



EMPLOYEE BENEFIT BOOKLET

Plan Year: 2022 – 2023

PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY.



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 10/1/22-9/30/23. Medical benefits will be moving to Blue Cross Blue Shield 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, Jennifer Mogavero can be reached at Anco via:

Direct: 254-716-9311 || Fax: 979-774-3096 || Email: mogavero@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 || 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 1st 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 BlueCross BlueShield and GAP benefits through AmFirst.

The following chart illustrates the benefits that will take effect **October 1, 2022**:

In Network	Blue Choice
Individual Deductible	\$500
Family Deductible	\$1,000
Max Out of Pocket-Individual	\$2,500
Max Out of Pocket-Family	\$7,500
Coinsurance	80/20
Physician Services	
Primary Care	\$30
Specialist	\$60
Simple Lab & X-ray	Subject to Specialist Copay
Other Services	
Inpatient Hospitalization	Deductible + 20%
Outpatient Surgery	Deductible + 20%
Emergency Room	\$500 + Deductible + 20%
Urgent Care	\$75
Complex Imaging	Deductible + 20%
Prescription Drugs	
Rx Deductible	None
Tier I	\$10
Tier II	\$35
Tier III	\$70
Tier IV	\$200
Mail Order - 90 day supply	3X Preferred Copay
Out of Network	
<i>Deductible</i>	\$7,000 / \$21,000
<i>Maximum Out of Pocket</i>	\$13,000 / \$39,000
<i>Coinsurance</i>	50/50

YOUR MEDICAL COST

The following chart illustrates the benefits that will take effect **October 1, 2022**:

MEDICAL RATE BREAKDOWN				
Medical Tier	Total Monthly Rate	Employer Contribution	Employee Monthly Rate	Employee Bi-Weekly Rate
Employee Only	\$825.38	\$825.38	\$0.00	\$0.00
Employee & Spouse	\$1,762.18	\$1,339.26	\$422.92	\$211.46
Employee & Child	\$1,393.84	\$1,254.46	\$139.38	\$69.69
Employee & Children	\$1,393.81	\$1,128.99	\$264.82	\$132.41
Employee & Family	\$2,340.93	\$1,779.11	\$561.82	\$280.91

PROVIDER FINDER

Website: www.bcbstx.com

Can either register or continue as guest



BlueCross BlueShield of Texas

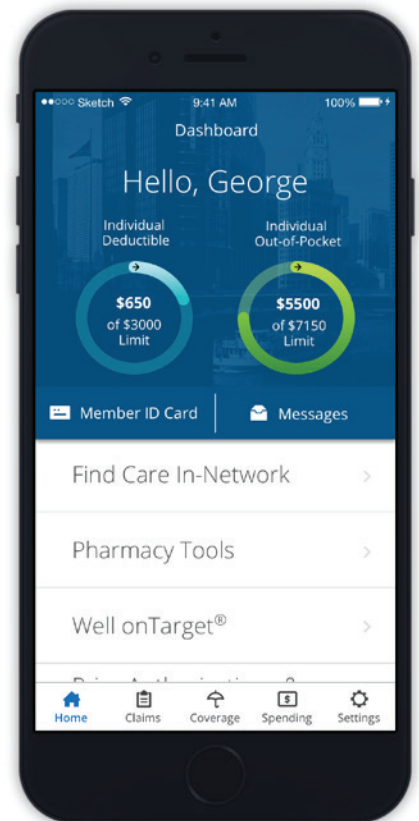
We're with you
wherever you go



To access your important Blue Cross and Blue Shield of Texas (BCBSTX) health benefit information anywhere you go, download the BCBSTX App.

- Find an in-network doctor, hospital or urgent care facility
- Access your claims, coverage and deductible information
- View or print your member ID card
- Log in securely with your fingerprint or face recognition
- View your Explanation of Benefits*

Text** BCBSTX to 33633 to get the app.



Available in Spanish

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

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

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Confused About Where to Go for Care?

SmartER CareSM options may save you money.

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

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

When you use in-network providers for your family's health care, you usually pay less for care. Search for in-network providers in your area at bcbstx.com or by calling the Customer Service number on your member ID card.



Doctor's Office

- Office hours vary
- Generally the best place to go for non-emergency care
- Doctor-to-patient relationship established and therefore able to treat, based on knowledge of medical history
- Average wait time is 18 minutes¹

\$



Retail Health Clinic

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

\$



Urgent Care Center

- Generally includes evenings, weekends and holidays
- Often used when your doctor's office is closed, and you don't consider it an emergency
- Average wait time is 16-24 minutes²
- Many have online and/or telephone check-in

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Hospital ER

- Open 24 hours, seven days a week
- Average wait time is 35-49 minutes (variable)³
- If you receive emergency room (ER) care from an out-of-network provider, you may have to pay more. Providers outside the network may "balance bill" you, which means they may charge you more than your health plan's fee schedule.
- Multiple bills for services such as doctors and facility

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Freestanding ER

- Open 24 hours, seven days a week
- Could be transferred to a hospital-based ER depending on medical situation
- Services do not include trauma care
- Often freestanding ERs are out-of-network. If you receive care from an out-of-network provider, you may have to pay more. Providers outside the network may "balance bill" you, which means they may charge you more than your health plan's fee schedule.
- All freestanding ERs charge a facility fee that urgent care centers do not. You may receive other bills for each doctor you see.⁴

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

¹ Vitals Annual Wait Time Report, 2017.

² Wait Time Trends in Urgent Care and Their Impact on Patient Satisfaction, 2017.






³ National Center for Health Statistics, Centers for Disease Control and Prevention. 2019.

⁴ The Texas Association of Health Plans.

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

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

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

	Doctor's Office	Retail Health Clinic	Urgent Care Center	Hospital ER	Freestanding ER
					
Who usually provides care	Primary Care Doctor	Physician Assistant or Nurse Practitioner	Internal Medicine, Family Practice and Pediatric	ER Doctors, Internal Medicine, Specialists	ER Doctors
Sprains, strains	■	■	■	<ul style="list-style-type: none"> Any life-threatening or disabling conditions Sudden or unexplained loss of consciousness Major injuries Chest pain; numbness in the face, arm or leg; difficulty speaking Severe shortness of breath High fever with stiff neck, mental confusion or difficulty breathing Coughing up or vomiting blood Cut or wound that won't stop bleeding Possible broken bones 	<ul style="list-style-type: none"> Most major injuries except for trauma¹ May also provide imaging and lab services but do not offer trauma or cardiac services requiring catheterization¹ Do not always accept ambulances
Animal bites	■	■	■		
X-rays			■		
Stitches			■		
Mild asthma	■	■	■		
Minor headaches	■	■	■		
Back pain	■	■	■		
Nausea, vomiting, diarrhea	■	■	■		
Minor allergic reactions	■	■	■		
Coughs, sore throat	■	■	■		
Bumps, cuts, scrapes	■	■	■		
Rashes, minor burns	■	■	■		
Minor fevers, colds	■	■	■		
Ear or sinus pain	■	■	■		
Burning with urination	■	■	■		
Eye swelling, irritation, redness or pain	■	■	■		
Vaccinations	■	■	■		

Urgent Care Center or Freestanding ER – Knowing the Difference Can Save You Money

Urgent care centers and freestanding ERs can be hard to tell apart. Freestanding ERs often look a lot like urgent care centers, but costs may be higher. A visit to a freestanding ER often results in significantly higher medical bills than the rate charged by urgent care centers for the same services.

Here are some ways to know if you are at a freestanding ER:

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

Find urgent care centers¹ near you by texting² **URGENTTX** to **33633**.

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

²The closest urgent care center may not be in your network. Be sure to check Provider Finder[®] to make sure the center you go to is in-network.

³Message and data rates may apply. Read terms, conditions and privacy policy at bcbstx.com/mobile/text-messaging.

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Flu Season Ahead

Who should get a flu shot and when?*

Everyone six months of age and older should get a flu shot every season (beginning in October through February). Call the Customer Service number on the back of your member ID card to check your benefits.

Who is at higher risk without a flu vaccination?

- Children younger than five years
- Adults 65 years and older
- Residents of nursing homes and other long-term care facilities
- Pregnant women
- People with chronic medical conditions such as diabetes, asthma or heart disease

Everyone with severe, life-threatening allergies to the flu vaccine or any of its ingredients should not receive a flu shot.

How can you help prevent the flu from spreading?

- Avoid close contact with others
- Stay home when you are sick
- Cover your mouth and nose when you cough or sneeze
- Wash your hands
- Get plenty of sleep
- Clean and disinfect frequently used surfaces
- Be physically active
- Manage your stress
- Drink plenty of fluids and eat nutritious food

What are the symptoms of flu?

- Coughing
- Headache
- Chest discomfort
- Muscle aches
- High fever that lasts a few days
- Weakness and fatigue

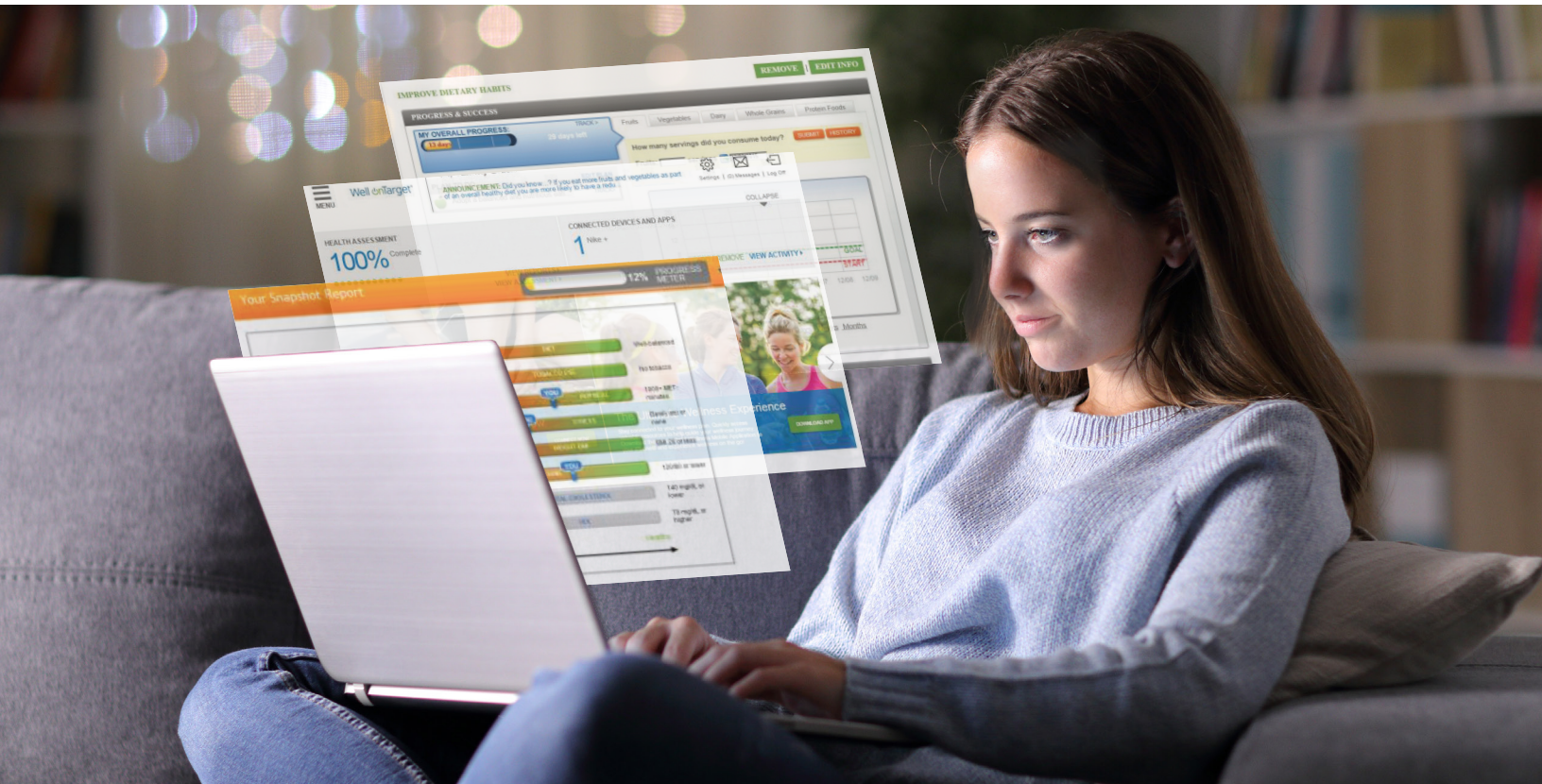
What should I do if I think I have the flu?

- Stay home for at least 24 hours after your fever is gone.
- Call your health care provider or our 24/7 Nurseline

Do I need to go to the emergency room (ER)?

Not usually. If you are not sure if you need to go to the ER, call our 24/7 Nurseline at 800-581-0393 or your health care provider.

* Centers for Disease Control and Prevention: About Flu cdc.gov/flu/about/index.html
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Live Well with the Well onTarget Member Wellness Portal

The Well onTarget® Member Wellness Portal at wellontarget.com provides you with tools to help you set and reach your wellness goals. The portal is user-friendly, so you can find everything you need quickly and easily.

Explore Your Wellness World

When you log in to your portal, you will find a wide variety of health and wellness resources, including:

- The Health Assessment (HA)
- Self-Management Programs
- Health trackers
- Trusted news and health education content

See Your Stats in a Flash

Everything you want to see quickly is on your dashboard. The dashboard shows all of your Well onTarget programs. You can see where you are today compared with where you were when you started. You can also read the latest health news, check your activity progress and more.

Take a Snapshot of Your Health

The HA asks you questions about your health and habits.¹ You then get a Personal Wellness Report. This report suggests ways to make positive lifestyle changes. Your report can also help you decide which Well onTarget program to start first to get the most benefit. You can even print a Provider Report to share with your doctor.

Blue PointsSM Program²

Small rewards may motivate you to make positive changes to meet your wellness goals. With Well onTarget, you can earn Blue Points for making healthy choices. If you enroll in the Fitness Program or take your HA, you earn points.³ You can also earn points when you achieve milestones in the Self-Management Programs. Redeem your Blue Points in the online shopping mall, which offers a wide variety of merchandise.⁴

Health Tools and Trackers

Knowing what you eat and how much you work out can help you reach your goals. But keeping track of all you do can be time-consuming. To make it easy, the portal has trackers that let you record how much sleep you get, your stress levels, your blood pressure readings and your cholesterol levels.

The portal also offers a symptom checker. When you don't feel well, this tool can help you decide if you should see a doctor.

Self-Management Programs

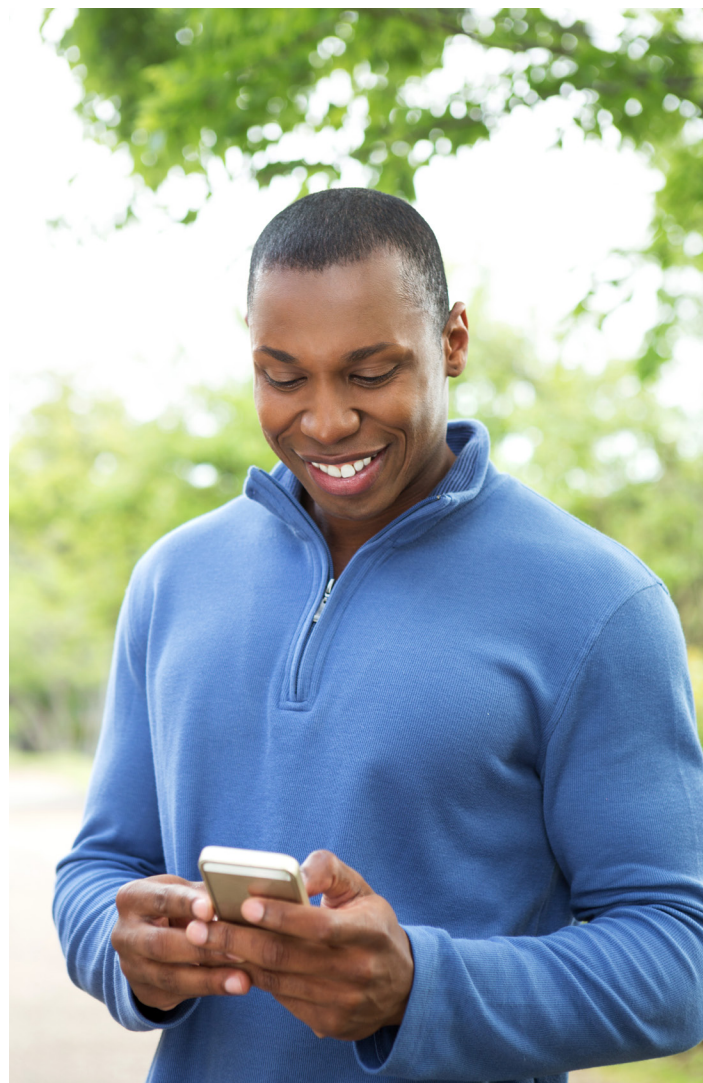
These programs consist of:

1. Interactive programs with learning activities and content that focus on behavioral changes to reinforce healthier habits.
2. Educational programs that inform about symptoms, treatment options and lifestyle changes.

These two learning methods allow you to study on your own time and may help you get to the next level of wellness. Topics include nutrition, weight management, physical activity, stress management, tobacco cessation and more.

Fitness Tracking

Earn Blue Points for tracking your fitness activity using popular fitness devices and mobile apps.



Take Wellness on the Go

Check out the Well onTarget AlwaysOn Wellness mobile app, available for iPhone[®] and Android[™] smartphones. It can help you work on your wellness goals — anytime and anywhere.

1. Well onTarget is a voluntary wellness program. Completion of the Health Assessment is not required for participation in the program.

2. Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for more information.

3. This does not apply to points you earn for completing Fitness Program activities.

4. Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.

The Fitness Program is provided by Tivity Health[®], an independent contractor that administers the Prime Network of fitness centers. The Prime Network is made up of independently owned and operated fitness centers. Blue Cross and Blue Shield of Texas (BCBSTX) makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.



Take Your Health Personally — Take the Health Assessment

What do you take personally in life? Your family? Your work? A hobby? Add your health to the list by taking the Well onTarget Health Assessment.

Just a few minutes and a few personal details — how you eat, how you sleep, how you live your life — can give you a personalized map to your best health. You can find out your risks and your best options to avoid them. Your customized Personal Wellness Report can tell you how to go from good to better.

The Health Assessment (HA) consists of nine modules, which you can complete all at once or over time, as your schedule permits. These modules include questions about your:

- Diet
- Physical activity
- Tobacco use
- Emotional health
- Health at work and on the road

While it's not necessary, it would be helpful to have a few personal details on hand when you begin the HA, including your:

- Current height and weight
- Systolic blood pressure (top number) and diastolic blood pressure (bottom number)
- Total cholesterol level
- HDL cholesterol level
- Triglyceride level
- Blood sugar level
- Waist measurement in inches



YOUR INFO: Let's get started 75% X

>> 3. What is your height without shoes?
 Feet Inches

> 4. What is your weight?
 Pounds

SAVE AND CONTINUE



TAKE YOUR HEALTH ASSESSMENT TODAY

You can earn 2,500 Blue Points^{SM*} for taking your HA. Follow these simple steps to get started:

1. Visit wellontarget.com and log in. If you have an existing Blue Access for MembersSM (BAM) account, use your BAM username and password. If you aren't a registered user yet, click "Register Now" to create an account.
2. If you have not taken your HA, there will be a pop-up notification after you log in. You can also take your HA by clicking on "Start" in the "Health Assessment" box at the top of your dashboard. Once you have completed the HA, your reports will be available in this section.

HOW WILL THE HEALTH ASSESSMENT BE PERSONALIZED?

You will begin by answering a few basic questions. Then, the HA will ask you more detailed questions based on your answers to the first set of questions. Your health status and lifestyle will determine which questions you will be asked.

Your answers will help tailor the Well onTarget Member Wellness Portal with programs that could help you reach your health goals. You can check your progress and earn Blue Points twice a year.

WHAT SHOULD I DO WITH MY RESULTS?

After completing the HA, you will receive a confidential Personal Wellness Report. This can help take the guesswork out of wellness. The report will show you how you are doing and give you healthy tips. You can even print out a Provider Report to share with your doctor.

When you know your risks, you can choose your best options to avoid them. When you know your strengths, you can decide to build on them.

Have questions about the HA or the Well onTarget program? Call [877-806-9380](tel:877-806-9380).



Take Your Health Assessment on the Go

Check out the Well onTarget mobile app, available for iPhone[®] and Android[™] smartphones. You can complete your HA and work on your health and wellness goals — anytime and anywhere.

* Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal at wellontarget.com for further information.



Digital Self-Management Programs May Help You Develop a Healthier Lifestyle

With Well onTarget® Digital Self-Management Programs, you'll get tips and techniques and the resources you'll need to help support your wellness goals.

Our Digital Self-Management Programs consist of:

1. Interactive programs with learning activities and content that focus on behavioral changes to reinforce healthier habits.
2. Educational programs that inform about symptoms, treatment options and lifestyle changes.

These two learning methods allow you to study on your own time and may help you get to the next level of wellness.

Earn Blue PointsSM

You can earn 1,000 Blue Points once per quarter when you complete a digital self-management program. You may redeem points in our expanded online shopping mall for merchandise.

Easy to Learn

Interactive and educational programs are developed in an easy-to-learn format. Content addresses topics that are preventive in nature and based on recommendations from the Centers for Disease Control and Prevention; Academy of Nutrition and Dietetics; National Heart, Lung, and Blood Institute's Obesity Education Initiative and Physical Activity Guidelines put forth by the U.S. Department of Health and Human Services. A certificate of completion is available upon successful completion of any program.

Easy to Access

The programs are easy to access through the Well onTarget Member Wellness Portal at [wellontarget.com](https://www.wellontarget.com). You can also use the Well onTarget mobile app, AlwaysOn Wellness, to register for a Digital Self-Management Program.

Program Descriptions

Some programs are interactive and you can create daily habits to track as part of the program. Midpoint and final assessments to check the effectiveness of the daily habits may help you progress toward your goals. Other programs are educational, with information about symptoms, causes, available treatment options and lifestyle changes. Each day you'll find an additional resource such as a video, article, podcast or links to external communities and resources.

Interactive Programs (Six weeks)

Managing Your Stress

If you have high levels of unmanaged stress, this program is for you. It uses cognitive behavioral strategies and relaxation techniques to help you manage your stress effectively.

Quitting Tobacco

The program addresses many factors that contribute to addiction, including physical, psychological, social and cultural.

Achieving Your Healthy Weight

You will learn about behavioral and environmental factors that influence and contribute to unhealthy weight gain.

Maintaining Your Healthy Weight

If you want to maintain a healthy weight, you will learn about lifestyle factors that influence weight including nutrition, physical activity, stress and sleep.

Nutrition For Better Health

Improve your health and reduce the risk of major chronic diseases through proper nutrition and healthy eating habits.

Enhancing Your Physical Activity

You will learn ways to enhance your fitness levels by being more active in your daily life.

Improving Your Blood Pressure

If you have hypertension you can benefit from this program by learning about the management of high blood pressure through healthy behaviors such as weight control, physical activity, good dietary choices, quitting tobacco and managing stress.

Improving Your Oral Health

Oral health is something many take for granted. You'll learn how important oral health is to your overall well-being, find out more about common oral conditions, understand treatments and discover how to attain or maintain good oral health.

Improving Your Sleep

Learn about healthy sleep patterns, how to identify personal barriers to a restful sleep and how to implement healthy sleep habits.

Living With Diabetes

Content is inspired by the Centers for Disease Control and Prevention (CDC) Diabetes Prevention Program curriculum and addresses lifestyle factors related to diet, physical activity, sleep and regular medical care.

Staying Tobacco Free

After quitting tobacco, staying tobacco-free is a daily effort. The program addresses the complex physical, psychological and socio-cultural factors that influence an individual's desire to use tobacco products. Key components of this program are trigger avoidance and social support.

Financially Fit

This financial program will help you learn more about financial wellness, but is especially geared toward those who are experiencing some level of stress related to their personal finances. It guides you through the basics of building a financial wellness plan including: defining financial goals, evaluating your financial situation, reviewing your monthly expenses, eliminating debt, saving for the future and planning for retirement.



WITH WELL ONTARGET DIGITAL SELF-MANAGEMENT PROGRAMS, YOU CAN LEARN ABOUT STEPS TO HELP CHANGE HABITS THAT MAY BE KEEPING YOU FROM A HEALTHY LIFESTYLE.



12 Hours

The carbon monoxide level in the blood drops to normal.

2 Weeks to 3 Months

Lung function begins to improve.

1 to 9 Months

Coughing and shortness of breath decrease.

Tobacco Cessation Programs May Help You Lead a Healthier Life

Our Well onTarget tobacco cessation programs consist of methods to help you learn to quit smoking, with one-on-one coaching and innovative lessons developed using the most current academic and medical research.

Methods of learning include:

- Standard telephonic coaching, and coaching via secured messaging, with unlimited access to a coach throughout a program year. Coaches are available Monday through Friday, between 7 a.m. and 10 p.m. and Saturday between 9 a.m. and 4 p.m. (CT).
- Digital Self-management Program: Consisting of weekly lessons, this online course guides you through the process of quitting tobacco permanently. Each lesson combines two approaches:
 1. Current evidence is used to provide education on the physical and social consequences of tobacco use, principles of addiction, treatment options and tobacco-related health statistics.
 2. Behavioral in nature, you'll get solid, practical action steps, from creating your own quitting plans to relapse prevention. You'll have access to numerous calculators, trackers, tools and educational materials to support you in your efforts.

Earn Blue PointsSM

You can earn 1000 Blue Points once per quarter when you complete a digital self-management program. Redeem your points in our expanded online shopping mall for merchandise.*

Tobacco Cessation Coaching Process

1. The tobacco cessation coaching process begins with the initial health assessment. If you indicate current tobacco use, more specific information is gathered, including type(s) of tobacco used, quantity and frequency of use.
2. The coach establishes your level of readiness or willingness to attempt to quit.
 - If you are not ready to make a quit attempt, you'll be reassured and encouraged to continue contemplation. The coach will be periodically readdressing the subject throughout the course of the coaching relationship.
 - If you are ready to make a quit attempt, the coach confirms baseline information and metrics from the health assessment.
3. The coach assists you in developing an individualized quit plan utilizing the "S.T.A.R.T." model (each step is documented in the member's record):
 - Set a quit date
 - Tell family, friends, coworkers and others about the plan
 - Anticipate challenges and put plans in place to avoid a relapse
 - Remove all tobacco and tobacco-related items from environment
 - Talk to your doctor (for potential medicinal support)
4. You'll be given individualized information and advice along with appropriate educational content and instruction on portal resources (tobacco cessation therapies, tracking, tools, online support community and self-directed lessons).
5. Next, follow-up contact is scheduled (often taking place on, or just before, the agreed quit date).

Each contact involves an assessment of current tobacco status (number of days quit, any slips, relapses or challenges faced). The coach will give you encouragement and strengths-based practical counseling to help you stay on track (or get back on track if necessary). All participants who successfully complete the program will receive a Certificate of Completion.

Staff Qualifications

The tobacco cessation clinical staff includes registered and licensed nurses, registered dietitians, exercise specialists, health educators and certified mental health counselors. Health coaches must have a bachelor's degree in a health-related discipline.

Sign up for the Tobacco Cessation Program in the Well onTarget Portal at wellontarget.com. Or call **877-806-9380**.

* Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for more information. Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.

Smoking Statistics Source: <http://www.lung.org/stop-smoking/i-want-to-quit/benefits-of-quitting.html>

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Tobacco cessation can be a lengthy, difficult journey. Regardless of the member's situation or tobacco use status, coaches are trained to provide compassionate interventions.

Did You Know: After quitting, the body begins to repair the damage caused by smoking.



Your Doctor Is In... Provider Finder[®]



It's now easier to find a provider and manage health care expenses.

Provider Finder from Blue Cross and Blue Shield of Texas (BCBSTX) is a fast, easy-to-use tool that improves member experience when they're looking for in-network health care providers. Plus, it can help them manage their out-of-pocket costs.

The updated Provider Finder platform has undergone intensive testing. The result is a better experience that will help members be smarter consumers of health care.

By going to **bcbstx.com**, members can login or create an account on BlueAccess for MembersSM (BAMSM) and use Provider Finder to:

- Find in-network providers, clinics, hospitals and drugstores.
- Search by specialty, ZIP code, language spoken, gender and more.
- See clinical certifications and recognitions.
- Compare quality awards for doctors, hospitals and more.
- Read or add reviews for providers.
- Estimate the out-of-pocket costs for more than 1,600 health care procedures, treatments and tests.*



Go Mobile with BCBSTX

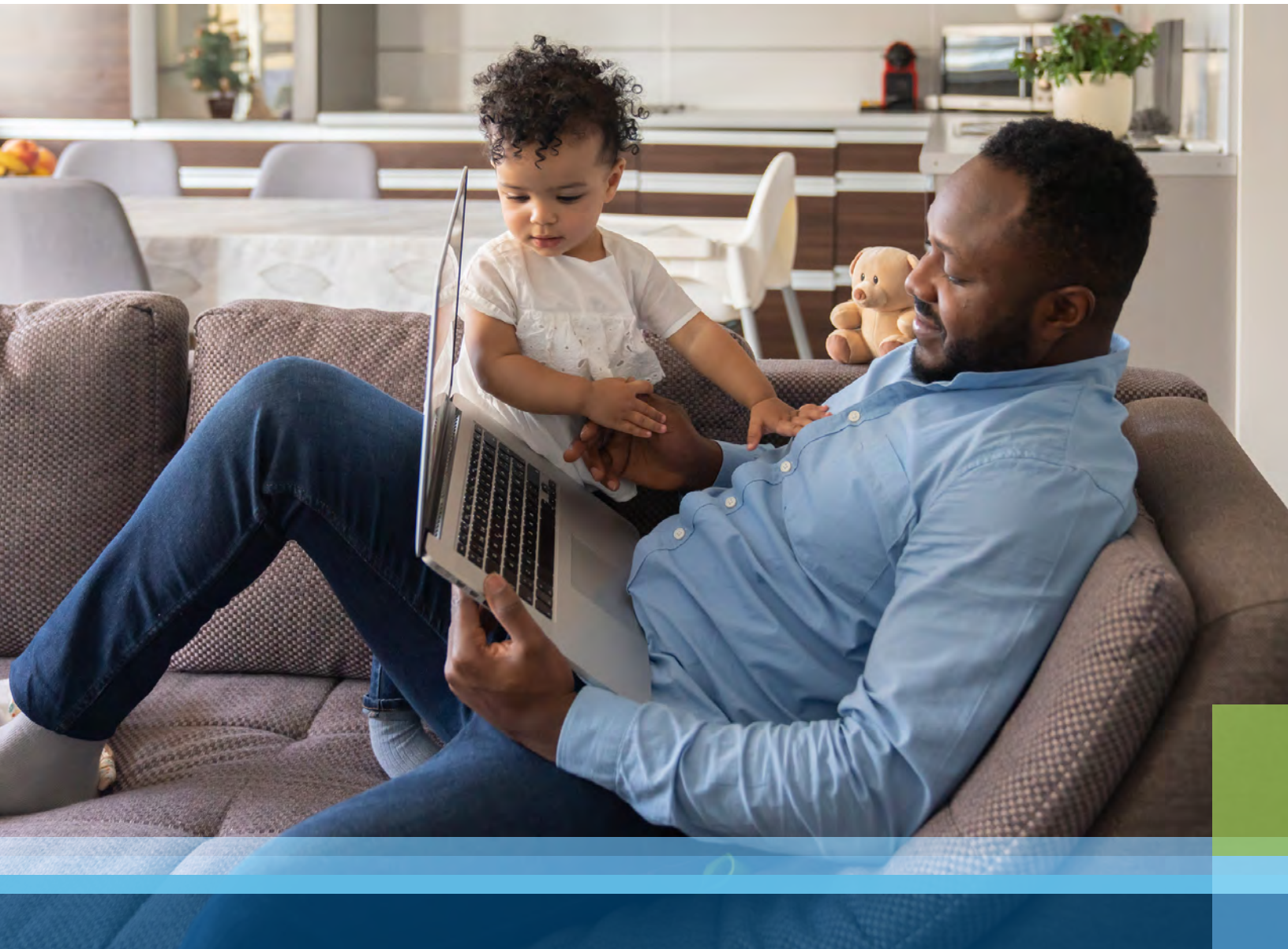
Even on the go members can manage their ID cards and stay on top claims activity, coverage information and prescription refill reminders. It's easy: Log into or create a BAM account at **bcbstx.com** or text BCBSTX to 33633* to download our mobile app.

* Not all plans provide this information.

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



BlueCross BlueShield of Texas



Virtual Visits: Get 24/7 Care, Anywhere

Call your doctor's office first. They also may offer telehealth consultations by phone or online video.

With Virtual Visits, the doctor is always in. Get 24/7 non-emergency care from a board-certified doctor by phone, online video or mobile app from the privacy and comfort of your own home.

Don't risk crowded waiting rooms, expensive urgent care or ER bills, or waiting weeks or more to see a doctor, when you can speak with a Virtual Visits doctor within minutes.

Powered by
MDLIVE

Virtual Visits, provided by Blue Cross and Blue Shield of Texas (BCBSTX) and powered by MDLIVE®, are a convenient alternative for treatment of more than 80 health conditions, including:

- Allergies
- Cold/Flu
- Fever
- Headaches
- Nausea
- Sinus infections

Virtual Visits with licensed behavioral health therapists are available by appointment. Get virtual care for:

- Anxiety
- Depression
- Stress management
- And more

Virtual Visit doctors can even send an e-prescription to your local pharmacy.



Activate your MDLIVE account today:

- Call MDLIVE at 888-680-8646
- Go to MDLIVE.com/bcbstx
- Text BCBSTX to 635-483
- Download the MDLIVE app



Virtual Visits may not be available on all plans. Non-emergency medical service in Montana and New Mexico is limited to interactive online video. Non-emergency medical service in Arkansas and Idaho is limited to interactive online video for initial consultation.

MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Texas. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.

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9100009.1120



24/7 Nurseline

Nurses available anytime you need them.

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

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

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

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

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



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



A home delivery (mail order) pharmacy service you can trust.

Express Scripts® Pharmacy delivers your long-term (or maintenance) medicines right where you want them. No driving to the pharmacy. No waiting in line for your prescriptions to be filled.

Savings and Convenience

- Express Scripts® Pharmacy delivers up to a 90-day supply of long-term medicines.¹
- Prescriptions are delivered to the address of your choice, within the U.S., with free standard shipping.
- You can order from the comfort of your home — through your mobile device, online or over the phone. Your doctor can fax, call or send your prescription electronically to Express Scripts® Pharmacy.
- Tamper-evident, unmarked packaging protects your privacy.

Support and Service

- You can receive notices by phone, email or text — your choice — when your orders are placed and shipped. You will be contacted, if needed, to complete your order. To select your notice preference, register online at [express-scripts.com/rx](https://www.express-scripts.com/rx) or call **833-715-0942**.
- 24/7 access to a team of knowledgeable pharmacists and support staff.
- Choose to receive refill reminder notices by phone or email.
- Multiple pharmacy locations are located across the U.S., for fast processing and dispensing.



Medicines may take up to 5 business days to deliver after Express Scripts® Pharmacy receives and verifies your order.

Getting Started with Express Scripts® Pharmacy Mail Order

Online and Mobile

You have more than one option to fill or refill a prescription online or from a mobile device:

- Visit [express-scripts.com/rx](https://www.express-scripts.com/rx). Follow the instructions to register and create a profile. See your active prescriptions and/or send your refill order.
- Log in to [myprime.com](https://www.myprime.com) and follow the links to Express Scripts® Pharmacy.

Over the Phone

Call **833-715-0942**, 24/7, to refill, transfer a current prescription or get started with mail order. Please have your member ID card, prescription information and your doctor's contact information ready.

Through the Mail

To send a prescription order through the mail, visit [bcbstx.com](https://www.bcbstx.com) and log in to Blue Access for MembersSM (BAMSM). Complete the mail order form. Mail your prescription, completed order form and payment to Express Scripts® Pharmacy.

Talk to Your Doctor

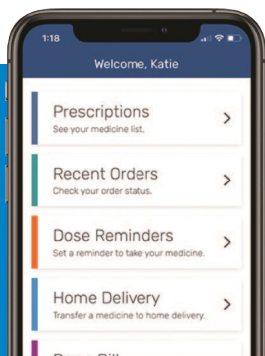
Ask your doctor for a prescription for up to a 90-day supply of each of your long-term medicines.¹ You can ask your doctor to send your prescription electronically to Express Scripts® Pharmacy, call **888-327-9791** for faxing instructions or call the pharmacy at **833-715-0942**. If you need to start your medicine right away, request a prescription for up to a one-month supply you can fill at a local retail pharmacy.

Refills Are Easy

Refill dates are shown on each prescription label. You can choose to have Express Scripts® Pharmacy remind you by phone or email when a refill is due. Choose the reminder option that best suits you.

Questions?

Visit [bcbstx.com](https://www.bcbstx.com). Or call the phone number listed on your member ID card.



Use the mobile app to manage your prescriptions

- Refill prescriptions
- Track your order
- Make payments
- Set reminders to take medicines and more

1. Prescriptions of up to a 90-day supply, or the most amount allowed by the benefit plan.

Express Scripts® Pharmacy is a pharmacy that is contracted to provide mail pharmacy services to members of Texas. The relationship between Express Scripts® Pharmacy and Blue Cross and Blue Shield of Texas is that of independent contractors. Express Scripts® Pharmacy is a trademark of Express Scripts Strategic Development, Inc.

Prime Therapeutics LLC is a pharmacy benefit management company, contracted by BCBSTX to provide pharmacy benefit management and related other services. BCBSTX, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics LLC. MyPrime.com is an online resource offered by Prime Therapeutics, LLC.



It's Okay to Need Help

Take care of your mental health to cope with what life brings your way.

If you struggle with thoughts or feelings that make it harder to get through your day, you're not alone. About half of people in the U.S. will suffer from a mental health issue at some point in their lives.¹

Care from a mental health expert can help you manage your emotions and deal with challenges.

Mental health is just as important as physical health.

Your health plan includes access to mental health care like therapy and medicines that might help. You and your family members can get support for issues such as:

- Depression
- Anxiety and panic attacks
- Substance use
- Attention deficit (ADHD/ADD)
- Autism
- Bipolar
- Eating disorders

Your journey is one-of-a-kind.

Whether you need support to get through everyday life or a major crisis, seeking help is the first step to getting better.

Find a provider who can help get you where you want to be.

1. Go to [bcbstx.com](https://www.bcbstx.com).
2. Then, click **Find a Doctor or Hospital**.



When you're
ready, we're here.

Taking the first step isn't easy. But you don't have to take it alone. If you're facing a mental health issue, we have experts who can help you learn about your condition and treatment options. Your personal health details won't be shared with your employer. We can also help you find a provider and understand your mental health benefits.

Don't be afraid to reach out – call the Customer Service or behavioral health number on the back of your member ID card.

1. https://www.cdc.gov/mentalhealth/data_publications/index.htm

The Behavioral Health program is available only to those members whose health plans include behavioral health benefits through Blue Cross and Blue Shield of Texas. Check your benefit booklet, ask your group administrator or call the Customer Service number on the back of your member ID card to verify that you have these services. Member communications and information from the program are not meant to replace the advice of health care professionals. Members are encouraged to seek the advice of their doctors or behavioral health specialist to discuss their health care needs. Decisions regarding course and place of treatment remain with the member and his or her health care providers.

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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.

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

		<i>In-network</i>	<i>Out-of-network</i>
Preventive Care	Cleaning (prophylaxis)	100%	100%
	Frequency:	2 in 12 Months	
	Fluoride Treatments	100%	100%
	Limits:	Under Age 19	
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
Basic Care	Anesthesia*	100%	100%
	Fillings‡	100%	100%
	Perio Surgery	100%	100%
	Periodontal Maintenance	100%	100%
	Frequency:	2 in 12 months	
	Repair & Maintenance of Crowns, Bridges & Dentures	100%	100%
	Root Canal	100%	100%
	Scaling & Root Planing (per quadrant)	100%	100%
	Simple Extractions	100%	100%
Surgical Extractions	100%	100%	
Major Care	Bridges and Dentures	60%	60%
	Dental Implants	60%	60%
	Inlays, Onlays, Veneers**	60%	60%
	Single Crowns	60%	60%
Orthodontia	Orthodontia	50%	50%
	Limits:	Child(ren)	

Manage Your Benefits:

Go to 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
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.

YOUR DENTAL COST

The following chart illustrates the benefits that will take effect **October 1, 2022**:

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

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

Plan Type: PPO

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:

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

VSP

- ^{‡‡}Benefit includes coverage for glasses or contact lenses, not both.
- ^{**} 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.
- ¹Extra \$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, 2022**:

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.

BASIC LIFE	
Employee Benefit	Your employer provides \$10,000 Basic Term Life coverage for all full time employees.
Accidental Death and Dismemberment	Your Basic Life coverage includes Accidental Death and Dismemberment coverage.
Guarantee Issue: 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
Premiums	Covered by your company if you meet eligibility requirements
Portability: Allows you to take coverage with you if you terminate employment.	Yes, with age and other restrictions, including evidence of insurability
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits
Waiver of Premiums: 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
Benefit Reductions: 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

Short-Term Disability	
Coverage amount	Choose weekly benefit amount from \$200 to \$1500. See cost illustration page for weekly benefit offerings.
Maximum payment period: Maximum length of time you can receive disability benefits.	13 weeks
Accident benefits begin: The length of time you must be disabled before benefits begin.	Day 8
Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 8
Evidence of Insurability: A health statement requiring you to answer a few medical history questions.	Health Statement may be required
Guarantee Issue: 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
Minimum work hours/week: Minimum number of hours you must regularly work each week to be eligible for coverage.	Planholder Determines
Pre-existing conditions: 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
Premium waived if disabled: 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>< 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 \$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 \$250	\$8.04	\$8.04	\$10.89	\$7.76	\$5.60	\$5.50	\$6.19	\$7.13	\$10.78
\$26,000 Minimum Annual Salary \$300	\$9.65	\$9.65	\$13.07	\$9.32	\$6.72	\$6.60	\$7.43	\$8.55	\$12.93
\$30,333 Minimum Annual Salary \$350	\$11.25	\$11.25	\$15.24	\$10.87	\$7.84	\$7.70	\$8.66	\$9.98	\$15.09
\$34,667 Minimum Annual Salary \$400	\$12.86	\$12.86	\$17.42	\$12.42	\$8.96	\$8.80	\$9.90	\$11.40	\$17.24
\$39,000 Minimum Annual Salary \$450	\$14.47	\$14.47	\$19.60	\$13.97	\$10.08	\$9.90	\$11.14	\$12.83	\$19.40
\$43,333 Minimum Annual Salary \$500	\$16.08	\$16.08	\$21.78	\$15.53	\$11.20	\$11.00	\$12.38	\$14.25	\$21.55
\$47,667 Minimum Annual Salary \$550	\$17.68	\$17.68	\$23.95	\$17.08	\$12.32	\$12.10	\$13.61	\$15.68	\$23.71
\$52,000 Minimum Annual Salary \$600	\$19.29	\$19.29	\$26.13	\$18.63	\$13.44	\$13.20	\$14.85	\$17.10	\$25.86
\$65,000 Minimum Annual Salary \$750	\$24.11	\$24.11	\$32.66	\$23.29	\$16.80	\$16.50	\$18.56	\$21.38	\$32.33
\$73,667 Minimum Annual Salary \$850	\$27.33	\$27.33	\$37.02	\$26.39	\$19.04	\$18.70	\$21.04	\$24.23	\$36.64
\$86,667 Minimum Annual Salary \$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 \$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 \$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

CRITICAL ILLNESS

Benefit Amount(s)	Employee may choose a lump sum benefit of \$5,000 to \$20,000 in \$5,000 increments.	
CONDITIONS		
Vascular	1st OCCURRENCE	2nd OCCURRENCE
Heart Attack	100%	50%
Stroke	100%	50%
Heart Failure	100%	50%
Coronary Arteriosclerosis	30%	0%
Other		
Organ Failure	100%	50%
Kidney Failure	100%	50%
ADDITIONAL CONDITIONS	1st OCCURRENCE ONLY	
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%	
Childhood Conditions	1st OCCURRENCE ONLY	
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%	
Spouse/Domestic Partner Benefit	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.	
Child Benefit- children age Birth to 26 years	25% of employee's lump sum benefit	

Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages	50% at age 70
Guarantee Issue: 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: Less than age 70 \$20,000</p> <p>For a spouse: Less than age 70 \$20,000</p> <p>For a child: All Amounts</p> <p>Health questions are required if the elected amount exceeds the Guarantee Issue, as well as for all applicants age 70+ regardless of elected amount.</p>
Portability: Allows you to take your Critical Illness coverage with you if you terminate employment.	Included
Pre-Existing Condition Limitation: 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+ [†]
		30-39	40-49			
Employee						
\$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
Benefit Amount Up To 100% of Employee Amount to a Maximum of \$20,000						
Spouse						
\$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

[†]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).

ACCIDENT	
COVERAGE - DETAILS	
Accident Coverage Type	On and Off Job
Portability - Allows you to take your Accident coverage with you if you terminate employment.	Included
ACCIDENTAL DEATH AND DISMEMBERMENT	
Benefit Amount(s)	Employee \$50,000 Spouse \$50,000 Child \$5,000
Catastrophic Loss	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D benefit
Common Disaster	200% of Spouse AD&D benefit
Dismemberment - Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Dismemberment - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit
Seatbelts and Airbags	Seatbelts: \$10,000 & Airbags: \$15,000
Reasonable Accommodation to Home or Vehicle	\$2,500
WELLNESS BENEFIT - Per Year Limit	\$50
Child(ren) Age Limits	Children age birth to 26 years
FEATURES	
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 18 sq inches to 35 sq inches: \$1,000/\$4,000 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 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 Hernia: \$200
Surgery - Exploratory or Arthroscopic	\$350
Tendon/Ligament/Rotator Cuff	1: \$750 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, 2022**:

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.

Benefit Amount(s)	Employee \$7,500
	Spouse \$7,500
	Child \$7,500

Benefit Waiting Period - A specified period of time after your effective date during which the Initial Diagnosis benefits will not be payable.	30 Days
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CANCER SCREENING

Benefit Amount	\$100; \$100 for Follow-Up screening
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RADIATION THERAPY OR CHEMOTHERAPY

Benefit	Schedule amounts up to a \$15,000 benefit year maximum.
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Pre-Existing Conditions Limitation: 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.
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Portability: Allows you to take your Cancer coverage with you if you terminate employment. Ported Cancer plan terminates at age 70.	Included
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Child(ren) Age Limits	Children age birth to 26 years
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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 Stem Cell: \$2,500 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 Non-Surgically: \$300/device, \$600 lifetime max
Reconstructive Surgery	Breast TRAM \$3,000 Breast reconstruction \$700 Breast Symmetry \$350 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 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 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, 2022**:

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 (ALB)	Semi-Monthly Premium with ADB (24 Pay Periods per Year)							Age to Which Coverage is Guaranteed at 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 (ALB)	Semi-Monthly Premium with ADB (24 Pay Periods per Year)							Age to Which Coverage is Guaranteed at 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



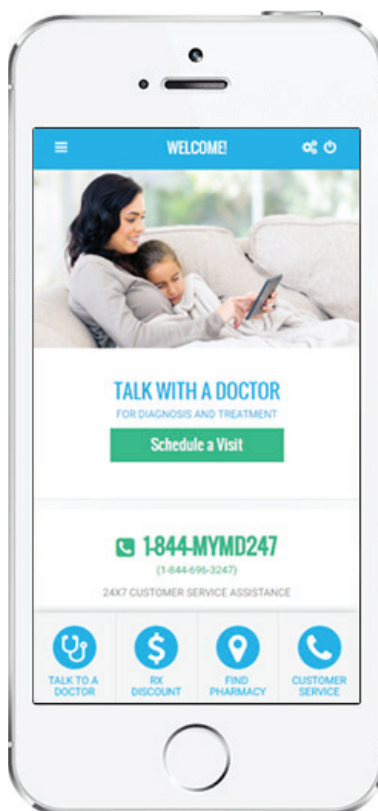
RECEIVE CARE
from a doctor 24 hours
a day, 7 days a week



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

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



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.

¹Office 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



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 week¹.



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.¹

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 for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ 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)	
5. Employer address 80 North Waco St		6. Employer phone number 2545824050	
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:
Full Time Emplpoyees

Some employees. Eligible employees are:

- With respect to dependents:

We do offer coverage. Eligible dependents are:

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)

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>.

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

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.

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.



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

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