2022 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 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 2022 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.

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**ANNUAL ENROLLMENT**

Open Enrollment will begin Monday, **October 18, 2021** and end **Friday, November 5, 2021 at 11:59pm**. All dependent verification documents are due to Bexar County HR no later than **4pm, Friday, November 5, 2021**. Dependent verification can be submitted through Benelogic at https://bexar.benelogic.com, but online submission is not a guarantee of coverage.
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</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Dependent Type</th>
<th>Eligibility Requirements</th>
<th>Document Options for Verification of Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Spouse</td>
<td>Spouse under the laws of the State of Texas</td>
<td>State issued Marriage Certificate</td>
</tr>
<tr>
<td>Common Law Spouse</td>
<td>Common Law Spouse must be recognized by State and must have County issued common law affidavit filed with the County</td>
<td>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</td>
</tr>
</tbody>
</table>
| Plus One Qualifying Adult (Must Complete Plus One Enrollment Form) | • 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:  
• 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 |
| 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)                    | • 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                         | • 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) | • Under Age 26  
• QMCSO must be ordered for the dependent | QMCSO from the Attorney General’s Office                                                                         |
| Disabled Dependents                | • 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, 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

One (1) document from each category 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.

- **Domicile**
  - Joint deed or mortgage agreement to demonstrate common ownership of real property or a common leasehold in real property
  - A title or vehicle registration showing common ownership of motor vehicle

- **Financial Interdependency**
  - A title or vehicle registration showing common ownership of motor vehicle
  - Proof of joint bank accounts or credit accounts

- **Age**
  - 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 following individuals are NOT eligible dependents of the Bexar County Employee or Plus One Qualifying Adult.

<table>
<thead>
<tr>
<th>Parents/Siblings</th>
<th>Relatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grandparents and their descendants</td>
<td>Step relatives</td>
</tr>
<tr>
<td>Renters, boarders, tenants</td>
<td>Employee of the Bexar County employee</td>
</tr>
</tbody>
</table>

Adding a Plus One Qualifying Adult will incur imputed income
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.

**Beneficiaries** - The primary beneficiary is the person(s) you "name" to receive life insurance benefits upon your death. Contingent beneficiary is the person(s) you name to receive life insurance proceeds in the event that the primary beneficiary passed away before or at the same time as you.

**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. Primary Care Physicians not available.

**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. https://www.irs.gov/publications/p17

**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.
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 2022 plan year must be completed by November 5, 2021 for coverage effective January 1, 2022.

PAY STATEMENTS
Your pay statements are available through Employee Self Service (ESS) at: [https://ess.bexar.org/irj/portal](https://ess.bexar.org/irj/portal)
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

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.
Access to quality care at your fingertips

**Everyday Care**  \$0 / visit
Talk to a licensed doctor for non-emergency conditions 24/7. Flu • Sinus infections • Sore throats • And more

**Mental Health Care**
$85 or less / therapist visit
$190 or less / psychiatrist first visit
$95 or less / psychiatrist ongoing visit
Talk to a therapist 7 days a week (7 a.m. to 9 p.m. local time)

**Dermatology**  \$75 or less / consult
Upload images of a skin issue online and get a custom treatment plan within two days. Eczema • Acne • Rashes • And more

Set up your account or log in today.
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Online:
Go to 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.

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

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.
MEDICAL COVERAGE

For plans in 2022, 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.

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

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](http://aetna.com)
- (888) 249-2584
# Medical Plan Benefits - All Employees

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

* 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.

** Primary and Specialist office visits covered 100% after out-of-pocket maximum reached.
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 2022 medical benefits.

MEDICAL PLANS (Non-Collective Bargaining Agreement)

<table>
<thead>
<tr>
<th>Semi-Monthly Payment For:</th>
<th>Base PPO</th>
<th>Premium PPO</th>
<th>ACO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$41.22</td>
<td>$56.11</td>
<td>$46.69</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>$82.42</td>
<td>$112.21</td>
<td>$93.73</td>
</tr>
<tr>
<td>Employee + 2 or more</td>
<td>$133.89</td>
<td>$182.35</td>
<td>$151.73</td>
</tr>
</tbody>
</table>

MEDICAL PLANS (Collective Bargaining Agreement - CBA)
Bexar County Sheriff's Office Uniformed Personnel.

<table>
<thead>
<tr>
<th>Semi-Monthly Payment For:</th>
<th>Base PPO</th>
<th>Premium PPO</th>
<th>ACO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$32.98</td>
<td>$44.89</td>
<td>$37.35</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>$65.94</td>
<td>$89.77</td>
<td>$74.70</td>
</tr>
<tr>
<td>Employee + 2 or more</td>
<td>$107.11</td>
<td>$145.88</td>
<td>$121.38</td>
</tr>
</tbody>
</table>

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 2022 COBRA benefits.

COBRA Rates Monthly

<table>
<thead>
<tr>
<th>Tier</th>
<th>Base PPO</th>
<th>Premium PPO</th>
<th>ACO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subscriber Only</td>
<td>$503.88</td>
<td>$549.40</td>
<td>$480.73</td>
</tr>
<tr>
<td>Subscriber + 1</td>
<td>$1,007.75</td>
<td>$1,098.82</td>
<td>$961.46</td>
</tr>
<tr>
<td>Subscriber + 2 or more</td>
<td>$1,637.63</td>
<td>$1,785.56</td>
<td>$1,562.36</td>
</tr>
</tbody>
</table>
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.


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 of employee enrolled in Premium PPO:

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

<table>
<thead>
<tr>
<th>Employee Earnings and Payroll Deductions Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detach and retain for your records</td>
</tr>
<tr>
<td>Employee Name</td>
</tr>
<tr>
<td>Jane Doe</td>
</tr>
<tr>
<td>EARNINGS</td>
</tr>
<tr>
<td>Semi-Monthly Sal Med Imp. Income</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Total Earnings</td>
</tr>
</tbody>
</table>

This is how imputed income will appear on your pay statement for your Medical Plan.
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 copay plus the difference between brand and generic when brand is required. 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)

<table>
<thead>
<tr>
<th>Drug Tier</th>
<th>Base PPO</th>
<th>Premium PPO</th>
<th>ACO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 - Preferred Generic</td>
<td>$0 Copay</td>
<td>$0 Copay</td>
<td>$0 Copay</td>
</tr>
<tr>
<td>Tier 2 - (Brand) Formulary</td>
<td>$30 Copay</td>
<td>$30 Copay</td>
<td>$30 Copay</td>
</tr>
<tr>
<td>Tier 3 - Non-Formulary</td>
<td>$60 Copay</td>
<td>$60 Copay</td>
<td>$60 Copay</td>
</tr>
<tr>
<td>Tier 4 - Specialty</td>
<td>$150 Copay</td>
<td>$150 Copay</td>
<td>$150 Copay</td>
</tr>
</tbody>
</table>

MAIL ORDER (90-Day Supply)

<table>
<thead>
<tr>
<th>Drug Tier</th>
<th>Base PPO</th>
<th>Premium PPO</th>
<th>ACO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 - Preferred Generic</td>
<td>$0 Copay</td>
<td>$0 Copay</td>
<td>$0 Copay</td>
</tr>
<tr>
<td>Tier 2 - (Brand) Formulary</td>
<td>$75 Copay</td>
<td>$75 Copay</td>
<td>$75 Copay</td>
</tr>
<tr>
<td>Tier 3 - Non-Formulary</td>
<td>$150 Copay</td>
<td>$150 Copay</td>
<td>$150 Copay</td>
</tr>
<tr>
<td>Non-Network Pharmacy/Specialty</td>
<td>Copay + 30%</td>
<td>Copay + 30%</td>
<td>Copay + 30%</td>
</tr>
</tbody>
</table>

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.

Diabetic supplies obtained through Edge Park Pharmacy covered 100%. 90-day supply home delivery call 800-321-0591.

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

For information on your ACF Formularies:

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 preferred 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 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. Aetna has designated pharmacies for specialty drugs:
CVS Speciality Pharmacy 866-782-2779
(7:30am-7:30pm EST)

**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’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 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.
Aetna Approved Labs

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

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**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.

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For information on your ACF Formularies:

BEXAR WELLNESS PROVIDES AN ARRAY OF WELLNESS PROGRAMS TO HELP YOU ACHIEVE YOUR WELLNESS GOALS AND STRIVE TO CONTINUALLY CREATE A WORK-LIFE BALANCE.

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

WELLNESS PROGRAMS

Bexar County Wellness offers onsite wellness opportunities year-round for employees to participate in and focus on their health:

- Quest Health Screenings
- UHS Mobile Mammograms
- UHS Blood Drives
- Flu Shot Clinics
- Lunch & Learns
- Dietitian Consultations
- One-on-one Health Condition Management
- Wellness Workshops

Wellness Webinars

Employees can virtually attend monthly live-stream education classes that cover all aspects of wellness, and can be viewed from your desktop or mobile device. Visit the Bexar Wellness Website to view the calendar of events, register for upcoming webinars, or watch previously recorded topics.

EMPLOYEE WELLNESS CENTER

Bexar County offers a brand new, fully equipped Employee-Only Wellness Center. The Wellness Center is a convenient way for employees to stay active any time and any day of the week.

- Over 20 pieces of Cardio Equipment
- Dedicated Free Weight Room
- Dedicated Group Fitness Rooms
- Showers and Lockers
- 24/7 Badge Access for Employees

Onsite group fitness classes are also available throughout the week for employees to participate in.

- Boxing
- HIIT (High Intensity Interval Training)
- Yoga
- Zumba
- and More!

You can find additional information about requesting access to the Wellness Center or attending the group fitness classes on our Bexar Wellness Website.

GET REWARDED

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 H.I.R.E. gift cards by participating in health and wellness services. In order to be eligible for this incentive, you must complete the following activities by December 31, 2023:

Step 1: Know Your Numbers
Complete a Health Screening

Step 2: Take Charge of Your Health
Complete a Preventive Care Exam

Discounts

- SA Bike Share
  - Only pay $20 for annual membership ($100 Value)

- Gym Discounts
  - Gold’s Gym
  - YMCA
  - Planet Fitness
  - and More!

STAY CONNECTED

Our wellness website and social media pages are a hub to connect you instantly to everything wellness-related!

Access an abundance of wellness resources relating to:

- Physical Health
- Nutrition
- Mental Health
- Financial Well-being and More!

CONTACT YOUR WELLNESS TEAM!

Email: Wellness@bexar.org
Call: 210-335-0909

www.bexarsidekick.org/wellness
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 will be charged if an appointment is missed or canceled 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.

Give us your feedback:

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

* Lab and X-ray still follow normal plan guidelines.

DOWNTOWN
Robert B. Green Campus: 903 W. Martin St.
Mon – Fri: 8 a.m. – 5 p.m.
ExpressMed: Mon – Sun: 7 a.m. – 8 p.m.
PediExpress: Mon – Fri: 8 a.m. – 8 p.m., Sat: 8 a.m. – 8 p.m.
Sun 8 a.m. – 4 p.m.
Adult Primary Care, Pediatrics, Lab, Imaging, Pharmacy and ExpressMed/PediExpress (walk-in clinics) at this location.

NORTH REGION
Family Health Center – North: 302 W. Rector St.
Lab and Imaging at this location
Mon – Fri: 7 a.m. - 6 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 – Fri: 7 a.m.-5 p.m.
Lab Hours: 7-4:30 p.m.
Medical Center Pavilion: 4647 Medical Dr.
Imaging, Pharmacy and ExpressMed (walk-in clinic)
Mon-Sun: 7 a.m. - 8 p.m.
Westgate: 5282 Medical Dr. Suite #240
Pediatric Continuity Clinic
Mon & Thurs: 8 a.m.-6 p.m.
Tues, Wed & Fri: 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 – Fri: 8 a.m.-5 p.m.
Lab: Mon - Fri 8am - 4pm.

SOUTHEAST REGION
Family Health Center – SE: 1055 Aca St.
Lab, Imaging and Pharmacy at this location.
Mon – Thurs: 7 a.m. – 8 p.m., Fri: 9 a.m. – 8 p.m.
South Flores Clinic: 7902 S. Flores St.
Mon – Thurs: 7:30 a.m. - 5:00 p.m., Fri: 9:30 a.m. - 4 p.m.

SOUTHWEST REGION
Family Health Center – SW: 2121 S.W. 36th St.
Lab, Imaging and Pharmacy at this location.
Mon – Fri 7 a.m. – 6 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.

WEST REGION
Texas Diabetes Institute - Primary Care: 701 S. Zarzamora St.
Lab, Imaging and Pharmacy at this location
Mon-Fri 8am-5pm.

Call 210-358-3488 to select your preferred doctor’s office.
ACO Plan Clinics

Scheduling online is as easy as 1-2-3 at Med1st.com
1. Find a doctor. 2. Choose your time. 3. Book instantly.

   San Antonio, TX 78209
   210-824-5392
2. Boerne
   1420 River Rd., Ste. 200
   Boerne, TX 78006
   830-816-2552
3. Main Street
   Family Medicine
   1511 Main St., Ste. 3
   Lytle, TX 78052
   830-709-0714
4. Bulverde
   524 Singing Oaks, Ste. 300
   Bulverde, TX 78070
   830-214-1688
5. New Braunfels
   545 Creekside Crossing, Ste. 106
   New Braunfels, TX 78130
   830-387-5270
6. Westpointe Village
   2648 Loop 337
   New Braunfels, TX 78132
   830-310-3203
7. Schertz
   16977 I-35 N., Ste. 210
   Schertz, TX 78154
   210-655-5600
8. Skinner Clinic
   124 Dallas St.
   San Antonio, TX 78205
   210-224-1771
9. Sunset Road
   143 W. Sunset Rd., Ste. 100
   San Antonio, TX 78209
   210-824-5201
10. Highland Hills
    3118 Clark Ave.
    San Antonio, TX 78210
    210-535-7000
11. Brooklyn
    926 Brooklyn Ave., Ste. 100
    San Antonio, TX 78215
    210-640-1634
12. Northeast
    2130 NE Loop 410, Ste. 325
    San Antonio, TX 78217
    210-653-2693
13. Legacy Oaks
    5430 Fredericksburg Rd., Ste. 400
    San Antonio, TX 78229
    210-538-2301
14. Thousand Oaks
    16088 San Pedro Ave., Ste. 115
    San Antonio, TX 78232
    210-200-6744
15. Toepferwein
    11355 Toepferwein Rd.
    Live Oak, TX 78233
    210-654-7200
16. Southeast
    5327 Research Plaza, Ste. 303
    San Antonio, TX 78235
    210-333-0798
17. Medical Center
    5979 Babcock Rd.
    San Antonio, TX 78240
    210-690-5700
18. Hausman
    8230 N. Loop 1604 W., Ste. 218
    San Antonio, TX 78249
    210-453-1199
19. Northwest Military
    4103 N. Loop 1604 W., Ste. 212
    San Antonio, TX 78249
    210-541-8669
20. Westover Hills
    3903 Wiseman Blvd., Ste. 100
    San Antonio, TX 78251
    210-681-0126
21. Westover Town Center
    10010 Rogers Crossing, Ste. 301
    San Antonio, TX 78251
    210-634-2234
22. Camp Bullis
    19787 IH-10W, Ste. 104
    San Antonio, TX 78257
    210-469-9775
23. Internal Medicine of Stone Oak
    19272 Stone Oak Pkwy., Ste. 108
    San Antonio, TX 78258
    210-490-3800
24. North Hills
    Family Medicine
    18818 Meisner Dr.
    San Antonio, TX 78258
    210-481-6800
25. Stone Oak
    525 Oak Centre Dr., Ste. 350
    San Antonio, TX 78258
    210-496-2669
26. Overlook
    26112 Overlook Pkwy., Ste. 1100
    San Antonio, TX 78260
    210-497-2358
27. Stagecoach
    151 S. Stagecoach Trail, Ste. 105
    San Marcos, TX 78666
    737-213-1271
28. Quarry
    430 W. Sunset Rd., Ste. 100
    San Antonio, TX 78209
    210-455-1002

TO FIND A DOCTOR, VISIT MED1ST.COM TO SCHEDULE ONLINE. SAME DAY URGENT APPOINTMENTS

COPAYMENTS:
Primary Care Physician: $0
Specialist: $15.00
Medfirst Urgent Care: $75.00
DENTAL PLANS

For 2022, Bexar County is offering you three dental options through Aetna with more benefits:

<table>
<thead>
<tr>
<th>AETNA DENTAL DMO PLAN</th>
<th>AETNA DENTAL PDN MAX 2000 PLAN</th>
<th>AETNA DENTAL PDN 1000 PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>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. If you need to change your PCD, call Aetna.</td>
<td>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. • Balance bill may apply. To receive a richer benefit, utilize a network dentist in the Aetna PPO/PDN w/PPOII network.</td>
<td>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. • Balance bill may apply.</td>
</tr>
</tbody>
</table>

* Must live within 75 miles of Bexar County zip code 78204.

Contact Aetna at (877) 238-6200 or visit Aetna.com if you need assistance finding in-network providers or have questions.

**SEMI-MONTHLY RATES**

<table>
<thead>
<tr>
<th>Aetna Dental Plans</th>
<th>DMO</th>
<th>PDN 2000</th>
<th>PDN 1000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$6.14</td>
<td>$10.45</td>
<td>$12.27</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>$11.97</td>
<td>$22.34</td>
<td>$26.18</td>
</tr>
<tr>
<td>Employee + 2 or more</td>
<td>$19.63</td>
<td>$33.86</td>
<td>$44.02</td>
</tr>
</tbody>
</table>
# Dental Plans

<table>
<thead>
<tr>
<th></th>
<th>DMO</th>
<th>PDN 2000</th>
<th>PDN 1000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>Deductible In-Network (PCD required)</td>
<td>$0</td>
<td>$50</td>
</tr>
<tr>
<td></td>
<td></td>
<td>In-Network</td>
<td>Out-of-Network*</td>
</tr>
<tr>
<td>Family</td>
<td>Deductible In-Network (PCD required)</td>
<td>$0</td>
<td>$150</td>
</tr>
<tr>
<td></td>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td><strong>Coverage Type</strong></td>
<td>Preventative Services (Cleanings, Exams, X-rays)</td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>100%</td>
<td>60% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Major Services</td>
<td>(Bridges, Dentures, Implants, Crowns)</td>
<td>60% (excludes implants)</td>
<td>40% after deductible</td>
</tr>
<tr>
<td></td>
<td></td>
<td>50% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td><strong>Annual Maximum Benefit</strong></td>
<td>Per Person</td>
<td>None</td>
<td>$2,000</td>
</tr>
<tr>
<td><strong>Orthodontia Lifetime Maximum</strong></td>
<td>Per Person</td>
<td>One Treatment Per Person Per Lifetime @50%</td>
<td>$1,000 Adults and Child(ren)</td>
</tr>
</tbody>
</table>

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 12 month waiting period. Must be enrolled in the plan for 12 month 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.

<table>
<thead>
<tr>
<th>In-Network Benefits</th>
<th>Plan Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Frequency - Once Every:</strong></td>
<td><strong>Match Plan</strong></td>
</tr>
<tr>
<td>Eye Examination inclusive of Dilation (when professionally indicated)</td>
<td>12 Months</td>
</tr>
<tr>
<td>Spectacle Lenses</td>
<td>12 Months</td>
</tr>
<tr>
<td>Frame</td>
<td>24 Months</td>
</tr>
<tr>
<td>Contact Lens Evaluation, Fitting &amp; Follow-Up Care (in lieu of eyeglasses)</td>
<td>12 Months</td>
</tr>
<tr>
<td>Contact Lens (in lieu of eyeglasses)</td>
<td>12 Months</td>
</tr>
</tbody>
</table>

**Copayments**

<table>
<thead>
<tr>
<th>Service</th>
<th>Match Plan</th>
<th>Enhanced Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Examination</td>
<td>$10</td>
<td>$10</td>
</tr>
<tr>
<td>Spectacle Lenses</td>
<td>$10</td>
<td>$10</td>
</tr>
</tbody>
</table>

**Eyeglass Benefit - Frame**

<table>
<thead>
<tr>
<th>Frame Allowance (Retail):</th>
<th>Up to $130 OR Up to $180 at Visionworks</th>
<th>Up to $150 OR Free Frame at Visionworks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Plus a 20% discount on any overage</td>
<td></td>
</tr>
</tbody>
</table>

**Contact Lens Benefit**

<table>
<thead>
<tr>
<th>Contact Lens Allowance: Two boxes-replacements</th>
<th>Up to $130 allowance plus 15% off balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Four boxes-disposable or $130 allowance plus 15% off balance</td>
<td></td>
</tr>
<tr>
<td>Contact Lens Allowance: Four boxes-replacements</td>
<td>Up to $150 allowance plus 15% off balance</td>
</tr>
<tr>
<td>Eight boxes-disposable or $150 allowance plus 15% off balance</td>
<td></td>
</tr>
</tbody>
</table>

The Davis Vision Collection offers a greater benefit. Visit DavisVision.com for details enter client code 8775 enhanced plan, code 8776 match plan or call 1-877-923-2847.
The Davis Vision Collection offers a greater benefit. Visit DavisVision.com or details enter client code 8775 enhanced plan, code 8776 match plan or call 1-877-923-2847.

### 2022 Semi-monthly Premiums

<table>
<thead>
<tr>
<th>Davis Vision Plans</th>
<th>Match Plan</th>
<th>NEW Enhanced Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$2.95</td>
<td>$4.05</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>$5.30</td>
<td>$7.29</td>
</tr>
<tr>
<td>Employee + 2 or more</td>
<td>$8.24</td>
<td>$11.34</td>
</tr>
</tbody>
</table>

- 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.
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 $2,850 or a minimum of $120, which can be used for health care related expenses such as:
- Out-of-pocket deductibles, coinsurance, co-payments and prescription charges.
- Medical, dental, and vision care expenses which are not reimbursable by insurance.
- Over-the-Counter vitamins with a doctor’s prescription and other eligible items visit Payflex.com for a full list of eligible expenses.
- 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 requires proof that the amount paid is for a qualified expense, therefore you will be asked to verify the expense by submitting an explanation of benefits or a detailed, itemized receipt listing service details, date of service and patient name. 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 14 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 14.
- 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 $2,850  | up to $5,000 (depending on filing class)
For related expenses...  | Medical, Dental, vision and hearing expenses  | Daycare expenses for eligible dependents

**FSA RULES**

You can carry-over a maximum of **$570** of your healthcare FSA into the next plan year if you’re participating in the 2022 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.
- You have a 90 day run out period at the end of the plan year to submit for reimbursement. After the run out, the remaining balance will be carried over the next plan year even if you do not re-elect 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 by submitting paper claims.

**HEALTHCARE FSA VS. DEPENDENT CARE FSA**

<table>
<thead>
<tr>
<th>HEALTHCARE FSA</th>
<th>DEPENDENT CARE FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Contribute pre-tax dollars up to IRS limit of $2,850</td>
<td>• Contribute pre-tax dollars up to IRS limit of $5,000</td>
</tr>
<tr>
<td>• Full contribution available at start of the plan year</td>
<td>• Funds are for your dependent age 14 or younger, or a spouse or dependent incapable of self-care</td>
</tr>
<tr>
<td>• If you and your spouse both have a health care FSA, you each can contribute up to the IRS limit</td>
<td>• Pay for eligible child and adult care expenses such as:</td>
</tr>
<tr>
<td>• Pay for eligible health care expenses for you, your spouse and/or your tax dependents.</td>
<td>- Day care</td>
</tr>
<tr>
<td>• Eligible expenses may include:</td>
<td>- Before and after school care</td>
</tr>
<tr>
<td>- Copays, coinsurance and deductibles</td>
<td>- Preschool and nursery school</td>
</tr>
<tr>
<td>- Dental expenses such as orthodontia, crowns and bridges</td>
<td>- Summer day camp</td>
</tr>
<tr>
<td>- Vision expenses such as LASIK laser eye surgery, glasses and contacts</td>
<td>- Cannot be used to pay school tuition</td>
</tr>
<tr>
<td>- Prescription drugs, and much more!</td>
<td>* Monthly payroll deduction</td>
</tr>
</tbody>
</table>

* Semi-monthly payroll deduction

**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.
ALEX is an online tool that helps you select the best benefit plan for you and your family. When you talk to ALEX you’ll be asked a few questions about your health care needs, and then ALEX will crunch some numbers, and point out what makes the most sense for you. And anything you tell ALEX remains between the two of you, so don’t be afraid to really let loose about that weird tooth thing.

**How should I prepare?**

You don’t need to do much of anything. ALEX will ask you to estimate what type of medical care you might need this year (doctors visits, surgeries, ER visits, prescriptions, etc.), so you may want to tally those up and talk to your family about their needs, but ALEX can also help you come up with some estimates.

**How does ALEX know what plan is best for me?**

ALEX takes the amount each plan would cost you out of your paycheck (your premium) and adds that to the amount it would cost for the services you said you might use. Then he’ll recommend the least expensive plan for your needs.

**How long will this take?**

Most users spend about 7 minutes with ALEX, but it really just depends how much guidance you’d like. And, if you set up an ALEX ID, ALEX can even save your place, so you can leave to get some peanut brittle and then pick up right where you left off.

**Can I use ALEX on my phone?**

Oh yeah. ALEX is optimized for any device you’ve got.

**Can I trust ALEX with my secrets?**

Yes! Your ALEX experience is totally private and secure.

Get started visit
https://www.myalex.com/bexar-county/2022
VOLUNTARY BENEFITS

Life and AD&D Insurance
During open enrollment, if you are currently enrolled in supplemental life insurance, you may increase your coverage for an additional $20,000, not to exceed the maximum, without Evidence of Insurability (EOI). All additions of Spouse Supplemental life are subject to Evidence of Insurability. Child(ren) coverage can be added or increased without (EOI).

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.

<table>
<thead>
<tr>
<th>Lincoln Financial</th>
<th>Employee</th>
<th>Spouse</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage Amount</td>
<td>$10,000 - $350,000</td>
<td>$10,000 - $120,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>New Hire Guarantee Issue</td>
<td>$350,000</td>
<td>$50,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>Open Enrollment Guarantee Issue</td>
<td>$20,000</td>
<td>Subject to EOI</td>
<td>$10,000</td>
</tr>
</tbody>
</table>

During open enrollment, the coverage amount for employees currently participating in supplemental life can be increased annually in $10,000 increments up to $20,000 guaranteed. For spouses currently participating in supplemental life increases are subject to EOI. 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.

*Anyone previously declined will not be eligible for any increase without EOI.

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 $20,000 increments without evidence of insurability. Child(ren) coverage can be added without Evidence of Insurability (EOI).

COMPLETE YOUR EOI:
Visit: MyLincolnPortal.com
Email: clientservices@LFG.com
Call: 800-423-2765
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 14-day waiting period.

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.

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 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. Payroll deductions will begin January 1st at the start of coverage. To file a disability claim, call 800-423-2765.
Critical Illness Benefits
Group 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.

Every year, each insured can receive $100 for getting a BeWell Benefit screening such as annual exams, immunizations, etc. You get coverage without a health exam or medical questions, pre-existing conditions apply.

Accident Insurance
Group 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 are portable, so you can take them with you if you leave Bexar County or retire. You can contact UNUM customer service at 800-421-0344 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).

Offers an affordable guaranteed level of premium that won’t increase with age and can continue through retirement years.

Contact Barrett Insurance at 866-902-8239 for assistance with these products.

NEW: Attorney Services for Non-Covered matters - 4 hours
For non-covered matters that are not otherwise excluded, this benefit now provides four hours of attorney time and services per year. The Participant is responsible to pay fees beyond the 4 hours. No more than a combined maximum total of four hours of attorney time and service are provided for the member, spouse and qualified dependents annually.

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.

- 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.

<table>
<thead>
<tr>
<th>Coverage Available</th>
<th>My Pet Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidents, including poisonings and allergic reactions</td>
<td>✓</td>
</tr>
<tr>
<td>Injuries, including cuts, sprains, and broken bones</td>
<td>✓</td>
</tr>
<tr>
<td>Common illnesses, including ear infections, vomiting and diarrhea</td>
<td>✓</td>
</tr>
<tr>
<td>Serious/chronic illnesses, including cancer and diabetes</td>
<td>✓</td>
</tr>
<tr>
<td>Hereditary and congenital conditions</td>
<td>✓</td>
</tr>
<tr>
<td>Surgeries and hospitalization</td>
<td>✓</td>
</tr>
<tr>
<td>X-rays, MRI's and CAT scans</td>
<td>✓</td>
</tr>
<tr>
<td>Prescription medications and therapeutic diets</td>
<td>✓</td>
</tr>
</tbody>
</table>

Please contact carrier for rates on Avian & Exotic pets.
4% discount for 2-4 pets; 10% discount for 5+ pets. Pre-existing conditions apply.

FOR PRICING, PLEASE VISIT:
https://www.petinsurance.com/bexar or call 800-872-7387.
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 866-327-2400 or go online anytime twenty-four (24) hours, seven days (7) 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

Resources Available Include:
- Assessments, Guidance and Solutions
- Short Term Counseling
- Crisis Intervention

Additionally, Deer Oaks offers:

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

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 (866) 327-2400

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 for a case number to process the reimbursement.

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.

REMEmBER!

Access the Deer Oaks interactive website at DeerOaksEap.com
- Bexar County login: BXCO
- Password: BXCO
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.

Parking Operations
Bexar County employees who 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. Contact Facilities Management at 210-335-3803 or bexarparking@bexar.org to enroll.

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.

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 $20,500; 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. Visit Bexar County Sidekick for additional retirement programs.

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 prorated.) Please refer to the Vacation or Annual Leave Policy.

Sick Leave
All regular, full-time employees accrue sick leave at a rate of 8 hours 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 undergraduate 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 subject to available funding.
# 2022 Holidays

Holidays vary year to year and are set by Commissioner’s Court.

<table>
<thead>
<tr>
<th>Holiday</th>
<th>Day of the Week</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Year’s Day Observed</td>
<td>Monday</td>
<td>03 January 2022</td>
</tr>
<tr>
<td>Martin Luther King Jr. Day</td>
<td>Monday</td>
<td>17 January 2022</td>
</tr>
<tr>
<td>President’s Day</td>
<td>Monday</td>
<td>21 February 2022</td>
</tr>
<tr>
<td>Battle of Flowers</td>
<td>Friday</td>
<td>08 April 2022</td>
</tr>
<tr>
<td>Good Friday</td>
<td>Friday</td>
<td>15 April 2022</td>
</tr>
<tr>
<td>Memorial Day</td>
<td>Monday</td>
<td>30 April 2022</td>
</tr>
<tr>
<td>Juneteenth Observed</td>
<td>Monday</td>
<td>20 June 2022</td>
</tr>
<tr>
<td>Independence Day Observed</td>
<td>Monday</td>
<td>04 July 2022</td>
</tr>
<tr>
<td>Labor Day</td>
<td>Monday</td>
<td>05 September 2022</td>
</tr>
<tr>
<td>Veteran’s Day</td>
<td>Friday</td>
<td>11 November 2022</td>
</tr>
<tr>
<td>Thanksgiving</td>
<td>Thursday</td>
<td>24 November 2022</td>
</tr>
<tr>
<td>Friday after Thanksgiving</td>
<td>Friday</td>
<td>25 November 2022</td>
</tr>
<tr>
<td>Christmas Day Observed</td>
<td>Monday</td>
<td>26 December 2022</td>
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</tbody>
</table>
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 CANCER RIGHTS ACT ENROLLMENT/ANNUAL NOTICE

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call Bexar County Human Resources 210-335-2545.
Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage offered by the Base Plan, Premium Plan, ACO Plan (active and retiree) through Bexar County Human Resources and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Bexar County Human Resources has determined that the prescription drug coverage offered by the Base Plan, Premium Plan, ACO Plan (active and retiree) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current coverage through Bexar County Human Resources will be affected. For those individuals who elect Part D coverage, coverage under the entity’s plan will end for the individual and all covered dependents, etc.

If you decide to join a Medicare drug plan and drop your current group health coverage through Bexar County Human Resources, be aware that you and your dependents will be able to get this coverage back. If you are able to get this coverage back, reentry into the plan is subject to the underlying terms of the Plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?
You should also know that if you drop or lose your current group health coverage through Bexar County Human Resources and don’t join a Medicare drug plan within 63
continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the Plan Administrator listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Bexar County Human Resources changes. You may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 800-772-1213 or (TTY 800-325-0778).

REMEMBER: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage, and therefore, whether or not you are required to pay a higher premium (a penalty).

If you have questions call Bexar County Human Resources 210-335-2545.
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 obstetrics or gynecology, you may contact the insurance carrier or Bexar County Human Resources 210-335-2545.

NEWBORNS’ ACT DISCLOSURE

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 as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

SPECIAL ENROLLMENT NOTICE

If you are declining enrollment for yourself or your 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 the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, 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. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Finally, if you or an eligible dependent has coverage under a state Medicaid or child health insurance program and that coverage is terminated due to a loss of eligibility, or if you or an eligible dependent become eligible for state premium assistance under one of these programs, you may be able to enroll yourself and your eligible family members in the Plan. However, you must request enrollment no later than 60 days after the date the state Medicaid
or child health insurance program coverage is terminated or the date you or an eligible dependent is determined to be eligible for state premium assistance.

To request special enrollment or obtain more information, contact Bexar County Human Resources at 210-335-2545.

CHIPRA PREMIUM ASSISTANCE NOTICE

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDSNOW, or www.insuredkidsnow.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 866-444-EBSA (3272).

You may be eligible for assistance paying your employer health plan premiums. Contact your State for more information on eligibility for Medicaid. For more information on special enrollment rights, contact either:

U.S. Department of Labor Employee Benefits Security Administration
www.dol.gov/agencies/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
# CONTACT INFORMATION

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<tr>
<td>Medical - Aetna</td>
<td>Member Services</td>
<td>1-888-249-2584</td>
<td><a href="http://aetna.com">aetna.com</a></td>
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<td></td>
<td>AITC Disease Management</td>
<td>1-877-243-2752</td>
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<td></td>
<td>Nurse Informed line (#2)</td>
<td>1-800-556-1555</td>
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<td>AETNA Pharmacy</td>
<td>1-888-RX-Aetna</td>
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<td></td>
<td>Mental Health Services</td>
<td>1-800-424-4047</td>
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<td></td>
<td>PayFlex FSA</td>
<td>1-888-678-8242 Fax 1-888-238-3539</td>
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<td>Teladoc</td>
<td>1-855-Teladoc 1-855-835-2362</td>
<td><a href="http://Teladoc.com/Aetna">Teladoc.com/Aetna</a></td>
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<td>Dental - Aetna</td>
<td>Member Service</td>
<td>1-877-238-6200</td>
<td><a href="http://aetna.com">aetna.com</a></td>
</tr>
<tr>
<td>Vision - Davis</td>
<td>Customer Service</td>
<td>1-800-999-5431</td>
<td><a href="http://davisvision.com">davisvision.com</a></td>
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<tr>
<td>(EAP) Employee Assistance Program</td>
<td>Deer Oaks</td>
<td>210-615-8880 1-800-396-2467</td>
<td><a href="http://deeroakseap.com">deeroakseap.com</a> User ID &amp; Password: BXCO</td>
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<td><strong>Insurance - Basic Life, Supplemental - Spouse and Dependent, Voluntary Benefits</strong></td>
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<td>Lincoln Financial Group Term Life &amp; AD&amp;D, Short &amp; Long Term Disability</td>
<td>Customer Service and Claims</td>
<td>800-423-2765</td>
<td><a href="http://LFG.com">LFG.com</a> Group ID#: BexarCnty Policy#: 10246458</td>
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<tr>
<td>Met Law</td>
<td>Customer Service</td>
<td>800-821-6400</td>
<td><a href="http://legalplans.com">legalplans.com</a> Plan Code #990 / Local Code #2031</td>
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<tr>
<td>UNUM Critical Illness Personal Accident, Whole Life</td>
<td>Customer Service</td>
<td>866-679-3054</td>
<td><a href="http://unum.com">unum.com</a> Policy #953061</td>
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<td><strong>Retirement and 457 Investment Providers</strong></td>
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<tr>
<td>TCDRS</td>
<td>Customer Service</td>
<td>1-800-823-7782</td>
<td><a href="http://tcdrs.org">tcdrs.org</a></td>
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<tr>
<td>Nationwide Retirement Solutions 0037670001</td>
<td>Customer Service</td>
<td>877-677-3678</td>
<td><a href="http://nrsforu.com">nrsforu.com</a></td>
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<tr>
<td>Valic 90175/001</td>
<td>Customer Service Tommy Ortiz</td>
<td>1-800-448-2542 210-557-2079</td>
<td><a href="http://aigrs.com">aigrs.com</a></td>
</tr>
<tr>
<td>VOYA VK0809</td>
<td>Customer Service Shane Pfeffer</td>
<td>1-800-584-6001 210-979-8277</td>
<td><a href="http://voyacom">voyacom</a></td>
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**CONTACT INFORMATION**

BEXAR COUNTY | 2022 BENEFITS GUIDE
BEXAR COUNTY
RETIREMENT CHECKLIST

VERIFY TEXAS COUNTY & DISTRICT RETIREMENT SYSTEM (TCDRS) RETIREMENT ELIGIBILITY:
WWW.TCDRS.ORG or 1-800-823-7782

Service Eligibilities:
☐ Any age with 20 years of service
☐ Age 60 with 8 years of service
☐ Rule of 75 (Age plus years of service equals 75)

Items To Be Completed Within Thirty (30) Days Of Retirement

BEXAR COUNTY SEPARATION:
☐ Contact TCDRS specialist to complete Online TCDRS Retirement Application
   WWW.TCDRS.ORG or #1-800-823-7782
☐ Contact Bexar County TCDRS Administrator Diana Aguirre
☐ Complete Auditor’s Form 404 and return to Diana Aguirre
☐ Notify your Department in writing of your Retirement

BEXAR COUNTY RETIREMENT HEALTH BENEFITS:
☐ Contact Valerie C. Rodriguez with Bexar County HR
☐ Complete Enrollment packet and return to Bexar County HR

Deadline: Thirty (30) days from the date of retirement

POTENTIAL ENROLLMENT FORMS:
☐ Retiree Benefit Acknowledgment
☐ ACH Enrollment (voided check/bank form required)
☐ Davis Vision Plan Enrollment
☐ Lincoln Financial Group Beneficiary Designation
☐ Retiree Health & Life Insurance Enrollment
☐ Aetna Dental Plan Enrollment
☐ Retiree Waiver

BEXAR COUNTY
AUDITOR’S OFFICE
210-335-2301
email: Auditors-Payroll@Bexar.org
Diana Aguirre
210-335-2495
email: Diana.Aguirre@Bexar.org

HUMAN RESOURCES DEPARTMENT
211 S. Flores, San Antonio, Texas 78204
210-335-2545
email: HR@Bexar.org
Valerie C. Rodriguez
210-335-3374
email: ValerieCRodriguez@Bexar.org
Your Notes:

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