       |
| Alzheimer's Disease                                  | 50%   |                       |
| Coma   | 100%  |                       |
| Huntington's Disease                                 | 30%   |                       |
| Loss of Hearing                                      | 100%  |                       |
| Loss of Sight  | 100%  |                       |
| Loss of Speech                                       | 100%  |                       |
| Multiple Sclerosis                                   | 30%   |                       |
| Parkinson's Disease                                  | 100%  |                       |
| Permanent Paralysis                                  | 50% for 1 limb, 100% for 2 limbs  |                       |
| Severe Burns   | 100%  |                       |
| <b>Childhood Conditions</b>                          | <b>1st OCCURRENCE ONLY</b>  |                       |
| Cerebral Palsy                                       | 100%  |                       |
| Cleft Lip/Palate                                     | 100%  |                       |
| Club Foot  | 100%  |                       |
| Cystic Fibrosis                                      | 100%  |                       |
| Down's Syndrome                                      | 100%  |                       |
| Muscular Dystrophy                                   | 100%  |                       |
| Spina Bifida   | 100%  |                       |
| Type I Diabetes                                      | 100%  |                       |
| <b>Spouse/Domestic Partner Benefit</b>               | May choose a lump sum benefit of \$5,000 to \$20,000 in \$5,000 increments up to 100% of the employee's lump sum benefit. |                       |
| <b>Child Benefit-</b> children age Birth to 26 years | 25% of employee's lump sum benefit  |                       |

|  |  |
|--|--|
| <b>Benefit Reductions:</b> Benefits are reduced by a certain percentage as an employee ages  | 50% at age 70  |
| <b>Guarantee Issue:</b> The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period or the annual open enrollment period. | <p>We Guarantee Issue up to:<br/>Less than age 70 \$20,000</p> <p>For a spouse:<br/>Less than age 70 \$20,000</p> <p>For a child: All Amounts</p> <p><b>Health questions are required if the elected amount exceeds the Guarantee Issue, as well as for all applicants age 70+ regardless of elected amount.</b></p> |
| <b>Portability:</b> Allows you to take your Critical Illness coverage with you if you terminate employment.  | Included   |
| <b>Pre-Existing Condition Limitation:</b> A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.                          | 3 months prior/6 months treatment free/12 months after   |

**WELLNESS BENEFIT**

|                         |      |
|-------------------------|------|
| Employee Per Year Limit | \$50 |
| Spouse Per Year Limit   | \$50 |
| Child Per Year Limit    | \$50 |

**Condition Definitions**

- Stroke: Stroke must be severe enough to cause neurological deficits at least 30 days after the event.
- Heart Failure: An insured must be placed on an organ transplant list in order to be eligible for the Heart failure benefits.
- Coronary Arteriosclerosis: Coronary Arteriosclerosis must be severe enough to require a coronary artery bypass graft.
- Organ Failure: Organ failure includes both lungs, liver, pancreas or bone marrow and requires the insured to be placed on an organ transplant list.
- Kidney Failure: An insured must be placed on an organ transplant list in order to be eligible for the Kidney failure benefits.

## YOUR CRITICAL ILLNESS COST

Your premium will not increase as you age.

Spouse/DP coverage premium is based on Employee age

Child cost is included with employee election.

| Issue Age  | Semi-monthly Premiums Displayed |                               |         |         |         |                  |
|--|---------------------------------|-------------------------------|---------|---------|---------|------------------|
|  | < 30                            | Election Cost Per Age Bracket |         | 50-59   | 60-69   | 70+ <sup>1</sup> |
| <b>Employee</b>  |                                 |                               |         |         |         |                  |
| \$5,000  | \$1.76                          | \$2.06                        | \$3.11  | \$4.91  | \$7.01  | \$14.41          |
| \$10,000   | \$2.94                          | \$3.54                        | \$5.64  | \$9.24  | \$13.44 | \$28.24          |
| \$15,000   | \$4.11                          | \$5.01                        | \$8.16  | \$13.56 | \$19.86 | \$42.06          |
| \$20,000   | \$5.29                          | \$6.49                        | \$10.69 | \$17.89 | \$26.29 | \$55.89          |
| <b>Benefit Amount Up To 100% of Employee Amount to a Maximum of \$20,000</b> |                                 |                               |         |         |         |                  |
| <b>Spouse</b>  |                                 |                               |         |         |         |                  |
| \$5,000  | \$1.76                          | \$2.06                        | \$3.11  | \$4.91  | \$7.01  | \$14.41          |
| \$10,000   | \$2.94                          | \$3.54                        | \$5.64  | \$9.24  | \$13.44 | \$28.24          |
| \$15,000   | \$4.11                          | \$5.01                        | \$8.16  | \$13.56 | \$19.86 | \$42.06          |
| \$20,000   | \$5.29                          | \$6.49                        | \$10.69 | \$17.89 | \$26.29 | \$55.89          |

<sup>1</sup>Benefit reductions may apply. See plan details.



## ACCIDENT BENEFITS

This insurance offers financial protection by paying a cash benefit if you or an insured dependent are injured as a result of a covered accident. Unless otherwise stated, the benefit amount payable is the same for you and your insured dependent(s).

| <b>COVERAGE - DETAILS</b>   | <b>ACCIDENT</b>   |
|---|---|
| <b>Accident Coverage Type</b>   | On and Off Job  |
| <b>Portability</b> - Allows you to take your Accident coverage with you if you terminate employment.  | Included  |
| <b>ACCIDENTAL DEATH AND DISMEMBERMENT</b>   |   |
| <b>Benefit Amount(s)</b>  | Employee \$50,000<br>Spouse \$50,000<br>Child \$5,000   |
| <b>Catastrophic Loss</b>  | Quadriplegia, Loss of speech & hearing (both ears),<br>Loss of Cognitive function: 100% of AD&D<br>Hemiplegia & Paraplegia: 50% of AD&D |
| <b>Common Carrier</b>   | 200% of AD&D benefit  |
| <b>Common Disaster</b>  | 200% of Spouse AD&D benefit   |
| <b>Dismemberment</b> - Hand, Foot, Sight  | Single: 50% of AD&D benefit<br>Multiple: 100% of AD&D benefit   |
| <b>Dismemberment</b> - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot   | 25% of AD&D benefit   |
| <b>Seatbelts and Airbags</b>  | Seatbelts: \$10,000 & Airbags: \$15,000   |
| <b>Reasonable Accommodation to Home or Vehicle</b>  | \$2,500   |
| <b>WELLNESS BENEFIT</b> - Per Year Limit  | \$50  |
| <b>Child(ren) Age Limits</b>  | Children age birth to 26 years  |
| <b>FEATURES</b>   |   |
| Accident Emergency Room Treatment   | \$200   |
| Accident Follow-Up Visit - Doctor   | \$75 up to 6 treatments   |
| Air Ambulance   | \$1,500   |
| Ambulance   | \$200   |
| Appliance - Wheelchair, leg or back brace, crutches, walker, walking boot that extends above the ankle or brace for the neck.   | \$125   |
| Blood/Plasma/Platelets  | \$300   |
| Burns (2nd Degree/3rd Degree)   | 9 sq inches to 18 sq inches: \$0/\$2,000<br>18 sq inches to 35 sq inches: \$1,000/\$4,000<br>Over 35 sq inches: \$3,000/\$12,000        |
| Burn - Skin Graft   | 50% of burn benefit   |
| Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child is participating in an organized sport that is governed by an organization and requires formal registration to participate. | 20% increase to child benefits  |

**FEATURES (Cont.)**

|   |   |
|---|---|
| Chiropractic Visits   | \$50 per visit up to 6 visits                     |
| Coma  | \$12,500  |
| Concussions   | \$100   |
| Dislocations  | Schedule up to \$4,800                            |
| Diagnostic Exam (Major)   | \$200   |
| Emergency Dental Work   | \$400/Crown, \$100/Extraction                     |
| Epidural pain management  | \$100, 2 times per accident                       |
| Eye Injury  | \$300   |
| Family Care   | \$20/day up to 30 days                            |
| Fracture  | Schedule up to \$6,000                            |
| Hospital Admission  | \$1,500   |
| Hospital Confinement  | \$300/day - up to 1 year                          |
| Hospital ICU Admission  | \$2,500   |
| Hospital ICU Confinement  | \$500/day - up to 15 days                         |
| Initial Physician's office/Urgent Care Facility Treatment   | \$200   |
| Joint Replacement (hip/knee/shoulder)   | \$3,500/\$1,750/\$1,750                           |
| Knee Cartilage  | \$750   |
| Laceration  | Schedule up to \$500                              |
| Lodging - The hospital must be more than 50 miles from the insured's residence.   | \$150/day, up to 30 days for companion hotel stay |
| Occupational or Physical Therapy  | \$35/day up to 10 days                            |
| Prosthetic Device/Artificial Limb   | 1: \$750<br>2 or more: \$1,500                    |
| Rehabilitation Unit Confinement   | \$150/day up to 15 days                           |
| Ruptured Disc With Surgical Repair  | \$750   |
| Surgery   | Schedule up to \$1,500<br>Hernia: \$200           |
| Surgery - Exploratory or Arthroscopic   | \$350   |
| Tendon/Ligament/Rotator Cuff  | 1: \$750<br>2 or more: \$1,500                    |
| Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident. | \$600, 3 times per accident                       |
| X - Ray   | \$40  |

**UNDERSTANDING YOUR BENEFITS:**

- **Common Carrier** – Benefit is paid if an insured's death occurs due to an accident while riding as a fare-paying passenger in a public conveyance. If this is paid, we do not pay the Accidental Death benefit.
- **Common Disaster** – Benefit is paid if both you & your spouse die in a covered accident or separate covered accidents within the same 24 hour period.
- **Reasonable Accommodation** – Benefit is payable if a modification is required to an insured's place of residence or vehicle due to an Accidental Dismemberment or Catastrophic loss.
- **Accident Emergency Room Treatment** – Benefit is paid only when an insured is examined or treated within 72 hours of a covered accident.

# YOUR ACCIDENT COST

The following chart illustrates the benefits that will take effect **October 1, 2021**:

| ACCIDENT RATE BREAKDOWN |                    |                       |                       |                         |
|-------------------------|--------------------|-----------------------|-----------------------|-------------------------|
| Accident Tier           | Total Monthly Rate | Employer Contribution | Employee Monthly Rate | Employee Bi-Weekly Rate |
| Employee Only           | \$24.60            | \$0.00                | \$24.60               | \$12.30                 |
| Employee & Spouse       | \$37.02            | \$0.00                | \$37.02               | \$18.51                 |
| Employee & Child(ren)   | \$40.70            | \$0.00                | \$40.70               | \$20.35                 |
| Employee & Family       | \$53.12            | \$0.00                | \$53.12               | \$26.56                 |

## CANCER BENEFITS

This coverage helps supplement your medical and disability income insurance and helps protect you and your family from the financial hardship you may face while fighting the disease. Cancer insurance pays benefits to you based on the treatments you receive related to a covered cancer diagnosis. The benefit payment is paid in addition to your medical insurance plan.

### CANCER

#### COVERAGE - DETAILS

**INITIAL DIAGNOSIS BENEFIT** - Paid when you are diagnosed with internal invasive cancer for the first time while insured under this Plan.

|                          |                  |
|--------------------------|------------------|
| <b>Benefit Amount(s)</b> | Employee \$7,500 |
|                          | Spouse \$7,500   |
|                          | Child \$7,500    |

|   |         |
|---|---------|
| <b>Benefit Waiting Period</b> - A specified period of time after your effective date during which the Initial Diagnosis benefits will not be payable. | 30 Days |
|---|---------|

#### CANCER SCREENING

|                       |                                      |
|-----------------------|--------------------------------------|
| <b>Benefit Amount</b> | \$100; \$100 for Follow-Up screening |
|-----------------------|--------------------------------------|

#### RADIATION THERAPY OR CHEMOTHERAPY

|                |   |
|----------------|---|
| <b>Benefit</b> | Schedule amounts up to a \$15,000 benefit year maximum. |
|----------------|---|

|  |   |
|--|---|
| <b>Pre-Existing Conditions Limitation:</b> A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs. | 3 months prior/ 6 months treatment free/ 12 months after. |
|--|---|

|  |          |
|--|----------|
| <b>Portability:</b> Allows you to take your Cancer coverage with you if you terminate employment. Ported Cancer plan terminates at age 70. | Included |
|--|----------|

|                              |                                |
|------------------------------|--------------------------------|
| <b>Child(ren) Age Limits</b> | Children age birth to 26 years |
|------------------------------|--------------------------------|

#### FEATURES

|   |   |
|---|---|
| Air Ambulance                               | \$2,000/trip, limit 2 trips per hospital confinement  |
| Alternative Care                            | \$50/visit up to 20 visits  |
| Ambulance                                   | \$250/trip, limit 2 trips per hospital confinement  |
| Anesthesia                                  | 25% of surgery benefit  |
| Anti-Nausea                                 | \$50/day up to \$250 per month  |
| Attending Physician                         | \$25/day while hospital confined. Limit 75 visits.  |
| Blood/Plasma/Platelets                      | \$200/day up to \$10,000 per year   |
| Bone Marrow/Stem Cell                       | Bone Marrow: \$10,000<br>Stem Cell: \$2,500<br>50% benefit for 2nd transplant. \$1,500 benefit if a donor |
| Experimental Treatment                      | \$200/day up to \$2,400/month   |
| Extended Care Facility/Skilled Nursing care | \$150/day up to 90 days per year  |
| Government or Charity Hospital              | \$400 per day in lieu of all other benefits   |
| Home Health Care                            | \$100/visit up to 30 visits per year  |
| Hormone Therapy                             | \$50/treatment up to 12 treatments per year   |



**FEATURES (Cont.)**

|   |  |
|---|--|
| Hospice   | \$100/day up to 100 days/lifetime  |
| Hospital Confinement  | \$400/day for first 30 days; \$800/day for 31st day thereafter per confinement   |
| ICU Confinement   | \$600/day for first 30 days; \$800/day for 31st day thereafter per confinement   |
| Immunotherapy   | \$500 per month, \$2500 lifetime max   |
| Inpatient Special Nursing   | \$150/day up to 30 days per year   |
| Medical Imaging   | \$200/image up to 2 per year   |
| Outpatient and family member lodging - Lodging must be more than 50 miles from your home.   | \$100/day, up to 90 days per year  |
| Outpatient or Ambulatory Surgical Center  | \$350/day, 3 days per procedure  |
| Physical or Speech Therapy  | \$50/visit up to 4 visits per month, \$1,000 lifetime max  |
| Prosthetic  | Surgically Implanted: \$3,000/device, \$6,000 lifetime max<br>Non-Surgically: \$300/device, \$600 lifetime max                                 |
| Reconstructive Surgery  | Breast TRAM \$3,000<br>Breast reconstruction \$700<br>Breast Symmetry \$350<br>Facial reconstruction \$700                                     |
| Reproductive Benefit  | \$1,500 egg harvesting, \$500 egg or sperm storage, \$2,000 lifetime max   |
| Second Surgical Opinion   | \$300/surgery procedure  |
| Skin Cancer   | Biopsy Only: \$100<br>Reconstructive Surgery: \$250<br>Excision of a skin cancer: \$375<br>Excision of a skin cancer with flap or graft: \$600 |
| Surgical Benefit  | Schedule amount up to \$5,500  |
| Transportation/Companion Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive treatment for internal cancer.  | \$0.50/mile up to \$1,500 per round trip/equal benefit for companion   |
| Waiver of Premium - If you become disabled due to cancer that is diagnosed after the employee's effective date, and you remain disabled for 90 days, we will waive the premium due after such 90 days for as long as you remain disabled. | Included   |

**UNDERSTANDING YOUR BENEFITS :**

- **Alternative Care** – Benefit is paid for palliative care (bio-feedback or hypnosis) or lifestyle benefits such as visits to an accredited practitioner for smoking cessation, yoga, meditation, relaxation techniques and nutritional counseling.
- **Cancer** – Cancer means you have been diagnosed with a disease manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells in any part of the body. This includes leukemia, Hodgkin's disease, lymphoma, sarcoma, malignant tumors and melanoma. Cancer includes carcinomas in-situ (in the natural or normal place, confined to the site of origin, without having invaded neighboring tissue). Pre-malignant conditions or conditions with malignant potential, such as myelodysplastic and myeloproliferative disorders, carcinoid, leukoplakia, hyperplasia, actinic keratosis, polycythemia, and nonmalignant melanoma, moles or similar diseases or lesions will not be considered cancer. Cancer must be diagnosed while insured under the Guardian cancer plan.
- **Experimental Treatment** – Benefits will be paid for experimental treatment prescribed by a doctor for the purpose of destroying or changing abnormal tissue. All treatment must be NCI listed as viable experimental treatment for Internal Cancer.

## YOUR CANCER COST

The following chart illustrates the benefits that will take effect **October 1, 2021**:

| CANCER RATE BREAKDOWN |                    |                       |                       |                         |
|-----------------------|--------------------|-----------------------|-----------------------|-------------------------|
| Cancer Tier           | Total Monthly Rate | Employer Contribution | Employee Monthly Rate | Employee Bi-Weekly Rate |
| Employee Only         | \$38.42            | \$0.00                | \$38.42               | \$19.21                 |
| Employee & Spouse     | \$64.00            | \$0.00                | \$64.00               | \$32.00                 |
| Employee & Child(ren) | \$42.82            | \$0.00                | \$42.82               | \$21.41                 |
| Employee & Family     | \$68.40            | \$0.00                | \$68.40               | \$34.20                 |

## VOLUNTARY WHOLE LIFE BENEFITS

While Hill County offers basic life insurance, some employees may want to purchase additional coverage. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future (for example, college tuition for your child)? Depending on your needs, you may want to consider buying supplemental coverage through Texas Republic Life.

### **PERMANENT LIFE: TRUEFLEX**

Texas Republic Life Insurance was founded by a group of industry leaders with one goal in mind, Texans helping Texans. With over 200 years of industry experience consulting together the TrueFlex Universal Life product was developed for the Texas work space.

### **BENEFITS OF TRUEFLEX**

The market today demands efficiency and accuracy. Texas Republic Life accomplishes both with the TrueFlex product. Using state of the art technology, TrueFlex enrollments are both easy and accurate.

When you take a best of class product, add cutting edge technology, years of experience in the worksite space, and a personal Texas touch, you have the ingredients needed for success.



### **HIGHLIGHTS FOR THE EMPLOYEE**

- Permanent Life Insurance coverage to age 121 with no reduction of benefit.
- Available for the whole family; employee, spouse, and children.
- Easy qualification with Express Issue Underwriting (only three questions and **NO MEDICAL EXAM!!!!**)
- Convenient to enroll in. Offered through your employer as part of your benefits package.
- Funded through the convenience of payroll deduction.
- Portable and easy, TrueFlex transitions from payroll deduction to a bank draft or direct bill when you retire or change jobs.
- Guaranteed premium rate for a significant number of years (average of 30 years across all ages).
- Provides Accelerated Death Benefit, that can be used as a living benefit.
- Includes Accidental Death Rider and Accelerated Death Benefit.
- Individual issue policies allows the employee to purchase a policy on family members even if the employee does not participate in the life insurance program.
- Perfect complement to Group Term and Voluntary Term. In your working years you want max protection (Term and Permanent Life). House payment, car payments, kids, college, that is a lot of responsibility. When you retire your exposure to risk can be greatly diminished.



### PERMANENT PROTECTION

TrueFlex is permanent life insurance protection. Texas Republic Life can never cancel or reduce coverage if the required premiums are paid, even if your health status changes. Coverage extends to age 121. At age 121 the policy matures, and the cash surrender value shall be paid to the owner of the policy and the coverage terminated.

### LOWER PREMIUMS

TrueFlex is designed to have a minimal cash value. It is to be purchased for life insurance protection. Payment of table premium produces a small cash value, used to keep the policy enforce and premiums level. Making loans can affect the performance of the policy.

### PORTABLE POLICY

TrueFlex is portable. Continuance of employment is not a condition of continued coverage. When your employment status changes due to retirement or termination you may port your TrueFlex policy. When you retire or terminate employment, you may port your TrueFlex policy by making your premium payment by bank draft or direct bill. Texas Republic Life reserves the right to charge a monthly fee for a direct bill not to exceed \$2.00.

### LONG GUARANTEED PERIODS

TrueFlex has long guaranteed periods (an average of over 30 years across all age groups). Texas Republic Life cannot legally predict the premium required to keep the policy in force after the guaranteed period. The premium could go down, stay the same, or go up after the guaranteed period.

### INDIVIDUAL POLICIES

TrueFlex individual policies are available for the employee, spouse, children and grandchildren. Please see the underwriting offer for Minimum and Maximum offers for family coverage. TrueFlex policies are individual so the employee does not have to participate to purchase coverage on other family members. Most policies are issued based on three work and health related questions on the application.

### UNIVERSAL LIFE CONTRACT

TrueFlex is a Universal Life Contract. The premium has a flexible mechanism but if the table premiums are not paid the policy could lapse before the guaranteed period. The Trueflex life product has a 4% guaranteed credited interest rate and charges an 8% loan interest rate.

### ACCIDENTAL DEATH RIDER

The TrueFlex Accidental Death Rider is used to protect policy owners against an untimely death caused by an accident. The Accidental Death Rider doubles the face amount when the insured is killed in an accident before the insured's 70th birthday. The accident must be the cause of death and the death occurring within 180 days of the accident. Please see form TRLIC-ADB.

### ACCELERATED DEATH BENEFIT

The Accelerated Death Benefit Rider is included with every TrueFlex policy at no additional cost. You can Accelerate 50% of your death benefit if you are diagnosed as Terminally Ill. Terminally Ill is defined as having 12 months or less to live by a licensed physician. This benefit is paid in a lump sum and there is a \$100.00 administration charge. (Please see form TRLIC-Chron for full explanation of benefit). You can also Accelerate 45% of your death benefit with a Chronic Care Rider if you are unable to perform 2 of the 6 activities of daily living or have severe cognitive impairment. This benefit is paid out over a 24-month period. There is a \$100.00 administration charge for this acceleration of the death benefit. (Please see form TRLIC-Chron for a full explanation of benefits). These benefits may have tax consequences so please consult your tax advisor. The Accelerated Death Benefit may also affect your eligibility for medical assistance. Please consult your advisor before you make application for the Accelerated Death Benefit.

Employee: Ages 17-65 Minimum: \$25,000 Maximum: \$125,000

Spouse: Ages 17-60 Minimum: \$25,000 Maximum: \$50,000

Child(ren): Age 15 days-26 \$25,000 Only

#### IMPORTANT DETAILS

Premiums are flexible. The recommended premium payment is the Table Premium during the Guaranteed Period. Paying a lesser premium than the Table Premium can result in negative cash values, and as a result lapse the policy.  
 This is a summary only. Policy provisions prevail. This information is not a contract or an offer to contract.  
 Like most life insurance policies, Texas Republic Life Insurance policies contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. Please contact a Texas Republic Life Insurance representative for costs and complete details.

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about the guide, please contact HR.

TrueFlex

Class: Non-Tobacco



# TEXAS REPUBLIC LIFE INSURANCE COMPANY

| Issue Age<br>(ALB) | Semi-Monthly Premium with ADB<br>(24 Pay Periods per Year) |        |        |        |        |         |         | Age to Which<br>Coverage is<br>Guaranteed at<br>Table Premium |
|--------------------|--|--------|--------|--------|--------|---------|---------|---|
|                    | 25,000   | 30,000 | 40,000 | 50,000 | 75,000 | 100,000 | 125,000 |   |
| 17-20              | 5.15   | 5.96   | 7.56   | 9.17   | 13.19  | 17.21   | 21.23   | 66  |
| 21                 | 5.27   | 6.09   | 7.75   | 9.40   | 13.54  | 17.67   | 21.80   | 66  |
| 22                 | 5.27   | 6.09   | 7.75   | 9.40   | 13.54  | 17.67   | 21.80   | 65  |
| 23                 | 5.38   | 6.23   | 7.93   | 9.63   | 13.88  | 18.13   | 22.38   | 63  |
| 24                 | 5.38   | 6.23   | 7.93   | 9.63   | 13.88  | 18.13   | 22.38   | 63  |
| 25                 | 5.38   | 6.23   | 7.93   | 9.63   | 13.88  | 18.13   | 22.38   | 63  |
| 26                 | 5.50   | 6.38   | 8.13   | 9.88   | 14.25  | 18.63   | 23.00   | 63  |
| 27                 | 5.62   | 6.52   | 8.31   | 10.11  | 14.60  | 19.09   | 23.57   | 63  |
| 28                 | 5.62   | 6.52   | 8.31   | 10.11  | 14.60  | 19.09   | 23.57   | 62  |
| 29                 | 5.73   | 6.65   | 8.50   | 10.34  | 14.94  | 19.55   | 24.15   | 62  |
| 30                 | 5.85   | 6.79   | 8.68   | 10.57  | 15.29  | 20.00   | 24.72   | 60  |
| 31                 | 5.85   | 6.79   | 8.68   | 10.57  | 15.29  | 20.00   | 24.72   | 60  |
| 32                 | 6.08   | 7.07   | 9.05   | 11.03  | 15.97  | 20.92   | 25.86   | 61  |
| 33                 | 6.32   | 7.35   | 9.43   | 11.50  | 16.69  | 21.88   | 27.06   | 62  |
| 34                 | 6.55   | 7.63   | 9.80   | 11.96  | 17.38  | 22.80   | 28.21   | 62  |
| 35                 | 6.90   | 8.06   | 10.36  | 12.67  | 18.44  | 24.21   | 29.98   | 64  |
| 36                 | 7.13   | 8.33   | 10.73  | 13.13  | 19.13  | 25.13   | 31.13   | 64  |
| 37                 | 7.36   | 8.60   | 11.10  | 13.59  | 19.82  | 26.05   | 32.27   | 64  |
| 38                 | 7.71   | 9.03   | 11.66  | 14.30  | 20.88  | 27.46   | 34.04   | 65  |
| 39                 | 8.17   | 9.58   | 12.40  | 15.21  | 22.25  | 29.30   | 36.33   | 66  |
| 40                 | 8.64   | 10.14  | 13.15  | 16.15  | 23.66  | 31.17   | 38.68   | 67  |
| 41                 | 9.22   | 10.84  | 14.08  | 17.32  | 25.41  | 33.50   | 41.59   | 68  |
| 42                 | 10.04  | 11.82  | 15.38  | 18.94  | 27.85  | 36.75   | 45.66   | 70  |
| 43                 | 10.85  | 12.79  | 16.68  | 20.57  | 30.29  | 40.00   | 49.72   | 72  |
| 44                 | 11.66  | 13.77  | 17.98  | 22.19  | 32.72  | 43.25   | 53.78   | 73  |
| 45                 | 12.59  | 14.88  | 19.46  | 24.05  | 35.51  | 46.96   | 58.42   | 74  |
| 46                 | 13.53  | 16.01  | 20.96  | 25.92  | 38.32  | 50.71   | 63.10   | 75  |
| 47                 | 14.34  | 16.98  | 22.26  | 27.55  | 40.76  | 53.96   | 67.17   | 76  |
| 48                 | 15.27  | 18.09  | 23.75  | 29.40  | 43.54  | 57.67   | 71.80   | 77  |
| 49                 | 16.32  | 19.35  | 25.43  | 31.50  | 46.69  | 61.88   | 77.06   | 78  |
| 50                 | 17.59  | 20.88  | 27.46  | 34.05  | 50.51  | 66.96   | 83.42   | 79  |
| 51                 | 19.10  | 22.69  | 29.88  | 37.07  | 55.04  | 73.00   | 90.97   | 80  |
| 52                 | 20.96  | 24.93  | 32.86  | 40.80  | 60.63  | 80.46   | 100.29  | 82  |
| 53                 | 22.82  | 27.15  | 35.83  | 44.50  | 66.19  | 87.88   | 109.56  | 83  |
| 54                 | 24.68  | 29.39  | 38.81  | 48.23  | 71.79  | 95.34   | 118.89  | 85  |
| 55                 | 26.31  | 31.34  | 41.41  | 51.48  | 76.66  | 101.84  | 127.01  | 86  |
| 56                 | 27.47  | 32.74  | 43.28  | 53.82  | 80.16  | 106.50  | 132.84  | 85  |
| 57                 | 28.29  | 33.72  | 44.58  | 55.44  | 82.60  | 109.75  | 136.91  | 84  |
| 58                 | 29.21  | 34.83  | 46.06  | 57.30  | 85.38  | 113.46  | 141.54  | 84  |
| 59                 | 30.38  | 36.23  | 47.93  | 59.63  | 88.88  | 118.13  | 147.38  | 84  |
| 60                 | 31.12  | 37.12  | 49.11  | 61.11  | 91.10  | 121.09  | 151.07  | 84  |
| 61                 | 33.80  | 40.33  | 53.40  | 66.46  | 99.13  | 131.80  | 164.46  | 85  |
| 62                 | 37.05  | 44.23  | 58.60  | 72.96  | 108.88 | 144.80  | 180.71  | 87  |
| 63                 | 39.25  | 46.88  | 62.13  | 77.38  | 115.50 | 153.63  | 191.75  | 89  |
| 64                 | 41.50  | 49.58  | 65.73  | 81.88  | 122.25 | 162.63  | 203.00  | 93  |
| 65                 | 43.88  | 52.43  | 69.53  | 86.63  | 129.38 | 172.13  | 214.88  | 94  |

Children's Policy: \$4.50 per Pay Period [15 days to 26 years]

Grandchildren's Policy: \$4.50 per Pay Period [15 days to 26 years]

TrueFlex

Class: Tobacco



# TEXAS REPUBLIC LIFE INSURANCE COMPANY

| Issue Age<br>(ALB) | Semi-Monthly Premium with ADB<br>(24 Pay Periods per Year) |        |        |        |        |         |         | Age to Which<br>Coverage is<br>Guaranteed at<br>Table Premium |
|--------------------|--|--------|--------|--------|--------|---------|---------|---|
|                    | 25,000   | 30,000 | 40,000 | 50,000 | 75,000 | 100,000 | 125,000 |   |
| 17-20              | 7.13   | 8.33   | 10.73  | 13.13  | 19.13  | 25.13   | 31.13   | 66  |
| 21                 | 7.36   | 8.60   | 11.10  | 13.59  | 19.82  | 26.05   | 32.27   | 66  |
| 22                 | 7.36   | 8.60   | 11.10  | 13.59  | 19.82  | 26.05   | 32.27   | 65  |
| 23                 | 7.71   | 9.03   | 11.66  | 14.30  | 20.88  | 27.46   | 34.04   | 63  |
| 24                 | 7.71   | 9.03   | 11.66  | 14.30  | 20.88  | 27.46   | 34.04   | 63  |
| 25                 | 7.71   | 9.03   | 11.66  | 14.30  | 20.88  | 27.46   | 34.04   | 63  |
| 26                 | 7.83   | 9.17   | 11.85  | 14.53  | 21.22  | 27.92   | 34.61   | 63  |
| 27                 | 7.94   | 9.30   | 12.03  | 14.75  | 21.57  | 28.38   | 35.19   | 63  |
| 28                 | 8.06   | 9.44   | 12.21  | 14.98  | 21.91  | 28.84   | 35.76   | 62  |
| 29                 | 8.17   | 9.58   | 12.40  | 15.21  | 22.25  | 29.30   | 36.33   | 62  |
| 30                 | 8.11   | 10.70  | 13.90  | 17.09  | 25.07  | 33.05   | 41.02   | 60  |
| 31                 | 9.11   | 10.70  | 13.90  | 17.09  | 25.07  | 33.05   | 41.02   | 60  |
| 32                 | 9.34   | 10.98  | 14.26  | 17.55  | 25.76  | 33.96   | 42.17   | 61  |
| 33                 | 9.45   | 11.12  | 14.45  | 17.78  | 26.10  | 34.42   | 42.74   | 62  |
| 34                 | 9.57   | 11.25  | 14.63  | 18.00  | 26.44  | 34.88   | 43.31   | 62  |
| 35                 | 10.15  | 11.96  | 15.56  | 19.17  | 28.19  | 37.21   | 46.23   | 64  |
| 36                 | 10.50  | 12.38  | 16.13  | 19.88  | 29.25  | 38.63   | 48.00   | 64  |
| 37                 | 11.08  | 13.07  | 17.05  | 21.03  | 30.97  | 40.92   | 50.86   | 64  |
| 38                 | 11.43  | 13.49  | 17.61  | 21.73  | 32.04  | 42.34   | 52.64   | 65  |
| 39                 | 12.13  | 14.33  | 18.73  | 23.13  | 34.13  | 45.13   | 56.13   | 66  |
| 40                 | 13.17  | 15.58  | 20.40  | 25.21  | 37.25  | 49.30   | 61.33   | 67  |
| 41                 | 13.98  | 16.55  | 21.70  | 26.84  | 39.69  | 52.55   | 65.40   | 68  |
| 42                 | 15.04  | 17.82  | 23.38  | 28.94  | 42.85  | 56.75   | 70.66   | 70  |
| 43                 | 16.66  | 19.77  | 25.98  | 32.19  | 47.72  | 63.25   | 78.78   | 72  |
| 44                 | 17.59  | 20.88  | 27.46  | 34.05  | 50.51  | 66.96   | 83.42   | 73  |
| 45                 | 18.87  | 22.42  | 29.51  | 36.61  | 54.35  | 72.09   | 89.82   | 74  |
| 46                 | 20.04  | 23.82  | 31.38  | 38.94  | 57.85  | 76.75   | 95.66   | 75  |
| 47                 | 21.19  | 25.20  | 33.23  | 41.25  | 61.32  | 81.38   | 101.44  | 76  |
| 48                 | 22.36  | 26.60  | 35.10  | 43.59  | 64.82  | 86.05   | 107.27  | 77  |
| 49                 | 24.21  | 28.83  | 38.06  | 47.30  | 70.38  | 93.46   | 116.54  | 78  |
| 50                 | 25.49  | 30.37  | 40.11  | 49.86  | 74.22  | 98.59   | 122.95  | 79  |
| 51                 | 27.47  | 32.74  | 43.28  | 53.82  | 80.16  | 106.50  | 132.84  | 80  |
| 52                 | 29.91  | 35.67  | 47.18  | 58.69  | 87.47  | 116.25  | 145.03  | 82  |
| 53                 | 31.89  | 38.04  | 50.35  | 62.65  | 93.41  | 124.17  | 154.93  | 83  |
| 54                 | 34.33  | 40.97  | 54.25  | 67.53  | 100.72 | 133.92  | 167.11  | 85  |
| 55                 | 36.08  | 43.07  | 57.05  | 71.03  | 105.97 | 140.92  | 175.86  | 86  |
| 56                 | 37.59  | 44.88  | 59.46  | 74.05  | 110.51 | 146.96  | 183.42  | 85  |
| 57                 | 38.74  | 46.27  | 61.31  | 76.36  | 113.97 | 151.59  | 189.20  | 84  |
| 58                 | 40.84  | 48.78  | 64.66  | 80.55  | 120.26 | 159.96  | 199.67  | 84  |
| 59                 | 42.59  | 50.88  | 67.46  | 84.05  | 125.51 | 166.96  | 208.42  | 84  |
| 60                 | 43.68  | 52.19  | 69.21  | 86.23  | 128.79 | 171.34  | 213.89  | 84  |
| 61                 | 46.70  | 55.82  | 74.05  | 92.28  | 137.85 | 183.42  | 228.99  | 85  |
| 62                 | 50.54  | 60.42  | 80.18  | 99.94  | 149.35 | 198.75  | 248.16  | 87  |
| 63                 | 54.48  | 65.15  | 86.50  | 107.84 | 161.19 | 214.55  | 267.90  | 89  |
| 64                 | 58.79  | 70.32  | 93.38  | 116.44 | 174.10 | 231.75  | 289.41  | 93  |
| 65                 | 61.69  | 73.80  | 98.03  | 122.25 | 182.82 | 243.38  | 303.94  | 94  |

Children's Policy: \$4.50 per Pay Period [15 days to 26 years]

Grandchildren's Policy: \$4.50 per Pay Period [15 days to 26 years]

# Feeling Better Just Got Easier!

## Consult With a Doctor

after-hours, on holidays, and for non-emergency needs from anywhere you are



**CONNECT**  
to speak with  
a doctor



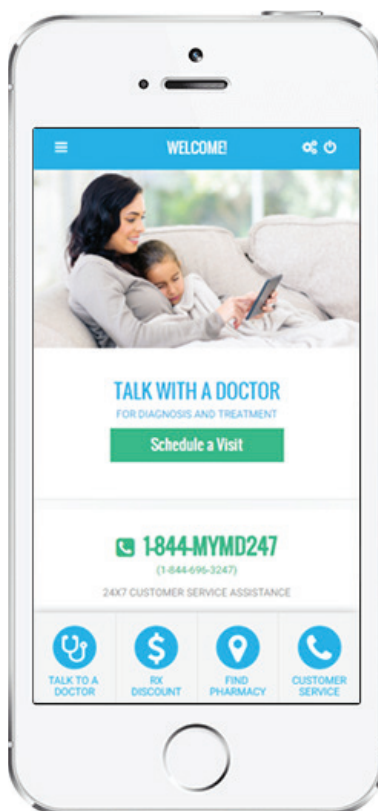
**RECEIVE CARE**  
from a doctor 24 hours  
a day, 7 days a week



**MEDICATION**  
can be picked up  
at any pharmacy

### WHEN TO USE:

- ▶ When it's not convenient to leave work or home for a non-emergency issue
- ▶ It is after hours and your doctor's office is closed
- ▶ You are traveling and need medical care
- ▶ You are considering the ER or Urgent Care for a non-critical illness



### WE TREAT:

- Cold/Flu
- Cough/Congestion
- Sinus Infection
- Allergies
- Pink Eye
- Urinary Tract Infection
- Nausea
- Diarrhea
- Rashes
- And many more

To Schedule a Consult



Mobile App: HelpMD

844-MYMD247

[www.helpmd.com](http://www.helpmd.com)



# Frequently Asked Questions

## ▶ What is Telemedicine?

Telemedicine provides 24/7/365 access to a board-certified physician who can diagnose, treat and prescribe over the phone for common and acute illnesses.

## ▶ Can HelpMD be used to manage chronic conditions (i.e.: high blood pressure, diabetes)?

HelpMD is not intended to replace your primary care physician for chronic medical conditions.

## ▶ What conditions can be treated?

Conditions most commonly treated include cold & flu, allergies, sinus and upper respiratory infections, urinary tract infections, pink eye, and many other non-emergency issues.

## ▶ Can I call or be treated if I am traveling outside of the United States?

International consults are not permitted.

## ▶ How can the physician write a prescription without seeing me in person?

The most common prescriptions given are antibiotics and antihistamines. Our physicians follow strict protocols when diagnosing conditions. No DEA-controlled substances, no lifestyle, no mood-altering drugs, or those that may have the potential for abuse will be written. Service is not permitted for children under the age of 2.

## ▶ Are my records private?

Yes. You determine who can view your secure Health Portal by personally sharing with convenient portal access 24/7.

## ▶ Can I select my pharmacy?

Absolutely! If the doctor prescribes medication, it is submitted electronically or by phone to the pharmacy of your choice. Patient is responsible for prescription payment.

To Schedule a Consult





# Electronic Evidence of Insurability (EOI)

Our online EOI forms are an easier, quicker alternative to traditional paper forms, helping you get covered when you need to provide additional information.

There are a few situations where you need to answer health questions, enroll for higher amounts of coverage, or request coverage after the initial eligibility period. In all of these situations, our online EOI form keeps things simple.

## Electronic EOI keeps things simple

With Guardian's electronic EOI forms, your data is kept secure at every stage of the process. And with fewer errors than hand-written forms, and faster submission digitally, it's easier than ever to complete it and get covered.

Electronic EOI can be used for\*:

- Basic life
- Voluntary life
- Short term disability
- Long term disability

\*Applicable to coverage requiring full Evidence of Insurability (not applicable to conditional issue amounts). Electronic EOI is not available in New York and New Hampshire. Electronic EOI is available using most internet browsers.



## How it works

You will receive a letter or email from your employer or Guardian with instructions and a unique link to submit your EOI form online.

First register and create an account on Guardian Anytime. Then simply fill out the form, electronically sign it, and click 'Submit'.

Once we receive the form, we'll contact you with any questions, before notifying you (and your employer if the coverage amount changes).

# Employee Assistance Program

We all need a little support every now and then.

Guardian's Employee Assistance Program gives you and your family members access to confidential personal support, across everything from stress management and nutrition to handling legal or financial issues.

The services available include consultations with experienced professionals, as well as access to resources and discounts designed to help you in a variety of different ways.

## How it can help



Consultative services are available to provide direct support and assistance



Work/life assistance that can help you save money and balance commitments



Access legal and financial assistance and resources – including WillPrep Services

**This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.**

WorkLifeMatters Program services are provided by Integrated Behavioral Health, Inc., and its contractors. Guardian does not provide any part of WorkLifeMatters program services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the WorkLifeMatters program at any time without notice. Legal services provided through WorkLifeMatters will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer. WorkLifeMatters Program is not an insurance benefit and may not be available in all states.

<sup>1</sup>Office hours: Monday-Friday 6 a.m.–5 p.m. PST.



## How to access

To access the WorkLifeMatters Employee Assistance Program, you'll need a few personal details.



### Visit

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



### User ID

Matters



### Password

wlm70101

For more information or support, you can reach out by phoning **1800 386 7055**. The team is available 24 hours a day, 7 days a week<sup>1</sup>.

## Aetna DocFind Provider Search - Managed Choice POS (Open Access)

Step 1: [www.aetna.com/docfind](http://www.aetna.com/docfind)

Step 2: Under “Continue as guest”, enter zip, city, county or state and then click “Search”

The screenshot shows the Aetna website's "Directory of Health Care Professionals" page. It features two main columns: "Already a member?" and "Continue as a guest". The "Continue as a guest" column contains a text input field for location, a "Look within" slider set to 25 miles, and a "Search" button. A red circle highlights the "Enter location here" input field. A "Feedback" button is visible on the right side of the page.

Step 3: To “Select a Plan”, scroll down to “Aetna Open Access Plans”, and select “Managed Choice POS (Open Access)”

The screenshot shows the "Select a Plan" section of the Aetna website. It includes a search bar, a "Continue" button, and a list of "Aetna Open Access Plans". The "Managed Choice® POS (Open Access)" option is circled in red. A "Feedback" button is visible on the right side of the page.

Select a Plan to find providers in San Antonio, Texas [Change location](#) »

If you are an Aetna member, you may find your plan name on your member ID Card or in your Enrollment Documents

Skip plan selection » [Continue](#)

Why is choosing a plan so important?

- Pay less if you use a provider that accepts the plan
- Find the highest level of coverage from a provider under the plan
- Confirm doctors are accepting the plan

Select a Plan

Enter plan name to narrow list below, e.g. Managed Choice

Show all plans (including those not in my area)

Aetna Open Access Plans

- Aetna Choice® POS II (Open Access)
- Aetna Health Network Only™ (Open Access)
- Aetna Health Network Option™ (Open Access)
- Aetna Select™ (Open Access)
- Elect Choice® EPO (Open Access)
- Managed Choice® POS (Open Access)

Step 4: Enter provider name or type in search box OR select what you need by category:

What do you want to search for near San Antonio, Texas? [Change location](#) »

🔍

Eg: John Wright, Primary Care Physician, Dermatologists, Periodontists

OR

Find what you need by category

- Medical Doctors & Specialists**  
Primary care physicians (PCPs), pediatricians, cardiologists, OB/GYNs, others
- Hospitals & Facilities**  
Hospitals, physical therapy centers, nursing facilities, dialysis centers, others
- Urgent Care**  
A type of facility focused on the delivery of urgent care outside of an emergency room
- Walk-In Clinics**  
A facility that accepts patients on a walk-in basis and with no appointment required
- Pharmacy**  
Search for pharmacies by name or location

In this example, I searched “Minute Clinic” which prompts options by location confirming in-network access. Look for the green check mark confirming in-network status:

In network search results for MinuteClinic Diagnostic of Texas, LLC (CVS pharmacy) - San Antonio, TX near San Antonio, Texas

See Important Notice About Participating Providers [below](#)

In Network [List View](#) [Map View](#) [Filter & Sort](#) [Print a Provider Directory](#) [Print](#)

| Provider/Facility Information   | Distance   | Plan Information   | Ratings |
|---|------------|--------------------|---------|
| <b>MinuteClinic Diagnostic of Texas, LLC</b> »<br><input checked="" type="checkbox"/> In Network<br>CVS Pharmacy<br>6515 West Avenue<br>Castle Hills, TX 78213<br>(866) 389-2727<br>Specialties: Nurse Practitioner; Walk In Clinic<br><a href="#">Add to compare</a> | 5.31 miles | See Accepted Plans |         |



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 6-30-2023)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Rhonda Burkhart

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

|  |                 |   |                         |
|--|-----------------|---|-------------------------|
| 3. Employer name   | Hill County     | 4. Employer Identification Number (EIN) | 74-6001091              |
| 5. Employer address  | 1 N Waco St     | 6. Employer phone number                |                         |
| 7. City  | Hillsboro       | 8. State                                | TX                      |
|  |                 | 9. ZIP code                             | 76645                   |
| 10. Who can we contact about employee health coverage at this job? | Rhonda Burkhart |   |                         |
| 11. Phone number (if different from above)                         |                 | 12. Email address                       | rburkhart@co.hill.tx.us |

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

All full-time, active employees working at least 30 hours per week

- With respect to dependents:

We do offer coverage. Eligible dependents are:

spouse and/or dependent child(ren)

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

**13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

**Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? \_\_\_\_\_ (mm/dd/yyyy) (Continue)

**No** (STOP and return this form to employee)

**14. Does the employer offer a health plan that meets the minimum value standard\*?**

Yes (Go to question 15)  No (STOP and return form to employee)

**15. For the lowest-cost plan that meets the minimum value standard\* offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ 0.00

b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

**16. What change will the employer make for the new plan year?\_\_\_\_\_**

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_

b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

\* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)



## **Employer Model Notices for Health and Welfare Plans & Reminders**

### **Health Insurance Portability and Accountability Act (HIPAA)**

*This notice describes how medical information about you may be used and disclosed and how you can access this information.*

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on employer health plans concerning the use and disclosure of individual health information. This information known as protected health information (PHI) and includes all individually identifiable health information held by a health plan; whether received in writing, in an electronic medium or as oral communication. This notice describes the privacy practices of the Employee Benefits Plan (Plan), sponsored by your employer (plan sponsor). The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. It is important to note that these rules apply to the Plan, not the plan sponsor as an employer. You have the right to inspect and copy protected health information which is maintained by and for the Plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask Human Resources/designated benefits representative for benefits information to amend the information. For a full copy of the Notice of Privacy Practices describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources/designated benefits representative.

### **Special Enrollment Rights**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) also provides employees additional opportunities to enroll in a group health plan if they experience a loss of other coverage or certain life events.

If you are declining coverage at this time for either yourself or your eligible dependents (including your spouse), you may be able to enroll yourself and/or your eligible dependents in the employer sponsored plan(s) at a later date, if there is a loss of other coverage. However, you must request enrollment, enroll and provide any required supporting documentation within **30 days of the date your other coverage ends.**

In addition, you may be able to enroll yourself and your eligible dependents if you have a qualifying life event (e.g. change in your marital status, birth or adoption of a child, death of dependent or change in employment status.) Again, eligible employees with a qualifying life event, must request enrollment, enroll and provide any applicable required supporting documentation **within 30 days of the qualifying life event** (i.e. marriage, birth or adoption of a child, death of dependent or change in employment status.)

To request special enrollment or obtain more information, contact **Human Resources**

### **Notice for Newborns' and Mothers' Health Protection Act (Newborns' Act)**

According to the Newborns' and Mothers' Health Protection Act (Newborns' Act), group health plans that offer maternity hospital benefits for mothers and newborns generally may not restrict, under Federal law, benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery (or less than 96 hours following a cesarean section), unless the attending provider, in consultation with the mother, agrees and decides to discharge the mother or her newborn earlier. In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours, as applicable).

## Women's Health and Cancer Act of 1998 (WHCRA)

Under Women's Health and Cancer Rights Act of 1998 (WHCRA), group health plans are required to provide benefits for mastectomy-related services. If you have had or are going to have a mastectomy, you may be entitled to certain benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema.

For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications resulting from a mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Please review your plan materials regarding any deductibles and/or coinsurance or call your Plan Administrator/benefits contact representative with any questions, concerns and/or more information on WHCRA benefits.

## Genetic Information Nondiscrimination Act (GINA) Notice

In compliance with Title II of the Genetic Information Nondiscrimination Act of 2008, discrimination of an individual on the basis of genetic information in regard to hiring, discharge, compensation, terms, conditions, or privileges of employment; intentional gathering or disclosure of an individual's genetic information; and retaliation against complaints about a GINA violation is prohibited.

Genetic information includes information about genetic tests of applicants, employees, or their family members; the manifestation of diseases or disorders in family members (family medical history); and requests for or receipt of genetic services by applicants, employees, or their family members. A family member is broadly defined to include an individual who is the employee's dependent as the result of marriage, birth, adoption, or placement for adoption, or a first-, second-, third-, or fourth-degree relative of the employee, or of a dependent of the employee.

**Health Plans Compliance Assistance Tool:** <https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/publications/compliance-assistance-guide.pdf>

## 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 InsuranceMarketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877- KIDS NOW** or [www.insurekidsnow.gov](http://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 determinedeligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2021. Contact your State for more information on eligibility –

| ALABAMA-Medicaid  | CALIFORNIA-Medicaid  |
|---|--|
| Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a><br>Phone: 1-855-692-5447   | Website:<br>Health Insurance Premium Payment (HIPP) Program<br><a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a><br>Phone: 916-445-8322<br>Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>   |
| ALASKA-Medicaid   | COLORADO-Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)   |
| The AK Health Insurance Premium Payment Program<br>Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a><br>Phone: 1-866-251-4861<br>Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a><br>Medicaid Eligibility:<br><a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a> | Health First Colorado Website:<br><a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a><br>Health First Colorado Member Contact Center:<br>1-800-221-3943/ State Relay 711<br>CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a><br>CHP+ Customer Service: 1-800-359-1991/ State Relay 711<br>Health Insurance Buy-In Program (HIBI):<br><a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a><br>HIBI Customer Service: 1-855-692-6442 |
| ARKANSAS-Medicaid   | FLORIDA-Medicaid   |
| Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a><br>Phone: 1-855-MyARHIPP (855-692-7447)  | Website:<br><a href="https://www.flmedicaidplrecovery.com/flmedicaidplrecovery.com/hipp/index.html">https://www.flmedicaidplrecovery.com/flmedicaidplrecovery.com/hipp/index.html</a><br>Phone: 1-877-357-3268   |



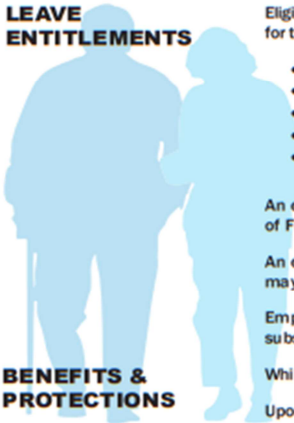
|  |   |
|--|---|
| <p align="center"><b>GEORGIA-Medicaid</b></p> <p>Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a><br/> Phone: 678-564-1162 ext 2131</p>  | <p align="center"><b>MASSACHUSETTS-Medicaid and CHIP</b></p> <p>Website: <a href="https://www.mass.gov/info-details/masshealth-premium-assistance-pa">https://www.mass.gov/info-details/masshealth-premium-assistance-pa</a><br/> Phone: 1-800-862-4840</p>   |
| <p align="center"><b>INDIANA-Medicaid</b></p> <p>Healthy Indiana Plan for low-income adults 19-64<br/> Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a><br/> Phone: 1-877-438-4479<br/> All other Medicaid<br/> Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a><br/> Phone 1-800-457-4584</p>   | <p align="center"><b>MINNESOTA-Medicaid</b></p> <p>Website:<br/> <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a><br/> Phone: 1-800-657-3739</p> |
| <p align="center"><b>IOWA-Medicaid and CHIP (Hawki)</b></p> <p>Medicaid Website:<br/> <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a><br/> Medicaid Phone: 1-800-338-8366<br/> Hawki Website:<br/> <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a><br/> Hawki Phone: 1-800-257-8563<br/> HIPP Website:<br/> <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a><br/> HIPP Phone: 1-888-346-9562</p>  | <p align="center"><b>MISSOURI-Medicaid</b></p> <p>Website:<br/> <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a><br/> Phone: 573-751-2005</p>  |
| <p align="center"><b>KANSAS-Medicaid</b></p> <p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a><br/> Phone: 1-800-792-4884</p>  | <p align="center"><b>MONTANA-Medicaid</b></p> <p>Website:<br/> <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a><br/> Phone: 1-800-694-3084</p>   |
| <p align="center"><b>KENTUCKY-Medicaid</b></p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br/> <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a><br/> Phone: 1-855-459-6328<br/> Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a><br/> <br/> KCHIP Website:<br/> <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a><br/> <br/> Phone: 1-877-524-4718<br/> <br/> Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p> | <p align="center"><b>NEBRASKA-Medicaid</b></p> <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a><br/> Phone: 1-855-632-7633<br/> Lincoln: 402-473-7000<br/> Omaha: 402-595-1178</p>   |
| <p align="center"><b>LOUISIANA-Medicaid</b></p> <p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a><br/> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>  | <p align="center"><b>NEVADA-Medicaid</b></p> <p>Medicaid Website: <a href="http://dhcftp.nv.gov">http://dhcftp.nv.gov</a><br/> Medicaid Phone: 1-800-992-0900</p>   |
| <p align="center"><b>MAINE-Medicaid</b></p> <p>Enrollment Website:<br/> <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a><br/> Phone: 1-800-442-6003<br/> TTY: Maine relay 711<br/> <br/> Private Health Insurance Premium Webpage:<br/> <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a><br/> Phone: 1-800-977-6740<br/> TTY: Maine relay 711</p>  | <p align="center"><b>NEW HAMPSHIRE-Medicaid</b></p> <p>Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a><br/> Phone: 603-271-5218<br/> Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>   |

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| <p align="center"><b>NEW JERSEY-Medicaid and CHIP</b></p> <p>Medicaid Website:<br/> <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a><br/> Medicaid Phone: 609-631-2392<br/> CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a><br/> CHIP Phone: 1-800-701-0710</p> | <p align="center"><b>SOUTH DAKOTA-Medicaid</b></p> <p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a><br/> Phone: 1-888-828-0059</p>  |
| <p align="center"><b>NEW YORK-Medicaid</b></p> <p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a><br/> Phone: 1-800-541-2831</p>  | <p align="center"><b>TEXAS-Medicaid</b></p> <p>Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a><br/> Phone: 1-800-440-0493</p>   |
| <p align="center"><b>NORTH CAROLINA-Medicaid</b></p> <p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a><br/> Phone: 919-855-4100</p>  | <p align="center"><b>UTAH-Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a><br/> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a><br/> Phone: 1-877-543-7669</p> |
| <p align="center"><b>NORTH DAKOTA-Medicaid</b></p> <p>Website:<br/> <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a><br/> Phone: 1-844-854-4825</p>   | <p align="center"><b>VERMONT-Medicaid</b></p> <p>Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a><br/> Phone: 1-800-250-8427</p>   |
| <p align="center"><b>OKLAHOMA-Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a><br/> Phone: 1-888-365-3742</p>   | <p align="center"><b>VIRGINIA-Medicaid and CHIP</b></p> <p>Website: <a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a><br/> Medicaid Phone: 1-800-432-5924<br/> CHIP Phone: 1-855-242-8282</p>  |
| <p align="center"><b>OREGON-Medicaid</b></p> <p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a><br/> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a><br/> Phone: 1-800-699-9075</p>   | <p align="center"><b>WASHINGTON-Medicaid</b></p> <p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a><br/> Phone: 1-800-562-3022</p>  |
| <p align="center"><b>PENNSYLVANIA-Medicaid</b></p> <p>Website:<br/> <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medicaid/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medicaid/HIPP-Program.aspx</a><br/> Phone: 1-800-692-7462</p>   | <p align="center"><b>WEST VIRGINIA-Medicaid</b></p> <p>Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a><br/> Toll-free phone: 1-855-MyWVHIP (1-855-699-8447)</p>   |
| <p align="center"><b>RHODE ISLAND-Medicaid and CHIP</b></p> <p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a><br/> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)</p>   | <p align="center"><b>WISCONSIN-Medicaid and CHIP</b></p> <p>Website:<br/> <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a><br/> Phone: 1-800-362-3002</p>                             |
| <p align="center"><b>SOUTH CAROLINA-Medicaid</b></p> <p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a><br/> Phone: 1-888-549-0820</p>  | <p align="center"><b>WYOMING-Medicaid</b></p> <p>Website:<br/> <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a><br/> Phone: 1-800-251-1269</p>          |
| <p>To see if any other states have added a premium assistance program since January 31, 2021, or for more information on special enrollment rights, contact either:</p> <p align="center">U.S. Department of Labor<br/> Employee Benefits Security Administration<br/> <a href="http://www.dol.gov/agencies/ebsa">www.dol.gov/agencies/ebsa</a><br/> 1-866-444-EBSA (3272)</p>                                   | <p align="center">U.S. Department of Health and Human Services<br/> Centers for Medicare &amp; Medicaid Services<br/> <a href="http://www.cms.hhs.gov">www.cms.hhs.gov</a><br/> 1-877-267-2323, Menu Option 4, Ext. 61565</p>  |

# EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

## LEAVE ENTITLEMENTS



Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered service member's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;\* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

\*Special "hours of service" requirements apply to airline flight crew employees.

## ELIGIBILITY REQUIREMENTS

## REQUESTING LEAVE

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

## EMPLOYER RESPONSIBILITIES

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

## ENFORCEMENT

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.



For additional information or to file a complaint:

**1-866-4-USWAGE**

(1-866-487-9243) TTY: 1-877-889-5627

**www.dol.gov/whd**

U.S. Department of Labor | Wage and Hour Division







# YOUR RIGHTS UNDER USERRA THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT

**USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.**

## REEMPLOYMENT RIGHTS

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- ☆ you ensure that your employer receives advance written or verbal notice of your service;
- ☆ you have five years or less of cumulative service in the uniformed services while with that particular employer;
- ☆ you return to work or apply for reemployment in a timely manner after conclusion of service; and
- ☆ you have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

## RIGHT TO BE FREE FROM DISCRIMINATION AND RETALIATION

If you:

- ☆ are a past or present member of the uniformed service;
- ☆ have applied for membership in the uniformed service; or
- ☆ are obligated to serve in the uniformed service;

then an employer may not deny you:

- ☆ initial employment;
- ☆ reemployment;
- ☆ retention in employment;
- ☆ promotion; or
- ☆ any benefit of employment

because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

## HEALTH INSURANCE PROTECTION

- ☆ If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- ☆ Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

## ENFORCEMENT

- ☆ The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
- ☆ For assistance in filing a complaint, or for any other information on USERRA, contact VETS at **1-866-4-USA-DOL** or visit its website at <http://www.dol.gov/vets>. An interactive online USERRA Advisor can be viewed at <http://www.dol.gov/elaws/userra.htm>.
- ☆ If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- ☆ You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the internet at this address: <http://www.dol.gov/vets/programs/userra/poster.htm>. Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees.



**U.S. Department of Labor**  
1-866-487-2365



**U.S. Department of Justice**



**Office of Special Counsel**



**1-800-336-4590**

Publication Date — April 2017

## Section Excerpted from a general ERISA Plan Document

### QUALIFIED MEDICAL CHILD SUPPORT ORDERS

01. Purposes. The provisions of this Article shall apply with respect to any Welfare Program that does not contain provisions pertaining to QMCSOs (as defined below). The Plan Administrator, pursuant to Section 609(a) of ERISA, adopts the following procedures for determining whether medical child support orders are "qualified" in accordance with ERISA's requirements. The Plan Administrator also adopts these procedures to administer payments and other provisions under Qualified Medical Child Support Orders ("QMCSOs"), and to enforce these procedures as legally required. The Plan Administrator may alter, amend or terminate these procedures and substitute alternative procedures in its sole discretion.

02. Definitions. For purposes of the QMCSO requirements, the following terms have these meanings:

a. "Medical Child Support Order" means any judgment, decree or order

(including approval of a settlement agreement) which:

i. Provides for child support for a child of a Participant under a group health plan, or provides for health coverage to such a child;

ii. is made pursuant to state domestic relations law (including a community property law); and

iii. Relates to benefits under such group health plan.

b. "Alternate Recipient" means any child of a Participant who is recognized under a Medical Child Support Order as having a right to enrollment under a group health plan with respect to such Participant.

c. Any term used in this Article that is defined elsewhere in this Plan shall have the meaning assigned to such term under such other definition.

03. Qualified Medical Child Support Order.

a. "Qualified Medical Child Support Order" or "QMCSO" is a Medical Child Support Order which creates or recognizes an alternate recipient's right to, or assigns to an alternate recipient the right to, receive benefits for which a Participant or beneficiary is eligible under the group health portion of this Plan, and which the Plan Administrator has determined meets the requirements of this Section.

b. To be "qualified" as a QMCSO, a Medical Child Support Order must clearly:

i. Specify the name and the last known mailing address (if any) of the Participant and the name and mailing address of each alternate recipient covered by the order;



- ii. Include a reasonable description of the type of coverage to be provided by the Plan to each alternate recipient, or the manner in which such type of coverage is to be determined;
  - iii. Specify the period to which such order applies;
  - iv. Specify the Plan to which such order applies; and
  - v. Provide that the alternate recipient or parent of the alternate recipient will pay the applicable premium for family coverage under the Plan.
- c. In addition, a QMCSO must not require the Plan to provide any type or form of benefit, or any option, not otherwise provided under the Plan except to the extent necessary to meet the requirements described in Section 1908 of the Social Security Act (as added by Section 13822 of the Omnibus Budget Reconciliation Act of 1993).
- d. The alternate recipient's right to enroll in the Plan is dependent on the Participant's eligibility status in the Plan.
04. Procedures. Upon receipt of a Medical Child Support Order, the Plan Administrator shall:
- a. Promptly notify in writing the Participant, each alternate recipient covered by the order, and each representative for these parties of the receipt of the Medical Child Support Order. Such notice shall include a copy of the order and the Plan's procedures for determining whether such order is a QMCSO.
  - b. Permit the alternate recipient to designate a representative to receive copies of notices sent to the alternate recipient regarding the Medical Child Support Order.
  - c. Within a reasonable period after receiving a Medical Child Support Order, determine whether it is a Qualified Medical Child Support Order and notify the parties indicated in this Section of such determination.
  - d. Ensure the alternate recipient is treated by the Plan as a beneficiary for ERISA reporting and disclosure purposes, such as by distributing to the alternate recipient (and/or his or her representative) a copy of the summary plan description and any subsequent summaries of material modification generated by a Plan amendment.

**JOB RIGHTS FOR VETERANS AND RESERVE COMPONENT MEMBERS**  
**The Uniformed Services Employment and Reemployment Rights Act of 1994**  
**(USERRA 38 U.S.C. 4301-4335)**

The Department of Labor, through the Veterans' Employment and Training Service (VETS), provides assistance to all persons having claims under USERRA.

The Uniformed Services Employment and Reemployment Rights Act (USERRA) clarifies and strengthens the Veterans' Reemployment Rights (VRR) Statute.

USERRA protects civilian job rights and benefits for veterans and members of Reserve components. USERRA also makes major improvements in protecting service member rights and benefits by clarifying the law, improving enforcement mechanisms, and adding Federal Government employees to those employees already eligible to receive Department of Labor assistance in processing claims.

USERRA establishes the cumulative length of time that an individual may be absent from work for military duty and retain reemployment rights to five years (the previous law provided four years of active duty, plus an additional year if it was for the convenience of the Government). There are important exceptions to the five-year limit, including initial enlistments lasting more than five years, periodic National Guard and Reserve training duty, and involuntary active duty extensions and recalls, especially during a time of national emergency. USERRA clearly establishes that reemployment protection does not depend on the timing, frequency, duration, or nature of an individual's service as long as the basic eligibility criteria are met.

USERRA provides protection for disabled veterans, requiring employers to make reasonable efforts to accommodate the disability. Service members convalescing from injuries received during service or training may have up to two years from the date of completion of service to return to their jobs or apply for reemployment.

USERRA provides that returning service-members are reemployed in the job that they would have attained had they not been absent for military service (the long-standing "escalator" principle), with the same seniority, status and pay, as well as other rights and benefits determined by seniority. USERRA also requires that reasonable efforts (such as training or retraining) be made to enable returning service members to refresh or upgrade their skills to help them qualify for reemployment. The law clearly provides for alternative reemployment positions if the service member cannot qualify for the "escalator" position. USERRA also provides that while an individual is performing military service, he or she is deemed to be on a furlough or leave of absence and is entitled to the non-seniority rights accorded other individuals on non-military leaves of absence.

Health and pension plan coverage for service members is provided for by USERRA. Individuals performing military duty of more than 30 days may elect to continue employer sponsored health care for up to 24 months; however, they may be required to pay *up to* 102 percent of the full premium. For military service of less than 31 days, health care coverage is provided as if the service member had remained employed. USERRA clarifies pension plan coverage by making explicit that all pension plans are protected.

The period an individual has to make application for reemployment or report back to work after military service is based on time spent on military duty. For service of less than 31 days, the service member must return at the beginning of the next regularly scheduled work period on the first full day after release from service, taking into account safe travel home plus an eight-hour rest period. For service of more than 30 days but less than 181 days, the service member must submit an application for reemployment within 14 days of release from service. For service of more than 180 days, an application for reemployment must be submitted within 90 days of release from service.

USERRA also requires that service members provide advance written or verbal notice to their employers for all military duty unless giving notice is impossible, unreasonable, or precluded by military necessity. An employee should provide notice as far in advance as is reasonable under the circumstances. Additionally, service members are able (but are not required) to use accrued vacation or annual leave while performing military duty.

The Department of Labor, through the Veterans' Employment and Training Service (VETS) provides assistance to all persons having claims under USERRA, including Federal and Postal Service employees.

If resolution is unsuccessful following an investigation, the service member may have his or her claim referred to the Department of Justice for consideration of representation in the appropriate District Court, at no cost to the claimant. Federal and Postal Service employees may have their claims referred to the Office of Special Counsel for consideration of representation before the Merit Systems Protection Board (MSPB). If violations under USERRA are shown to be willful, the court may award liquidated damages. Individuals who pursue their own claims in court or before the MSPB may be awarded reasonable attorney and expert witness fees if they prevail.

Service member employees of intelligence agencies are provided similar assistance through the agency's Inspector General.

For more information about U.S. Department of Labor employment and training programs for veterans, contact the Veterans' Employment and Training Service office nearest you, listed in the phone book in the United States Government under the Labor Department or visit our site:

<http://www.dol.gov/vets/aboutvets/contacts/main.htm>.

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This is one of a series of fact sheets highlighting U.S. Department of Labor programs.

## ERISA RIGHTS

As a participant in this Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all Plan participants shall be entitled to:

### RECEIVE INFORMATION ABOUT YOUR PLAN AND BENEFITS

Examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites and union halls, all documents governing the plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) if any, filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) if any, and updated plan document and summary plan description. The administrator may make a reasonable charge for the copies.

Receive a summary of the plan's annual financial report, if any is required by ERISA to be prepared, in which case, the Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

### CONTINUE GROUP HEALTH PLAN COVERAGE

You may continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this SPD Supplement and the documents governing the plan on the rules governing your COBRA continuation coverage rights.

### PRUDENT ACTIONS BY PLAN FIDUCIARIES

In addition to creating rights for plan participants ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your plan, called "fiduciaries" of the plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

### ENFORCE YOUR RIGHTS

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for

benefits that is denied or ignored, in whole or in part, you may file suit in a state or Federal court. In addition, if you disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in Federal court. If it should happen that plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees- for example, if it finds your claim is frivolous.

#### ASSISTANCE WITH YOUR QUESTIONS

If you have any questions about your plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.