



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Henderson County

Base Plan Group #219077

Buy-Up Plan Group #324540

Health, Dental, and Vision



Waiting period

A waiting period is a set amount of time that must pass from an employee's date of hire to when that employee's health insurance benefits begin.

Employee: 89 days: Eligible for coverage the 90th day after hire.

Elected Official: 89 days: Eligible for coverage the 90th day after hire.

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Contact Information

Vendor	Benefit	Phone Number	Website
 <p>BlueCross BlueShield of Texas</p>	<p>Medical Blue Cross Blue Shield of Texas</p>	<p>855-357-5228</p>	<p>www.bcbstx.com</p>
 <p>NAVITUS PHARMACY BENEFITS REINVENTED™</p>	<p>Prescription Navitus Health Solutions</p>	<p>866-333-2757</p>	<p>www.navitus.com</p>
 <p>MDLIVE</p>	<p>Telemedicine Blue Cross Blue Shield of Texas</p>	<p>855-357-5228</p>	<p>www.MDLive.com/BCBSTX</p>
 <p>BlueCross BlueShield of Texas</p>	<p>Dental Blue Cross Blue Shield of Texas</p>	<p>855-357-5228</p>	<p>www.bcbstx.com</p>
	<p>Vision Blue Cross Blue Shield of Texas</p>	<p>855-357-5228</p>	<p>www.bcbstx.com</p>
 <p>alliance work partners</p>	<p>Employee Assistance Program Alliance Work Partners</p>	<p>800-448-1823</p>	<p>www.awpnow.com</p>
 <p>Healthy County Together. Better. Stronger. TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL</p>	<p>Wellness Program TAC Healthy County</p>	<p>800-456-5974</p>	<p>www.mybenefits.county.org</p>

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I.
Online Benefits Portal /
Employee Self Service



ONLINE BENEFITS PORTAL: EMPLOYEE SELF-SERVICE (ESS)

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

WHERE CAN I ACCESS ESS ONLINE?

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

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

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

Get Benefits Information

See the benefits available through your employer, including wellness program details, plus links to TCDRS (retirement system) and more.

My County Benefits

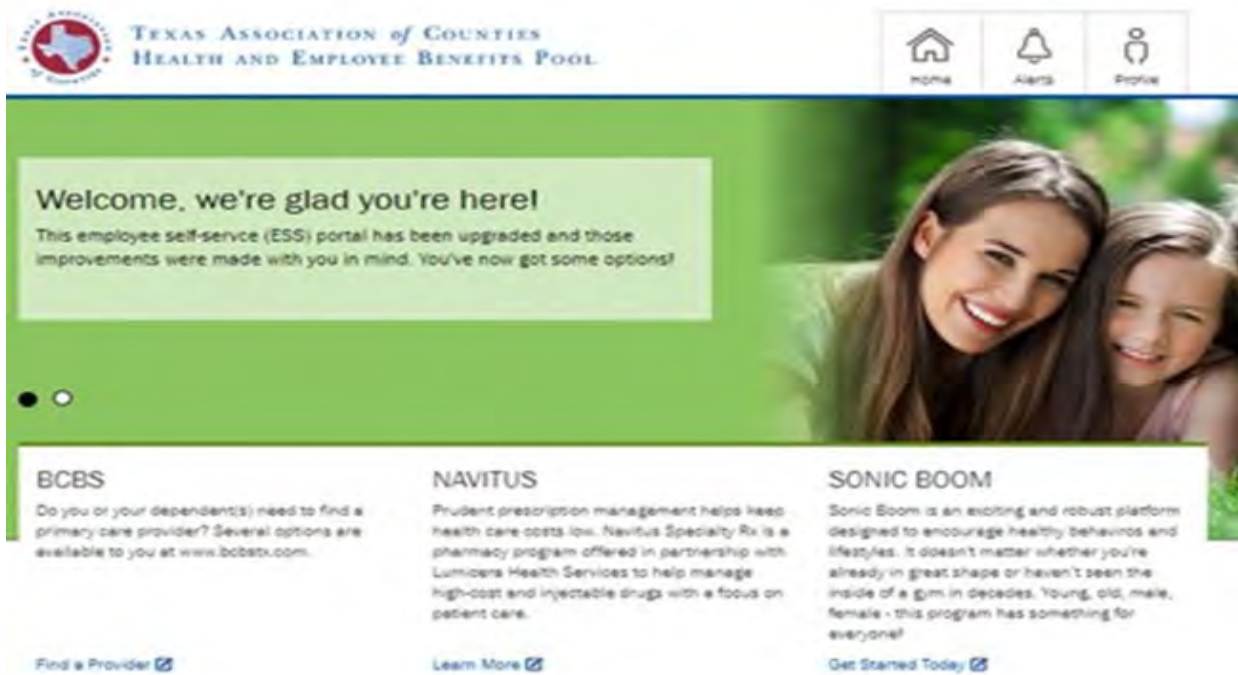
Access your current health and prescription coverage* Benefits Summaries and details; find claim forms, order replacement ID cards and more.

** plus Dental, Vision and Life if provided through TAC HEBP*

Review Current Enrollment

Retrieve and review your benefit selections, update your contact information, change Life beneficiary*, and more.

** if Life coverage provided through TAC HEBP*



FIRST TIME USER INFORMATION

First-time users will need to set up an account using a unique password before logging onto the ESS portal.

From the mybenefits.county.org page, *first-time users* should click on the **Create an account** link displayed at the bottom of the window.

First-time users will need to follow the steps on each screen, then acknowledge and accept an online authorization.

TEXAS ASSOCIATION OF COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Sign In

Welcome to Texas Association of Counties employee enrollment system, your online resource for benefit programs at Texas Association of Counties.

Username: _____ [Forgot Username?](#)

[First time user? Create an account](#)

Contact Us

Privacy Notice

Step 1. Create an account

TEXAS ASSOCIATION OF COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Account Setup

Tell Us About Yourself

Do you know your UID number (found on your BCBS ID card)?

Yes
 No

UID: _____

Last 4 Digits of Your SSN: _____

Birth Date (mm/dd/yyyy): _____

Use your UID to register your account. If you don't know it or don't have access to it, you will be able to identify yourself using your Social Security Number.

Your UID is your unique identification number located on your BCBS ID card.

Step 2. Locate your record in the OASys system using your UID

BlueCross BlueShield

Subscriber Name: _____
Identification Number: _____
ZGP: _____

Group Number: 161134
Coverage Date: 03/01/15

Office Visit: \$30
Specialist: \$45
Emergency Room: \$500

BCA SINGLE

RxBlt: 004336 RxGRP: PXC094

PPO

FIRST TIME USER INFORMATION, continued

TEXAS ASSOCIATION OF COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Account Setup

Tell Us About Yourself

Do you know your UID number (found on your BCBS ID card)?

Yes
 No

Do you know your Social Security Number?

Yes
 No

Social Security Number: _____

Birth Date (mm/dd/yyyy): mm/dd/yyyy

Use your UID to register your account. If you don't know it or don't have access to it, you will be able to identify yourself using your Social Security Number.

Your UID is your unique identification number located on your BCBS ID card.

If you don't know your UID, locate your record in the OASys system using your SSN and date of birth

TEXAS ASSOCIATION OF COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Account Setup

Enter and confirm your email address below to continue.

Email: _____

Confirm Email: _____

You can change the email address registered to your account once you have logged into the site.

*** NOTE: If you do not have an email address, you can set one up for free at Gmail, Yahoo, or Hotmail. Your email address will not be shared with any entity other than the benefits providers used by TAC HEBP (Blue Cross, Navitus, etc.)**

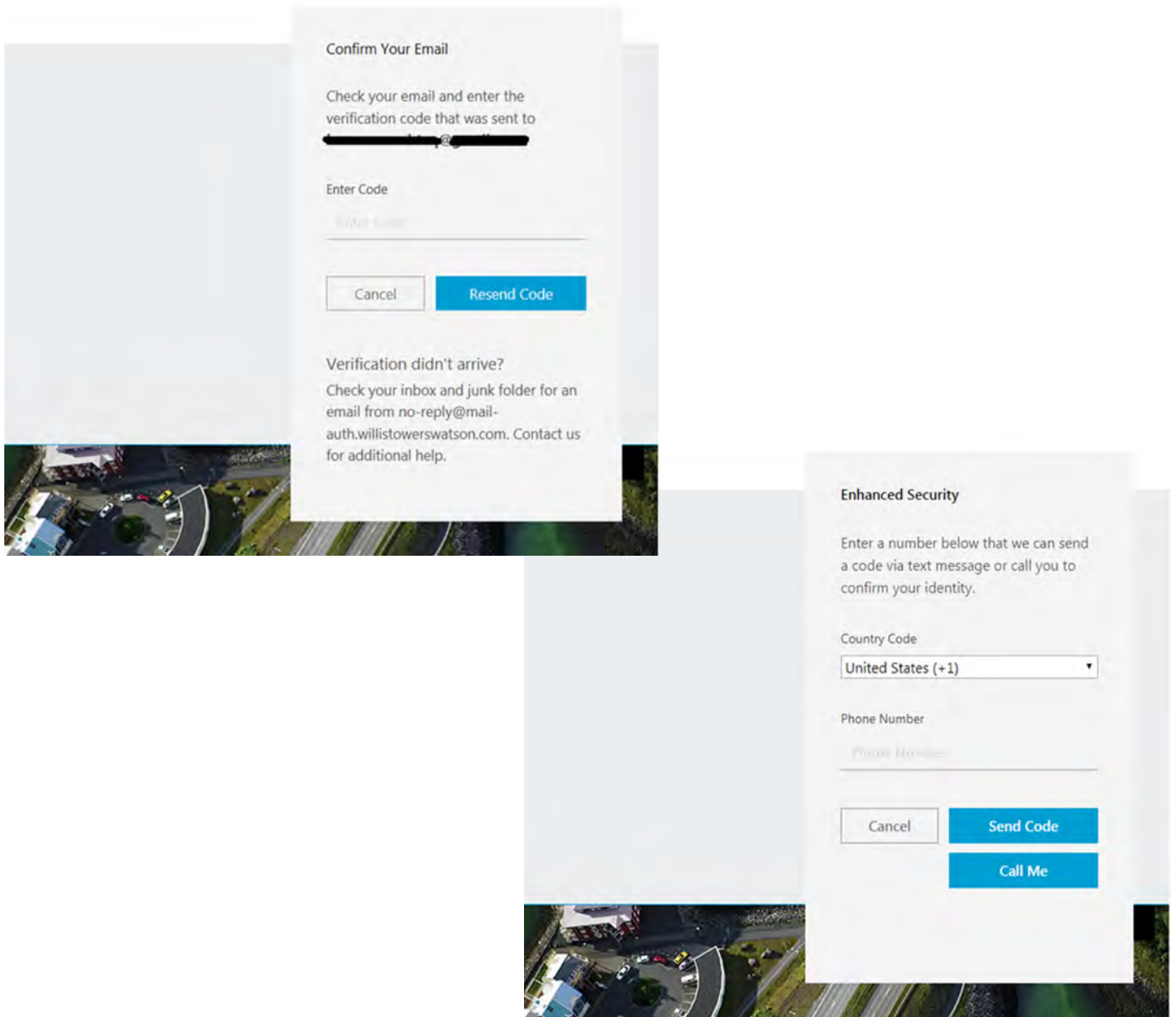
Step 3. Establish Username*

Step 4. Proceed through Multi-Factor Authentication steps on the next page, then set your Password. You're ready to begin using ESS!

MULTI-FACTOR AUTHENTICATION

Because this site contains access to your Protected Health Information (PHI), enhanced security steps are required. "Multi-factor authentication" means the system will require more than one way to verify your identity.

Multi-factor authentication will be required each time you log onto the portal.



NOTE: If you do not have an email address, you can set one up for free at Gmail, Yahoo, or Hotmail. Your email address will not be shared with any entity other than the benefits providers used by TAC HEBP (Blue Cross, Navitus, etc.)

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II. Benefit Highlights



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

BENEFIT HIGHLIGHTS HSA PLAN 300

(Embedded Deductible RSH3)

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

BLUECHOICE NETWORK

Overall Payment Provisions

PPO
In-Network

Non-PPO
Out-of-Network

Plan Year Deductibles Applies to all Eligible Expenses except Inpatient Hospital Expenses (unless otherwise indicated)

Family coverage: When one family member meets the individual Deductible, benefits become available under the plan for that individual.

\$5,000 Individual /
\$10,000 Family

\$10,000 Individual /
\$20,000 Family

NOTE: The individual Deductible amount must be equal to or greater than the minimum family Deductible amount. This qualification is established by the U.S. Treasury for a plan to be considered a qualified HSA plan.

Plan Year Out-of-Pocket Maximum

Deductible, Coinsurance Amounts and Copayments (if any) apply to Out-of-Pocket Maximum. Your benefit booklet will provide more details.

\$5,000 Individual /
\$10,000 Family

\$20,000 Individual /
\$40,000 Family

Not credit given for Out-of-Pocket Maximum (or Coinsurance Stop-Loss Amount) from prior carrier

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

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

MDLIVE (Telemedicine)

100% of Allowable Amount after Plan Year Deductible

Not Applicable

Maximum Lifetime Benefits

Per Participant

Unlimited

Inpatient Hospital Expenses

Inpatient Hospital Expenses

All services must be preauthorized

Inpatient Hospital Expenses (including Maternity Care)

100% of Allowable Amount after Plan Year Deductible

70% of Allowable Amount after Plan Year Deductible

Penalty for failure to preauthorize services

None

\$250

Medical/Surgical Expenses

PPO
In-Network

Non-PPO
Out-of-Network

Medical / Surgical Expenses

Physician office visit/consultation, including lab & x-ray

100% of Allowable Amount after Plan Year Deductible

70% of Allowable Amount after Plan Year Deductible

Physician surgical services in any setting and Maternity Care

100% of Allowable Amount after Plan Year Deductible

70% of Allowable Amount after Plan Year Deductible

Lab & x-ray in other outpatient facilities and Certain Diagnostic Procedures: Bone Scan, Cardiac Stress Test, CT Scan (with or without contrast), Ultrasound, MRI, Myelogram, PET Scan.

100% of Allowable Amount after Plan Year Deductible

70% of Allowable Amount after Plan Year Deductible

Home Infusion Therapy (Services must be preauthorized)

100% of Allowable Amount after Plan Year Deductible

70% of Allowable Amount after Plan Year Deductible

All other outpatient services and supplies

100% of Allowable Amount after Plan Year Deductible

70% of Allowable Amount after Plan Year Deductible

In Vitro Fertilization Services

Declined



**BlueCross BlueShield
of Texas**

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



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Extended Care Expenses

Extended Care Expenses

All services must be preauthorized

Skilled Nursing Facility
Home Health Care
Hospice Care

100% of Allowable Amount after Plan
Year Deductible

70% of Allowable Amount after Plan
Year Deductible

Limited to 25 day maximum each Plan Year*
Limited to 60 visit maximum each Plan Year*
Unlimited

Special Provisions Expenses

☆ Treatment of Chemical Dependency

All services must be preauthorized

Inpatient Services must be provided in a Chemical Dependency
Treatment Center

All other outpatient treatment

Three separate series of treatments for each covered individual*

Covered as any other physical illness

☆ Serious Mental Illness / Mental Health Care

All services must be preauthorized

Inpatient Services

Hospital services (facility)

100% of Allowable Amount after Plan
Year Deductible

70% of Allowable Amount after Plan
Year Deductible

Physician services

100% of Allowable Amount after Plan
Year Deductible

70% of Allowable Amount after Plan
Year Deductible

Outpatient Services

Services performed during Physician office visit/consultation, including
lab & x-ray

100% of Allowable Amount after Plan
Year Deductible

70% of Allowable Amount after Plan
Year Deductible

Other outpatient services and psychological testing

100% of Allowable Amount after Plan
Year Deductible

70% of Allowable Amount after Plan
Year Deductible

Plan Year Maximum

30 inpatient days/30 inpatient Physician visits each Plan Year*

Emergency Room/ Outpatient Hospital Emergency Room

Accidental Injury & Medical Emergency Care

Facility charges

100% of Allowable Amount after Plan Year Deductible

Physician charges

100% of Allowable Amount after Plan Year Deductible

Non-Emergency Situations

Facility charges

100% of Allowable Amount after
Plan Year Deductible

70% of Allowable Amount after Plan
Year Deductible

Physician charges

100% of Allowable Amount after
Plan Year Deductible

70% of Allowable Amount after Plan
Year Deductible

Urgent Care

Urgent Care center visit, including all lab & x-ray services, Certain
Diagnostic Procedures, and all other services and supplies

100% of Allowable Amount after Plan
Year Deductible

70% of Allowable Amount after Plan
Year Deductible

* All benefit payments made for both In-Network and Out-of-Network services will apply toward any maximum amounts indicated.

☆ **Mental Health Parity and Addiction Equity Act of 2008:** The Mental Health Parity and Addiction Equity (MHPAE) Act is a federal law that applies to employers who employed an average of more than 50 employees on business days during the preceding Plan Year. The law generally requires that group health insurers apply the same treatment and financial limits to mental health and substance use disorder benefits as apply to the predominant medical- surgical benefits of the plan. If this law applies to your coverage, you will receive a Benefit Highlights amendment form that shows your mental health and substance use disorder (chemical dependency) benefits.



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Preventive Care

Routine annual physical examinations, well-baby care exams, immunizations and any other preventive health services as determined by USPSTF

100% of Allowable Amount

70% of Allowable Amount after Plan Year Deductible

Special Provisions Expenses, cont.

PPO
In-Network

Non-PPO
Out-of-network

Speech and Hearing Services

Services to restore loss of or correct an impaired speech or hearing function without hearing aids

100% of Allowable Amount after Plan Year Deductible

70% of Allowable Amount after Plan Year Deductible

Physical Medicine Services

Physical Medicine Services (includes but is not limited to physical, occupational, and manipulative therapy)

100% of Allowable Amount after Plan Year Deductible

70% of Allowable Amount after Plan Year Deductible

Airrosti Rehab Centers

100% of Allowable Amount after Plan Year Deductible

Not Applicable

Plan Year Maximum

Limited to 35 visit maximum each Plan Year*

* All benefit payments made for both In-Network and Out-of-Network services will apply toward any maximum amounts indicated.

Prescription Drug Program

Participating
Pharmacy

Non- Participating
Pharmacy
(member files claim)

Prescription Drugs

Retail Pharmacy

(Benefit payments are based on a 30-day supply – With appropriate Prescription Order, up to a 90-day supply)

100% of Allowable Amount after Plan Year Deductible

Mail Service Pharmacy

(Benefit payments are based on a 30-day supply – With appropriate Prescription Order, up to a 90-day supply)

100% of Allowable Amount after Plan Year Deductible



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

EMPLOYEE INFORMATION

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

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

The following applies to dependent coverage:

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

Payments: Network providers agree to accept amounts negotiated with BCBSTX and are paid according to this BCBSTX-determined Allowable Amount. Covered individuals are responsible for any required Deductibles, Coinsurance Amounts, and Copayments. Plan benefits paid to Out-of-Network providers are also based on the BCBSTX-determined Allowable Amount. Covered individuals will be responsible for charges in excess of the Allowable Amount in addition to any applicable Deductibles, Coinsurance Amounts, and Copayments. For cost savings information, refer to the section on ParPlan Providers and the definition of Allowable Amount in the benefit booklet

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

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

Members residing in other states may use that state's network through the BlueCard program. To locate a participating provider in your state, please contact 1-800-810-BLUE or visit our web site at www.bcbstx.com to use our Provider Finder® tool. In addition to the benefits stated herein, benefits for covered persons who reside outside of Texas will conform to all extraterritorial requirements of those states

Coverage is contingent upon the following:

- The employer must maintain enrollment of at least 75% of eligible employees and pay at least 50% of the employee only cost.
- The replacement of coverage stipulation in the contract.

Deductible (Embedded): The benefits of the Plan will be available after satisfaction of the applicable Deductible. The Deductible will be increased in the future in direct proportion to the increase as determined from the cost-of-living adjustments based on the Consumer Price Index (CPI-U). The Deductibles are explained as follows:

1. The individual Deductible amount as shown on this Benefits Highlights under "Plan Year Deductible," must be satisfied by each Participant under your coverage each Plan Year. This Deductible, unless otherwise indicated, will apply to all combined Inpatient Hospital Expenses, Medical-Surgical Expenses, Extended Care Expenses, and Special Provisions Expenses you incur during a Plan Year.
2. If you have several covered Dependents, all charges used to apply toward a "per individual" Deductible amount will be applied toward the "per family" Deductible amount shown on this Benefits Highlights. When that family Deductible amount is reached, no further individual Deductibles will have to be satisfied for the remainder of that Plan Year. No Participant will contribute more than the individual Deductible amount to the "per family" Deductible amount.

Out-of-Pocket Maximum: Most of your Eligible Expense payment obligations are applied to the Out-of-Pocket Maximum. The Out-of-Pocket Maximum will be increased in the future in direct proportion to the increase as determined from the cost-of-living adjustments based on the Consumer Price Index (CPI-U).

1. The Out-of-Pocket Maximum will not include:
 - Services, supplies, or charges limited or excluded by the Plan;
 - Expenses not covered because of a benefit maximum has been reached;
 - Any Eligible Expense paid by the Primary Plan when BCBSTX is the Secondary Plan for purposes of coordination of benefits;
 - Penalties for failing to obtain preauthorization;
2. When the Out-of-Pocket Maximum amount for the In-Network or Out-of-Network Benefits level for a Participant in a Plan Year equals the "per individual" "Out-of-Pocket Maximum" shown on this Benefits Highlights for that level, the benefit percentages automatically increase to 100% for purposes of determining the benefits available for additional Eligible Expenses incurred by that Participant for the remainder of that Plan Year for that level.
3. When the Out-of-Pocket Maximum amount for the In-Network or Out-of-Network Benefits level for all Participants under your coverage in a Plan Year equals the "per family" "Out-of-Pocket Maximum" shown on this Benefits Highlights for that level, the benefit percentages automatically increase to 100% for purposes of determining the benefits available for additional Eligible Expenses incurred by all family Participants for the remainder of the Plan Year for that level. No Participant will be required to contribute more than the individual Out-of-Pocket Maximum to the family Out-of-Pocket Maximum.

± Please be reminded that Health Savings Accounts (HSA's) have tax and legal ramifications. Blue Cross and Blue Shield of Texas does not provide legal or tax advice, and nothing herein should be construed as legal or tax advice. These materials, and any tax-related statements in them, are not intended or written to be used, and cannot be used or relied on, for the purpose of avoiding tax penalties. Tax-related statements, if any, may have been written in connection with the promotion or marketing of the transaction(s) or matter(s) addressed by these materials. You should seek advice based on your particular circumstances from an independent tax advisor regarding the tax consequences of specific health insurance plans or products.



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

BENEFIT HIGHLIGHTS HENDERSON COUNTY CUSTOM PLAN (Non-Grandfathered ACA Plan)

BLUE ESSENTIALS NETWORK

This is a general summary of your benefits. Please refer to your Summary of Benefits and Coverage (SBC) for additional details and a description of the plan requirements and benefit design. This plan does not cover all health care expenses or Out-of-Network Benefits. Please carefully review the plan's limitations and exclusions in your benefit booklet. All Covered Services (except in emergencies) must be provided by or through your Participating Primary Care Physician/Practitioner (PCP), who may refer you for further treatment by Providers in the applicable network of Participating Specialists and Hospitals. Female members may visit a Participating OB/GYN Physician in their PCP's Provider network for diagnosis and treatment without a Referral from their PCP. Urgent Care does not require a PCP referral.

Deductible per Plan Year

Per Individual Member	\$1,500
Per Family	\$4,500

Out-of-Pocket Maximums Per Plan Year

Per Individual Member	\$5,500
Per Family	\$8,700
Deductible applies to Out-of-Pocket	No
Copayment applies to Out-of-Pocket	Yes

Professional Services

Primary Care Physician ("PCP") Office or Home Visit	Deductible Applies <u>No</u> \$30 Copay
Participating Specialist Physician ("Specialist") Office or Home Visit	Deductible Applies <u>No</u> \$40 Copay
MDLIVE (Telemedicine)	\$10 Copay

Inpatient Hospital Services

Inpatient Hospital Services (for each admission) Penalty for failure to preauthorize services	Deductible Applies <u>No</u> 80% of Allowable Amount None
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TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Outpatient Facility Services

Outpatient Surgery	Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible
Radiation Therapy	Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible
Dialysis	Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible

Outpatient Diagnostic Laboratory and X-Ray Services

Arteriograms, Computerized Tomography (CT Scan), Magnetic Resonance Imaging (MRI), Electroencephalogram (EEG), Myelogram, Positron Emission Tomography (PET Scan) (per procedure)	Deductible Applies <u>Yes</u> 80% of Allowable Amount
Other Outpatient Lab	Deductible Applies <u>No</u> 100% of Allowable Amount after Plan Year Deductible
Other X-Ray Services	Deductible Applies <u>No</u> 100% of Allowable Amount after Plan Year Deductible

Rehabilitation Services

Rehabilitation Services and Therapies	
PCP	\$30 Copay
Specialist	\$40 Copay
Inpatient Physician Services	Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible
Inpatient Hospital Services	Deductible Applies <u>No</u> 80% of Allowable Amount
Outpatient Facility Services (as applicable)	Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible

Maternity Care and Family Planning Services

Maternity Care	
Prenatal and Postnatal Visit	
PCP	\$30 Copay
Specialist	\$40 Copay
Inpatient Physician Services	Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible





TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Inpatient Hospital Services, for each admission	Deductible Applies <u>No</u> <i>80% of Allowable Amount</i>
Voluntary sterilization Vasectomy PCP Specialist Outpatient Surgery Services (as applicable)	 <i>\$30 Copay</i> <i>\$40 Copay</i> Deductible Applies <u>Yes</u> <i>80% of Allowable Amount after Plan Year Deductible</i>
Infertility Services Diagnostic counseling, consultations, planning and treatment services Artificial insemination, for each procedure and all services related to procedure	 Not Covered Not Covered
Pregnancy Terminations Limited to Medically Necessary therapeutic terminations of pregnancy PCP Specialist Inpatient Physician Charges Inpatient Hospital Services Outpatient Surgery Services (as applicable)	 <i>\$30 Copay</i> <i>\$40 Copay</i> Deductible Applies <u>Yes</u> <i>80% of Allowable Amount after Plan Year Deductible</i> Deductible Applies <u>No</u> <i>80% of Allowable Amount</i> Deductible Applies <u>Yes</u> <i>80% of Allowable Amount after Plan Year Deductible</i>

Behavioral Health Services

Mental Health Care (Serious Mental Illness (SMI) included)	<i>All services must be preauthorized</i>
Inpatient Services -Hospital services (facility) -Physician services	 Deductible Applies <u>No</u> <i>80% of Allowable Amount</i> Deductible Applies <u>Yes</u> <i>80% of Allowable Amount after Plan Year Deductible</i>
Plan Year Maximum	<i>30 inpatient days/30 inpatient Physician visits each Plan Year</i>
Outpatient Services -Services performed during Physician office visit/consultation <i>(does not include psychological testing)</i> -Other Outpatient Services and psychological testing	 Deductible Applies <u>No</u> <i>\$30 Copay</i> Deductible Applies <u>Yes</u> <i>80% of Allowable Amount after Plan Year Deductible</i>
Plan Year Maximum	<i>30 outpatient visits each Plan Year</i>





TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Chemical Dependency (Substance Use Disorder) Services <i>All services must be preauthorized</i>	
Inpatient Services -Hospital services (facility)	Deductible Applies <u>No</u> 80% of Allowable Amount
-Physician services	Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible
Outpatient Services -Services performed during Physician office visit/consultation <i>(Does not include psychological testing)</i>	Deductible Applies <u>No</u> \$30 / \$40 Copay
Chemical Dependency Maximum <i>(Inpatient treatment must be provided in a Chemical Dependency Treatment Center)</i>	Limited to three separate series of treatments for each covered individual per lifetime

Emergency Care Services

Emergency Care- Facility <i>(Copayment amount waived if admitted, Inpatient Hospital Expenses will apply)</i>	Deductible Applies <u>No</u> \$400 Copay
Emergency Care- Physician	Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible
Urgent Care Center, per visit	Deductible Applies <u>No</u> \$60 Copay

Ambulance Services

Ambulance Services	Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible
---------------------------	---

Extended Care Services

All services must be preauthorized

Skilled Nursing Facility Services	Deductible Applies <u>No</u> 100% of Allowable Amount Day limit per Plan year <u>25 days</u>
Home Health Care	Deductible Applies <u>No</u> 100% of Allowable Amount Day limit per Plan year <u>60 visits</u>
Hospice Care	Deductible Applies <u>No</u> 100% of Allowable Amount Unlimited

Health Maintenance and Preventive Services

Well child care through age 17	\$0 - No Deductible
Periodic health assessments for Members age 18 and older	\$0 - No Deductible
Immunizations	
• Childhood immunizations required by law for Members through age 6	\$0 - No Deductible
• Immunizations for Members over age 6	\$0 - No Deductible



**BlueCross BlueShield
of Texas**



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Eye and ear screenings for Members through age 17, once every twelve months	\$0 - No Deductible
Eye and ear screening for Members age 18 and older	\$0 - No Deductible
Preventive Lab & X-Ray Services	
<ul style="list-style-type: none"> Outpatient Lab, includes independent lab 	\$0 - No Deductible
<ul style="list-style-type: none"> X-Ray services, includes routine EKG 	\$0 - No Deductible
Exam for prostate cancer, once every twelve months	\$0 - No Deductible
Bone mass measurement for osteoporosis	\$0 - No Deductible
Well-woman exam, once every twelve months, includes, but not limited to, exam for cervical cancer (Pap smear)	\$0 - No Deductible
Screening mammogram	\$0 - No Deductible
<ul style="list-style-type: none"> Outpatient facility or imaging centers 	
Family Planning Services:	
<ul style="list-style-type: none"> Diagnostic counseling, consultations and planning services Insertion or removal of intrauterine device (IUD), including cost of device Diaphragm or cervical cap fitting, including cost of device Insertion or removal of birth control device implanted under the skin, including cost of device Injectable contraceptive drugs, including cost of drug Tubal Ligation Contraceptive Services Supplies: Certain FDA approved contraceptive methods for women, female sterilization procedures and devices included on the Contraceptive Drug & Devices list Breastfeeding Support and Counseling Services 	\$0 - No Deductible
Hearing Loss	
<ul style="list-style-type: none"> Screening test from birth through 30 days 	\$0 - No Deductible
<ul style="list-style-type: none"> Follow-up care from birth through 24 months 	\$0 - No Deductible
Rectal screening for the detection of colorectal cancer	
<ul style="list-style-type: none"> Annual fecal occult blood test 	\$0 - No Deductible
<ul style="list-style-type: none"> Flexible sigmoidoscopy with hemocult of the stool 	\$0 - No Deductible
<ul style="list-style-type: none"> Colonoscopy 	\$0 - No Deductible
Early detection test for cardiovascular disease	Not Covered
Early detection test for Ovarian Cancer	Same as PCP Copay or Specialist Copay





TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Dental Surgical Procedures

Dental Surgical Procedures (limited Covered Services)	
PCP	\$30 Copay
Specialist	\$40 Copay
Inpatient Physician Charges	Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible
Inpatient Hospital Services (as applicable)	Deductible Applies <u>No</u> 80% of Allowable Amount
Outpatient Surgery Services (as applicable)	Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible

Cosmetic, Reconstructive or Plastic Surgery

Cosmetic, Reconstructive or Plastic Surgery (limited Covered Services)	
PCP	\$30 Copay
Specialist	\$40 Copay
Inpatient Physician Charges	Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible
Inpatient Hospital Services (as applicable)	Deductible Applies <u>No</u> 80% of Allowable Amount
Outpatient Surgery Services (as applicable)	Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible

Allergy Care

Testing and Evaluation	Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible
Injections	Deductible Applies <u>No</u> 100% of Allowable Amount
Serum	Deductible Applies <u>No</u> 100% of Allowable Amount

Diabetes Care

Diabetes Self-Management Training	
PCP	\$30 Copay
Specialist	\$40 Copay
Diabetes Equipment	Deductible Applies <u>Yes</u> 80% of Allowable Amount after Plan Year Deductible





TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Diabetes Supplies

Deductible Applies Yes
80% of Allowable Amount after Plan Year Deductible

Prosthetic Appliances and Orthotic Devices

Prosthetic Appliances and Orthotic Devices

Deductible Applies Yes
80% of Allowable Amount after Plan Year Deductible

Cochlear Implants
Based on medical necessity

Deductible Applies Yes
80% of Allowable Amount after Plan Year Deductible

Hearing Aids

Hearing Aids

Not Covered

Physical Medicine Services*

Chiropractic Care-Office Services

80% of Allowable Amount after Plan Year Deductible
35 visit maximum each Plan Year

Airrosti Rehab Centers

\$30 Copayment Amount

**All other Physical Medicine Services rendered by any other eligible Provider will be allowed on the same basis as any other sickness.*



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Additional Options and Offers (Riders) - Standard

Durable Medical Equipment	
<p>Rental or purchase of DME (initial placement only, and standard replacements because of physical growth of members under age 18)</p>	<p><input type="checkbox"/> DM3 Deductible Applies <i>No</i> <i>No Copay</i></p> <p><input type="checkbox"/> DM4 Deductible Applies <i>No</i> <i>80% coinsurance</i></p> <p><input type="checkbox"/> DM5 Deductible Applies <i>Yes</i> <i>No Copay</i></p> <p><input type="checkbox"/> DM6 Deductible Applies <i>Yes</i> <i>80% coinsurance</i></p> <p><i>OR</i></p> <p><input type="checkbox"/> DM7 Deductible Applies: <i>No</i> <i>General payment level</i></p> <p><input checked="" type="checkbox"/> DM8 Deductible Applies: <i>Yes</i> <i>General payment level</i></p>
Speech and Hearing Services	
<p><input checked="" type="checkbox"/> SH – Speech and Hearing Inpatient and Outpatient necessary care and treatment for loss or impairment of speech and hearing; hearing aids not covered under this mandated benefit offer.</p>	<p>Deductible Applies - Paid same as any other illness.</p>
Inpatient Mental Health Care	
<p>Copay-Same as that required for other Inpatient Hospital Services. If the plan has no copayment for Inpatient Hospital Service, there is no copayment for inpatient mental health care services under this additional benefit option.</p>	<p><input type="checkbox"/> IM5 Deductible Applies <i>Yes</i></p> <p><i>OR</i></p> <p><input checked="" type="checkbox"/> IM4 Deductible Applies <i>No</i></p>
Additional Options for State Mandated Offerings (Optional)	
<p>(Coverage provided for in vitro fertilization procedures to the same extent and at the same copayment levels as other pregnancy-related services (specific conditions must be met).</p> <p><i>Benefits also available for non-experimental fertility drugs (subject to a 50% Copayment).</i></p>	<p><input checked="" type="checkbox"/> Not Covered</p> <p><input type="checkbox"/> IV – In Vitro Fertilization Deductible Applies <i>No</i></p> <p><i>OR</i></p> <p><input type="checkbox"/> IV1 – In Vitro Fertilization Deductible Applies <i>Yes</i></p>





TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Additional Provisions

<p>Treatment of acquired brain injury (ABI) - Medical coverage for cognitive rehabilitation therapy, cognitive communication therapy, neurocognitive therapy and rehabilitation, neurobehavioral, neurophysiological, neuropsychological, and psycho-physiological testing or treatment, neurofeedback therapy, remedation, post-acute transition services, or community reintegration services necessary as a result of and related to an acquired brain injury.</p>	<p>Pay ABI benefit on the same basis as any other medical/surgical services – choose A or B</p> <p><input type="checkbox"/> a) Pay in accordance with the Texas state mandate - Benefits determined on same basis as any other medical/surgical service with no maximums</p> <p style="text-align: center;">or</p> <p><input type="checkbox"/> b) Benefits determined on same basis as any other medical/surgical service, visit maximums will apply to certain services, when applicable.</p> <p><input checked="" type="checkbox"/> Decline Mandate - If declined, benefits will be excluded for certain therapies or services, including community reintegration services, however, medically necessary services in connection with treatment of acquired brain injury will be covered.</p> <p><input type="checkbox"/> Other, explain:</p>
<p>Autism Spectrum Disorder</p>	<p><input checked="" type="checkbox"/> Pay in accordance with the Texas state mandate - Benefits determined on same basis as any other medical/surgical service with no maximums, including benefits for ASD screening and Applied Behavioral Analysis. (NOTE: The \$36,000 maximum allowed by the State Mandate would not apply.)</p> <p><input type="checkbox"/> Not Applicable. Mental Health services, including Applied Behavior Analysis, carved out to third-party vendor (see above for vendor information). All Other Medical Services/maximums will be applied per the contract benefits</p> <p><input type="checkbox"/> Benefits determined on same basis as any other medical/surgical service, visit maximums will apply to certain services, when applicable</p>
<p>Developmental Delay (in accordance with state mandate)</p>	<p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>If Yes, treatment includes the necessary rehabilitative and habilitative therapies in accordance with an "Individualized Family Service Plan", which is the initial and ongoing treatment plan developed and issued by the Interagency Council on Early Childhood Intervention under Chapter 73 of the Human Resources Code for a dependent child with Developmental Delays, including occupational therapy evaluations and services, physical therapy evaluations and services, speech therapy evaluations and services and dietary or nutritional evaluations.</p>
<p>Organ and Tissue Transplant – Donor Search & Acceptability Testing</p>	<p><input checked="" type="checkbox"/> Covered same as any other medical/surgical expense, no maximums <input type="checkbox"/> Other, explain:</p>
<p>Telemedicine</p>	<p><input checked="" type="checkbox"/> Covered (Standard) <input type="checkbox"/> Not Covered <input type="checkbox"/> Other, explain:</p>
<p>Foot Orthotics</p>	<p><input checked="" type="checkbox"/> Covered in treatment of diabetes, circulatory disorders of the lower extremities, peripheral vascular disease, peripheral neuropathy, or chronic arterial or venous insufficiency. (standard)</p>



**BlueCross BlueShield
of Texas**



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

- | | |
|--|--|
| | <input type="checkbox"/> Covered, as any other medical service: medically necessary foot orthotics that are consistent with the Medicare Benefit Policy Manual (in accordance with Insurance Code Section 1371.003).
<input type="checkbox"/> Not covered |
|--|--|

EMPLOYEE INFORMATION

This is a **general Summary** of your benefit design. This plan does not cover Out-of-Network benefits. Please refer to your benefit booklet for other details and for limitations and exclusions.

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

The following benefits apply to dependent coverage:

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

Payments: Network providers agree to accept amounts negotiated with BCBSTX and are paid according to this BCBSTX-determined Allowable Amount. Covered individuals are responsible for any required Deductibles, Coinsurance Amounts, and Copayments. Out-of-Network services/providers are not covered, except in the event of Emergency Care. For all other services received by an Out-of-Network Provider, the covered individual will be responsible for all charges in addition to any applicable Deductibles, Coinsurance Amounts, and Copayments

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

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



**BlueCross BlueShield
of Texas**

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TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

PRESCRIPTION DRUG PLAN HENDERSON COUNTY CUSTOM BUY-UP PLAN

Prescription Drug Program

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

Plan Year Deductible	<i>\$100 Individual / \$300 Family</i>
Specialty Drug	<i>\$250 Copayment Amount</i>
Tier 3 Drug	<i>\$50 Copayment Amount</i>
Tier 2 Drug	<i>\$30 Copayment Amount</i>
Tier 1 Drug	<i>Lesser of \$10 Copayment Amount OR Actual Cost</i>

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

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

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

Tier 3 Drug	<i>\$100 Copayment Amount</i>
Tier 2 Drug	<i>\$60 Copayment Amount</i>
Tier 1 Drug	<i>\$20 Copayment Amount</i>

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



Alliance Work Partners is
here for you as life happens.

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

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

All benefits can be
accessed by calling:

toll free

1-800-343-3822

TDD

1-800-448-1823

teen line

1-800-334-TEEN (8336)

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



Visit your EAP website at
awpnow.com

and create a
customized account.

Go to

<https://www.awpnow.com>
Select "Access Your Benefits"

Registration Code:

AWP-TACHEBP-4661

Your EAP Benefits:

LawAccess

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

HelpNet

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

WorkLife

Resources and referrals for everyday needs. Available by telephone.

SafeRide

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

1 to 6 Counseling Sessions

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

Newsletters

Webinar Training Series
Tips for Everyday Living

Here for you as life happens ...



Employee Assistance Program (EAP)

Criteria for Benefits Eligibility

Full Benefits:

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

Assessment & Referral:

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

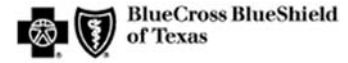
Information & Referral:

- Anyone contacting Alliance Work Partners regardless of contract status

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



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL



DENTAL PLAN I WITH ORTHODONTICS

Type of Service	Benefit**
General Provisions	
Plan Year Deductible	\$50 Individual / \$150 Family
Plan Year Maximum per Participant	\$2,000
Diagnostic and Preventive Care Benefits (deductible waived)	
Oral Examinations (twice per Plan Year) Prophylaxis (two cleanings per Plan Year) Fluoride Treatment (to age 19; twice per Plan Year) Dental X-rays -Full Mouth/Panoramic X-rays (once every 36 months) Bitewing X-ray Series (twice per Plan Year) Labs and Tests Sealants up to age 14, permanent molars, one time per lifetime	100%
Miscellaneous Services	
Space Maintainers Palliative Care	80%
Restorative Services	
Amalgams and Composites(once per surface on the indicated tooth per Plan Year) Simple Extractions Pin Retention	80%
General Services	
Anesthesia Stainless Steel Crowns Recementation of crowns, inlays/onlays Crown repair Reline/Rebase Recementation and repair of bridges/denture repair Diagnostic Casts (once per Plan Year)	80%
Endodontic Services	
Root canal therapy Direct pulp cap Apicoectomy/Apexification Retrograde filling Root amputation/hemisection Therapeutic pulpotomy Gross pulpal debridement	80%
Periodontal Services	
Periodontal scaling and root planning Full mouth debridement Gingivectomy/gingivoplasty Gingival flap procedure / Osseous surgery and grafts / Soft tissue grafts	80%
Oral Surgery Services	
Surgical tooth extractions Alveoloplasty Vestibuloplasty	80%
Crowns, Inlays/Onlays Services	
Prefabricated post and cores	50%
Prosthetic Services	
Bridges and dentures	50%
Orthodontic Benefits	
Orthodontic Diagnostic Procedures and Treatment (Available only to participants under age 26)	50%
Lifetime Maximum per Participant	\$2,000

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

SEE A CONTRACTING DENTIST	SEE A NON-CONTRACTING DENTIST
<ul style="list-style-type: none">• Your out-of-pocket cost will generally be the least amount because BlueCare Dentists have contracted to accept a lower Allowable Amount as payment in full for Eligible Dental Expenses• You are not required to file claim forms• You are not balance billed for costs exceeding the BCBSTX Allowable Amount for BlueCare Dentists	<ul style="list-style-type: none">• Your out-of-pocket cost may be greater because Non-Contracting Dentists have not entered into a contract with BCBSTX to accept any Allowable Amount determination as payment in full for Eligible Dental Expenses• You are required to file claim forms• You are balance billed for costs exceeding the BCBSTX Allowable Amount

EMPLOYEE INFORMATION

This is a general summary of your benefit design. Please refer to your benefit booklet for other details and for limitations and exclusions. The following eligibility provisions apply:

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

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

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

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

Summary of Vision Benefits

Texas Association of Counties



12/12/24/\$130

Frequency	
Examination	Once every 12 months
Lenses or contact lenses	Once every 12 months
Frame	Once every 24 months
Contact lens eval/fitting	N/A

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement*
Exam with dilation as necessary	\$10 copay	Up to \$30
Contact lens fit and follow-up	Up to \$40 for standard; 10% off retail price for premium	N/A

Frames		
Any available frame at provider location	\$0 copay, \$130 allowance, 20% off balance over \$130	Up to \$65

Standard Lenses		
Single vision	\$25 copay	Up to \$25
Bifocal	\$25 copay	Up to \$40
Trifocal	\$25 copay	Up to \$55
Lenticular	\$25 copay	Up to \$55
Standard progressive lens	\$75 copay	Up to \$40
Premium progressive lens	See table on page 2.	Up to \$40

Lens Options		
Tint (solid and gradient)	\$15	N/A
Scratch resistant coating	\$0	Up to \$5
Polycarbonate lenses	\$0 kids; \$40 adults	Up to \$5 kids
Ultraviolet coating	\$15	N/A
Anti-reflective coating	See table on page 2.	N/A
High index lenses	20% off retail	N/A
Polarized lenses	20% off retail	N/A
Photochromic/transitions plastic	\$75	N/A

Contact Lenses (in lieu of spectacle lenses)		
Conventional	\$0 copay, \$130 allowance, 15% off balance over \$130	Up to \$104
Disposable	\$0 copay, \$130 allowance, plus balance over \$130	Up to \$104
Medically necessary	\$0 copay, paid-in-full	Up to \$210

Other		
Laser vision correction	15% retail price or 5% off promotional price	N/A
Additional pairs benefit	40% off purchase of complete pair of eyeglasses and a 15% off conventional contact lenses once the funded benefit has been used	N/A
Amplifon hearing discount	40% off hearing exams and low price guarantee on discounted hearing aids	N/A
Additional discounts	20% off non-covered items with limitations	N/A

Monthly Premium	
Employee	\$6.20
Employee + spouse	\$11.80
Employee + child(ren)	\$12.44
Employee + family	\$18.28

Eligibility: All active full-time employees as defined by your employer. Dependent coverage is available to age 26.

Additional discounts

40% OFF

Complete pair of prescription eyeglasses

20% OFF

Non-prescription sunglasses

20% OFF

Remaining balance beyond plan coverage

These discounts are not insured benefits and are for in-network providers only.

Take a sneak peek before enrolling

- For a complete list of in-network providers near you, visit eyemedvisioncare.com/bcbstxvis or call 855-556-8796.
- For LASIK providers, call 877-5LASER6.



BlueCross BlueShield of Texas



Summary of Benefits Continued

Progressive Price List ¹	Member Cost In-Network
Standard progressive	\$75 copay
Premium progressives ² as follows:	
Tier 1	\$95 copay
Tier 2	\$105 copay
Tier 3	\$120 copay
Tier 4	\$75 copay 80% of charge less \$120 allowance
Anti-Reflective Coating Price List ¹	Member Cost In-Network
Standard anti-reflective coating	\$45
Premium anti-reflective ² coatings as follows:	
Tier 1	\$57
Tier 2	\$68
Tier 3	80% of charge
Other Add-ons Price List	Member Cost In-Network
Photochromic	\$75
Polarized	80% of charge

Plan Exclusions

1. Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; aniseikonic lenses
2. Medical and/or surgical treatment of the eye, eyes or supporting structures
3. Any eye or vision examination, or any corrective eyewear required by a policyholder as a condition of employment; safety eyewear
4. Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof
5. Plano (non-prescription) lenses and/or contact lenses
6. Non-prescription sunglasses
7. Two pair of glasses in lieu of bifocals
8. Services rendered after the date an insured person ceases to be covered under the policy, except when vision materials ordered before coverage ended are delivered, and the services rendered to the insured person are within 31 days from the date of such order
9. Services or materials provided by any other group benefit plan providing vision care
10. Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next benefit frequency when vision materials would next become available



¹Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states, members may be required to pay the full retail rate. ²Blue Cross Blue Shield of Texas Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. ³Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Not available in all states. Some provisions, benefits, exclusions or limitations listed herein may vary.

For employee use. This piece is for illustrative purposes only and is not a contract. It is intended to provide only a brief summary of the type of policy and insurance coverage advertised. The policy provides the actual terms of coverage, including any exclusions, conditions and limitations to coverage.

All plans are based on a 48-month contract term and 48-month rate guarantee. Premium is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies. Benefits may not be combined with any discount, promotional offering or other group benefit plans. Benefit allowance provides no remaining balance for future use with the same benefits year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

Benefits are available from the EyeMed Vision Care, LLC provider network and are administered by First American Administrators, Inc., independent companies that offer benefits on behalf of Blue Cross and Blue Shield of Texas. Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Dearborn Life Insurance Company is an independent licensee of Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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III.
BCBSTX Medical

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TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

YOUR TAC HEBP / BLUE CROSS BLUE SHIELD IDENTIFICATION CARD

FRONT

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

IdentificationNumber:
ZGP#####

192791

RxBIN: 610602 RxGRP: TAC
RxPCN: NVT

Subscriber Name: _____			
Name IdentificationNumber: ZGP#####			
Group Number: 192791		Office Visit \$35	
Coverage Date: 10/01/19		Specialist Copay \$45	
BCA FAMILY		Emergency Room \$150	
		MDLive Copay \$10	
		RxBIN: 610602 RxGRP: TAC	
		RxPCN: NVT	

This information is used by your pharmacy to fill prescriptions

BACK

1-855-357-5228

www.bcbstx.com

	Customer Service 1-855-357-5228
<small>Network coverage is available through participating network providers. Non-network services will be covered at a lower level. Some services must be pre-authorized, including Mental Health (MH) and Chemical Dependency (CD). Refer to your benefits booklet for claims filing address and additional information. Providers: File claims with your local BCBS plan.</small>	
www.MDLive.com/BCBSTX	
<small>BlueCross BlueShield of Texas, an independent licensee of the BlueCross BlueShield Association, provides claims administration and claims are self-funded</small>	

Call the **Customer Service Number** on the back of your ID card for assistance with these benefits:

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



Take Advantage of Preventive Services



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

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

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

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

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

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

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



FOR ADULTS

Annual preventive medical history and physical exam



SCREENINGS FOR

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

COUNSELING FOR

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

CERTAIN VACCINES

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



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

JUST FOR WOMEN



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

FOR CHILDREN

Annual preventive medical history and physical exam



SCREENINGS FOR

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

ASSESSMENTS AND COUNSELING

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

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

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



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 the chart below to help you figure out when to use each type of care.

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



Freestanding ER

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

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Hospital ER

- Open 24 hours, seven days a week
- Average wait time is 4 hours, 7 minutes⁴
- If you receive care from an out-of-network provider, you may have to pay more. Providers outside the network may "balance bill" you, which means they may charge you more than your health plan's fee schedule.
- Multiple bills for services such as doctors and facility

\$\$\$



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 minutes³
- Many have online and/or telephone check-in

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Retail Health Clinic

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

\$



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 minutes²

\$



Virtual Visits

- Available 24 hours a day, seven days a week
- Access to care for non-emergency medical issues whether you're at home or traveling
- Based on your location, have a doctor or behavioral health professional visit by phone at **888-680-8646**, online at **MDLIVE.com/bcbstx** or with the MDLIVE[®] mobile app¹
- Average wait time is less than 20 minutes
- Powered by MDLIVE

\$

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

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

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

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

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

²Vitals Annual Wait Time Report, 2017.

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

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

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

24/7 Nurseline²

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

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

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

Freestanding ERs:

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

Find urgent care centers⁴ near you by texting⁵

URGENTTX to 336333.

	Virtual Visits powered by MDLIVE	Doctor's Office	Retail Health Clinic	Urgent Care Center	Hospital ER	Freestanding ER
Who usually provides care	Primary Care Pediatrics, Family and Emergency Medicine Doctors	Primary Care Doctor	Physician Assistant or Nurse Practitioner	Internal Medicine, Family Practice and Pediatric	ER Doctors, Internal Medicine, Specialists	ER Doctors
Sprains, strains	■	■	■	■	■	■
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		■	■	■	■	■

¹ Freestanding ER: "What you need to know" July 2016. The Advisory Board Company.

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

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

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

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

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MDLIVE, an independent company, provides virtual visit services for Blue Cross and Blue Shield of Texas. MDLIVE operates and administers the virtual visit program and is solely responsible for its operations and that of its contracted providers.

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



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

Knowing how your plan works can help you save.

Doctors, hospitals, clinics and urgent care facilities (these are all called "providers") who contract independently with the PPO network have agreed to accept our negotiated rates as payment in full. When you receive care from a network provider, you will usually pay less out of pocket than at an out-of-network provider.

If you receive care from a provider that is outside the PPO network, you may have to pay more for your care or even the full cost if it is not a covered service.

Providers outside the network may "balance bill" you, which means they may charge you more than what your health plan pays and up to the provider's billed charge. Examples of out-of-network providers you may encounter include emergency room and hospital-based physicians. It is possible that a hospital is in the network, but a doctor or other provider treating you there may be out of network. When possible, ask if all providers that will be providing services are in the network for your plan.

Call Customer Service at **855-357-5228** if you have a question about your benefits or want help using Provider Finder.

Before you go for medical care, make sure the doctor or hospital is part of the PPO network.

There are several ways to find a PPO network provider:

- Register or log in to Blue Access for MembersSM, our secure member website at <https://mybenefits.county.org>. Click on **Benefits**, then select **Links & Contacts** and **Go to Blue Cross Blue Shield Member Site**. Use the information on your member ID card to complete the process. Click the **Doctors & Hospitals** tab to conduct a personalized search based on your health plan and network.
- You can use Provider Finder from your phone or tablet by downloading the free mobile app. Just text* **BCBSTXAPP** to **33633**.
- Call Customer Service at **855-357-5228** for help.

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

<https://mybenefits.county.org>

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

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DO YOU WANT TO SAVE MONEY THIS YEAR?



It pays to be a smart health care shopper.

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

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

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



Blue EssentialsSM

Understanding and Using Your Benefits

What Is the Blue Essentials Plan?

Blue Essentials offers you access to a statewide network of hospitals and doctors. As a Blue Essentials member, you select a primary care provider (PCP) from the Blue EssentialsSM network. You may benefit from having your care coordinated by one doctor. Your doctor gets to know you and your health history, may recognize changes in your health as well as overseeing your routine care and making referrals if you need to see a specialist.

Helping You Budget for Health Care Costs

Blue Essentials is designed to offer:

- Predictable out-of-pocket expenses
- Consistent copayments
- 100 percent coverage of recommended routine care and preventive screenings

Other Benefits of This Plan

You will also have access to:

- Health and wellness programs
- The BlueCard® network, a national network of providers, which includes more than 97 percent of hospitals nationwide, for health care services when you're out of state
- The Blue365® member discount program, which offers exclusive discounts and deals on health and wellness products and services, such as fitness gear, gym memberships, weight loss programs, dental products and more*
- Web and mobile tools

Finding Providers is Easy

Through our Provider Finder® tool, it's easy to find a doctor, hospital or other health care provider that participates in the Blue Essentials network.

Log in to Blue Access for MembersSM (BAMSM) at bcbstx.com/member. To register for a BAM account, all you need are your group and identification numbers, found on your member ID card. BAM is secure and easy to use. When you search for providers in BAM, it will take you directly to network providers only.

Take an Active Role in Managing Your Health Care

- Know what your health plan covers.
- Check your copayments and other out-of-pocket costs.
- Read the health plan documents your employer gives you.

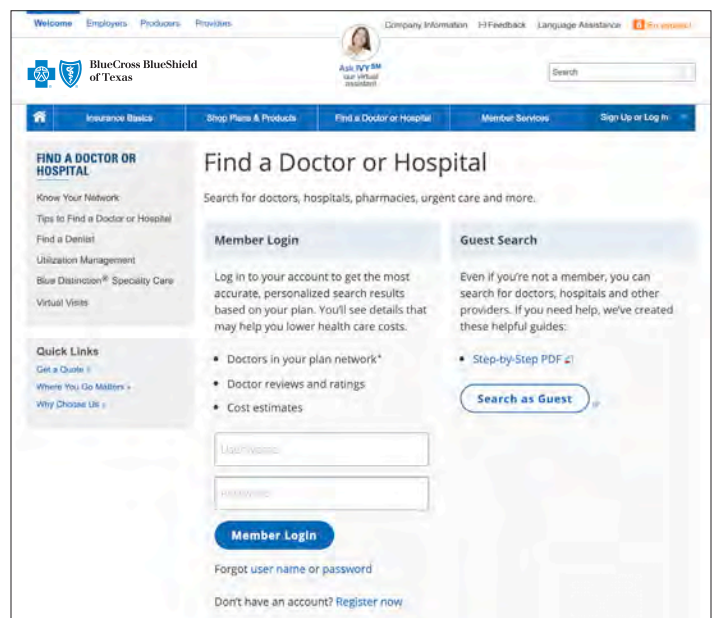
Blue365 is a discount program only for BCBSTX members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. Please check your *benefit booklet or call the Customer Service number on the back of your ID card for specific benefit facts. Use of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

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By logging in to BAM you can also use Provider Finder to:

- Estimate the cost of up to 1600 procedures, treatments and tests, including your out-of-pocket expenses.
- View patient reviews.
- See how industry experts rate your doctor.
- Review providers' certifications and recognitions.
- Rate your doctor or hospital after your visit.

For basic provider searches, you can also access Provider Finder without logging in to BAM. Just visit bcbstx.com and click on the 'Find a Doctor or Hospital' tab.



Or, download the BCBSTX app at the App Store or Google Play.

If you need help finding a network provider or have questions about your benefits, call the toll-free number on the back of your ID card.



You and Your Doctor: Working Together to Keep You Healthy



Manage Your Care With Your Primary Care Physician (PCP) - Your Personal Doctor

There are many ways your PCP can help you.

If you have the Blue EssentialsSM (BEN) plan, having a PCP means you'll have someone in your corner helping you get the care you need. Set up an appointment now if you're a new patient. And always call your doctor first when you need care.*

Your PCP:

- Addresses routine medical care, such as physicals and annual exams
- Can treat many non-urgent health issues like ear infections, rashes, allergies, fevers, colds, flu and much more
- Can help you with specialized care for a chronic health issue, such as asthma, diabetes or a heart problem
- Gets to know you – your health history, your medications and your lifestyle
- Is your coach who can show you better ways to help you stay healthier
- Can decide if you need any tests or if you should see a specialist. Members in the Blue Essentials plan will be referred to a specialist who will then coordinate treatment with your PCP.**



* If your doctor's office is closed, call his or her after-hours number. If your illness or injury is an emergency, call 911 or go to the nearest emergency room. Let your PCP know that you had an emergency as soon as you can.

** BEN members must receive a referral to an in-network specialist (make sure he or she is in your network).



Choosing a PCP

BEN members must have a PCP

If you are enrolled in the Blue Essentials plan, you must choose a PCP. Blue Cross and Blue Shield of Texas (BCBSTX) offers an online resource to search for an in-network provider:

- Go to <https://mybenefits.county.org>
- Select **Get Connected** and click on the **Blue Cross and Blue Shield** link. Use the information on your member ID card to complete the process.
- Click on the **Find a Doctor or Hospital** link

Each PCP has a provider number. BEN members will need this number when they enroll or change PCPs. It is noted under the address within each physician's profile.

If an HMO member does not choose an independently contracted PCP at the time of enrollment, they will receive a letter reminding them to select a PCP within 30 days. After that, if a PCP is not chosen, one will be assigned. Details about your PCP will be listed on the front of your BCBSTX member ID card. Each covered family member can choose a different PCP from the network.

A PCP is a doctor who specializes in family practice, internal medicine, pediatric medicine or geriatrics. In addition to a PCP, female members enrolled in an HMO may also select an OB/GYN as their woman's principal health care provider.

After you receive your BCBSTX ID card, go to <https://mybenefits.county.org> to register or log in to Blue Access for MembersSM. You can use this secure website to see your claims and manage your benefits and health care.



Changing Your PCP

When you need to find or change your doctor, take the time to research your options.

There is no limit to how many times you can change your PCP. You can change PCPs by calling us at **855-357-5228**. It's important to know that when you change PCPs often, your health care may not be as good as it could be. If you choose to change, have your medical records sent to your new PCP.

Are there reasons why a request to make a PCP change may be denied?

- If you choose a PCP who is not taking new patients
- If the PCP is not in the Blue Essentials network.
- If the PCP is outside of your service area

When will my PCP change become effective?

- Your PCP change will be effective on the day the change is made.
- You will get a new ID card in seven to 10 days.

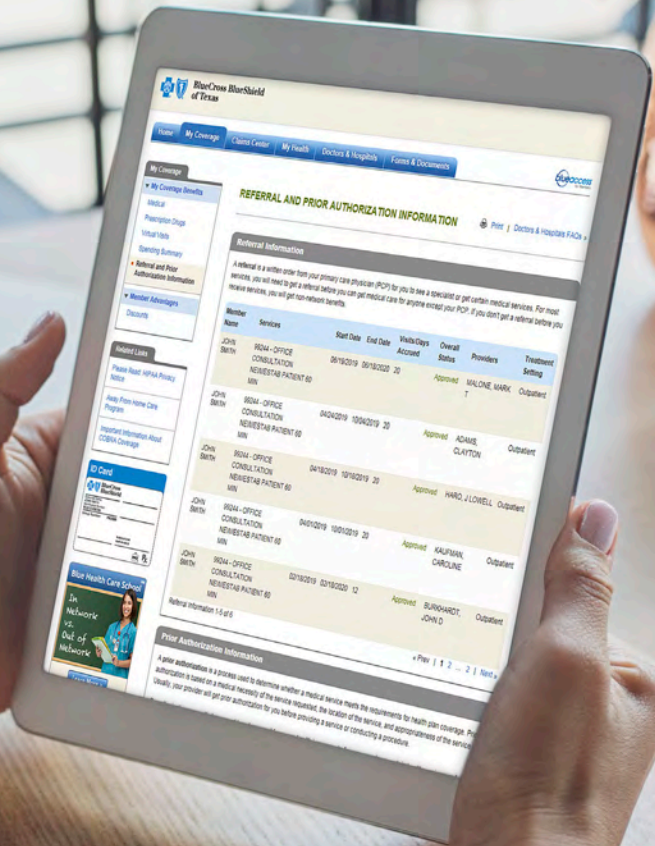
Check your plan documents for more complete coverage details including benefits, limitations and exclusions.

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This information is for employees who are enrolled in the Blue EssentialsSM 'BEN' health plan.



Referrals to Specialists

Referrals help make sure that you get the right care. If you select the Blue Essentials health plan, your Primary Care Physician (PCP) can take care of most of your health care needs. But, if further care is needed, your PCP will refer you to an in-network specialist. Specialists are only covered if you have a referral from your PCP.

Women don't need a referral to see an in-network OB/GYN who is selected as their Woman's Principal Health Care Provider. Children don't need a referral to see an in-network pediatrician. A family practice doctor can also serve as a PCP for your children.

Always talk to your PCP before getting care so you know when to ask for additional referrals. Unless it's an emergency, all hospital admissions and outpatient procedures require referrals prior to getting care.

The Referral Process

- Your PCP refers you to an in-network specialist.
- Blue Cross and Blue Shield of Texas approves your referral. The approval may be for a specific treatment or a set number of visits or date range.
- Within 24 hours, you can view your approvals in Blue Access for MembersSM.
 - Log in or register for an account at <https://mybenefits.county.org>.
 - Select **Get Connected** and click on the **Blue Cross and Blue Shield** link. Use the information on your member ID card to complete the process.
 - Select the **My Coverage** tab and the link for **Referral and Prior Authorization Information**.



Understand Your Health Plan Before You Get Care to Help Avoid Higher Costs.



Preauthorization (also known as ‘prior authorization’) means that approval is needed from your health plan before you have certain health tests or services. To help make sure your care is appropriate and to avoid unexpected costs, it’s important that approval is received **before** you get these services.

Usually, your network provider will take care of preauthorization before the service is performed. But it is always a good idea to check if your doctor has gotten the needed approval.

Your Preauthorization Checklist

Once your health plan coverage starts, you can begin using the resources below. Be a smart health care shopper – use these tools to stay informed about your plan benefits!



CONNECT WITH US

Use the information on your Blue Cross and Blue Shield of Texas (BCBSTX) member ID card to create a Blue Access for MembersSM (BAMSM) account at <https://mybenefits.county.org>. Click on *Benefits*, then select *Links & Contacts* and *Go to Blue Cross Blue Shield Member Site*. Use the information on your member ID card to complete the process. And download the BCBSTX App at the Apple or Google Play store. Both tools can help you keep up with your benefits. You may also call the Customer Service number on the back of your member ID card.



KNOW WHAT YOUR PLAN REQUIRES

Log in to BAM and click *My Coverage*. Under the *Referral and Prior Authorization Information* tab, you’ll see a list of services that may require preauthorization. You can find a more detailed list of services that require approval under your plan in your benefit booklet. Confirm with your provider that they have gotten approval before your service.



TRACK YOUR STATUS

You can check whether your preauthorization has been submitted or approved online. In BAM, go to *My Coverage*, then *Referral and Prior Authorization Information*. Or in the BCBSTX App, click *More*, then *Prior Authorization*.



We want you to get the most out of your health care benefits – let us help!
Call the number on the back of your BCBSTX member ID card for questions.

Services That May Require Preauthorization

We want you to be clear about what your health plan covers.

Here is a list of services¹ that may need approval in advance:

- Advanced imaging
- Air ambulance (for non-emergencies)
- Behavioral health care, either in or outside of a hospital
- Certain cardiology diagnostic, imaging and surgical procedures
- Electrical stimulation of the brain, nerves or stomach
- Home health care
- Home infusion
- Hospice
- Inpatient hospital stays²
- Joint surgery
- Pain management
- Sleep studies
- Some ear, nose or throat services, such as bone conduction hearing aids, cochlear implants or surgery
- Some high-cost specialty drugs
- Some surgeries of the face, jaw, mouth or teeth
- Some wound care services, such as high-pressure oxygen treatment
- Spine surgery
- Stays in a facility for rehabilitation, long-term care or skilled nursing care



You are responsible for calling BCBSTX if you get out-of-network care. Be sure to notify BCBSTX within two days of an emergency, maternity, mental health or substance abuse hospital admission at an out-of-network facility.

For preauthorization or other questions, call the number on the back of your member ID card.

¹ Preauthorization requirements vary by plan. Check your benefits booklet or call the Customer Service number on the back of your member ID card for questions about your benefits.

² In-network inpatient hospitals are required to request preauthorizations on your behalf.

Understanding Your Explanation of Benefits

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



THE EOB HAS THREE MAJOR SECTIONS:

- **Subscriber Information and Total of Claim(s)** includes the member's name, address, member ID number and group name and number. The Total of Claims table shows you the amount billed, any applied discounts, reductions and payments and the amount you may owe the provider.
- **Service Detail** for each claim includes:
 - Patient and provider information
 - Claim number and when it was processed
 - Service dates and descriptions
 - The amount billed
 - The discounts or other reductions subtracted from amount billed
 - Total amount covered
 - The amount you may owe (your responsibility)
- **Summary** - Shows you what the plan covers for each claim and your responsibility including:
 - Plan Provisions**
 - The amount covered
 - Less any amounts you may owe, like deductible, copay and coinsurance
 - Your Responsibility**
 - Deductible and copay amount
 - Your share of coinsurance
 - Amount not covered, if any
 - Amount you may owe the provider. You may have paid some of this amount, like your copay, at the time you received the service.

The EOB may include additional information:

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

Available in English and Spanish


Your EOBs Are Available Online!


Sign up for Blue Access for MembersSM (BAMSM) at <https://mybenefits.county.org> for convenient and confidential access to your claim information and history. Click on **Benefits**, then select **Links & Contacts** and Go to **Blue Cross Blue Shield Member Site**. Use the information on your member ID card to complete the process. Choose to opt out of receiving EOBs by mail to save time and resources. Go to BAM and click on **Settings/Preferences** to change your preferences.

mybenefits.county.org

EXPLANATION OF BENEFITS

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

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

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

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

Sample

SUBSCRIBER INFORMATION GROUP NAME HERE

2 Member ID#: BCS88899777V Group #: 000012345

3 TOTAL OF CLAIM(S)

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

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

4 SERVICE DETAIL - CLAIM (1)

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

6 PROVIDER: Ralph Johnston M.D.

7 CLAIM # 012345687
Processed: 06/20/2016

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

* Amount covered (allowed) reflects the savings we've negotiated with your provider for this service. Your deductible, coinsurance and copay are based on the allowed amount. Your share of coinsurance is a percentage of the allowed amount after the deductible is met.

1 The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.

2 Your Health Care Plan does not provide benefits for surgical assistant services when billed by the same physician who performed the surgery or administered the anesthesia. No payment can be made.

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

12 SUMMARY - CLAIM (1)

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

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

14 Health Care Fraud Hotline: 800-543-0867

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

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

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

Sample EOB

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

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

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

Find what you need with Blue Access for Members

The screenshot shows the Blue Access for Members website interface. At the top, there is a navigation bar with 'John Smith | Message Center | Settings | Log Out' on the left and 'Feedback' on the right. Below this is a secondary navigation bar with 'Información en español | Help | Contact Us'. The main navigation menu includes 'Home', 'My Coverage', 'Claims Center', 'My Health', 'Doctors & Hospitals', and 'Forms & Documents'. The 'My Coverage' section is highlighted with a green header and contains details for Plan Type: PPO, Group Number: 0000, and ID Number: XOF00000DEMO. Below this is a table of 'In Network Benefits' with columns for the benefit name and amount. A 'Message Center' widget shows 'You have no messages'. A 'Quick Links' widget lists options like 'Get a Temporary ID Card', 'Member Discount Program', and 'Manage preferences'. A 'Stay Updated' section includes social media icons for Twitter, Facebook, and YouTube. A promotional banner for 'I CHOSE BLUE' is also visible.

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



BlueCross BlueShield of Texas



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



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

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



BCBSTX App and Mobile Website:

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



Centered App for iPhone[®]:

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



Text Messaging:

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

Health Insurance Fraud

What You Should Know

Fraud Affects Everyone

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

Don't Be a Victim

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

Identifying Fraud

Commonly identified schemes involving providers include:

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

Commonly identified member schemes include:

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

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





Fighting Fraud

BCBSTX offers these tips:

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



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

Preventing Health Care Fraud

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

Fraud Isn't Fair. Help Us Fight It.

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

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

Three Ways To Report Fraud To BCBSTX

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

1. 800-543-0867

The toll-free Fraud Hotline operates 24 hours a day, seven days a week. You can remain anonymous or provide information if you want to be contacted by a member of the SID.

2. bcbstx.com/sid/reporting

This website address links to an online fraud reporting form that can be completed and sent to the SID electronically.

3. U.S. Mail

You can write the SID at:
Blue Cross and Blue Shield of Texas
Special Investigations Department
1001 E. Lookout Drive, Tower A-2.212
Richardson, Texas 75082

Medical Plan

Frequently Asked Questions

Q. Are my medical records kept confidential?

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

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

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

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

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

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

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

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

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

- **Medical records and insurance card** — If you are undergoing treatment at the time you change doctors, your medical records are important to your new doctor. Your insurance card provides information about copayments, billing and customer service phone numbers.
- **Medications** — Give your new doctor information about prescription and over-the-counter medications, including any herbal medications you take. Be sure to include the name of the medication, the dosage, how often you take it and why you take it.

- **Special needs** — Make a list of any equipment or devices you use including wheelchairs, oxygen, glucose monitors and the glucose strips. Be prepared to explain how you use them, not only to make sure you have the equipment you need, but also to make sure that there is no disruption in your care.

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

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

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

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

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

Your Medicare Checklist:

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

7 to 9 Months Before Your 65th Birthday

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

4 to 6 Months Before Your 65th Birthday

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

3 Months Before Your 65th Birthday

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

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

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IV. Navitus - Prescription Drugs



FINDING YOUR PHARMACY

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

Some of the pharmacies available:

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

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

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



QUESTIONS?

NAVITUS CUSTOMERCARE

1-866-333-2757

Open 24 hours a day, 7 days a week.

Or visit us online at: www.mybenefits.county.org

N3684-0911





COMPARE PRICES AND LOCATE PHARMACIES USING NAVITUS' COST COMPARE TOOL

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

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

The Cost Compare tool is available via the Navi-Gate[®] for Members portal through www.mybenefits.county.org. This new tool can help you:

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

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

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



Compare pharmacy prices in your area



Get real-time, accurate price estimates



Search based on your prescription history

QUESTIONS?

NAVITUS CUSTOMERCARE
1-866-333-2757

Open 24 hours a day, 7 days a week.

Or visit us online at: www.mybenefits.county.org





SAVING MONEY with mail order service

WHY USE OUR MAIL SERVICE?

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

* Please refer to your plan description for more details.

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

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

*drug costs are for example only



NAVITUS CUSTOMERCARE

1-866-333-2757

Open 24 hours a day, 7 days a week.

Or visit us online at: www.mybenefits.county.org



FILLING YOUR PRESCRIPTION



Filling Your Prescription at a Network Pharmacy

The first step to filling your prescription is deciding on a participating pharmacy. In most cases, you can still use your current pharmacy. There is a complete list on the Navitus member website.

Your Pharmacy Benefit ID Card

Your TAC HEBP/Blue Cross ID card contains information the pharmacy needs to process your prescription. To determine your copay before going to the pharmacy, consult your Pharmacy Benefit Highlights or call customer care.

Submitting a Claim

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

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

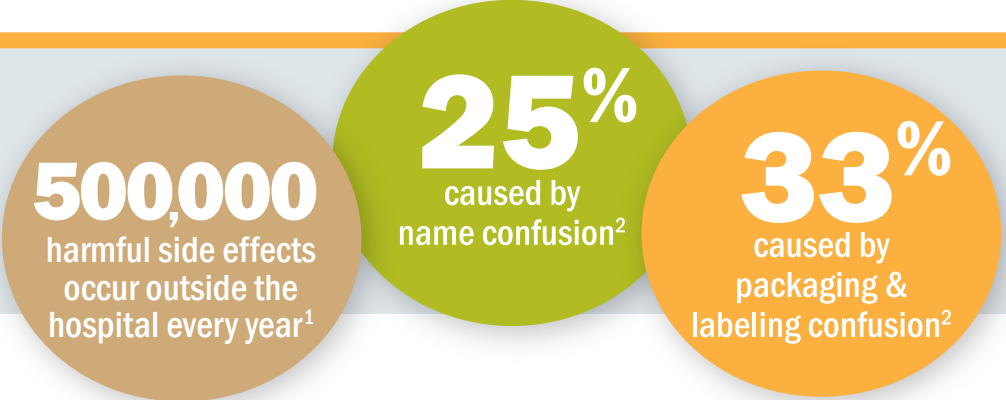
Claim forms are available on the website or by calling customer care.



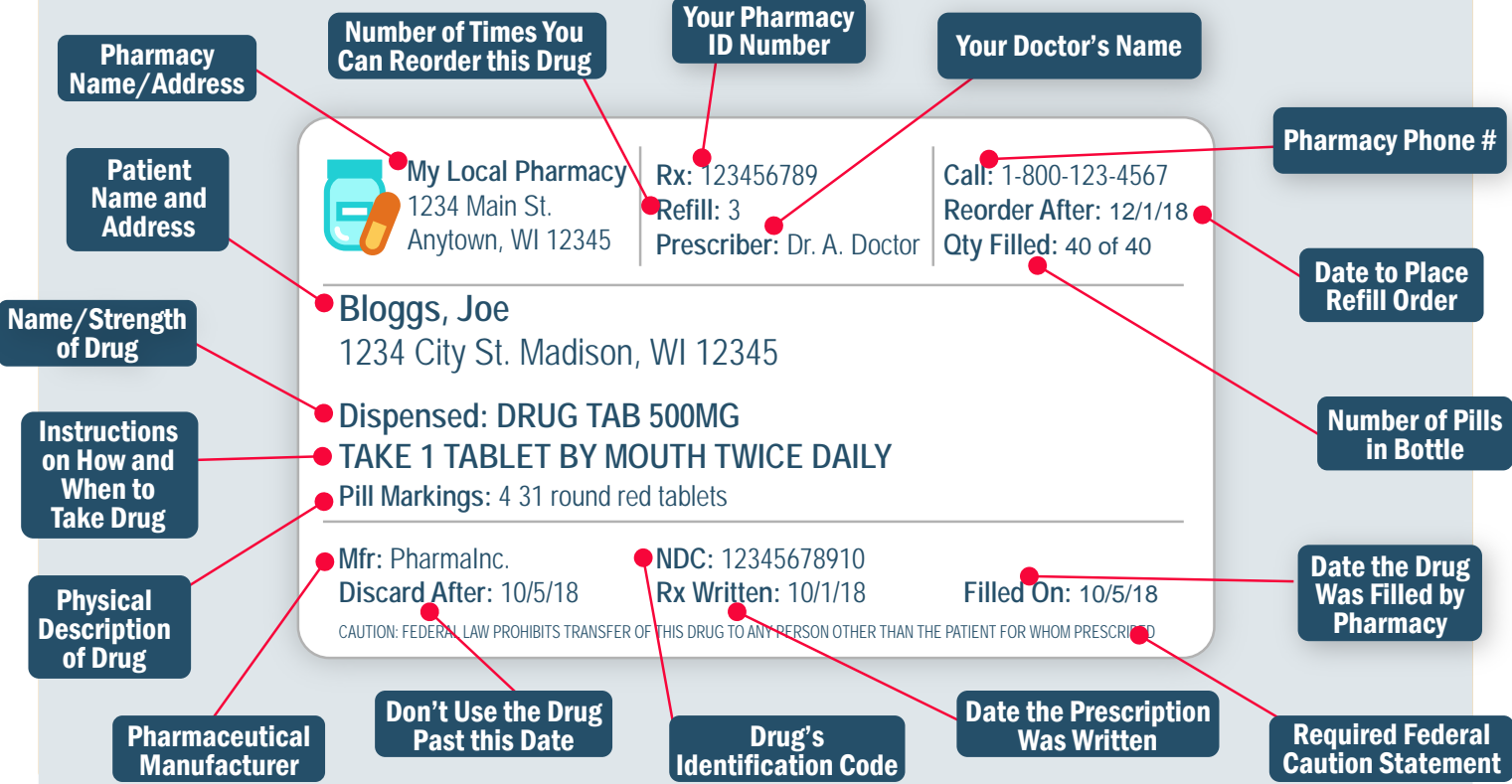
Understanding Your Prescription Label

Medication labels can be confusing and hard to read and it's easy to forget a doctor's or pharmacist's instructions. This handy guide makes it easy to decipher the prescription label on your medication, so you can take your medication correctly and reap the benefits of improved health.

Why Is This Important?



Not all prescription labels look alike, but this example shows the key features that most labels will have.



¹ Aspden P, Wolcott J, Bootman L, Cronenwett L, editors. Preventing medication errors. Washington DC: Institute of Medicine of the National Academies; 2006.

² Berman A. Reducing medication errors through naming, labeling, and packaging. J Med Syst. 2004;28:9-29.

Reading Label Instructions

78% of patients misunderstood one or more label instructions.³

Here are some common instructions and what they mean. If in doubt, always ask your pharmacist.

What it says:

Take 3 tablets by mouth twice daily.

Take 2 pills by mouth every day. Take 1 with Breakfast and 1 with dinner.

Take 1 tablet by mouth three times daily.

What it means:

Take 3 tablets every 12 hours.

Take 1 pill with breakfast and take 1 pill with dinner every day. These should be around 12 hours apart.

Take 1 tablet every 8 hours.

Five Things to Check at the Pharmacy

1

Is the medication correct?

2

Is the dosage correct?

3

Do I understand the instructions?

4

When does it expire?

5

How do I get refills?

Five Questions to Ask Your Pharmacist

1

How much should I take, when, and how often?

2

Does my medication interact with other medications I'm taking?

3

Is there anything I should avoid eating or drinking while taking my medication?

4

What are the possible side effects?

5

When should I stop taking this medication?

³Davis TC, Federman AD, Bass PF, III, et al. Improving patient understanding of prescription drug label instructions. J Gen Intern Med. 2009;24:57–62.



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Understanding Your Prescription Drug Formulary



TAC HEBP's size enables extremely competitive prescription pricing. This helps stabilize and ultimately lower health plan cost(s) for our members.

The Pool uses a separately contracted prescription drug program with Navitus Health Solutions to provide excellent services and keep drug costs in check. Navitus has several features designed to help contain costs for members and improve patient prescription drug access.

What is a Prescription Drug Formulary?

A formulary is a list of commonly prescribed medications. It includes generic and brand name prescription medications approved by the U.S. Food and Drug Administration (FDA). Formulary lists are available and listed alphabetically by drug name and listed by common drug categories or classes. A "Quick Reference Formulary" (QRF) is also available which lists roughly 200 of the most commonly prescribed medications.

View or download your formulary at:
<https://www.county.org/Health-Benefits/Prescription-Benefits>

How do I use the formulary?

You and your health provider can consult the formulary to help select the most cost-effective prescription medications. The formulary tells you if a medication is generic or brand name, what cost tier it is in and if there are coverage requirements or limits. Bring the formulary document with you (or bookmark it on your cell phone) when you see your health provider. If a medication you are looking for is not listed on the formulary, call the toll-free customer service number listed on the back of your health plan ID card.

Prescription Drug Terminology
What are tiers?

- Tier 1** Consists of lowest-cost prescription drugs – most are generic but there are a few low cost brand-name drugs in this tier.
- Tier 2** Consists of medium-cost prescription drugs – includes mostly brand-name and some high cost generic prescription drugs.
- Tier 3** Consists of higher-cost prescription drugs – includes mostly brand-name prescription drugs and almost all specialty drugs.



What is the difference between over-the-counter, generic, brand name and specialty medications?

Over-the-counter (OTC) medications can be purchased without a prescription. Many OTC medications required a prescription when the drug was initially put on the market, but after years of usage and successful clinical outcomes, they were approved by the FDA for non-prescription purchase. Although most OTC medications are not covered by your health plan, they may cost less than a prescription medication.

Generic medications are created to be the same as an existing approved brand-name drug in dosage form, safety, strength, quality and effectiveness. Once the patent for a brand-name medication ends, the FDA can approve a generic version, which may be manufactured by the same company as the brand-name version, or by other manufacturers. Generic medicines work in the same way and provide the same clinical benefits as the brand-name version, but they often cost less.

Brand-name medications are protected by patent and cannot be duplicated by other drug manufacturers. These medications may or may not have a generic equivalent, but if they do, it is likely (but not absolute) that the generic is less expensive.

(continued)



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Specialty medications are used to treat rare or complex conditions that require additional support and are generally very expensive. These medications are usually managed by the Lumicera specialty pharmacy, which provides personalized support to help patients get the most benefit out of their treatment plan.



Examples include medications that work the same way but one is much more expensive than another, or when alternatives are available without a prescription (over-the-counter (OTC) medications). There are also instances where the same product can be made by multiple drug manufacturers but vary in cost; in these instances, only the lower-cost product may be covered.

Who decides which medications are covered?

Thousands of medications are currently on the market and more are added regularly. Often several medications are available to treat the same condition. The Navitus Pharmacy and Therapeutics committee, which includes physicians from multiple specialties and pharmacists (none of whom are employed by Navitus), meets regularly to provide clinical reviews of new medications and updates on existing products. Using this information, TAC HEBP works with a nationally recognized independent pharmacy consulting firm to evaluate Navitus' recommendations for formulary changes, and to determine tier placement for all medications and supplies provided by your prescription benefits.



When does the formulary change?

Updated formulary lists are published each month on the TAC HEBP website (<https://www.county.org/Health-Benefits/Prescription-Benefits>).

Changes to the formulary may occur for the following reasons:

- Medications may change tiers based on changes to drug manufacturer pricing;
- Medications may move between tiers when a generic becomes available;
- Medications may be excluded from coverage based on updated clinical evidence and/or the availability of newer therapies.

When a medication changes tiers, you will have to pay a different amount for that medication. You can log into the Navitus website at any time to review your medication coverage, historical claims and to explore lower-cost options. Access the Navitus website through your TAC HEBP employee portal at www.mybenefits.county.org

Why are some medications excluded from coverage?

Medications are reviewed based on their total value, including effectiveness, safety, cost and the availability of alternative medications to treat the same or similar medical conditions. Some medications may be excluded from coverage or subject to utilization management (prior authorization, step therapy or quantity limits) if similar alternatives are available at a lower cost.

If you have questions about the information listed in this formulary, please contact Navitus Customer Care at (866) 333-2757.



WHAT IS PRIOR AUTHORIZATION?

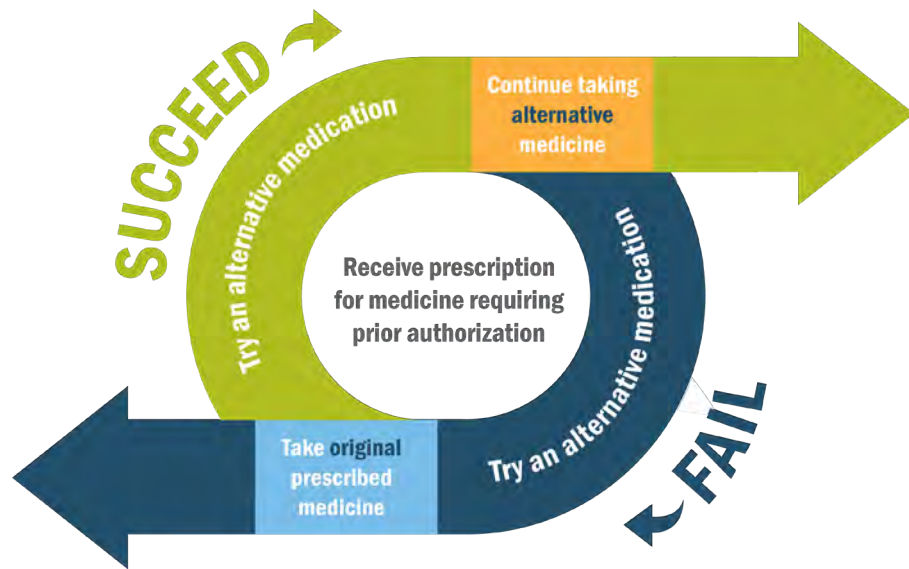
Prior authorization is a tool that ensures members receive safe, appropriate, and cost-effective medicine. Medicines requiring prior authorization are noted on your formulary with a ^{PA}.

How Does It Work?

If you are prescribed a medicine that needs prior authorization, you will need to meet certain criteria before the medicine is covered by your plan.

Before a prior authorization is approved, your prescriber will be asked to write a prescription for an alternative medicine that is covered under your plan. These alternatives have similar therapeutic value and effectiveness. If you try the alternative medicine and it does not have the intended response, the prior authorization for the original prescription can be considered. If the alternative medicine works, you will be encouraged to continue taking it.

Alternatively, your doctor may decide that you do not need to try an alternative medicine. This will be based on your diagnosis or unique situation. In this case, the prescriber, plan sponsor and Navitus will work together to complete the prior authorization process.



Who Decides What Medicines Need Prior Authorization?

Your plan sponsor works with Navitus to develop prior authorization criteria. These follow recommendations from the FDA and the Navitus Pharmacy and Therapeutics Committee.

Why Does Navitus Use Prior Authorization?

Prior Authorization is a standard health care process that most pharmacy benefit managers use. It is an effective tool for making sure that members receive the best quality medicine at the lowest cost. It is one of the many tools that support Navitus' mission to improve member health and lower costs.



WHAT IS STEP THERAPY?

Step therapy is a formulary management tool used for high-cost prescription medicine. When a medicine requires Step Therapy (noted on the formulary with ST), you must try a less costly prescription medicine first. This is called a *first-line therapy*. Once you have tried and failed a first-line therapy, you will be able to take steps to receive the medicine you were originally prescribed, which is called a *second-line therapy*.



You and your prescriber may find that the first-line therapy works very well for you. If that's the case, you may continue using it rather than pursuing the second-line therapy.

If you feel that your need for a second-line therapy should override this process, please ask your prescriber to contact Navitus. And rest easy knowing that there are other covered medicines available with similar therapeutic value, effectiveness, and side effects.

Who decides what medicines need Step Therapy?

Your plan sponsor and the Navitus Pharmacy and Therapeutics Committee have worked together to decide which medicines should require Step Therapy.

Why does Navitus use Step Therapy?

Step Therapy is an effective tool for ensuring that members receive safe, effective, high-quality medicine at the lowest net cost. It is our mission to improve health among our members. Formulary management—which includes Step Therapy—is one of the many ways we can help members experience good quality of life and manageable medication regimens.

Rx FAQs

How do I fill a prescription when I travel for business or vacation?

If you are traveling for less than one month, any Navitus Network Pharmacy can arrange in advance for you to take an extra one-month supply. A copayment will apply.

Visit **www.navitus.com** for complete instructions on filling prescriptions while traveling, or contact Customer Care.

If you are traveling for more than one month, you can request that your pharmacy transfer your prescription order to another network pharmacy located in the area where you will be traveling.

Can prescriptions be mailed to me if I'm outside of the United States?

Prescriptions cannot legally be mailed from the mail order pharmacy or any pharmacy in the United States to locations outside of the country, except for U.S. territories, protectorates and military installations.

How do I use the Navitus SpecialtyRx program?

Navitus SpecialtyRx works with our specialty partner to offer services with the highest standard of care. You will get one-on-one service with skilled pharmacists. They will answer questions about side effects and give advice to help you stay on course with your treatment. With Navitus SpecialtyRx, delivery of your specialty medications is free, and right to your door or prescriber's office via FedEx. Local courier service is available for emergency, same day medication needs. We will work with your prescriber for current or new specialty prescriptions.

NAVITUSCUSTOMERCARE
1-866-333-2757

COMMON TERMS

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

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V.
BCBSTX - Dental



Smile! You Have BlueCare Dental PPOSM



BlueCare Dental PPO offers you and your family access to one of the largest national dental PPO network of providers¹.

This network includes general and specialty dentists in Texas as well as across the country. As a BlueCare Dental PPO plan member, you can go to any dentist. However, you'll save money and get more from your benefits when you use an in-network dentist. These in-network dentists have agreed to:

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

If you choose an out-of-network dentist, he or she may have higher fees and charge you for amounts not covered by your insurance. To get the most from your benefits, choose an in-network dentist.

Finding an In-Network Dentist is Easy

For a list of in-network general and specialty dentists, go to mybenefits.county.org. Click on **Benefits**, then select **Links & Contacts** and Go to **Blue Cross Blue Shield Member Site**. Use the information on your member ID card to complete the process. Then click on the **Doctors and Hospitals** Tab and select **Find a Dental Provider**. You can search for a dentist near your home, school or office.

BlueCare Dental ConnectionSM

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



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

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

The Dental Wellness Center allows you to:

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



To access the Dental Wellness Center, go to mybenefits.county.org. Click on **Benefits**, then select **Links & Contacts** and Go to **Blue Cross Blue Shield Member Site**. Use the information on your member ID card to complete the process and click **Dental** under Quick Links and from there click on **Dental Wellness Center**.

1. Network360® Analytics Suite (as of March 2020).

The Dental Wellness Center, Dental Cost Advisor, Ask a Dentist, Dental Dictionary and Treatment and Procedure are provided by DNoA, a separate company that acts as the administrator of BCBSTX dental plans.

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

Dedicated to Customer Service

After signing up, you will get more detailed information about your dental plan. Look at your plan materials for complete details. Customer Service can answer questions about eligibility, claims, benefits and providers. Just call **1-800-521-2227** between 8 a.m. and 6 p.m. (CT), Monday through Friday. In addition, you can find general benefit information at bcbstx.com.

Enjoy a lifetime of healthy smiles with good dental care

Don't brush off good dental hygiene

Taking good care of your teeth right now will keep them healthy and strong for a lifetime. Apply these dental care basics to keep your teeth—and your health—at their best:

- Brush your teeth at least twice a day using a toothbrush with soft bristles and fluoride toothpaste. Use a circular motion and short back-and-forth strokes.
- Always brush gently along the gum line.
- Remember to brush your tongue.
- Floss your teeth each day.
- Replace your toothbrush at least every three months.

Your oral health is linked to your overall health, and sometimes the first sign of disease shows up in your mouth. That's why it is important to visit your dentist every six months for dental cleanings and checkups.

Brushing up on dental care is not only good for your smile, but your overall health.



**BlueCross BlueShield
of Texas**



*Sources: Mayo Foundation for Medical Education and Research;
U.S. Department of Health & Human Services*

53204.0116

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VI. BCBSTX Vision Plan and Discount Programs



Vision Benefits Made Easy

Vision benefits should enhance your life, not complicate it. That's why Blue Cross and Blue Shield of Texas brings you vision benefits that deliver more.

1. America's largest vision network¹

You'll have access to 96,000 providers including 54,000 independent providers.² Plus, you can visit top retail providers such as LensCrafters®, Pearle VisionSM and Target OpticalSM.

2. A more convenient experience

Our member portal gives you access to benefit details, claims, provider locations and more. And since many providers offer extended evening and weekend hours, you can get care when it works for you.

3. Choices that will make you happy

No restrictions or limiting frame towers here! You can choose from any frame available at your in-network provider location, including frame brands such as Armani, Coach, Ray-Ban, DKNY and many more.³

4. Amazing savings

You'll get even more bang for your buck with 40% off additional complete pairs of eyeglasses, 20% off non-prescription sunglasses and 15% off laser vision correction.⁴

5. Answers when you need them

You'll receive a welcome kit with answers to frequently asked questions, your ID card and more. You'll also have access to one of America's highest-rated and award-winning customer call centers.⁵



Being a Vision Care member has **ADVANTAGES!**

Enroll in Blue Cross and Blue Shield of Texas vision benefits today!



¹EyeMed Analysis of NetMinder data through November 2018. ²On the Blue Cross and Blue Shield of Texas Vision Care Select network. ³All brands may not be available at all provider locations. ⁴Discounts only available at participating in-network providers. Does not apply to discount plans. ⁵For the past 10 years in a row, our Customer Care Center has been recognized as a "Certified Center of Excellence" by Purdue University Benchmark Portal.

For employee use only. Benefits are available from the EyeMed Vision Care, LLC provider network and are administered by First American Administrators, Inc., independent companies that offer benefits on behalf of Blue Cross and Blue Shield of Texas. Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Texas is the trade name of Dearborn Life Insurance Company, an independent licensee of Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.



There's More in Store Online

In-Network. Online. Outstanding.

Eyesight changes. How you buy eyewear is changing, too. That's why you can shop for eyewear at neighborhood retailers, your favorite eye doctor—or simply go online. With Blue Cross and Blue Shield of Texas vision benefits, you can buy without boundaries.

Shop and buy frames, contacts and sunglasses just like you would in the store—but from your computer, smartphone or tablet. It's fast, it's easy and it's all built into your vision benefits.

Convenient Online Shopping

- Choose from hundreds of brand-name frames and contacts
- Instantly apply your in-network benefits at checkout
- Enjoy free shipping and returns



lenscrafters.com



targetoptical.com



ray-ban.com/insurance



glasses.com



contactsdirect.com



Innovative Answers for Smart Shoppers

Don't have a current prescription?

Our provider locator on eyemedvisioncare.com/bcbstxvis will help you find the right place for an eye exam.

Get a clear view.

Visit eyemedvisioncare.com/bcbstxvis to learn more.



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Mobilize Your Vision Plan

Vision Benefit App, Powered by EyeMed

The EyeMed member app was the first of its kind. But innovation—like your life—never stops. Your vision benefit is powered by EyeMed, which means you are able to download the EyeMed member app to access ahead-of-the-game resources wherever you are—before, during and after your eye appointment.

Here's How to Access the EyeMed Member App



1. DOWNLOAD

Search "EyeMed Members" in your App store, iTunes or Google Play.



2. OPEN

You can use some features right away; others unlock once you register.



3. REGISTER

You'll need your member ID or the last four digits of your Social Security number.



4. LOG IN

It's that easy!

	Ready when you download	Unlocked when you register
Find nearby network providers	<input checked="" type="checkbox"/>	
On-the-fly appointment scheduling	<input checked="" type="checkbox"/>	
Turn-by-turn directions and map	<input checked="" type="checkbox"/>	
Eye exam and contact lens reminders		<input checked="" type="checkbox"/>
Electronic ID card for office visits		<input checked="" type="checkbox"/>
Save vision prescriptions		<input checked="" type="checkbox"/>
Benefit plan details		<input checked="" type="checkbox"/>
Answers to common questions	<input checked="" type="checkbox"/>	
Direct line to member support	<input checked="" type="checkbox"/>	

Get a Clear View

Download the EyeMed member app now and register to access your vision benefit information on the go!



For employee use. Benefits are available from the EyeMed Vision Care, LLC provider network and are administered by First American Administrators, Inc., independent companies that offer benefits on behalf of Blue Cross and Blue Shield of Texas. Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Texas is the trade name of Dearborn Life Insurance Company, an independent licensee of Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.



Vision Benefit Information and Resources

Finding a provider and scheduling an appointment is AS EASY AS...

At Blue Cross and Blue Shield of Texas, we've made it easier than ever to access your vision benefit information and schedule your annual eye exam. Everything you need is available through our member portal.

- 1. Register and log in to the member portal at eyemedvisioncare.com/bcbstxvis.**
- 2. Review your vision benefit information.¹**
Our member portal gives you access to benefit details, claims, provider locations and more. And since many providers offer extended evening and weekend hours, you can get care when it works for you.
- 3. Find a provider near you:**
Log in to eyemedvisioncare.com/bcbstxvis, and then select "Click here to find a provider." Enter your zip code to be connected with eye health experts near you.

Still have questions?

Feel free to contact our award-winning² Customer Care Center at 855-556-8796. You can also learn more by visiting eyemedvisioncare.com/bcbstxvis.

All in-network providers can look up eligible members in the EyeMed system with a name and date of birth to verify benefits. ID cards are not required for eligible members to use their vision benefits.



Blue Cross and Blue Shield of Texas Vision Care ID Cards

- You will receive a one-time welcome packet, containing two ID cards and a member brochure.
- You do not need ID cards to receive services.
- Mailed ID cards will only have the employee's name listed (but any covered family member may use the card).
- Additional ID cards can be downloaded or printed by registering at eyemedvisioncare.com/bcbstxvis or by using the EyeMed App.



¹Actual benefits and frequencies vary by plan.

²Purdue University Benchmark Portal independent assessment of call centers nationwide.

For employee use only. Benefits are available from the EyeMed Vision Care, LLC provider network and are administered by First American Administrators, Inc., independent companies that offer benefits on behalf of Blue Cross and Blue Shield of Texas. Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Texas is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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Vision Discount Programs

(for employees who do not
participate in BCBS/EyeMed Vision
Plan)

Blue365[®]

EyeMed Vision Discount Program



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

What?

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

Who?

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

Where?

Visit eyemedexchange.com/blue365, click [Find a Provider](#) and begin your search. Be sure the Advantage network is selected.

For more information about Blue365, log in to Blue Access for MembersSM (BAMSM) at <https://mybenefits.county.org>. Click on [Benefits](#), then select [Links & Contacts](#) and [Go to Blue Cross Blue Shield Member Site](#). Use the information on your member ID card to complete the process.

Referral?

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

Program Features

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

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



TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

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

EyeMed Vision Discounts



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

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

Discounts are only available through participating vendors.

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

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

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

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Blue365[®] Davis VisionSM Discount Program



What is the Davis Vision discount program?

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

How do I locate a Davis Vision provider?

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

For a list of Davis Vision providers near you, go to davisvision.com, click *Member* and enter Client Code 4513 in the *Open Enrollment* section, or call Davis Vision at **888-897-9350**. For more information about Blue365, log in to Blue Access for MembersSM at <https://mybenefits.county.org>. Click on *Benefits*, then select *Links & Contacts* and *Go to Blue Cross Blue Shield Member Site*. Use the information on your member ID card to complete the process. Click the *My Coverage* tab at the top, and then click the *Discount* link on the left.

Are there any exclusions?

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

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

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

What discounts are available in the vision program?¹

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

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

	You May Pay:
Examinations	
Comprehensive examination	15% off or \$5 off retail cost
Contact lens examination	15% off or \$10 off retail cost
Frames²	
Priced up to \$70 retail	\$40
Priced over \$70 retail	\$40 plus 10% off the amount over \$70
Spectacle Lenses (Uncoated Plastic)²	
Single vision	\$35
Bifocal	\$55
Trifocal	\$65
Lenticular	\$110
Lentes de contacto	
Conventional ³	20% off
Disposable/planned replacement ³	10% off
Opciones de lentes de anteojos (adicional a los precios de los lentes)²	
Standard progressive ⁴	\$60
Premium progressive ⁴	\$110
Glass lenses	\$18
Polycarbonate lenses	\$30
Blended invisible bifocals	\$20
Intermediate vision lenses	\$30
Photogrey Extra [®] lenses	\$35
Scratch-resistant coating	\$15
Anti-reflective coating	\$45
Ultraviolet coating	\$15
Solid tint	\$10
Gradient tint	\$12
Hi-index lenses	\$55
Photochromic lenses (e.g., Transitions [®])	\$65
Polarized lenses	\$75



For more information:

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

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

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

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

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

⁴ Pricing at some retail locations may vary.

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

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

BCBSTX does not guarantee or make any claims or recommendations regarding the services or products offered under Blue365. You may want to consult with your physician prior to use of these services and products. Services and products are subject to availability by location.

BCBSTX reserves the right to discontinue or change this discount program at any time without notice.

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VII. Health & Wellness



Here's One Call You Don't Want to Miss

If you get a call from Blue Cross and Blue Shield of Texas (BCBSTX), we're calling to help you take good care of your health. Please answer or call us back.

Your health plan includes support for you and your covered family members from nurses and other medical professionals called health advisors.* This extra help is at no added cost to you.

BCBSTX may call to help you:

- Get the care you need for serious illnesses or injuries
- Have a healthy pregnancy and baby
- If you have been in the hospital or have had a major surgery

Calls from health advisors are not sales calls. We may ask you for information, like your name, date of birth or home address, to make sure that we are talking to the right person. Any information you share with BCBSTX is confidential, as required by law.

*Health advisors do not replace the care of a doctor. You should talk to your doctor about any medical questions or concerns.

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If we miss you, ring us back. We're here for you!



Wellbeing is about Progress, Not Perfection

Even small changes can help improve your health. So work on your wellbeing goals from one, simple dashboard, Blue Access for MembersSM (BAMSM). It's included with your plan. Go ahead – take your first step toward a healthier you!



Get Started Now! It's As Easy As...



Go to <https://mybenefits.county.org>.



Click on **Benefits**, then select **Links & Contacts** and **Go to Blue Cross Blue Shield Member Site**. Use the information on your member ID card to complete the process.



Click the **My Health** tab.

What You Can Do

- Access Well onTarget[®] to help manage your overall wellbeing:
 - Take a Health Assessment to jumpstart your wellness journey with a personal health report.¹
 - Engage in digital self-management programs to help you reach your health and wellbeing goals.
 - Link and track your fitness devices and nutrition apps in one place.
 - Earn and redeem Blue PointsSM when you complete healthy activities.²
- Join the Fitness Program with access to more than 10,000 fitness locations nationwide.³
- Talk to a nurse 24 hours a day.⁴
- Get support from a maternity specialist throughout a pregnancy.



Resources to Help You with:

- Asthma
- Back pain
- Blood pressure
- Cholesterol
- Diabetes
- Eating healthy
- Financial wellbeing
- Heart health
- Losing weight
- Pregnancy
- Quitting smoking
- Stress

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 at wellontarget.com for further 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.

3. A \$25 enrollment fee and \$25 monthly fee apply per member. Taxes may apply. Individuals must be at least 18 years old to purchase a membership.

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

Healthy County Resources

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

Lifestyle Resources

Healthy County (Sonic Boom) Portal

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

ONLINE: Healthy County (Sonic Boom) Portal at www.county.org/sonicboom

Blue Points Rewards

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

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

Health Assessment

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

ONLINE: Employee Self-Service (ESS) Portal > My Vendors & Other Sites > Go to Blue Cross Blue Shield Member Site > Health Assessment (under Quick Links)

Employee Assistance Program

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

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

WondrHealth (formerly Naturally Slim®)

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

ONLINE: www.county.org/naturallyslim

Omada®

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

*ONLINE: www.omadahealth.com/healthycounty
REGISTRATION CODE: healthycounty*

Gym Discount Program

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

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

Digital Self-Managed Programs

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

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

Online Access

- Healthy County on the TAC website at www.county.org/healthycounty
- **Employee Self-Service (ESS) Portal** at mybenefits.county.org
 - Access to Healthy County wellness program information, the Sonic Boom wellness portal, Blue Cross and Blue Shield of Texas (BCBSTX) benefits and records, Navitus Health Solutions for prescription benefits, the Texas County & District Retirement System and more.
- **Healthy County (Sonic Boom) Portal** at www.county.org/sonicboom
 - Access to wellness contests and incentives, the fitness device storefront, activity tracking, health education courses and more.
- Follow Healthy County on Facebook at www.facebook.com/TACHealthyCounty



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Health Management Resources

Blue Access for Members

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

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

Telemedicine with MDLIVE

Conduct a virtual visit with a doctor or therapist who can provide a diagnosis and prescribe medications (when appropriate) via videoconference, mobile app or telephone 24/7. Services include general health, pediatric care and behavioral health. The cost of a MDLIVE visit is \$10.

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

24-Hour Nurseline

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

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

Airrosti

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

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

Condition Management

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

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

Livongo[®]

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

ONLINE: *get.livongo.com/healthycounty*
REGISTRATION CODE: *HEALTHYCOUNTY*

Quit Tobacco

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

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

Women's and Family Health Programs

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

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

Stay in the Know



Subscribe to the Monthly Healthy Byte E-Newsletter

For Healthy County news, challenge updates, healthy lifestyle tips and inspiring stories. Sign up at www.county.org/HCMonthly.



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL



Health Care at Your Fingertips



BLUE ACCESS FOR MEMBERSSM

Blue Cross and Blue Shield of Texas (BCBSTX) helps you get the most out of your health care benefits with Blue Access for MembersSM (BAMSM). You and all covered dependents age 18 and up can create a BAM account.

With BAM, you can:

- Use our Provider Finder[®] tool to search for a health care provider, hospital or pharmacy
- Request or print your ID card
- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Use our Cost Estimator tool to find the price of hundreds of tests, treatments and procedures
- Download our app
- Sign up for text or email alerts

*Message and data rates may apply.

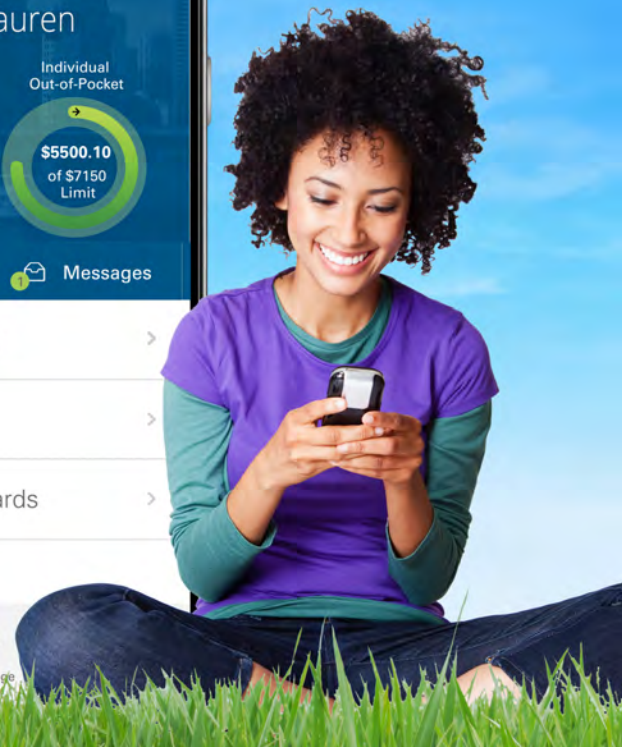
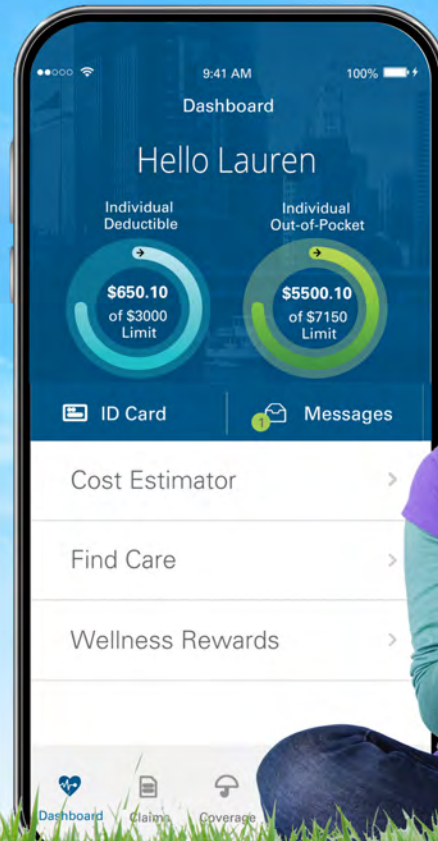
It's Easy to Get Started!

1. Go to <https://mybenefits.county.org>
 2. Click **Benefits**, then select **Links & Contacts** and **Go to Blue Cross Blue Shield Member Site**
 3. Use the information on your BCBSTX ID card to sign up
- Or, text* **BCBSTXAPP** to **33633** to get the BCBSTX App that lets you use BAM while you're on the go.



Stay connected wherever you are.

Go mobile with the BCBSTX App from Blue Cross and Blue Shield of Texas (BCBSTX).



BCBSTX APP

Get important health insurance information on the go.

- Find a doctor, hospital or urgent care facility.
- Get coverage and claims information.
- View and email your member ID card.
- Access information in Spanish.

Find doctors, get a member ID card, view claims, learn about coverage and more.

To get the **BCBSTX App**, text* **BCBSTX APP** to **33633**.

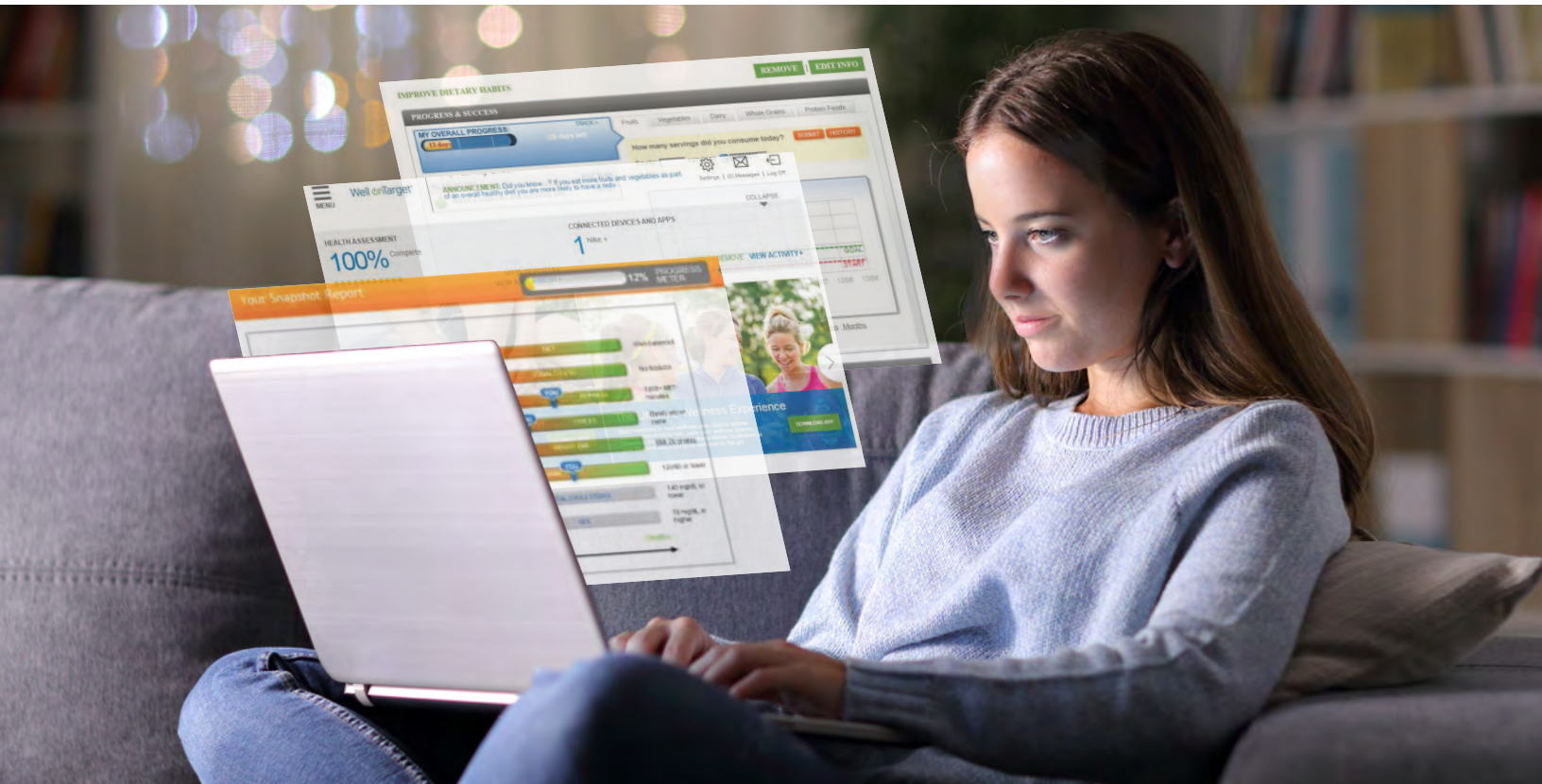
*Message and data rates may apply. Terms and conditions and privacy policy at bcbstx.com/mobile/text-messaging.

bcbstx.com/mobile



Blue Cross and Blue Shield of Texas complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability. To get help and information in your language at no cost, please call us at 855-710-6984.
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-710-6984 (TTY: 711).
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 855-710-6984 (TTY: 711).

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



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.

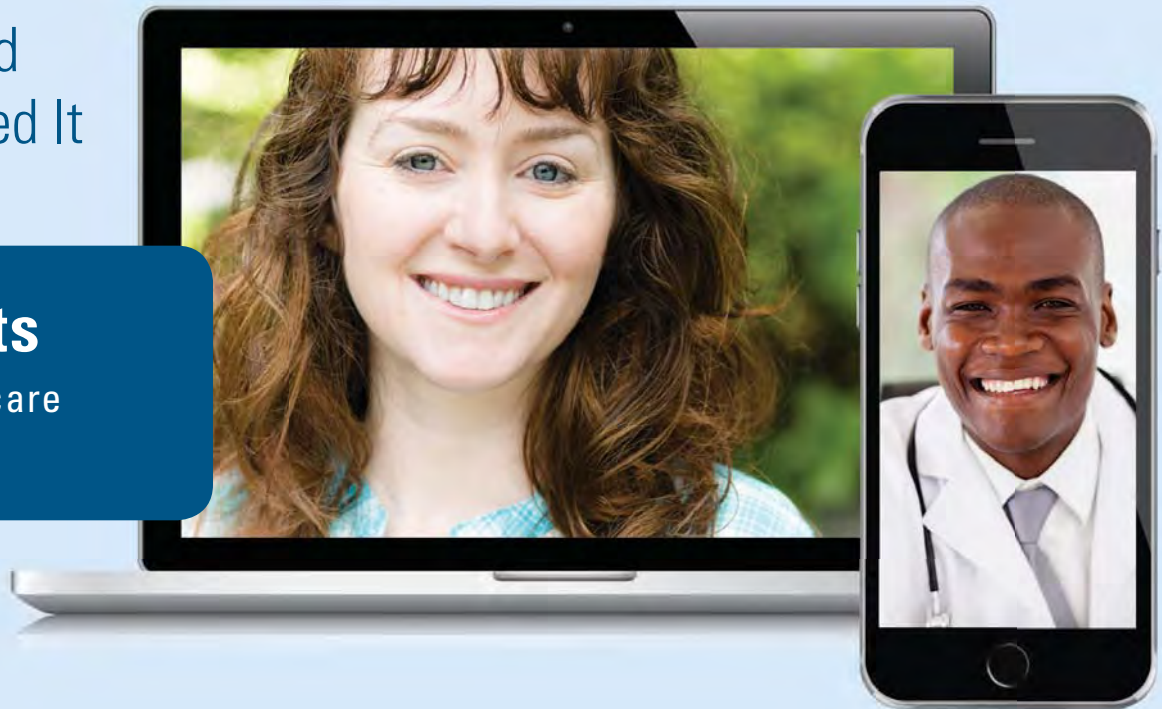
The Fitness Program is provided by Tivity Health[®], an independent contractor that administers the Prime Network of fitness centers. The Prime Network is made up of independently owned and operated fitness centers. Blue Cross and Blue Shield of Texas (BCBSTX) makes no endorsement, representations or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

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

Care When and
Where You Need It
Just Got Easier

Virtual Visits

Convenient health care
at your fingertips



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

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

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

General Health

- Allergies
- Asthma
- Nausea
- Sinus infections

Pediatric Care

- Cold
- Flu
- Ear problems
- Pinkeye

Behavioral Health

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



Connect

Computer, smartphone, tablet or telephone



Interact

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



Diagnose

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



Website:

Visit the website

MDLIVE.com/BCBSTX

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



Mobile app:

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



Telephone:

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

Get connected today!

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

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

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

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

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

App Store is a service mark of Apple Inc.

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

Windows is a registered mark of MicrosoftTM





24/7 Nurseline

Nurses available anytime you need them.

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

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

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

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

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

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

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



Prepare for Your Life-Changing Journey

Women’s and Family Health Pregnancy and Parenting Support

Whether you are pregnant or planning to get pregnant, you should prepare as much as you can. Blue Cross and Blue Shield of Texas (BCBSTX) has tools to help you – at no extra cost to you.

- **Ovia Health™** apps are for tracking your cycle, pregnancy and baby’s growth. The apps are available in English and Spanish*, and provide videos, tips, coaching and more.
 - **Ovia Fertility:** Track your cycle and predict when you are more likely to get pregnant.
 - **Ovia Pregnancy:** Monitor your pregnancy and baby’s growth week by week leading up to your baby’s due date.
 - **Ovia Parenting:** Keep up with your child’s growth and milestones from birth through three years old.
- **Well onTarget®** has self-guided courses about pregnancy that you can take online, covering topics such as healthy foods, body changes and labor.

Plus, if your pregnancy is high-risk, BCBSTX will provide support from maternity specialists to help you care for yourself and your baby. Having a baby changes everything, so use these tools to help you get ready.

*Ovia Health is an independent company that provides maternity and family benefits solutions for Blue Cross and Blue Shield of Texas.

*To access the Spanish version of the Ovia Fertility, Ovia Pregnancy and Ovia Parenting apps, you must select “Español” as the language preference in your mobile phone or device settings.



Download any of the Ovia Health apps from the Apple App Store or Google Play. During sign-up, make sure to choose “I have Ovia Health as a benefit.” Then select BCBSTX as your health plan and enter your employer name. Also visit wellontarget.com to explore our online courses.

Please call **888-421-7781** if you have questions or want to learn more.



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 mybenefits.county.org.
2. Click on **Benefits**, then select **Links & Contacts** and Go to **Blue Cross Blue Shield Member Site**.
3. Use the information on your member ID card to complete the process.
4. Then, click **Find a Doctor or Hospital**.



More Resources for Your Mental Wellbeing

Well onTarget®

Go to [wellontarget.com](https://www.wellontarget.com) to find articles, videos, tools and trackers to help you live healthy and well. Take a 12-week, online course to learn to sleep better or handle stress.

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.

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

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

FIX PAIN FAST!

HEALTH PLAN BENEFIT

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

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

* not subject to annual deductible except on HSA plans

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

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



Schedule Your Appointment Today!



3.2

visits average to complete injury resolution*

*Based on patient reported outcomes



80%
REDUCTION
IN SURGICAL
OCCURRENCE RATE



43%
REDUCTION
IN TOTAL
COST OF CARE



CLINICAL EXPERTISE. CONVENIENT ACCESS.

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


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



Expert Diagnosis and Care

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

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



Personalized Program

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

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



Progress and Support

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

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

AIRROSTI REMOTE RECOVERY IS NOW A COVERED BENEFIT.

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



AIRROSTI.COM/REMOTERECOVERY



(855) 913-0845



Join Omada[®] to build healthy habits that last

Omada is a digital lifestyle change program. We combine the latest technology with ongoing support so you can make the changes that matter most—whether that’s around eating, activity, sleep, or stress. It’s an approach shown to help you lose weight and reduce the risks of type 2 diabetes and heart disease.

• **Eat healthier**

Learn the fundamentals of making smart food choices.

• **Increase activity**

Discover easy ways to move more and boost your energy.

• **Overcome challenges**

Gain skills that allow you to break barriers to change.

• **Strengthen habits**

Zero in on what works for you, and find lasting motivation.

• **Stay healthy for life**

Continue to set and reach your goals with strategies and support.

More great news:

If you or your adult family members are enrolled in our Texas Association of Counties Health and Employee Benefits Pool health plan in partnership with Blue Cross and Blue Shield of Texas, and are at risk for type 2 diabetes or heart disease, the Omada program is included in your benefits at no cost to you.

Take a 1-minute risk screener to see if you’re eligible:

omadahealth.com/healthycounty

You’ll get your own:



Interactive program



Wireless smart scale



Weekly online lessons



Professional health coach



Small group of participants

The Simpler Way To A Healthier You

An advanced blood glucose meter and blood pressure monitor, plus the support you need, 100% paid for by the Texas Association of Counties Health and Employee Benefits Pool.



Join Livongo and you'll get:



Advanced devices to monitor your blood pressure and blood sugar



Automatic uploads mean no more logbooks



Real-time support from coaches when you need it



Summary reports you can send your doctor



Personalized tips and articles picked just for you



Optional family alerts to keep everyone in the loop



Unlimited strips.
Unlimited inspiration.
It's all at no cost to you.

Join today at get.livongo.com/HEALTHYCOUNTRY/register or call (800) 945-4355
Use registration code: HEALTHYCOUNTRY

These programs are provided to you and your family members with diabetes and high blood pressure and coverage through Texas Association of Counties Health and Employee Benefits Pool (TAC HEBP) in partnership with Blue Cross and Blue Shield of Texas (BCBSTX).

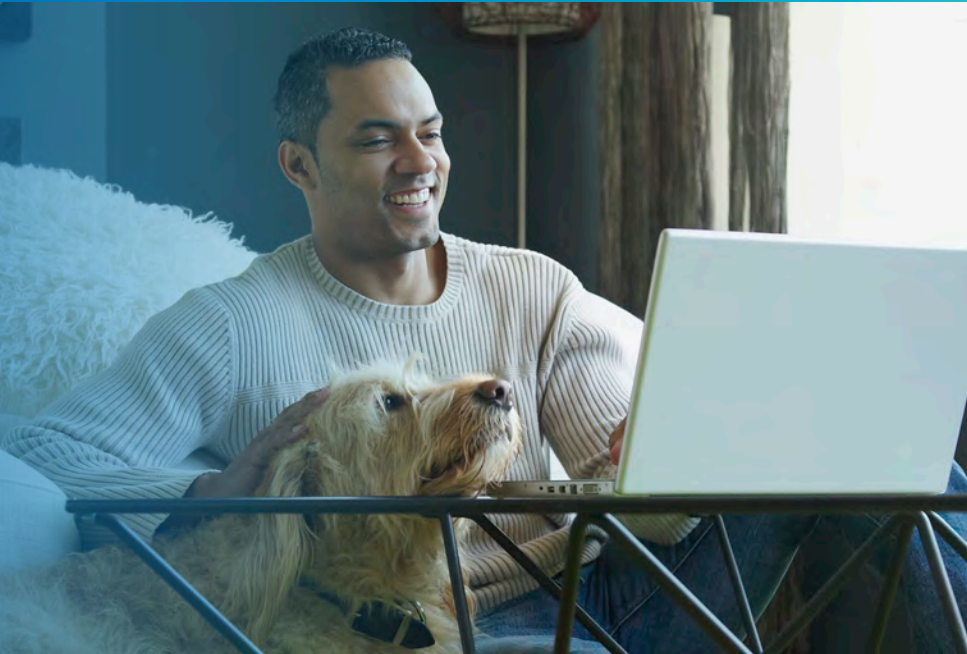
Members must have primary insurance coverage through the Blue Cross and Blue Shield of Texas (BCBSTX) plan offering the Livongo program. For Administrative Services Only (ASO) and Preferred Provider Organizations (PPO) only. Not available for Fully Insured (FI) or Health Maintenance Organizations (HMO).

Programs include trends and support on your secure Livongo account and mobile app but does not include a phone or tablet. You must have an iPhone or Android smartphone and install the Livongo app to participate in the Livongo for Hypertension Program.



Blue365[®]

A Discount Program for You



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

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

Below are some of the ongoing deals offered through Blue365.

EyeMed | Davis Vision

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

TruHearing[®] | Beltone[™] | American Hearing Benefits

You could get savings on hearing tests, evaluations and hearing aids. Discounts may also be available for your immediate family members.

Dental SolutionsSM

You could get dental savings with Dental Solutions. You may receive a dental discount card that provides access to discounts of up to 50% at more than 70,000 dentists and more than 254,000 locations.*

Jenny Craig[®] | Sun Basket | Nutrisystem[®]

Help reach your weight loss goals with savings from leading programs. You may save on healthy meals, membership fees (where applicable), nutritional products and services.

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

Fitbit®

You can customize your workout routine with Fitbit's family of trackers and smartwatches that can be employed seamlessly with your lifestyle, your budget and your goals. You'll get a 20% discount on Fitbit devices plus free shipping.

Reebok | SKECHERS®

Reebok, a trusted brand for more than 100 years, makes top athletic equipment for all people, from professional athletes to kids playing soccer. Get 20% off select models. SKECHERS, an award-winning leader in the footwear industry, offers exclusive pricing on select men's and women's styles. You can get 30% off plus free shipping for your online orders.

InVite® Health

InVite Health offers quality vitamins and supplements, educational resources and a team of healthcare experts for guidance to select the correct product at the best value. Get 50% off the retail price of non-genetically modified microorganism (non-GMO) vitamins and supplements and a free Midnight Bright Black Coconut Charcoal Tooth Polish with a \$25 purchase.

Livekick

Livekick is the future of private fitness. Choose from training or yoga over live video with a private coach. Get fit and feel healthier with action-packed 30-minute sessions that you can do from home, your gym or your hotel while traveling. Get a free two-week trial and 20% off a monthly plan on any Live Online Personal Training.



eMindful

Get a 25% discount on any of eMindful's live streaming or recorded premium courses. Apply mindfulness to your life including stress reduction, mindful eating, chronic pain management, yoga, Qigong movements and more.

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

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

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

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

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VIII. Important Notices

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

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

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

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

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

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

Website: <http://gethipptexas.com/>

Phone: 1-800-440-0493

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

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

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

Women's Health and Cancer Rights Act of 1998 Notification

In 1998, the U.S. Congress passed the Women's Health and Cancer Rights Act of 1998 that provides coverage for reconstructive surgery and related services following a mastectomy in conjunction with a diagnosis of breast cancer.

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

- Coverage will be provided for the reconstructive surgery of the breast on which a mastectomy has been performed.
 - Coverage will be provided for surgery and reconstruction of the other breast to produce a symmetrical appearance.
 - Coverage will be provided for prostheses and physical complications through all stages of a mastectomy, including swelling associated with the removal of lymph nodes.
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Newborns' and Mothers' Health Protection Act of 1996

Group health plans and health insurance issuers generally, may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours if applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Genetic Information Nondiscrimination Act of 2008 (GINA)

GINA prohibits employers and other entities covered by GINA from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. Please do not include any family medical history or any information related to genetic testing, genetic services, genetic counseling or genetic diseases for which an individual may be at risk



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Notice to Enrollees in the TAC HEBP Group Health Plan

Group health plans sponsored by a local government entity such as the Texas Association of Counties Health and Employee Benefits Pool (TAC HEBP) must generally comply with Federal law requirements in Title XXVII of the Public Health Services Act. However, TAC HEBP is permitted to elect to be exempt from the requirement listed below because TAC HEBP's plan is "self-funded", rather than provided through a health insurance policy. TAC HEBP has elected to be exempt from the following requirement:

- Protections against having benefits for mental health and substance use disorders be subject to more restrictions than apply to medical and surgical benefits covered by the plan.

The exemption from this Federal requirement will be in effect for the plan year beginning October 1, 2021 and ending September 30, 2022. The election may be renewed for subsequent years.



Important Notices

Initial Notice About Special Enrollment Rights in Your Group Health Plan

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

A. SPECIAL ENROLLMENT PROVISIONS

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

Loss of Coverage For Medicaid or a State Children’s Health Insurance Program

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

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption

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

Eligibility for State Premium Assistance for Enrollees of Medicaid or a State Children’s Health Insurance Program

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

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

II. Additional Notices

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

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

For plans that require or allow for the designation of primary care providers by participants or beneficiaries:

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

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

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

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



NOTICE OF PRIVACY PRACTICES

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

I. USE AND DISCLOSURE OF HEALTH INFORMATION

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

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

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

A. To Make or Obtain Payment.

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

B. To Conduct Health Care Operations.

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

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

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

C. For Treatment Alternatives.

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

D. For Distribution of Health-Related Benefits and Services.

The Plan may use or disclose your health information to provide to you information on health-related benefits and services that may be of interest to you.

E. For Disclosure to the Plan Sponsor.

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

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

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

Any PHI disclosed by the Plan will be disclosed to the Pool Coordinator designated by the Plan Sponsor. The Plan Sponsor will restrict access to and use of PHI to those individuals who need it to perform plan administration functions or to obtain bids for health

coverage. The plan sponsor will provide an effective mechanism for resolving any issues if such persons use or disclose your PHI inappropriately.

F. When Legally Required.

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

G. To Conduct Health Oversight Activities.

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

H. In Connection With Judicial and Administrative Proceedings.

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

I. For Law Enforcement Purposes.

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

J. In the Event of a Serious Threat to Health or Safety.

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

K. For Specialized Government Functions.

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

L. For Worker's Compensation.

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

M. Public Health Activities.

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

II. AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

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

III. YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

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

A. Right to Request Restrictions.

You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the Plan's disclosure of your health information to someone involved in the payment of your care. The Plan is not required to agree to your request, but will certainly consider it. We must, however, agree to any request you may make to restrict disclosure of your personal information to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law and the information pertains solely to a health

care item or service for which you or someone acting on your behalf paid the provider in full. If you wish to make a request for restrictions, please contact TAC HBS Operations Manager at 800-456-5974.

B. Right to Receive Confidential Communications.

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

C. Right to Inspect and Copy Your Health Information.

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

D. Right to Amend Your Health Information.

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

E. Right to an Accounting.

The Privacy Rule requires the Plan to keep a record of certain disclosures of health information, such as

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

F. Right to a Paper Copy of this Notice.

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

IV. DUTIES OF TAC HEBP HEALTH PLAN

The Plan is required by law to maintain the privacy of your health information as set forth in this Notice and to provide to you this Notice of its duties and privacy practices. The Plan is also required by law to notify any affected individuals following a breach of their unsecured protected health information. The Plan is required to abide by the terms of this Notice, which may be amended

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

CONTACT PERSON

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

EFFECTIVE DATE

This Notice is effective Nov 8, 2013.

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