

2020 BENEFITS

Guide for Bexar County Employees

For questions please contact Human Resources

(210) 335-2545 | HR@Bexar.org | Bexar.org/hr | BexarSideKick.org

BEXAR COUNTY

2020 BENEFITS GUIDE

Bexar County offers a comprehensive benefits package and a variety of preventative care and financial options. Your enrollment and participation in these benefit programs will help safeguard the health care and financial needs for you and your family.

This overview is a summary of benefits offered for the 2020 Plan Year. This summary of benefits is not intended as a complete description of the provisions of the benefit plans. If any discrepancy exists between this guide and the official plan documents or policies, the official plan documents will govern.

To contact Human Resources with questions or comments, please call (210) 335-2545 or send an email to HR@bexar.org. We also invite you to visit us online at www.Bexar.org or on the Bexar County intranet.

ANNUAL ENROLLMENT

Open Enrollment will begin Monday, **October 14, 2019** and end **Friday, November 8, 2019 at 11:59pm**. All dependent verification documents are due to Bexar County HR no later than **4pm, Friday, November 8, 2019**.



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ELIGIBILITY

WHO IS ELIGIBLE

You are eligible for Bexar County's Employee Benefits Programs if you are a regular full-time employee who works at least 30 hours per week; however, there are some benefit programs that are available to all employees.

DEPENDENT ELIGIBILITY

Documentation is required to prove dependent eligibility. Refer to the Dependent Eligibility Requirements for required documentation. Eligible dependents include:

- Your spouse, as defined and recognized by State of Texas laws.
- If you and your spouse are both employed by Bexar County, only one employee may elect dependent coverage.
- Children under the age of 26, including biological children, legally adopted children, legal custody and stepchildren.
- Children of any age if mentally or physically handicapped and meet certain requirements.
- Grandchild(ren) must be unmarried, residing with and financially dependent on the employee.
- Plus One Qualifying Adult who resides with, is over the age of 18 and is financially interdependent with the employee.

DEPENDENT ELIGIBILITY REQUIREMENTS

Dependent Type	Eligibility Requirements	Document Options for Verification of Eligibility
Legal Spouse	Spouse under the laws of the State of Texas	State issued Marriage Certificate
Common Law Spouse	Common Law Spouse must be recognized by State and must have County issued common law affidavit filed with the County	Certificate of Informal Marriage-Declaration and Registration of Informal Marriage by parties from the County and Proof of Joint Ownership issued within the last 6 months
Plus One Qualifying Adult (Must Complete Plus One Enrollment Form)	<ul style="list-style-type: none"> • Must have resided in the same residence for at least 12 consecutive months and must continue to do so • Must be at least 18 years of age • Must be financially interdependent with the employee 	A notarized Affidavit and 3 of the following documents: <ul style="list-style-type: none"> • Joint deed or mortgage agreement • A title or vehicle registration • Proof of joint bank accounts or credit accounts • Proof of designation as the primary beneficiary for life insurance or retirement benefit • Assignment of a durable property power of attorney or health care power of attorney
Biological Child(ren)	Under Age 26	State issued Birth Certificate
Stepchild(ren)	Under Age 26	State issued Birth Certificate, State issued Marriage Certificate or Affidavit of Common Law Marriage filed with the County
Adopted Child(ren)	Under Age 26	Adoption Certificate or Adoption Placement Agreement if the child was adopted in the past 12 months
Grandchild(ren)	<ul style="list-style-type: none"> • Under age 26 • Must be unmarried • Must reside with the employee. • Must be financially dependent on the employee 	State issued Birth Certificate of employee's child and State issued Birth Certificate of grandchild and Federal Tax Return within the last 2 years
Legal Ward	<ul style="list-style-type: none"> • Under Age 26 • Must be unmarried • Must be financially dependent on the employee. • Guardianship must be ordered for the employee 	State issued Birth Certificate, court ordered document of legal custody ordered for employee, or State issued Birth Certificate and court ordered documentation of legal guardianship if custody was obtained in the past 12 months
Qualified Medical Child Support Order (QMCSO)	<ul style="list-style-type: none"> • Under Age 26 • QMCSO must be ordered for the dependent 	QMCSO from the Attorney General's Office
Disabled Dependents	<ul style="list-style-type: none"> • Must be unmarried • Must be medically certified as disabled • Must be incapable of self-sustaining employment • Must be financially dependent on the employee 	Medical Certification as disabled and incapable of self-sustaining employment, Federal Tax Returns within the last 2 years, and all other appropriate dependent type of documentation as listed above

You must provide Date of Birth and Social Security Numbers for all Dependents.

Elections will remain in effect for the entire calendar/plan year (January 1st - December 31st). In the event you experience a qualifying event (page 7), you may modify your enrollment within 30 days of the event date.

Plus One Qualifying Adult

ELIGIBILITY

- The Bexar County employee and Plus One Qualifying Adult must have resided together in the same residence for at least 12 consecutive months, and must continue to do so for the Plus One Qualifying Adult to remain eligible for the benefits
- Plus One Qualifying Adult must be 18 years of age or older
- Plus One Qualifying Adult must be financially interdependent with the Bexar County employee, sharing common financial obligations as evidenced by three (3) or more of the following documents.

Eligibility Documents

At least three (3) of the documents listed below must be provided to demonstrate eligibility requirements and must be certified before benefits are effective. Employee must consult with Bexar County HR to add a Plus One Qualifying Adult. Contact Bexar County HR at 210-335-2545 to verify eligibility.

- Joint deed or mortgage agreement to demonstrate common ownership of real property or a common leasehold interest in real property
- A title or vehicle registration showing common ownership of motor vehicle
- Proof of joint bank accounts or credit accounts
- Proof of designation as the primary beneficiary for life insurance or retirement benefit
- Assignment of a durable property power of attorney or health care power of attorney



The Bexar County **Employee and Plus One Qualifying Adult** must submit a notarized Affidavit along with the supporting documentation. In the event that the Bexar County employee and the Plus One Qualifying Adult no longer meet the eligibility requirements, you must notify Bexar County Human Resources and submit a Termination of Financial Interdependency For Plus One Qualifying Adult form.

The following individuals are NOT eligible dependents or Plus One Qualifying Adult.

Parents/Siblings	Relatives
Grandparents and their descendants	Step relatives
Renters, boarders, tenants	Employee of the Bexar County employee

Adding a Plus One Qualifying Adult will incur imputed income

Enrolling in Your Benefits

You can enroll for coverage **within 30 days** of your eligibility date, or during the Annual Enrollment period. If you do not enroll for coverage within your eligible time-frame, you may not receive health coverage during the plan year. **Exception to this would be a qualifying event.**

The benefit choices you make during your enrollment will remain in effect for the entire plan year (January 1 - December 31). You will have the opportunity to change your benefit selections once a year during the Annual Enrollment period or during the year if you experience a family status change (within 30 days).

New Employee Enrollment

Elections are due to HR within 30 days of your hire date. Effective date of coverage is the 1st of the month following 30 days of employment.

Default Coverage – New Hires

If you do not enroll in coverage or provide a waiver, you will automatically be enrolled in the Base PPO Medical Plan, employee only coverage.

Important Information for New Employee

To decline enrollment for you or your eligible dependents, please designate "waive" on your enrollment form. This will prevent your benefits from being defaulted to Base PPO Employee only coverage. Waiving Health Coverage option waives only your medical coverage while allowing you continued enrollment eligibility in other optional benefits.



ANNUAL ENROLLMENT

Enrollment for the 2020 plan year must be completed by November 8, 2019 for coverage effective January 1, 2020.

Making Changes to Your Benefits During the Year

Qualifying Events

Benefit elections remain in effect for the calendar year, which represents the plan year, January 1 through December 31. Many of our benefit elections are pre-tax eligible in accordance with the rules delineated by the IRS. The IRS does not allow the opportunity to add or subtract to existing coverage, unless a change occurs during a plan year that satisfies the criteria of a “Qualifying Life Event”.

Qualifying Life Events include:

- Marriage
- Establishment of Plus One Qualifying Adult
- Divorce, Legal Separation, Annulment, or Dissolution/Loss of Financial Interdependency of a Plus One Qualifying Adult
- Birth or Adoption of an Eligible Child

- Change with you or your spouse/Plus One Qualifying Adult’s work status that affects benefits eligibility
- Change in your child’s eligibility for benefits
- Qualified Medical Child Support Order
- Death of a dependent

It is the employee/subscriber’s responsibility to notify Bexar County in writing on a Family Status Change Form, within 30 days of experiencing a qualifying event. Any benefit changes must be directly related to the qualified events. A complete Family Status Change Form must be submitted to Human Resources with documentation of the event, as well as the appropriate dependent verification information. Failure to do so will result in ineligibility to make an enrollment change.

Changes in Medicaid/CHIP enrollments that result in a loss of coverage may have special conditions.

Termination/Loss of Medicaid or CHIP (Children’s Health Insurance Program)

Under the Children’s Health Insurance Program Reauthorization Act (CHIPRA) of 2009, effective April 1, 2009 and thereafter, if you, your spouse or dependents had coverage with Medicaid or CHIP and your coverage was terminated because of loss of eligibility, you may be able to enroll yourself and your eligible dependents in a Bexar County Health Plan. Your request for enrollment must be submitted within 60 days of the effective date of your loss of eligibility for Medicaid or CHIP. All requests must be submitted in writing with appropriate supporting documentation attached.

Voluntary Termination of Coverage

Employees may end coverage the 1st of the month following the day the request is received if a summary of benefits is shared reflecting eligible coverage outside of the County that is equivalent or greater than your current enrollment.



ALEX is an online benefits decision helper courtesy of Bexar County. It's available to help you with your benefit enrollment decisions. ALEX will help with selecting Medical, Dental, Vision, Life-AD&D, Disability, Flexible Spending, Dependent Care benefits and even share details on our free Employee Assistance Program.

How long does it take to go through ALEX?

Most people spend about 7 minutes going through the entire ALEX experience. However, clicking every possible button can take about 30 minutes. Also you can always save your place in ALEX and return later simply by providing your email address.

Will I need to do anything to prepare for ALEX?

If you would like to prepare for questions about your medical and dental needs, it helps to have an idea of:

- How many dependents you plan to cover
- Estimated number of visits to a doctor
- Estimated number of prescriptions
- Estimated number of dental care visits

How can I make the most of my ALEX experience?

ALEX is best experienced on a desktop computer with sound (either headphones or speakers), but you can also use it on an Android or iOS (Apple) mobile device.

How does ALEX calculate recommendations?

ALEX estimates the total yearly out-of-pocket costs for each plan (a combination of your premium contributions and the costs for the services you plan to use) and recommends the one with the lowest overall cost to you based on the information you provide. ALEX's cost data is based on health insurance plan design features and the estimated cost of services for each plan option, but keep in mind ALEX does not include out-of-network costs in its calculations.



TALK TO ALEX:

Visit: myalex.com/Bexar-County/2020

Have Questions or need help?

Call: (210) 335-2841

Email: sarah.casarez@bexar.org



ALEX will ask questions about your healthcare needs (your answers remain anonymous, of course), crunch some numbers, and recommend a plan that best meets your needs. It's that easy!

Remember ALEX is NOT enrollment.

made available through
aetna[®]



Getting started with Teladoc



Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits. Set up your account today so when you need care now, a Teladoc doctor is just a call or click away.



1

Online:

Go to [Teladoc.com/Aetna](https://teladoc.com/Aetna) and click **"set up account"**.

Mobile app:

Download the app and click **"Activate account"**. Visit teladoc.com/mobile to download the app.

Call Teladoc:

Teladoc can help you register your account over the phone.

SET UP YOUR ACCOUNT

Set up your account by phone, web or mobile app.



2

PROVIDE MEDICAL HISTORY

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.



3

REQUEST A CONSULT

Once your account is set up, request a consult anytime you need care. And talk to a doctor by phone, web or mobile app.

Talk to a doctor anytime for **\$40 or less!**

 [Teladoc.com/Aetna](https://teladoc.com/Aetna)

 1-855-Teladoc (835-2362)



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MEDICAL COVERAGE

For plans in 2020, Bexar County will offer **3** health plan options: Premium PPO, Base PPO, and Accountable Care Organization (ACO).

Under the Base PPO and Premium PPO plans, you have the flexibility to seek services from in-network and out-of-network providers (You may select any affiliated physician, hospital, and facility using the Aetna Point of Service II Directory available through DocFind® and the Aetna website). By receiving care from in-network providers, you will receive the most value from your benefits, including lower deductibles and copays. You are responsible for verifying that any services a physician refers you to, such as other specialists, labs, hospitals and home health agencies, are also in-network. In-network claims are generally filed for you through the network, but you must file your own claims for any out-of-network services.

BASE PPO PLAN	PREMIUM PPO PLAN	OPEN ACCESS™ AETNA SELECT ACO MEDICAL
<p>Base PPO covers medical expenses at 80% of in-network charges after individual \$1,500 deductible, or 60% of the reasonable and customary out-of-network charges after individual \$3,000 out-of-network deductible.</p>	<p>Premium PPO covers medical expenses at 80% of in-network charges after an individual \$800 deductible, or 70% of the reasonable and customary out-of-network charges after an individual \$1,600 out of network deductible.</p>	<p>ACO covers medical expenses at 80% in-network only with Baptist/HealthTX Facilities and Providers after an individual \$600 deductible. NO out of network benefits. Primary Care copay of \$25 and Specialist Care copay of \$40.</p>

Aetna Whole Health plans are a new way of looking at health care. We've designed these health benefits and insurance plans to improve the quality of your care, provide a better experience for you and your family and save you money. You'll have access to a special network of primary care doctors, specialists and hospitals focused on you. Led by a primary care doctor of your choice, your care team will work with you to:

- Help keep you healthy or improve your health, not just treat you when you're sick or injured
- Better coordinate your care and keep tabs on your prescriptions, lab results, health history and more
- Spot problems and build personalized care plans to treat you
- Encourage you to play an active and informed role in your health and health care decisions

Aetna is Bexar County's claims administrator. Employees are encouraged to utilize the Aetna network for medical conditions. To verify that your physician, mental health provider or medical facility is in-network contact Aetna:

- aetna.com
- (888) 249-2584



Medical Plan Benefits - All Employees

BENEFIT	BASE PPO		PREMIUM PPO		ACO
	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network (ONLY)
Coinsurance How much plan pays	80%	60%	80%	70%	80%
Calendar Year Deductible (Individual/Family)	\$1,500/\$2,500	\$3,000/\$5,000	\$800/\$1,200	\$1,600/\$2,400	\$600/\$1,000
Out-of-Pocket Maximum	\$4,200/\$8,200	\$8,400/\$16,400	\$2,000/\$4,000	\$4,000/\$8,000	\$1,800/\$3,400
Lab & Diagnostic	80% after deductible	60% after deductible	80% after deductible	70% after deductible	80% after deductible
Wellness/Preventive Care	100%	100% of reasonable & customary	100%	100% of reasonable & customary	100%
Office Visits - Primary	\$40 copay	60% after deductible	\$30 copay	70% after deductible	\$25 copay
Office Visits - Specialist	\$50 copay	60% after deductible	\$45 copay	70% after deductible	\$40 copay
Inpatient Hospital Services	80% after deductible	\$500 copay then 60% after deductible	80% after deductible	\$500 copay then 70% after deductible	80% after deductible
Outpatient Surgery	80% after deductible	60% after deductible	80% after deductible	70% after deductible	80% after deductible
Emergency Room	80% after deductible		80% after deductible		80% after deductible
Urgent Care	80% after deductible	60% after deductible	80% after deductible	70% after deductible	\$75 copay
Chiropractic Care	\$40 copay	60% after deductible	\$40 copay	70% after deductible	\$40 copay
Inpatient Mental Health	80% after deductible	60% after deductible	80% after deductible	70% after deductible	80% after deductible
OutPatient Mental Health	\$40 copay	60% after deductible	\$40 copay	70% after deductible	\$40 copay
Morbid Obesity	\$30,000 Lifetime Maximum				
Fertility/Infertility	\$10,000 Lifetime Maximum				

*** Out-of-Network utilization for Base and Premium PPO plans are subject to Reasonable and Customary rates. The ACO plan does not have an out of network option.**

YOUR COST FOR MEDICAL COVERAGE

Deductions for medical, dental and vision coverage, as well as for the FSAs, are withheld on a pre-tax basis. Below are the **semi-monthly premiums** for your 2020 medical benefits.

MEDICAL PLANS (Non-Collective Bargaining Agreement)

Semi-Monthly Payment For:	Base PPO	Premium PPO	ACO
Employee Only	\$41.22	\$56.11	\$46.69
Employee + 1	\$82.42	\$112.21	\$93.37
Employee + 2 or more	\$133.89	\$182.35	\$151.73

MEDICAL PLANS (Collective Bargaining Agreement - CBA)

Semi-Monthly Payment For:	Base PPO	Premium PPO	ACO
Employee Only	\$32.98	\$44.89	\$37.35
Employee + 1	\$65.94	\$89.77	\$74.70
Employee + 2 or more	\$107.11	\$145.88	\$121.38

COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives workers and their families, who lose their health benefits, the right to choose to continue group health benefits provided by their group health plan for limited periods of time under certain circumstances such as voluntary or involuntary job loss, reduction in the hours worked, transition between jobs, death, divorce or legal separation and other life events. Qualified individuals may be required to pay the entire premium for coverage up to 102%. Below are the monthly premiums for your 2020 COBRA benefits.

COBRA Rates Monthly

Tier	Base PPO	Premium PPO	ACO
Subscriber Only	\$503.88	\$549.40	\$480.73
Subscriber + 1	\$1,007.75	\$1,098.82	\$961.46
Subscriber + 2 or more	\$1,637.63	\$1,785.56	\$1,562.36

Imputed Income



Examples of Non-Certified Qualified Dependent Imputed Income

Imputed Income: Federal regulations require that an employee with a covered, non-certified tax dependent pay taxes on the value of that person's benefit.

Non-Certified Dependent: Dependents recognized by the federal government who do not meet the eligibility criteria through verification as detailed in the Internal Revenue Code 125.



irs.gov/publications/p17/ch03.html

Below is an example to help you make an informed decision. Each family's enrollment varies. Imputed income will be included on your wage statement and W-2 as taxable income.

Sample pay stub employee is enrolled in Premium PPO:

Employee + 2 or more, including a Plus One Qualifying Adult and two certified children.

Employee Name	Employee #	Department	W/H Stat	# 13
Jane Doe	00099999	Wellness	Single	2

Earnings	Current	YTD
Semi-Monthly Sal	1,232.00	16,016
MED Imp. Income	190.69	2,478.97
Total Earnings	1,422.69	18,494.97

This is how imputed income will appear on your pay statement.

Prescription Drug Coverage

Prescription Drugs are covered under the medical plans if prescribed for the treatment of a covered medical condition. If you purchase generic drugs, you do not have to pay a copay.

If you choose a brand name medication or if your doctor indicates on the prescription “dispense as written” for a brand name drug when an

equivalent generic medication is available, you must pay the higher cost.

Some prescription drugs may be subject to prior authorization and dispensing limitations. Non-Formulary and Specialty Drugs are subject to step evaluation which may delay a members eligibility for this drug prior to dispensing.

RETAIL (30 Day Supply)

Drug Tier	Base PPO	Premium PPO	ACO
Tier 1 - Preferred Generic	\$0 Copay	\$0 Copay	\$0 Copay
*Tier 2 - (Brand) Formulary	\$30 Copay	\$30 Copay	\$30 Copay
**Tier 3 - Non-Formulary	\$60 Copay	\$60 Copay	\$60 Copay
**Tier 4 - Specialty	\$150 Copay	\$150 Copay	\$150 Copay

MAIL ORDER (90-Day Supply)

One transition fill allowed within 90 days of member’s effective date.

Drug Tier	Base PPO	Premium PPO	ACO
Tier 1 - Preferred Generic	\$0 Copay	\$0 Copay	\$0 Copay
*Tier 2 - (Brand) Formulary	\$75 Copay	\$75 Copay	\$75 Copay
**Tier 3 - Non-Formulary	\$150 Copay	\$150 Copay	\$150 Copay
**Non-Network Pharmacy/Specialty	Copay + 30%	Copay + 30%	Copay + 30%

* Formulary Generic FDA-approved Women’s Contraceptives and certain over-the-counter preventive medications covered 100% in network. Formularies are subject to change throughout the plan year.

** Brand, Non-Formulary and Specialty prescriptions have an annual deductible of \$100 with copay. Family Pharmacy deductible will have a maximum of \$300.

Annual deductible of \$100 applies to Brand, Non-Formulary and Specialty Prescriptions



For information on your ACF Formularies:

[Aetna.com/individuals-families/find-a-medication/2019-aetna-advanced-control-plan.html?plan-year=2019&plan-name=aetna-advanced-control-plan](https://www.aetna.com/individuals-families/find-a-medication/2019-aetna-advanced-control-plan.html?plan-year=2019&plan-name=aetna-advanced-control-plan)

aetna[®]

Drug Coverage

Aetna's drug list is continually updated with medications approved or not approved for coverage. Call the toll free customer service phone number on the back of your ID card or visit Aetna's website at [Aetna.com](https://www.aetna.com) to verify whether a prescription drug is a generic, has a generic equivalent, is covered, not covered, or requires prior authorization under this Prescription Drug Benefit Plan.



PRESCRIPTION DRUG DEFINITIONS

To help you better understand your prescription drug benefits, review these helpful terms:

Brand Name Medicine

A medication that is manufactured and distributed by only one pharmaceutical manufacturer.

Copayment (Prescription Drug Copay)

The amount to be paid by you toward the cost of each separate prescription order or refill of a covered drug when dispensed by a pharmacy.

Dispensing Limit

The monthly drug dosage limit and/or the number of months the drug usage is needed to treat a particular condition.

Drug List (ACF Formulary)

A list of prescription drugs, medicines, medications and supplies approved by Aetna, which identifies drugs as Tier 1, 2, or 3.

Preferred Generic Medication

A medication that is manufactured, distributed and available from several pharmaceutical manufacturers and identified by the chemical name.

Tier 1 Drug (Preferred Generic)

A category of generic drugs, medicines, or medications on the Aetna drug list.

Tier 2 Drug (ACF Formulary)

A category of brand name drugs, medicines or medications on the Aetna drug list.

Tier 3 Drug (Non-Formulary Drugs)

A category of generic or brand name drugs, medicines or medications not on the Aetna drug list.

Prescription Deductible

The amount you pay each calendar year per member before the plan begins to pay covered prescription expenses. (This does not include copayment amounts.)

Prior authorization

Is the required prior approval from Aetna for the coverage of prescription drugs, medicines and medications, including the dosage, quantity & duration, as appropriate for the covered member's diagnosis, age and sex.

Tier 4 Drug (Specialty Drugs)

Specialty drugs treat complex, chronic conditions that often require support by a nurse or pharmacist during treatment. Because of the complex therapy needed, a pharmacist or nurse should check in with you often during your treatment. These drugs may be injected, infused, or taken orally and may need refrigeration. They are often expensive and may not be available at retail pharmacies.

Step Therapy

Encourages use of certain appropriate medications in accordance with accepted treatment guidelines by requiring members with certain illness to try a therapeutically equivalent pre-requisite medication prior to using the medication classified as a Step-Therapy medication.

*We have more than 60,000 pharmacies nationwide in our retail pharmacy network.**

Aetna Approved Labs

LabCorp and **Quest Diagnostics** are nationally preferred labs for Aetna, in addition to other participating nationally and locally contracted labs.

Mental Disorders

This is a disease commonly understood to be a mental disorder whether or not it has a physiological or organic basis and for which treatment is generally provided by or under the direction of a mental health professional such as a psychiatrist, a psychologist or a psychiatric social worker. A mental disorder includes, but is not limited to:

- Alcoholism and drug abuse
- Bipolar disorder
- Major depressive disorder
- Obsessive compulsive disorder
- Panic disorder
- Pervasive Mental Developmental Disorder (Autism)
- Psychotic depression
- Schizophrenia

Morbid Obesity

Morbid Obesity is...

- A weight that is at least 100 pounds over or twice the ideal weight for frame, age height, and gender as specified in the 1983 Metropolitan Life Insurance table
- A body mass index (BMI) equal to or greater than 35 kilograms per meter squared with

comorbidity or coexisting medical conditions such as hypertension, cardiopulmonary conditions, sleep apnea, or diabetes, or

- A BMI of 40 kilograms per meter squared without such comorbidity.

Hospital Inpatient

Hospital Inpatient is an admission to a hospital or other healthcare facility for a specific period of time, usually at least an overnight stay.

Outpatient

A patient who is not confined to a hospital and who visits a clinic, emergency room or dispensary for diagnosis or treatment.

Inpatient

- An individual admitted as a bed patient to a health care facility receiving room, board and general nursing care.
- A classification of a facility where such health care service is provided.

Lab Medicine

The branch of medicine in which specimens of tissue, fluid, or other body substances are analyzed and tested in a lab.



For information on your ACF Formularies:

[Aetna.com/individuals-families/find-a-medication/2019-aetna-advanced-control-plan.html?plan-year=2019&plan-name=aetna-advanced-control-plan](https://www.aetna.com/individuals-families/find-a-medication/2019-aetna-advanced-control-plan.html?plan-year=2019&plan-name=aetna-advanced-control-plan)



Bexar County WELLNESS

Mission: To improve the well-being of Bexar County employees by providing resources that teach skills to enable long-term healthy lifestyle changes.



Passport to Health

The Bexar County Passport to Health is a voluntary wellness program that allows all full-time Bexar County employees to earn \$50 in HEB gift cards by participating in a variety of health/wellness services and activities. In order to be eligible for this incentive, you must complete the following activities by November 8, 2020:

Step 1: Know your Numbers

- ✓ Complete Quest Health Screening

Step 2: Know your Risk

- ✓ Complete Aetna Health Assessment

Step 3: Travel to Wellness

- ✓ Complete 1 Preventive care exam/service
- ✓ Complete 1 Bexar county wellness event



LIVE-STREAM Education Classes

Stress Management and Nourish are monthly live-stream education classes that offer employees an opportunity to attend in-person at Commissioner's Court or online at any location. Tune in from your desktop or your mobile device.



Onsite Wellness Events

Bexar County Wellness offers onsite wellness opportunities year-round for employees to check their health:

- ✓ Onsite Quest Health Screenings
- ✓ Onsite UHS Blood Drives
- ✓ Onsite UHS Mobile Mammograms
- ✓ Onsite Flu-Shot Clinics
- ✓ Onsite Airrosti Injury Assessments



Employee Fitness Center / Fitness Classes

Bexar County offers a fully equipped Employee-Only Fitness Center. Bexar County also offers onsite group fitness classes. This will provide a convenient way for you to achieve and maintain good health. The Fitness Center is open 6am-8pm 7 days a week with your own access code at 126 E. Nueva. **Please contact the wellness team at wellness@bexar.org for access code instructions.**



Employee Health and Wellness Clinic

Bexar County employees have access to an employee clinic that specializes in wellness and the treatment of minor illness and injuries. The Bexar County Employee Health Clinic and Wellness Center is centrally located at 211 S. Flores (Under the Bexar County Parking Garage across from the HR Offices).

Operated in partnership with University Health System, the Clinic has healthcare professionals on staff daily to meet employees' medical and wellness needs. There is a \$5 payroll deduction co-pay per visit, and same-day appointments are usually available.

A no-show fee of \$5.00 will be charged if an appointment is missed or cancelled within three hours from the scheduled time. All employees (except temps) are eligible to utilize the clinic and enrollment in the County medical plan is not required. Wellness education programs and tools that track employees' progress toward healthy lifestyles are also available in the clinic.

The clinic provides:

- Acute Care
- Wellness Checks
- UHS Referrals
- Immunization/Vaccinations (no copay)
 - Flu Shot
 - Pneumonia
 - Tetanus



Enjoy this benefit that aims to improve employee health!

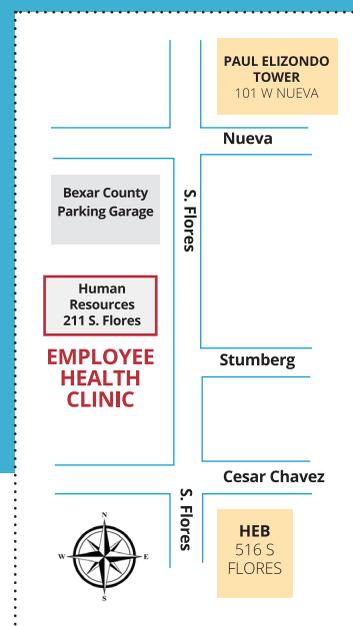
Call **(210) 335-4WEL (4935)** to make an appointment.

Clinic hours of operation:
Monday through Friday
7:30am – 11:30am
12:30pm to 4:30pm

Closed on all County Holidays. UHS may designate other holidays or schedules.

Bexar County HealthWorks
Employee Health and Wellness

Give us your feedback:
bexar.org/EmployeeclinicSurvey/



For more information about wellness opportunities available to employees and their covered dependents visit: bexarsidekick.org/wellness, or contact Roxanne Leal at: wellness@bexar.org

Base and Premium Plan Clinics



Expert care for you and your family

The County of Bexar and AETNA are pleased to offer healthcare services to Bexar County employees through University Health System's network of health centers across the community.

You'll receive many benefits, including:

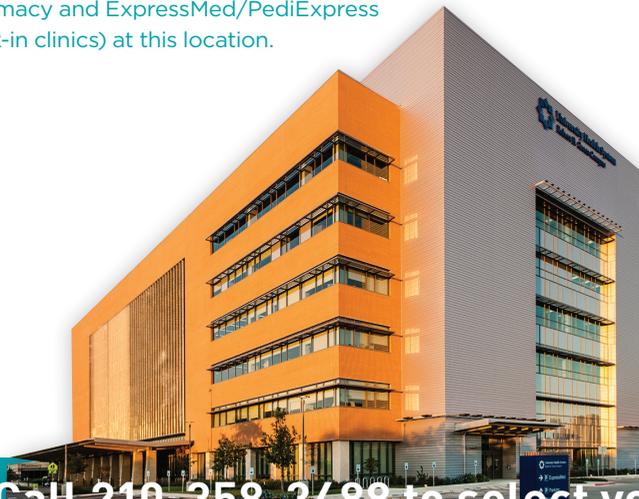
- \$5 co pay for your University Medicine Associates (UMA) provider visit.
- \$5 co pay or discounted pricing on your prescriptions.
- Access to lab and imaging onsite at main locations*.
- Shared electronic medical records across all

* Lab and X ray still follow normal plan guidelines.

DOWNTOWN

Robert B. Green Campus: 903 W. Martin St.
 Mon - Fri: 8 a.m. - 4 p.m.
 ExpressMed: Mon - Sun: 7 a.m. - 8 p.m.
 PediExpress: Mon - Fri: 8 a.m. - 8 p.m., Sat: 8 a.m. - 4 p.m.

Adult Primary Care, Pediatrics, Lab, Imaging, Pharmacy and ExpressMed/PediExpress (walk-in clinics) at this location.



Call 210-358-3488 to select your preferred doctor's office.

NORTH REGION

Family Health Center - North: 302 W. Rector St.
 Lab and Imaging at this location
 Mon - Thurs: 7 a.m. - 8 p.m., Fri: 9 a.m. - 8 p.m.

Kenwood Clinic: 302 Dora St.
 Mon - Thurs: 7:30 a.m. - 5:30 p.m.,
 Fri: 9:30 a.m. - 4 p.m.

Naco Perrin Clinic: 4020 Naco Perrin
 Mon - Thurs: 7:30 a.m. - 5:30 p.m.,
 Fri: 9:30 a.m. - 4 p.m.

NORTHWEST REGION

Family Health Center - NW: 7726 Louis Pasteur Drive
 Lab at this location.
 Mon - Thurs: 7 a.m. - 8 p.m., Fri: 9 a.m. - 8 p.m.

Medical Center Pavilion: 4647 Medical Dr.
 Pediatrics, Imaging, Pharmacy and ExpressMed/PediExpress (walk-in clinics) at this location.

Pediatric Continuity Clinic: Mon & Thurs: 8 a.m. - 8 p.m.
 Tues, Wed, Fri: 8 a.m. - 4 p.m.

ExpressMed: Mon - Sun: 7 a.m. - 8 p.m.

PediExpress: Sat: 8 a.m. - 4 p.m.

University Medicine Associates - Dominion Crossing:
 21727 IH 10 West, Suite #103, Mon - Fri: 8 a.m. - 5 p.m.

EAST REGION

Dr. Robert L.M. Hilliard Center: 919 Locke St.
 Mon - Thurs: 7:30 a.m. - 5 p.m.,
 Fri: 9:30 a.m. - 4 p.m.

SOUTHEAST REGION

Family Health Center - SE: 1055 Ada St.
 Lab, Imaging and Pharmacy at this location.
 Mon - Thurs: 7 a.m. - 8 p.m., Fri: 9 a.m. - 8 p.m.,
 Sat: 8 a.m. - 4 p.m.

South Flores Clinic: 7902 S. Flores St.
 Mon - Thurs: 7:30 a.m. - 5:30 p.m.,
 Fri: 9:30 a.m. - 4 p.m.

WEST REGION

Texas Diabetes Institute - Primary Care: 701 S. Zarzamora St.
 Mon, Wed, Thurs: 7:30 a.m. - 6 p.m.
 Tues: 7:30 a.m. - 8 p.m., Fri: 9 a.m. - 6 p.m.

SOUTHWEST REGION

Family Health Center - SW: 2121 S.W. 36th St.
 Lab, Imaging and Pharmacy at this location.
 Mon - Thurs: 7 a.m. - 8 p.m.,
 Fri: 9 a.m. - 8 p.m., Sat: 8 a.m. - 4 p.m.

Salinas Clinic: 630 S. General McMullen
 Mon - Thurs: 7:30 a.m. - 5:30 p.m.,
 Fri: 9:30 a.m. - 4 p.m.

Zarzamora Clinic: 4503 S. Zarzamora St.
 Mon - Thurs: 7:30 a.m. - 5:30 p.m.,
 Fri: 9:30 a.m. - 4 p.m.

ACO Plan Clinics

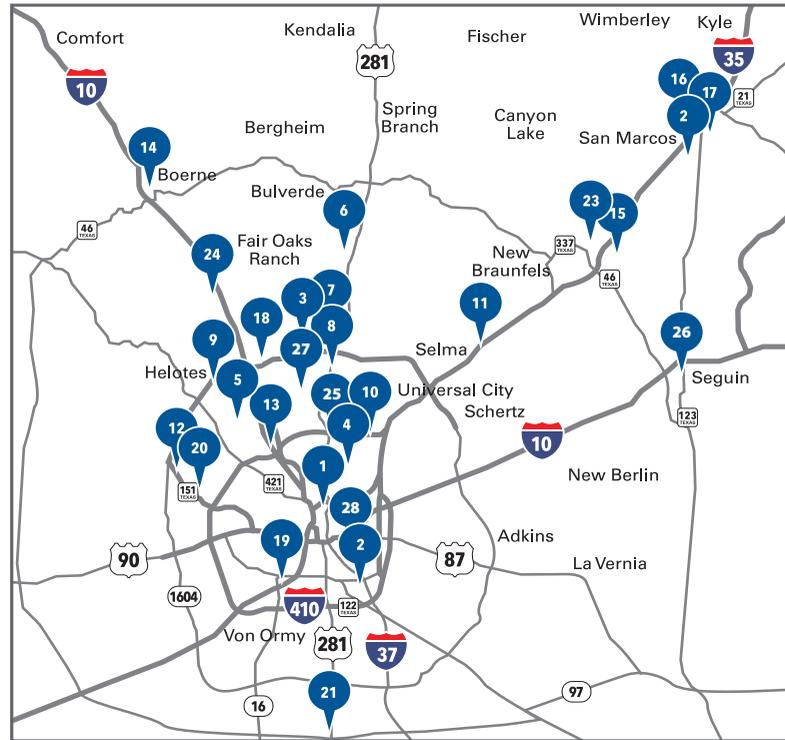


**MedFirst
Primary Care**
BHS PHYSICIANS NETWORK

**Scheduling online is as easy as 1-2-3
at Med1st.com**

1. Find a doctor. 2. Choose your time. 3. Book instantly.

1. **MedFirst Skinner Clinic**
(210) 224-1771
124 Dallas Street
San Antonio, TX 78205
2. **MedFirst Southeast**
(210) 333-0798
3327 Research Plaza, Ste. 303
San Antonio, TX 78235
3. **Internal Medicine of Stone Oak**
(210) 490-3800
19272 Stone Oak Pkwy, Ste. 108
San Antonio, TX 78258
4. **MedFirst Alamo Heights**
(210) 824-5392
6402 N. New Braunfels Ave.
San Antonio, TX 78209
5. **MedFirst Medical Center**
(210) 690-5700
5979 Babcock Road
San Antonio, TX 78240
6. **MedFirst Overlook**
(210) 497-2338
26112 Overlook Pkwy, Ste. 1100
San Antonio, TX 78260
7. **MedFirst Stone Oak**
(210) 496-2669
525 Oak Centre Dr., St. 350
San Antonio, TX 78258
8. **MedFirst Thousand Oaks**
(210) 200-6744
16088 San Pedro Ave, Ste. 115
San Antonio, TX 78232
9. **MedFirst Hausman**
(210) 453-1199
8230 N Loop 1604 W, Ste. 218
San Antonio, TX 78249
10. **MedFirst Northeast**
(210) 653-2693
2130 NE Loop 410, Ste. 325
San Antonio, TX 78217
11. **MedFirst Schertz**
(210) 656-5600
16977 IH-35 N, Ste. 210
Schertz, TX 78154
12. **MedFirst Westover Hills**
(210) 681-0126
3903 Wiseman Blvd, Ste. 100
San Antonio, TX 78251
13. **MedFirst Legacy Oaks**
(210) 538-2301
5430 Fredericksburg Rd., Ste. 400
San Antonio TX 78229
14. **Medfirst Boerne**
(830) 443-9029
116 W Blanco Rd., Ste. 301
Boerne, TX 78006



15. **Medfirst New Braunfels**
(830) 387-5270
545 Creekside Crossing,
Ste.106
New Braunfels, TX 78130
16. **MedFirst Hunter Rd.**
(512) 754-7700
2108 Hunter Rd., Ste. 116
San Marcos, TX 78666
17. **Medfirst San Marcos**
(512) 754-6622
1601 Redwood Rd., Ste. B
San Marcos, TX 78666
18. **MedFirst Northwest**
(210) 541-8689
4103 N Loop 1604 W, Ste.
212
San Antonio, TX 78249
19. **MedFirst Zazamora**
(830) 320-4955
7719 IH-35 S, Ste. 212
San Antonio, TX 78224
20. **MedFirst Westover
Town Center**
(210) 634-2234
10010 Rogers Crossing,
Ste. 301
San Antonio, TX 78251
21. **MedFirst Jourdanon**
(830) 569-1104
1808 Highway 97 East,
Suite C
Jourdanon, TX 78026
22. **MedFirst Wonder World**
(512) 396-1525
1305 Wonder World Dr.,
Ste. 206
San Marcos, TX 78666
23. **Medfirst Villas**
(830) 743-9192
66 Gruene Park, Ste. 205
New Braunfels, TX 78666
24. **MedFirst Camp Bullis**
(210) 469-9775
19787 IH-10 W, Ste. 104
San Antonio, TX 78257
25. **MedFirst Sunset Road**
(210) 824-5392
143 W Sunset Rd., Ste. 100
San Antonio, TX 78209
26. **MedFirst Seguin**
(210) 469-8982
1354 E. Walnut St.
Seguin, TX 78155
27. **MedFirst Alon**
(210) 492-1677
11503 NW Military Hwy.,
Suite 321
San Antonio, TX 78231
28. **MedFirst Highland
Hills Clinic**
(210) 533-7000
3118 Clark Ave., Ste. 2
San Antonio, TX 78210

To find a doctor, call (210) 804-6060 or visit Med1st.com to schedule online.

DENTAL PLANS

For 2020, Bexar County is offering you three dental options through Aetna with more benefits:

AETNA DENTAL DMO PLAN	AETNA DENTAL PDN MAX 2000 PLAN	AETNA DENTAL PDN 1000 PLAN
<p>A Primary Care Dentist (PCD) managed plan. Choose a PCD from our network using our online directory at Aetna.com. See your PCD for regular exams and get referrals if you need specialty care.</p>	<p>A traditional plan where dental services can be obtained in-network or out-of-network. However, when you visit an out-of-network dentist the maximum amount the plan will pay is based on the contracted fee for participating dentists in the area.</p> <p>To receive a richer benefit, utilize a network dentist in the Aetna PPO/PDN w/PPOII network.</p>	<p>A traditional plan that offers the most flexibility and benefit. Dental services can be obtained in-network or out-of-network. When you visit an out-of-network dentist the benefits are paid based on the usual and customary rate in the area services are provided. Any dentist can be used, but to maximize your benefits, consider using a dentist in the Aetna PPO/PDN w/PPOII network, as these dentists offer special rates for covered services.</p>
<p>Contact Aetna at (877) 238-6200 or visit Aetna.com if you need assistance finding in-network providers or have questions.</p>		

SEMI-MONTHLY RATES

Aetna Dental Plans	DMO	PDN 2000	PDN 1000
Employee Only	\$5.96	\$9.75	\$11.45
Employee + 1	\$11.62	\$20.85	\$24.44
Employee + 2 or more	\$19.06	\$31.61	\$41.10

Dental Plans *

	DMO	PDN 2000		PDN 1000	
Deductible	In-Network (PCD required)	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual	\$0	\$50	\$50	\$50	\$50
Family	\$0	\$150	\$150	\$150	\$150
Coverage Type	In-Network (PCD required)	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventative Services (Cleanings, Exams, X-rays)	100%	80%	80%	100%	100%
Basic Services (Endodontics, Periodontics, Oral Surgeries)	100%	60% after deductible	60% after deductible	80% after deductible	80% after deductible
Major Services (Bridges, Dentures, Implants, Crowns)	60% (*excludes implants)	🕒 40% after deductible	🕒 40% after deductible	🕒 50% after deductible	🕒 50% after deductible
Annual Maximum Benefit					
Per Person	None	\$2,000		\$1,000	
Orthodontia Lifetime Maximum					
Per Person	One Treatment Per Person Per Lifetime @50%	🕒 \$1,000 Adults and Child(ren)		🕒 \$1,000 Child(ren) Only	

* The benefit level is independently tracked for each member and dependent. After the first year, each family member's benefit may vary.

If the member or dependent does not seek care in a particular year, the benefit level will either stay at the current level or decrease depending on the plan selected.

Prior to any course of treatment, consider requesting a Pre-Determination which can help determine patient condition, charge for service(s) and proposed services by provider.

🕒 Subject to a 1 year waiting period. Must be enrolled in the plan for 1 year to be eligible for benefit.

Child(ren) are defined as 18 years of age or younger.

Amount paid for out of network claims are based on reasonable and customary rate.

VISION PLANS

Healthy eyes and clear vision are an important part of your overall health and quality of life. Your vision plan helps you care for your eyes while saving you money.

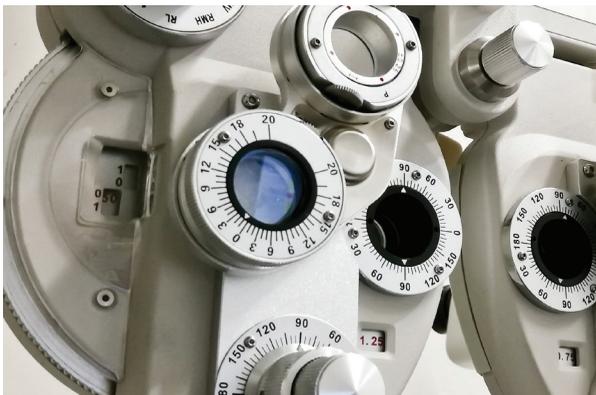
In-Network Benefits	Plan Options	
Frequency – Once Every:	Match Plan	Enhanced Plan
Eye Examination inclusive of Dilation (when professionally indicated)	12 Months	12 Months
Spectacle Lenses	12 Months	12 Months
Frame	24 Months	12 Months
Contact Lens Evaluation, Fitting & Follow-Up Care (in lieu of eyeglasses)	12 Months	12 Months
Contact Lens (in lieu of eyeglasses)	12 Months	12 Months
Copayments		
Eye Examination	\$10	\$10
Spectacle Lenses	\$10	\$10
Eyeglass Benefit - Frame		
Frame Allowance (Retail):	Up to \$130 OR Up to \$180 at Visionworks	Up to \$150 OR Free Frame at Visionworks
	Plus a 20% discount on any overage	
Contact Lens Benefit		
Contact Lens Allowance	Contact Lens Allowance: Two boxes-replacements Four boxes-disposable or \$130 allowance plus 15% off balance	Contact Lens Allowance: Four boxes-replacements Eight boxes-disposable or \$150 allowance plus 15% off balance

The Davis Vision Collection offers a greater benefit. Visit DavisVision.com or details enter client code 8775 enhanced plan, code 3295 match plan or call 1-877-923-2847.

2020 Semi-monthly Premiums

Davis Vision Plans	Match Plan	NEW Enhanced Plan
Employee Only	\$2.95	\$4.05
Employee + 1	\$5.30	\$7.29
Employee + 2 or more	\$8.24	\$11.34

- Annual exam coverage begins January 1st of each year.
- Must select eyeglasses **OR** contacts each plan year.
- Davis Vision is covered at most major retail providers.
- One-year eyeglass breakage warranty included.



The Davis Vision Collection offers a greater benefit. Visit DavisVision.com or details enter **client code 8775 enhanced plan, code 3295 match plan** or call 1-877-923-2847.

Flexible Spending Accounts (FSA)

As part of the Aetna family, PayFlex Systems USA, Inc. plays a major role in how consumer-directed products and services are used throughout the marketplace. Considered an innovative technology company, PayFlex® is one of the nation’s largest account-based third party administrators.

HEALTHCARE FSA

You can receive reimbursement from your Health Care FSA for eligible medical, dental, vision and hearing expenses incurred by you or an eligible dependent using your pre-tax dollars. Claims will be processed through PayFlex. The **maximum** amount you may contribute to your **Health Care FSA is \$2,700** or a minimum of \$120, which can be used for health care related expenses such as:

- Out-of-pocket deductibles, coinsurance, copayments and prescription charges.
- Medical, dental, and vision care expenses which are not reimbursable by insurance.
- Over-the-Counter medicine **with a doctor’s prescription** and receipt showing name of drug & cost.
- Hearing exams and hearing aids.

Health Care FSA’s will be suspended during an employee’s leave without pay status. Suspension will cease following the employees return to work and the payroll.

FSA DEBIT CARD

New enrollees will receive a PayFlex MasterCard in the mail. This card gives you the ability to pay for certain eligible expenses and copays at the time of service. An FSA reimbursement claim form can also be submitted for expenses. While PayFlex attempts to verify expenses automatically, there are many times they cannot. The IRS does require proof that the paid amount is for a qualified expense, therefore you will be asked to verify this qualified expense by submitting an explanation of benefits or receipt of payment with service details and date of service. These receipts can be sent via fax to PayFlex at (888) 238-3539. If verification is not completed, your card may be suspended.

You must re-enroll for the health care flexible spending account every year during annual enrollment or after a qualifying event. During annual enrollment you MUST elect your new contribution amount on your enrollment form.

DEPENDENT CARE SPENDING ACCOUNT

Utilizing the Dependent Care FSA offers an opportunity to save money on day care expenses for eligible dependents by contributing up to **\$5,000** (depending on filing class). The dependent child must be under the age of 13 and claimed on your federal income tax return. Furthermore, the dependent must live with you and rely on you for more than half of their financial support. In addition, the provider’s name, address, and Social Security number or tax identification number will be required when submitting a claim.

You may only be reimbursed for day care expenses that enable you to work. Occasional baby sitter expenses are not eligible for reimbursement.

- Day Care Centers, baby-sitter (not occasional baby-sitting), nurse or any other dependent care services provided inside or outside your home.
- Before-school and after-school care for child(ren) up to age 13.
- Special education schools
- Nurse or caregiver for an incapacitated adult who lives with you at least eight hours per day.

Your current annual election does NOT automatically carry-over! Be sure to indicate your new contribution on your annual enrollment form.



IRS RESOURCES

- Medical and Dental Expenses – IRS Publication 502
- Health Savings Accounts and Other Tax-Favored Health Plans – IRS Publication 969
- Dependent Care Expenses – IRS Form 2441
- Dependent Care Expenses – Instructions for IRS Form 2441
- Dependent Care Expenses – IRS Publication 503
- Dependent Care Provider’s Information – IRS Certification Form W-10

	Health Care FSA	Dependent Care FSA
You can contribute...	a maximum of \$2,700	up to \$5,000 (depending of filing class)
For related expenses...	Medical, Dental, vision and hearing expenses	Daycare expenses for eligible dependents
For related expenses for...	Medical, dental, vision and hearing expenses	Daycare expenses for eligible dependents

FSA RULES

You can **carry-over** a maximum of **\$500** of your healthcare FSA into the next plan year if you're participating in the 2020 plan year FSA. This will be automatic if you have a balance at the end of the year. Other FSA rules still apply, such as:

- You cannot transfer funds from one FSA to another.
- You cannot stop or change your FSA contribution amount during the year unless you have a qualified change in your family status.
- The carry-over only applies to

Healthcare FSA.

- Dependent care FSA is not eligible for carry-over.

If you do not enroll in the FSA and you have a carry-over balance, your FSA card will be deactivated. Your carry-over is accessible during the 45 day grace period by submitting paper claims.

HEALTHCARE FSA VS. DEPENDENT CARE FSA	
HEALTHCARE FSA	DEPENDENT CARE FSA
<ul style="list-style-type: none"> • Contribute pre-tax dollars up to IRS limit of \$2,700 • Full contribution available at start of the plan year • If you and your spouse both have a health care FSA, you each can contribute up to the IRS limit • Pay for eligible health care expenses for you, your spouse and/or your tax dependents. • Eligible expenses may include: <ul style="list-style-type: none"> - Copays, coinsurance and deductibles - Dental expenses such as orthodontia, crowns and bridges - Vision expenses such as LASIK laser eye surgery, glasses and contacts - Prescription drugs, and much more! 	<ul style="list-style-type: none"> • Contribute pre-tax dollars up to IRS limit of \$5,000 • Funds are for your dependent age 12 or younger, or a spouse or dependent incapable of self-care • Pay for eligible child and adult care expenses such as: <ul style="list-style-type: none"> - Day care - Before and after school care - Preschool and nursery school - Summer day camp

3 ways to pay: direct pay, reimbursement or payflex card

Its a simple tap with the PayFlex Mobile® app

- Manage your account and view alerts.
- Snap a photo of your receipts to submit claims.
- View PayFlex debit card transactions.
- View common eligible expense items, and more.

Note: Standard text messaging and other rates from your wireless carrier may apply when using the PayFlex Mobile® app.



VOLUNTARY BENEFITS

Life and AD&D Insurance

In order to protect your family's security, Bexar County provides Basic Term Life Insurance and Accidental Death & Dismemberment (AD&D) coverage at one times your base salary (rounded to the nearest \$1,000), up to \$500,000, at no cost to you.

Supplemental Life Insurance*

Supplemental life insurance is available to purchase for you, your spouse, and your children(ren). This policy is portable. If you decide to leave Bexar County, you may continue your supplemental life insurance coverage.

Supplemental Life Insurance			
Lincoln Financial	Employee	Spouse	Children
Coverage Amount	\$10,000 - \$500,000	\$10,000 - \$120,000	\$10,000
Guarantee Issue	\$350,000	\$50,000	\$10,000

* During open enrollment, the coverage amount for employee currently participating in supplemental life can be increased annually in \$10,000 increments guaranteed. Guarantee Issue is the guaranteed coverage amount for a new hire. Rates are based on age and coverage amount. Rate charts are available at the Human Resources Office.

ENROLLMENT

You may elect or increase supplemental coverage for yourself, your spouse or your child(ren); however, an Evidence of Insurability (EOI) health questionnaire must be submitted to Lincoln Financial for approval.

Evidence of Insurability (EOI) is only necessary if:

- You are enrolling after your 30 days of hire
- You are adding coverage during the year outside of open enrollment
- You are requesting coverage over the Guaranteed Issue amount increments

- You are electing coverage for your spouse over the Guaranteed Issue amount increments

If you are currently enrolled, you may increase your coverage for an additional \$10,000 increments without evidence of insurability. Child(ren) coverage can be added or increased without Evidence of Insurability (EOI).

COMPLETE YOUR EOI:

Visit: Lincolnfinancial.com/eoi
Email: clientservices@LFG.com
Call: 800-423-2765

NEW HIRES

New Hires along with their dependents are eligible to enroll up to the Guaranteed Issue amount. If your desired level of coverage is more than the Guaranteed Issue amount, an Evidence of Insurability (EOI) health questionnaire must be completed and submitted to Lincoln Financial for approval.



Life & AD&D Insurance Highlights

- Accelerated benefit pays up to \$350,000 or 75% or whichever is less. In lieu of death benefit if insured's life expectancy is 12 months or less.
- Accidental Death & Dismemberment coverage matches the covered life amount, with a benefit schedule for dismemberment; terminates at age 70.
- Supplemental life coverage terms at retirement or during employment reduces to 65% at age 65, 50% at age 70, and 25% at age 75 and older.
- Actively at work clause applies to eligibility effective date of all policies.
- Benefit not covered during period of limited activity. Life insurance will take effect the day after resumption of normal activity or discharge from healthcare facility.
- Child(ren) coverage is available at \$10,000

Disability Insurance

Bexar County recognizes the importance of your financial well-being in the event of a disability. Short Term (STD) and Long Term (LTD) Disability Income Protection insurance replaces a portion of your income should you become unable to work due to a covered accident or illness after the designated elimination (waiting) period and after all paid leave has been exhausted.

Short-Term Disability (STD)

The STD plan provides 60% of your weekly salary, to a weekly maximum of \$1,000 for the first 11 weeks of a disability after the 15-day waiting period.

Remember that you must use your paid leave benefits before STD begins. Pre-existing conditions apply for STD benefits.

Long-Term Disability (LTD)

Long term disability coverage will replace 60% of your base salary to a monthly maximum benefit of \$5,000 if you are disabled for more than 90 days and are unable to work. The minimum LTD benefit is the greater of 10% of your base monthly salary, or \$100. LTD benefits have a reduced maximum disbursement period for those age 60 and older. Pre-existing conditions and limitations apply for LTD benefits.

DISABILITY ELIGIBILITY

New Hires are eligible to enroll without providing Evidence of Insurability. Coverage must be elected within the first 30 days of employment. An actively at work clause applies.

During Annual Enrollment you may apply for disability coverage which includes an application returned to Bexar County Human Resources followed by an online evidence of insurability health questionnaire. Determinations will be made and include formal correspondence directly to the applicant. Payroll deductions will begin following approval. You are encouraged to share your approval notice with Bexar County Human Resources to start coverage and appropriate deductions.



Critical Illness Benefits

UNUM offers Group Critical Illness and Accident Insurance.

Critical Illness Insurance is designed to help you offset the financial effects of a catastrophic illness with a lump sum benefit if an insured is diagnosed with a covered critical illness.

Accident Insurance

Accident Insurance is designed to help you meet the out-of-pocket expenses and extra bills that can follow an accidental injury. Indemnity lump sum benefits are paid directly to the employee based on the amount of coverage listed in the schedule of benefits.

Critical Illness and Accident coverage is portable, so you can take it with you if you leave Bexar County or retire. **You can contact UNUM customer service at 800-835-5597 or visit Unum.com.**

Whole Life Insurance

Whole life is available through retirement and can build cash value. Options are available for spouse, child(ren) and grandchild(ren).

Contact Barrett Insurance at 210-485-1855 for assistance with this product.

MetLaw®
Smart. Simple. Affordable.®

MetLaw - covers you, your spouse and dependents.

E-Services Attorney locator, law firm e-panel, law guide, free downloadable legal documents, financial planning, insurance and work/life resources.

MetLaw Legal Plan

A group legal plan is a low-cost employee benefit designed to meet your personal legal needs. By choosing this benefit, you receive a full range of personal legal services paid for through payroll deductions.

MetLaw provides you access to more than 11,000 attorneys nationwide who can provide you and your covered dependent(s) with a wide range of services. Plan attorneys can provide full representation and telephone or office consultations.

- Telephone and Office Consultations
- Estate planning Documents

- Document Review
- Family Law
- Divorce
- Elder Law Matters
- Real Estate Matters
- Document Preparation
- Traffic Offenses (not available in all states)
- Personal Property Protection
- Juvenile Matters
- Financial Matters
- Identity Theft Matters
- Defense of Civil Lawsuits
- Immigration Assistance
- Consumer Protection

To use a plan attorney's services, employees should call Client Service Center at (800) 821-6400 Monday - Friday from 8am - 8pm EST, or visit their website at LegalPlans.com and enter access code: Legal20.



Pet Insurance

Bexar County offers pet insurance plans for your four-legged family members. See coverage options below.



Coverage Available	My Pet Protection with Wellness	My Pet Protection
Accidents, including poisonings and allergic reactions	✓	✓
Injuries, including cuts, sprains, and broken bones	✓	✓
Common illnesses, including ear infections, vomiting and diarrhea	✓	✓
Serious/chronic illnesses, including cancer and diabetes	✓	✓
Hereditary and congenital conditions	✓	✓
Surgeries and hospitalization	✓	✓
X-rays, MRI's and CAT scans	✓	✓
Prescription medications and therapeutic diets	✓	✓
Wellness exams	✓	
Preventative dental cleaning	✓	
Vaccinations	✓	
Spay/Neuter	✓	
Flea and tick prevention	✓	
Heartworm testing and prevention	✓	
Routine blood tests	✓	

Pricing for Pets (Semi-Monthly Pricing)

	My Pet Protection			My Pet Protection <i>with Wellness</i>		
	50%	70%	90%	50%	70%	90%
Cat	\$6.77	\$9.02	\$11.28	\$12.11	\$16.19	\$20.28
Dog	\$11.28	\$15.04	\$18.80	\$20.28	\$26.90	\$33.64

*Please contact carrier for rates for Avian & Exotic pets at 877-738-7874.

** 4% discount for 2-4 pets; 10% discount for 5+ pets.

EMPLOYEE ASSISTANCE PROGRAM (EAP)



All Bexar County employees and their family members have access to counseling and referral services through an outside contractor, Deer Oaks. There is no cost to employees and all services are completely confidential.

To access services, call (800) 396-2467 or go online twenty-four (24) hours, seven day a week. Deer Oaks EAP Services offer Bexar County Employees and their dependents the following:

- 6 short-term counseling sessions
- Marital counseling
- Individual counseling
- Telephone counseling
- Family counseling

Types of problems include:

- Depression & Anxiety
- Childcare/Eldercare
- Grief: Death and Dying
- Occupational Issues
- ADHD and Conduct Problems
- Crisis Management
- Substance Abuse
- Trauma: Abuse/Neglect
- Domestic Violence
- Stress Management
- Interpersonal, Family, or Marital Conflicts
- Workplace Violence

- Online Tools, Tips and Videos
- Legal and Financial Consultations
- Work/Life Balance Coaching
- Child/Elder Care Resources
- Substance Abuse Services

Additionally, Deer Oaks offers:

Internet Counseling: email eap@deeroaks.com to chat with a counselor who can provide guidance and advice on your area(s) of concern.

Telephone Counseling and Teen

Hotline: Call (800) 396-2467 (Toll Free) or (866) 327-2400

Resources Available Include:

- Assessments, Guidance and Solutions
- Short Term Counseling
- Crisis Intervention

REMEMBER!

Access the Deer Oaks interactive website at DeerOaksEap.com

- Bexar County login: **BXCO**
- Password: **BXCO**

If you are unable to drive yourself home due to:

- Intoxication
- Drowsiness
- Emotional distress

Deer Oaks will reimburse your cab fare home up to \$45.

Fax your receipt to **(210) 224-7872**. After you fax your receipt, call **(210) 569-8156** with any questions.

You may use this service once per year. If you are a member of DSABC, call **(210) 223-2213** for information on the Safe Ride Home Program.



TRANSPORTATION PROGRAMS

Transportation Flex Spending Account

Employees may elect to set aside a certain amount of their pre-tax salary to cover qualified costs incurred when commuting to work. Employees can designate a monthly amount of up to \$260 for parking expenses. These accounts must be kept separate and funds cannot be transferred between accounts.

Employees that have a contract with Bexar County to park in County Garages and would like to have their parking fee deducted “pre-tax” from their payroll check must enroll in this benefit. Your election automatically authorizes your pre-tax transportation deduction.



Lyft

Lyft codes may be distributed during the year for various events. To download the Lyft app or update to the latest version, please visit the App Store (Apple) or Play Store (Android). If you're new to Lyft, you will need to add your personal credit card to the App.

To view the coverage area see the map at [Lyft.com/cities/san-antonio](https://lyft.com/cities/san-antonio).



Bexar County Parking Garage

Employees who have their parking expenses paid or reimbursed by the County may not participate in this benefit. If you have a parking change and need to change or cancel your elected deduction, a “Change Cancellation” form must be signed to avoid non-reimbursable deductions.



VIA EZ Ride

Bexar County and VIA Metropolitan Transit continue partnering to offer employees the VIA EZ Ride Program.

County employees present their current Bexar County employee ID which allows them to ride any regular scheduled bus or trolley for free. Employees are encouraged to take advantage of this program which saves dollars, assists with traffic congestion and helps the environment.

Excluded from EZ Ride: Special events, and VIA Trans.

RETIREMENT & SAVINGS PROGRAMS

Texas County and District Retirement (TCDRS)

Effective upon employment, all Bexar County employees (except temporary employees) are automatically enrolled with the Texas County and District Retirement System (TCDRS), the retirement program for Bexar County employees. Each employee contributes 7% of their monthly salary to a deferred pension plan. Employee deposits are matched by Bexar County at a 2:1 ratio, or \$2.00 for every \$1.00 deposited by the employee.

Plan Provisions

- Employee Deposit Rate - 7%
- Bexar County Matching Ratio - 2 to 1
- Vesting Requirement - 8 Years

Service Retirement Eligibilities

- Any age with 20 years of service
- Age 60 with 8 years of service
- Rule of 75 (Age plus your years of service equals 75)

Credit Human Savings Program

Bexar County employees can open a savings account with Credit Human and request a payroll deduction for the amount you wish to save. Funds will be sent to them on payday, and are usually available to you the next day in your credit human account. For more information contact the Payroll Department at (210) 335-2601 or visit CreditHuman.com.



Additional Retirement Programs - 457's

Deferred compensation is a tax favored supplemental retirement savings program, which allows employees to contribute a portion of their salary before Federal taxes. Members can enroll at any time during the year with as little as \$5 per pay check, with contributions beginning on the first day of the month. Current annual contributions are limited to \$19,000; however, additional "catch-up" provisions may apply for employees who are over age 50 or for employees who are eligible to retire within 3 years. Annual contribution limits are subject to change and are governed by the IRS. See page 40 for providers and contact information.



For additional personal account information, inquire about other eligible service credit or to register please call (800) 823-7782 or visit the TCDRS website at tcdrs.org.

Additional Benefits

Longevity Pay

Bexar County has established Longevity Pay to recognize employees for their continued service with the County. Longevity Pay is awarded monthly to all regular, full-time employees, excluding Elected Officials, in the amount of \$60.00 per year, for each full year of continuous employment as of September 30th, up to a maximum of 25 years. Increases are effective on the first payday in November. Temporary employment with the County will be credited if there is no break in service prior to becoming a regular, full-time employee. Please refer to the Longevity Pay Policy.

Vacation Leave

All regular, full-time and part-time employees accrue vacation leave on a semi-monthly basis; however, an initial probationary period must be completed before utilizing this leave. Employees may carryover a maximum of 30 days (240 hours) per fiscal year. (Part-time employee accruals are pro-rated.) Please refer to the Vacation or Annual Leave Policy.

Sick Leave

All regular, full-time employees accrue sick leave at a rate of 1 day per month. Regular part-time employees also accrue sick leave on a pro-rated basis. Employees who are within their initial probationary period may use this time as it is accrued. Employees

are allowed a maximum accrual carryover of 90 days (720 hours) at the end of each fiscal year. Please refer to the Sick Leave Policy.

Sick Leave Pool

Bexar County employees have the ability to donate up to 40 hours per fiscal year of either accrued vacation or sick leave into a general sick leave pool. Eligible employees who have a verifiable, catastrophic illness or injury may access available hours in this pool by submitting the appropriate forms. Each employee requesting sick leave pool hours must make a minimum donation of 8 hours within the preceding 12 months. Other policies may limit eligibility. Please refer to the Sick Leave Pool Policy.

Military Leave

Bexar County employees are granted up to 15 calendar days (120 hours) of paid military leave each fiscal year with appropriate documentation. Please refer to the Military Leave Policy

Family Medical Leave Act

The Family Medical Leave Act (FMLA) allows eligible employees to take up to 12 weeks, during a 12 month period, of either paid or unpaid, job-protected leave for a qualifying family and/or medical reason or a qualifying exigency. An eligible employee, whose spouse, parent, or child who is a member of the Armed Forces, who incurs a serious injury on active duty,

may take up to 26 weeks of job protected leave. This amendment is known as the Injured Service Member Family Leave. Please refer to the Family and Medical Leave Policy for additional information.

Workers' Compensation

All Bexar County Employees who are injured on the job should report their injury immediately to their supervisor and seek appropriate medical treatment if needed. All injured employees are required by state statute to report their injury in writing to their supervisor within 30 days of the injury. Please refer to the Worker's Compensation Policy.

Tuition Assistance

Tuition assistance is available to Bexar County employees who are going to school to get their bachelor's or master's degree, after completion of their 6-month probationary period (or 12-month probationary period for the Sheriff's Office). Please refer to the Tuition Assistance Program Policy for participation requirements. Employees are required to submit the appropriate completed application, registration, tuition bill, and grades for assistance consideration. Assistance is limited to the annual budget amount allocated. Please refer to the Tuition Assistance Program Policy.

2020 Holidays

HOLIDAYS VARY YEAR TO YEAR AND ARE SET BY COMMISSIONERS COURT

HOLIDAY	DAY OF THE WEEK	DATE
New Years' Day	Wednesday	01 January 2020
Martin Luther King, Jr. Day	Monday	20 January 2020
President's Day	Monday	17 February 2020
Good Friday	Friday	10 April 2020
Battle of Flowers	Friday	24 April 2020
Memorial Day	Monday	25 May 2020
Independence Day Observed	Friday	03 July 2020
Labor Day	Monday	07 September 2020
Veteran's Day	Wednesday	11 November 2020
Thanksgiving	Thursday	26 November 2020
Friday after Thanksgiving	Friday	27 November 2020
Christmas Day	Friday	25 December 2020



Important Notices

PATIENT PROTECTION AFFORDABLE CARE ACT

Bexar County has made changes to the health plan requirements as required by the health care reform legislation known as the Patient Protection and Affordable Care Act (PPACA).

The provisions of the legislation allow for the following:

- The lifetime limit no longer applies
- Adult children are eligible for coverage under the medical plan to age 26
- Durable medical equipment dollar limits have been removed
- No pre-existing provisions (limitations)
- Coverage for approved clinical trials
- All co-pays, deductibles and co-insurance apply to annual maximum out of pocket expenses (Annual out of pocket maximums are on page 9)
- Preventive drug coverage at no cost for drugs dispensed with a prescription at an in-network pharmacy in the following categories:
 - Aspirin to prevent cardiovascular disease for members age 45 or over
 - Oral fluoride for children age 6 months through age 5
 - Vitamin D for members age 65 and older
 - Folic acid supplements for women

WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)

The Women's Health and Cancer Rights Act (WHCRA) includes protections for individuals who elect breast reconstruction in connection with a mastectomy.

The Bexar County Medical Plans offer mastectomy coverage and also provides coverage for reconstructive surgery in a manner determined in consultation with the attending physician and the patient. Coverage includes reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and treatment of physical complications at all stages of the mastectomy, including lymph edemas. Normal plan costs apply.



CREDITABLE COVERAGE NOTICE

Prescription Drug Coverage & Medicare Part D

Medicare Prescription Drug Plan is available to all Americans who meet Medicare eligibility criteria. Medicare members who enroll with Medicare Part D/Medicare Prescription Drug Plan render any other drug plan with Bexar County health insurance, inactive. If you wish to stay with the Bexar County Medical Prescription Drug plan, you should delay your Medicare Part D enrollment until the next enrollment period for Medicare.

If you drop or lose your coverage with Bexar County and don't enroll in Medicare D, after your current coverage ends, you

may incur a penalty and will be required to pay more to enroll in Medicare D later. You will have to pay this higher premium as long as you have Medicare D coverage. In addition, you may have to wait until the next enrollment opportunity.

More detailed information about Medicare and Medicare D is available in the *Medicare & You* handbook. This handbook is sent to your home from Medicare. You may also be contacted directly by other plans that offer prescription drug coverage. For additional information or questions regarding Medicare and Medicare Part D:

- Visit [medicare.gov](https://www.medicare.gov) for personalized help
- Call your State Health Insurance Assistance Program
- Call 1-800-MEDICARE (1-800-633-4227), TTY users should call 1-877-486-2048

For people with limited income and resources, extra help paying for the Medicare prescription drug plan is available.

Information about this extra help is available from the Social Security Administration (SSA). Visit them online at [socialsecurity.gov](https://www.socialsecurity.gov), or call 1-800-772-1213, TTY users 1-800-325-0778.

Notice of Privacy Practices

This notice describes the medical information practices of the Bexar County Medical Plans and that of any third party that assists in the administration of claims. It also describes how medical information about you may be disclosed and how you can access this information.

Information about you and your health is personal and Bexar County is committed to protecting that information. A record of the health care claims reimbursed under the medical plans may be created for plan administration purposes. This notice applies to all of the medical records we maintain. Your doctor or health care provider may have different policies or notices regarding their use and disclosure.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Notify you of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.



NOTICE OF PRIVACY PRACTICES CONTINUED

Notice of Privacy Practices (Continued)

The following categories describe different ways that we use and disclose medical information:

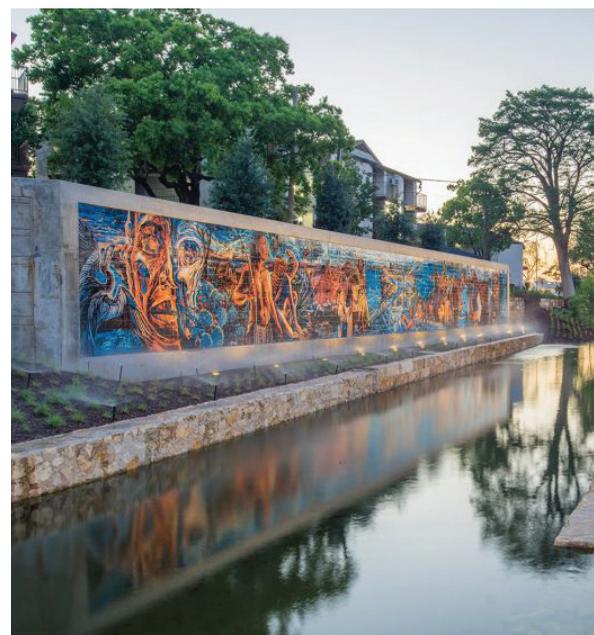
- For Payment - To determine eligibility for Plan benefits, to facilitate payment for the treatment services you receive from health care providers, to determine benefit responsibility under the plan, or to coordinate Plan coverage.
- For Health Care Options - For Plan Administration such as cost management, business management and general administrative activities.
- As Required by Law - Federal, State, or Local law
- To Avert a Serious Threat to Health or Safety - When necessary, to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

The following Special Situations describe why we may use and disclose medical information:

- Disclose to Health Plan Sponsor - Medical information may be shared with another health plan maintained by Bexar County as

well as Bexar County personnel for purposes of facilitating claims payments or benefits administration.

- Organ and Tissue Donation - If you are an organ donor, we may release medical information to organizations to facilitate organ or tissue donation and transplantation.
- Military and Veterans - If you are a member of the armed forces, we may release medical information required by military command authorities.
- Workers' Compensation - We may disclose medical information for workers' compensation or similar programs.
- Public Health Risks - We may disclose medical information for public health activities.
- Health Oversight Activities - We may disclose medical information to a health oversight agency for activities authorized by law.
- Right to Request Confidential Communications - You have the right to request that we consult or contact you about medical matters in a certain way or at a certain location. A request for confidential communications must be in writing to Bexar County Human Resources.



Attn: Benefits and should specify how and where you wish to be contacted. All reasonable requests will be accommodated.

Other Uses of Medical Information

Any uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission.

Changes to This Notice

We reserve the right to change this notice at anytime and will be effective for medical information on file as well as any future information we may receive.

CONTACT INFORMATION

Benefit	Contact	Telephone	Web Site
Medical, Dental, Vision and EAP Providers			
Medical- Aetna	Member Services	1-888-249-2584	aetna.com
	AITC Disease Management	1-877-243-2752	
	Nurse Informed line (#2)	1-800-556-1555	
	AETNA Pharmacy	1-888-RX-Aetna	
	Mental Health Services	1-800-424-4047	
	PayFlex FSA	1-888-678-8242 Fax 1-888-238-3539	
	Teladoc	1-855-Teladoc 1-855-835-2362	Teladoc.com/Aetna
Dental - Aetna	Member Service	1-877-238-6200	aetna.com
Vision - Davis	Customer Service	1-800-999-5431	davisvision.com
Employee Assistance Program	Deer Oaks	210-615-8880 1-800-396-2467	deeroakseap.com User ID & Password: BXCO
Insurance - Basic Life, Supplemental - Spouse and Dependent, Voluntary Benefits			
Lincoln Financial Group Term Life & AD&D, Short & Long Term Disability	Customer Service	800-487-1485	LFG.com
	Claims	877-546-3656	
Met Law	Customer Service	1-800-821-6400	legalplans.com
UNUM Critical Illness Personal Accident, Whole Life	Customer Service	1-800-635-5597	unum.com
Nationwide Pet Insurance	Customer Service	877-738-7874	Nationwide.com
Retirement and 457 Investment Providers			
TCDRS	Customer Service	1-800-823-7782	tcdrs.org
Nationwide Retirement Solutions 0037670001	Customer Service Tony Flowers	877-677-3678 210-833-1465	nationwide.com
Valic 90175/001	Customer Service Tommy Ortiz	1-800-448-2542 210-336-2711	aigvalic.com
VOYA VK0809	Customer Service Shane Pheffer	1-800-584-6001 210-979-8277	voya.com
ICMA - Retirement Corporation 303900	Customer Service Roland Quintanilla	202-487-3776 1-866-372-6368	icmarc.org

GLOSSARY

It is helpful to be familiar with common health/insurance benefit terms, to better understand your options. Please take a moment to review these definitions, which may be referenced throughout this guide.

Actively at Work - Must be working on the effective date of a new policy.

Bexar County Employee Health

Clinic Visits - Visits to the employee health clinic are \$5.00 and are payable only through payroll deduction. Located at 211 S. Flores, across from the HR Offices. Please call (210) 335-4WEL (4935) for an appointment.

Calendar Year - January 1 through December 31 of each year.

Case Management - The process of assessing whether an alternative plan of care would more effectively provide medically necessary health care services in an appropriate setting.

Certified Dependent - Dependents recognized by the federal government who meet the eligibility criteria through verification as detailed in the Internal Revenue Code 125. [irs.gov/publications/p17/ch03.html](https://www.irs.gov/publications/p17/ch03.html)

COBRA - The Consolidated Omnibus Budget Reconciliation Act provides employees and their eligible dependents the right to choose continuation of group health insurance for limited periods of time under certain circumstances in the event of coverage loss.

Coinsurance - The percent of eligible charges that the plan or member pays.

Collective Bargaining Agreement (CBA) - The collective bargaining agreement is a negotiated contract with the Deputy Sheriff's Association of Bexar County.

Copayment - The amount to be paid by you for each applicable service. Copayments for covered services are not applied to your deductible.

Creditable Coverage - The total time of prior continuous health plan coverage periods used to reduce the length of any pre-existing condition limitation period, as long as it was

not interrupted by a period of more than 63 days.

Deductible - The amount you pay each calendar year before the plan begins to pay covered health care expenses.

Emergency - An acute, sudden onset of a sickness or bodily injury which is life threatening or will significantly worsen without immediate medical or surgical treatment.

Emergency Room Visits - Medical emergencies that require a trip to the nearest hospital.

Evidence of Insurability (EOI) - Proof of good health questionnaire that must be completed when applying for supplemental life insurance outside of the initial enrollment period or greater than the guaranteed issued amount.

Imputed Income - The reported taxable wages earned for the estimated value of an employer's financial contribution towards health insurance coverage for dependents who do not meet the federal criteria of a non-qualified tax dependent.

Network Benefits - The benefits applicable for the covered services of a network provider.



Non-CBA - The group of employees that are not covered by the Collective Bargaining Agreement (CBA) with the Deputy Sheriff's Association of Bexar County.

Non-Certified Dependent - Dependents recognized by the federal government who do not meet the eligibility criteria through verification as detailed in the Internal Revenue Code 125.
<http://www.irs.gov/publications/p17/ch03.html>

Non-Network Benefits - The reduced benefits applicable for the covered services of a non-network provider. Additional deductibles and coinsurance would apply.

Office Visit - Office visits are the primary method of communicating with a regular doctor. A visit to your primary (family) doctor should be utilized first whenever possible. As part of the Bexar County Medical Plans, an office visit will require copayment for in-network visits; however, lab or radiology services may also be needed. Any costs associated with lab or radiology services may be applied to your deductible.

Out-of-Pocket Maximum - The most a covered person can pay in a calendar year for covered health care expenses.

Plus One Qualifying Adult - The qualifying adult eligible to enroll

on the employee's benefit plans. See Plus One Qualifying Adult page 3 for eligibility rules.

Pre-Certification - The process of assessing the medical necessity, appropriateness, or proposed non-emergency hospital admission, surgical procedure, outpatient care, or other health care services.

Pre-Determination of Benefits - A review by the Plan Manager of a qualified practitioner's treatment plan, specific diagnostic and procedure codes, and expected charges prior to rendering services.

Pre-Existing Condition - A physical or mental condition for which you have received medical care during the six month period immediately prior to the effective date of your medical coverage.

Preventive Care - Care received prior to a diagnosed condition. Routine annual exams would be considered preventive unless a diagnosed condition is found during the exam. Preventive care services or routine immunizations may not be covered at an urgent care center or at an emergency room.

Protected Health Information - Individually identifiable health information about a covered member, including: (a) patient records, (b) patient information, and (c) any other individually identifiable health

information about a covered member.

Reasonable and Customary Rates - Non-network health plan expenses are considered for reimbursement at usual and customary (R&C) rates. R&C rates are determined to be the prevailing charge made for a service by a similar provider in the same geographic area. Charges above R&C are not covered by the plan and are the responsibility of the participant. May be referenced as Reasonable and Customary.

Specialty Drug - Specialty drugs treat complex, chronic conditions that often require support by a nurse or pharmacist during treatment. Because of the complex therapy needed, a pharmacist or nurse should check in with you often during your treatment. These drugs may be injected, infused or taken by mouth. They may need to be refrigerated. They are often expensive and may not be available at retail pharmacies.

Urgent Care Center - Urgent care centers can be utilized when a primary doctor is not available, which is usually evenings, weekends, or holidays. Urgent care center visits will incur a higher out of pocket expense than an office visit, but a much smaller out of pocket expense than an Emergency Room visit.



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