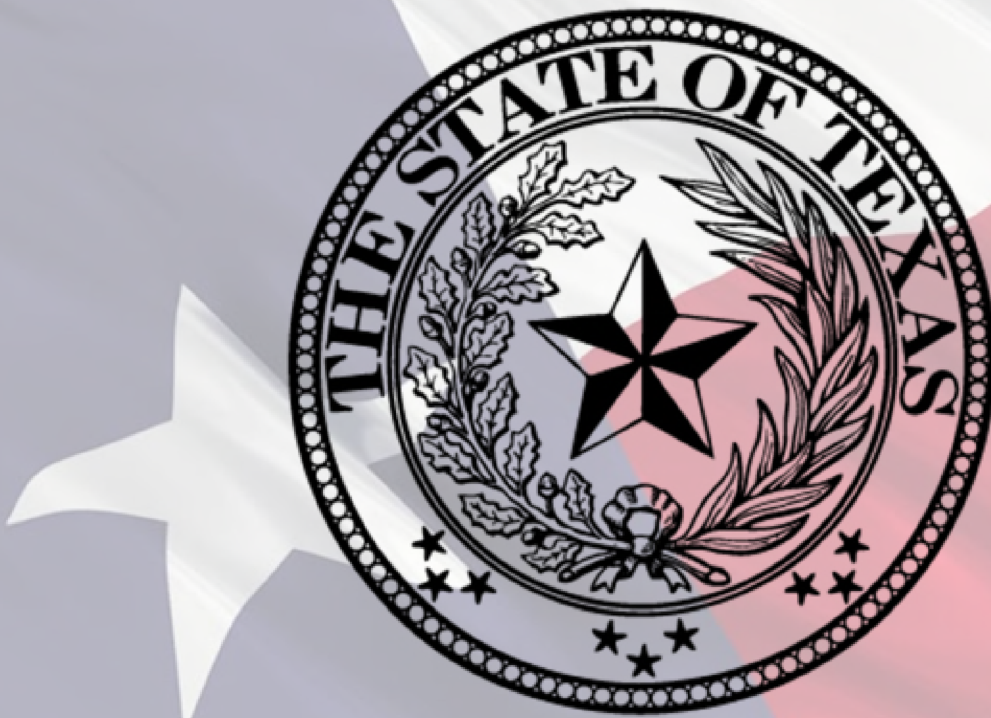
Medina County



Benefits Guide

January 1, 2018 - December 31, 2018

NOTE: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal Law gives you more choices about your prescription drug coverage. Please see pages 18-19 for more details.

CRYSTAL
& COMPANY

The integrity of independence.

Who is Eligible?

If you are an active, full-time employee working 30 or more hours per week, you are eligible to enroll in the benefits described in this guide. The following family members are eligible for medical, dental, and vision coverage:

- Legal Spouse
- Dependent Child(ren) up to age 26 (Extended coverage available for Handicapped Children. Please see policy for details.)

Benefits will begin for newly eligible employees:

- First of the month following 60 days of employment

Deferred Effective Date: *If you are not actively at work on the day coverage would otherwise take effect, then insurance will not take effect until the day you resume active work.*

If a dependent is in a period of limited activity on the day his or her dependent life insurance would otherwise take effect; then insurance for that dependent will not take effect until the day after:

1) *his or her final discharge from the health care facility; or*
2) *resuming the normal activities of a healthy person of the same age and sex.*

How to Make Changes After Enrollment Closes

After the Initial Enrollment/Annual Enrollment period is closed, you **cannot** make changes to the benefits you elect/waive until the next Annual Enrollment period unless you experience a Qualified Change in Status. Under the regulations, events falling within the following categories are change in status events:

- Change in legal marital status (marriage, divorce, death of spouse, legal separation, and annulment);
- Change in number of dependents (birth, adoption, placement for adoption, and death);
- Change in employment status (termination/commencement of employment, change in worksite);
- Dependent satisfies or ceases to satisfy dependent eligibility requirements;
- Residence change (only permissible where a change in residence affects the employee's eligibility for coverage)

IMPORTANT

You must notify Human Resources within 31 days of a family status change and within 60 days of a change in eligibility for Medicaid or CHIP coverage in order to be eligible to make changes; otherwise, you will have to wait until the next annual enrollment period.

MEDICAL

Blue Cross Blue Shield of Texas ☎ 800.521.2227

Policy Number: 217988 www.bcbstx.com

Medina County offers medical coverage through BCBS of Texas. You may go directly to any doctor in the **BlueChoice PPO Network** and no referrals are required for specialists.

When accessing care from a Network provider:

- You are not required to file claim forms
- You are not balance billed
- Your provider will preauthorize necessary services

When accessing care from a Non-Network provider:

- You receive a lower level of benefits *(Out-of-Network benefits)*
- You may be required to file your own claim forms
- You may be billed for charges exceeding BCBS's Allowable Amount for covered services
- You must preauthorize necessary services

	Base PPO Plan		Buy-Up PPO Plan	
Services	**In Network**	**Out-of-Network**	**In Network**	**Out–of-Network**
Deductible	***Separate Rx Deductible**		***Separate Rx Deductible**	
Individual	$2,000	$6,000	$1,000	$3,000
Family	$4,000	$12,000	$2,000	$6,000
Coinsurance (Plan pays)	80%	60%	80%	60%
Out-of-Pocket Max[1]	*Includes Coinsurance, Deductible and Medical Copays*			
Individual	$5,000	$14,000	$4,000	$9,000
Family	$10,000	$28,000	$8,000	$18,000
Lifetime Maximum	Unlimited		Unlimited	
Percentage of Eligible Expenses Payable by the Plan:				
Office Visit	$35 PCP $45 Specialist	70%[2]	$30 PCP $40 Specialist	70%[2]
Preventive Care	100%	70%[2]	100%	70%[2]
Lab and X-Ray	100%	70%[2]	100%	70%[2]
Major Diagnostics - CT, PET, MRI, MRA	80%[2]	60%[2]	80%[2]	60%[2]
Hospitalization	80%[2]	60%[2]	80%[2]	60%[2]
Emergency Room	*Copay Waived if Admitted* $500 copay + 80%[2]		*Copay Waived if Admitted* $500 copay + 80%[2]	
Urgent Care Center	$35/$45 copay	70%[2]	$30/$40 copay	70%[2]
Retail Pharmacy	**Rx Deductible: $250 Individual / $500 Family**			
	Maintenance Medication Must be filled at a CVS pharmacy or you will have to pay 1.5 times the copay amount			
Tier I	$10 copay		$10 copay	$10 copay
Tier II	$30 copay		$30 copay	$30 copay
Tier III	$50 copay		$50 copay	$50 copay
Mail-Order Rx (up to 90 days)	2x applicable copay	N/A	2x applicable copay	N/A

[1] *Once you reach the out-of-pocket expense limit (non-covered benefits are excluded from this total) in any one calendar year, covered services will be payable at 100% for the remainder of the year.*

[2] *Coinsurance applies after deductible is met.*

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2018 Monthly Costs

*Tobacco user is defined as using any tobacco product more than 4 times per week.

NON TOBACCO USER / COMPLETED WELLNESS	Base Plan $2,000 / $4,000 Deductible	Buy-Up Plan $1,000 / $2,000 Deductible
Employee Only	$50.00	$60.00
Employee + 1 Dependent	$150.00	$185.00
Employee + 2 Dependents	$200.00	$260.00
Employee + 3 Dependents	$250.00	$335.00
Employee + 4 Dependents	$300.00	$410.00
Employee + 5 Dependents	$350.00	$485.00

NON TOBACCO USER / DID NOT COMPLETE WELLNESS	Base Plan $2,000 / $4,000 Deductible	Buy-Up Plan $1,000 / $2,000 Deductible
Employee Only	$75.00	$85.00
Employee + 1 Dependent	$175.00	$210.00
Employee + 2 Dependents	$225.00	$285.00
Employee + 3 Dependents	$275.00	$360.00
Employee + 4 Dependents	$325.00	$435.00
Employee + 5 Dependents	$375.00	$510.00

TOBACCO USER / COMPLETED WELLNESS	Base Plan $2,000 / $4,000 Deductible	Buy-Up Plan $1,000 / $2,000 Deductible
Employee Only	$75.00	$85.00
Employee + 1 Dependent	$175.00	$210.00
Employee + 2 Dependents	$225.00	$285.00
Employee + 3 Dependents	$275.00	$360.00
Employee + 4 Dependents	$325.00	$435.00
Employee + 5 Dependents	$375.00	$510.00

TOBACCO USER / DID NOT COMPLETE WELLNESS	Base Plan $2,000 / $4,000 Deductible	Buy-Up Plan $1,000 / $2,000 Deductible
Employee Only	$100.00	$110.00
Employee + 1 Dependent	$190.00	$235.00
Employee + 2 Dependents	$250.00	$310.00
Employee + 3 Dependents	$300.00	$385.00
Employee + 4 Dependents	$350.00	$460.00
Employee + 5 Dependents	$400.00	$535.00

FLEXIBLE SPENDING ACCOUNT (FSA)

EBSO

☎ 1.800.558.7798
www.EBSOBenefits.com

Medina County offers a Medical FSA. This accounts allow you to set aside pre-tax dollars to pay for certain IRS-approved healthcare and dependent care expenses. The money you contribute to an FSA is exempt from federal taxes, as well as most state and payroll taxes.

General Purpose Health FSA: Medina County offers you the opportunity to pay for out-of-pocket medical, dental and vision expenses with pre-tax dollars through the Flexible Spending Account (FSA).

You may set aside **up to $2,650 for the 2018 calendar year** from your paycheck on a pre-tax basis to the Medical FSA to use for eligible expenses including but not limited to:

- Out-of-Pocket plan expenses such as Deductibles, Coinsurance and Copays incurred by you and your qualified dependents
- Most Prescription Drugs and Insulin
- Hearing services, including hearing aids and batteries
- Vision services, including contact lenses, eye examinations, eyeglasses and laser eye surgery
- Dental Services and Orthodontia (except for those considered cosmetic in nature)
- Chiropractic Services and/or Acupuncture
- Some over-the-counter items with a prescription

The General Purpose Health FSA plan has a carryover feature allowing participants to roll over up to $500 of unused FSA dollars to the next year. Any amount over $500 at year-end will be forfeited. Any allowable amount that rolls over into the new plan year will not affect the maximum election that employees can make.

⇒ To check the balance on your pre-loaded FSA card you can go to: **www.EBSObenefits.com/members** and click on *Flex Direct Access*

⇒ If you need to file a claim directly with EBSO you can do so by going to: **www.EBSObenefits.com/downloadforms**

FSAs have a "use-it-or-lose-it" rule meaning that any contributions that have not been used to reimburse eligible expenses by the end of the plan year are forfeited. Only defer dollars that you know you will spend within the plan year. One exception applies to the Medical FSA which allows a carryover up to $500 at the end of the plan year to be used for qualified medical expenses incurred the subsequent plan year.

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DENTAL

UnitedHealthcare ☎ 800.996.0271

Policy Number: 708013 www.myuhcdental.com

Medina County offers dental PPO coverage through UnitedHealthcare. Under the PPO dental plan, you may receive care from any dentist of your choosing. However, choosing dental services from a dentist participating in the network will provide you with substantial savings. Providers participating in the network agree to accept the negotiated amount as payment in full—the enrollee is only responsible for the patient share.

If you choose to seek care outside the network, the plan generally pays benefits at a lower level. A non-participating provider may charge any amount and balance bill the enrollee for the difference between the in-network benefit allowance and the actual charge. You may want to ask the non-network Dentist about their billed charges before you receive care.

Services	PPO P3087
Annual Deductible	
Individual Family	$50 $150
Diagnostic / Preventive Services	**Plan covers 100% (deductible is waived)** *Periodic Oral Evaluation, X-rays, Lab and Other Diagnostic Tests, Prophylaxis (Cleanings), Fluoride Treatments, Sealants, Space Maintainers*
Basic Services	**Plan covers 80% after deductible** *Fillings, Simple Extractions, Oral Surgery (including surgical extractions), Periodontics (gum treatment), Endodontics (root canals), General Anesthesia*
Major Services	**Plan covers 50% after deductible** *Crowns, Inlays/Onlays, Bridges, Dentures*
Annual Maximum Benefit	$1,000 per member per year
Orthodontia Services*	Plan covers 50% after deductible for dependent child(ren) to age 26 $1,000 lifetime maximum benefit per covered child

* 12 Month Waiting Period before Benefits are available

Dental Cost per Month	
Employee Only	$0.00
Employee & Spouse	$15.78
Employee & Child(ren)	$24.14
Employee & Family	$39.97

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VISION

UnitedHealthcare (Spectera) ☎ **Customer Service:** 800.638.3120 or **Provider Locator:** 800.839.3242

Policy Number: 708013 www.myuhcvision.com

Medina County offers vision coverage through UnitedHealthcare Vision. There are "in-network" providers (contracted with UnitedHealthcare Vision) and "out-of-network" providers (no PPO contract). This means that you can obtain products or services through any provider you choose, though you'll generally pay less with in-network providers. When visiting an in-network provider, you are responsible for paying any applicable co-pay for covered expenses. You are also responsible for items that are not covered, or that exceed your benefit limitations. When visiting out-of-network providers, you pay for all services in full, and then file a claim for reimbursement according to your out-of-network benefits schedule.

Services	In-Network	Out-of-Network (copays do not apply)
Eye Exam	$10 comprehensive exam copay	Plan covers up to $40
Lenses (standard) Per Pair	*Standard scratch-resistant coating covered-in-full. Other optional lens upgrades may be offered at a discount. Discount varies by provider.*	
Single	$25 copay	Plan covers up to $40
Bifocal	$25 copay	Plan covers up to $60
Trifocal	$25 copay	Plan covers up to $80
Lenticular	$25 copay	Plan covers up to $80
Frames	$130 retail frame allowance after $25 copay	Plan covers up to $45
Contact Lenses	*In lieu of eyeglass lens and frame benefit*	
Covered-in-Full Selection	$25 copay covers fitting/evaluation fees, contact lenses (up to 4 boxes), and up to 2 follow-up visits	Plan covers up to $105 applicable to materials only. The fitting/evaluation is not included.
Non-Selection	$105 allowance (materials copay waived) applied toward the fitting/evaluation fees and purchase of contact lenses outside the covered selection.	
Medically Necessary	$25 copay	Plan covers up to $210
Service Frequencies	Eye Exam covered once every 12 months Lenses for glasses covered once every 12 months Frames covered once every 12 months Contact lenses covered once every 12 months in lieu of glasses	

Vision Cost per Month	
Employee Only	$6.34
Employee & Spouse	$12.02
Employee & Child(ren)	$14.10
Employee & Family	$19.82

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BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

United Healthcare—Term Life

Policy Number: 708013

Medina County provides a Basic Life and Accidental Death and Dismemberment (AD&D) benefit for all eligible full-time employees. This life insurance plan can protect your survivors from financial difficulty in the event of your death. AD&D insurance can provide assistance if you suffer accidental dismemberment or death as the result of a covered accident. ***(Note: "Deferred Effective Date" page 3.)***

	Basic Life and Accidental Death and Dismemberment (AD&D)
Benefit Amount	Flat $10,000
Other Features	Accelerated Death Benefit Seat Belt and Air Bag Benefit Conversion Option
Benefit Reduces to: *(Benefits terminate at retirement)*	65% upon attainment of age 65 50% upon attainment of age 70

Conversion Option: When you terminate employment, retire or lose insurance eligibility due to a status change, you have the Conversion Privilege available to continue your current group term life insurance. You have 31 days immediately following loss of your coverage to apply and submit first premium payment. Subject to the terms as described in the Certificate of Coverage.

VOLUNTARY LIFE

United Healthcare—Term Life

Policy Number: 303910

Employees who want to supplement the Basic Life benefit may purchase additional coverage through United Healthcare. You also have the opportunity to have coverage for your dependents. When you enroll yourself and your dependents in this benefit, you pay the full cost through payroll deductions. United Healthcare will then either approve or deny coverage. ***(Note: "Deferred Effective Date" page 3.)***

	Employee	Spouse*	Child(ren)*
Benefit Amount	$10,000 increments	$5,000 increments	Children 14 days and older: $2,000 increments to $10,000
Maximum Benefit	$300,000 not to exceed 5x's Annual Salary	The lesser of 50% of your amount of insurance or $100,000	Newborn children to age 14 days are not eligible for a benefit
Guarantee Issue Amount *(initial eligibility only)*	$100,000	$25,000	Not to exceed 100% of employee amount
Benefit Reduces to: *(Benefits terminate at retirement)*	65% upon attainment of age 65 50% upon attainment of age 70		Reduction does not apply

** Spouse and/or Child(ren) coverage is only available if Voluntary Employee Life is elected.*

SHORT TERM DISABILITY

United Healthcare

Policy Number: 708013

Medina County provides Short Term Disability (STD) benefits to all eligible full-time employees. This STD plan provides financial protection for you by paying a portion of your income while you are disabled (non-work related). The amount you receive is based on the amount you earned before your disability began.
(Note: "Deferred Effective Date" page 3)

	Employer-Paid Short Term Disability
Benefits Begin	1st day of accident and 8th day of illness
Duration of Benefits	13 weeks
Percentage of Income Replaced	60% of weekly earnings
Maximum Weekly Benefit	$500

VOLUNTARY LONG TERM DISABILITY COVERAGE

Reliance Standard ☎ 1.800.351.7500

Disability plans provide financial protection for you by paying a portion of your income while you are disabled. The amount you receive is based on the amount you earned before your disability began. In some cases, you can receive disability payments even if you work while you are disabled.

	Employee-Paid Long Term Disability
Benefits Begin	180th day of accident or illness
Duration of Benefits	Normal Retirement Age
Percentage of Income Replaced	60% of monthly earnings
Maximum Monthly Benefit	$5,000
Minimum Monthly Benefit	$50
Pre-Existing Condition Limitation	3 / 12
Own Occupation coverage	24 Months

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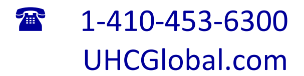
TRAVEL ASSISTANCE



To protect your physical and financial well-being, UnitedHealthcare life insurance products automatically include travel assistance services. These services are available to all members and dependents covered by our **Life Insurance plan**. Services can be accessed by phone or online, 24/7, from anywhere in the world.

Emergency help when and where you need it

Travel Assistance Services:

- Emergency travel arrangements
- Assistance in replacing lost or stolen travel documents
- Emergency translation services
- Emergency pet housing and or pet return

Medical Assistance Services:

- Referrals to medical or dental providers worldwide
- Assistance with monitoring of medical treatment, hospital payment, transfer of insurance information, coordination of medication and vaccine transfers
- Help replacing corrective lenses and medical devices

ADDITIONAL BENEFITS

As a United Healthcare member you also have access to:

- **Will and Trust Preparation:** Available at no extra premium cost to all employees and dependents covered by our life insurance products, these services are designed to help employees with estate planning.
- **Beneficiary Services:** We provide additional services for beneficiaries including grief and loss consultation and financial and legal assistance.
- **Wealth Management Account:** This beneficiary owned account provides the security of an FDIC insured account, the convenience of using a check or debit card and the flexibility to withdraw all or part of the policy payment funds at any time.

2018 Monthly Costs

Basic Life and AD&D
No payroll deduction—Basic Life and AD&D coverage is paid on your behalf by Medina County

Short-Term Disability (STD)
No payroll deduction—Short-Term Disability coverage is paid on your behalf by Medina County

Voluntary Long Term Disability	
Age	**Per $100 of Monthly Benefit**
18-24	$0.16
25-29	$0.25
30-34	$0.45
35-39	$0.72
40-44	$1.25
45-49	$1.65
50-54	$2.30
55-59	$2.95
60-64	$2.30
65-69	$1.55
70+	$1.15

Voluntary Life and AD&D			
Insured Employee's Attained Age	**Monthly Cost Per $1,000**		
	Employee	**Spouse***	**Child(ren)***
00-25	$0.060	$0.060	$0.15 per $1,000 Per Month Regardless of number of children
25-29	$0.070	$0.070	
30-34	$0.090	$0.090	
35-39	$0.120	$0.120	
40-44	$0.170	$0.170	
45-49	$0.270	$0.270	
50-54	$0.440	$0.440	
55-59	$0.670	$0.670	
60-64	$0.910	$0.910	
65-69	$1.460	$1.460	
70-74	$2.460	$2.460	
75+	$7.300	$7.300	

**Spouse rate is determined using employee's attained age. In order to purchase Voluntary Life coverage for spouse and/or children, employee Voluntary Life coverage must be purchased.*

VOLUNTARY HOSPITAL INDEMNITY

Allstate **www.allstatebenefits.com/mybenefits**

Life is unpredictable. Without any warning, an illness or injury can lead to a hospital confinement, medical procedures and/or visits, which may mean costly out of pocket expenses.

Expenses associated with a hospital stay can be financially difficult if money is tight and your are not prepared. But having the right coverage in place before you experience a sickness or injury can help eliminate your financial concerns and provide support at a time it is needed most.

Allstate Benefits offers a solution to help you protect your income and empower you to seek treatment.

Benefit Summary	Option 1	Option 2
Initial Hospital Admission	$750 Limit 1 per year	$1,500 Limit 1 per year
Daily Hospital Benefit	$150 per day 30 Day Maximum	$200 per day 30 Day Maximum
Intensive Care	$150 per day 30 Day maximum	$200 per day 30 Day Maximum

Voluntary Hospital Indemnity Plan Cost per Month		
	Option 1	Option 2
Employee Only	$15.47	$26.91
Employee and Spouse	$40.04	$72.54
Employee and Child(ren)	$26.78	$46.67
Family	$43.55	$78.39

VOLUNTARY ACCIDENT COVERAGE

Allstate www.allstatebenefits.com/mybenefits

Today, active lifestyles in or out of the home may result in bumps, bruises and sometimes breaks. Getting the right treatment can be vital to recovery, but it can also be expensive. And if an accident keeps you away from work during recovery, the financial worries can grow quickly. Most major medical plans only pay a portion of the bills. **Allstate** coverage can help pick up where other insurance leaves off and provide cash to help cover expenses.

Benefit Amount	Option 1	Option 2
Emergency Care		
Ground Ambulance Transportation	$200	$300
Air Ambulance Transportation	$600	$900
Emergency Room Treatment	$200	$300
Initial Physician / Urgent Care Visit	$100	$150
General Treatment		
Initial Hospital Admission (pays once/year)	$1,000	$1,500
Hospital Confinement per day *(up to 365)*	$200	$300
ICU Confinement per day *(up to 180)*	$400	$600
Specified Covered Injury & Treatment Benefits		
Fractures	Up to $4,000	Up to $6,000
Dislocations	Up to $4,000	Up to $6,000
Blood, Plasma, Platelets	$600	$900
Burns < 15% of body	$200	$300
Burns > 15% of body	$1,000	$1,500
Concussion	$600	$900
Paralysis Benefits		
Paralysis– Paraplegia	$15,000	$22,500
Paralysis– Quadriplegia	$30,000	$45,000
Accidental Death and Dismemberment		
Death Benefit (per member)	$50,000	$50,000
Loss of one hand or foot	$25,000	$25,000
Loss of both hands or feet	$50,000	$50,000
Loss of fingers or toes	$5,000	$5,000
Wellness Health Screening	**$50 per person**	**$50 per person**

Voluntary Accident Plan Monthly Cost	Option 1	Option 2
Employee Only	$11.95	$15.69
Employee and Spouse	$20.68	$27.11
Employee and Child(ren)	$30.05	$40.30
Family	$39.26	$52.74

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VOLUNTARY CRITICAL ILLNESS COVERAGE

Allstate **www.allstatebenefits.com/mybenefits**

No one is ever really prepared for a life-altering critical illness diagnosis. The whirlwind of appointments, tests, treatments and medication can add to your stress levels.

The treatment to recovery is vital, but also can be expensive. Your medical may only cover some of the costs associated with treatment. You are still responsible for deductibles and coinsurance. If treatment keeps you out of work, the financial worries can grow quickly.

Critical Illness coverage helps provide financial support if you are diagnosed with a covered critical illness. With the expense of treatment often high, seeking the treatment you need could seem like a financial burden. When a diagnosis occurs, you need to be focused on getting better and taking control of your health, not stressing over financial worries.

Benefit Amount		
Employee	$10,000 or $20,000 Option	
Spouse	50% of Employee Election	
Child(ren)	50% of Employee Election	
Guarantee Issue	All amounts guarantee issue	
	Percent of benefit amount paid at initial diagnosis for	
Covered Conditions	• Heart Attack • Major Organ Transplant • End-stage Renal Failure • Loss of sight	• Stroke • Coronary artery bypass surgery (25%) • Permanent paralysis • Alzheimer's Disease
Coverage for Cancer Conditions	• Invasive Cancer	• Carcinoma in situ (25%)
Waiver of Premium	Included	
Wellness Benefit	$50 once per person per year	

Voluntary Critical Illness Cost per Month				
	$10,000 Option		**$20,000 Option**	
Age	**Employee Only OR Employee + Child(ren)**	**Employee + Spouse OR Employee + Family**	**Employee Only OR Employee + Child(ren)**	**Employee + Spouse OR Employee + Family**
18-29	$4.34	$7.14	$7.46	$11.79
30-39	$8.99	$14.11	$16.72	$25.71
40-49	$18.20	$27.96	$35.19	$53.38
50-59	$32.13	$48.83	$63.04	$95.17
60-64	$43.78	$66.29	$86.32	$130.09
65+	$67.89	$102.46	$134.53	$202.42

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REQUIRED NOTICES

Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act of 1998 was signed into law on October 21, 1998. The Act requires that all group health plans providing medical and surgical benefits with respect to a mastectomy must provide coverage for all of the following:

- Reconstruction of the breast on which a mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of all stages of mastectomy, including lymphedema

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions which apply for the mastectomy. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description or contact Human Resources.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources.

HIPAA Pre-existing Condition Exclusions

Some group health plans restrict coverage for medical conditions present before an individual's enrollment. These restrictions are known as "pre-existing condition exclusions." A pre-existing condition exclusion can apply only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within the 6 months before your "enrollment date." Your enrollment date is your first day of coverage under the plan, or, if there is a waiting period, the first day of your waiting period (typically, your first day of work). In addition, a pre-existing condition exclusion cannot last for more than 12 months after your enrollment date (18 months if you are a late enrollee). Finally, a pre-existing condition exclusion cannot apply to pregnancy and cannot apply to a participant who is under the age of 19.

If a plan imposes a pre-existing condition exclusion, the length of the exclusion must be reduced by the amount of your prior creditable coverage. Most health coverage is creditable coverage, including group health plan coverage, COBRA continuation coverage, coverage under an individual health policy, Medicare, Medicaid, State Children's Health Insurance Program (SCHIP), and coverage through high-risk pools and the Peace Corps. Not all forms of creditable coverage are required to provide certificates of creditable coverage. If you do not receive a certificate for past coverage, talk to your new plan administrator.

You can add up any creditable coverage you have. However, if at any time you went for 63 days or more without any coverage (called a lapse in coverage) a plan may not have to count the coverage you had before the lapse. Therefore, once your coverage ends, you should try to obtain alternative coverage as soon as possible to avoid a 63-day lapse.

All questions about the pre-existing condition exclusion and creditable coverage should be directed to Human Resources.

HIPAA Special Enrollment Rights

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 later 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 towards your or your dependents' other coverage).

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Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- Reaching the plan's lifetime benefit maximum on all benefits, if the person is covered under a separate plan or a single plan with multiple options and the other option has a higher lifetime maximum, or the benefits paid under the first option were not integrated with the second option;
- Failing to return from an FMLA leave of absence; and
- Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 31 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

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 31 days after the marriage, birth, adoption, or placement for adoption.

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

Newborn's and Mothers' Health Protection Act Notice

Under federal law known as the "Newborns' and Mothers' Health Protection Act of 1996" (Newborns' Act) group health plans and health insurance issuers generally may not 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 issuer for prescribing a length of stay not in excess of48 hours (or 96 hours).

Under Virginia State law, if your Plan provides benefits for obstetrical services your benefits will include coverage for postpartum services. Coverage will include benefits for inpatient care and a home visit or visits, which shall be in accordance with the medical criteria, outlined in the most current version of or an official update to the "Guidelines for Perinatal Care" prepared by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists or the "Standards for Obstetric-Gynecologic Services" prepared by the American College of Obstetricians and Gynecologists. Coverage for obstetrical services as an inpatient in a general Hospital or obstetrical services by a Physician shall provide such benefits with durational limits, deductibles, coinsurance factors, and Copayments that are no less favorable than for physical Illness generally.

MEDICARE PART D NOTICE

Important Notice from Medina County About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Medina County 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. **Medina County has determined that the prescription drug coverage offered by the BCBS of Texas plan (s) 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 to 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?
Your current Medina County coverage pays for other health expenses in addition to prescription drug. If you decide to join a Medicare drug plan, your current Medina County coverage will not be affected. If you elect Medicare drug coverage in addition to your Medina County coverage, the pharmacy benefits you are eligible for under your Medina County coverage will coordinate with your Medicare drug plan. The prescription drug coverage under the Medina County plan is provided below:

Separate Rx deductible applies ($250 Individual / $750 Family) then Copays apply as follows:

$10 copay for tier-1 / $30 copay for tier-2 / $50 copay for tier-3

If you do decide to join a Medicare drug plan and drop your current Medina County coverage, be aware that you and your dependents will be able to get this coverage back at open enrollment or qualifying event loss of coverage.

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 coverage with Medina County 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 person 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 Medina County changes. You also 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 (1-800-633-4227). TTY users should call 1-877-486-2048.

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 1-800-772-1213 (TTY 1-800-325-0778).

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).

Date:	January 1, 2018
Name of Entity/Sender:	Medina County
Contact--Position/Office:	Human Resources
Address:	1502 Avenue K Hondo, TX 78861
Phone Number:	830-741-6111

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE - PART A

General Information

When key parts of the health care law take effect in 2015, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2015.

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

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

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

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

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources.

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

PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED

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

Employer Name		Employer Identification Number (EIN)
Medina County		74-6001106
Employer Address		**Employer Phone Number**
1502 Avenue K		830-741-6111
Employer city	**Employer State**	**Employer Zip code**
Hondo	Texas	78861
Who can we contact about employee health coverage at this job		
Glenda Moody– Director of Human Resources		
Employer Contact Phone Number	**Employer contact Email**	
830-741-6111	Glenda.Moody@medinacountytexas.org	

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

⇒ ***As your employer, we offer a health plan to all full-time employees***

⇒ ***This offering includes your spouse and dependent children to age 26.***

⇒ ***This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on the employee's wage.***

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

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premium

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-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of August 10, 2017. Contact your State for more information on eligibility –

ALABAMA – Medicaid	**FLORIDA – Medicaid**
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	**GEORGIA – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	**IOWA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**INDIANA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864

KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
KENTUCKY – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/ dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	**NEW YORK – Medicaid**
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/ n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	**NORTH CAROLINA – Medicaid**
Website: http://www.maine.gov/dhhs/ofi/public-assistance/ index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	**NORTH DAKOTA – Medicaid**
Website: http://www.mass.gov/eohhs/gov/departments/ masshealth/ Phone: 1-800-862-4840	Website: http://www.nd.gov/dhs/services/medicalserv/ medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: http://mn.gov/dhs/people-we-serve/seniors/health- care/health-care-programs/programs-and-services/medical- assistance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	**OREGON – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/ hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	**PENNSYLVANIA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/ HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/ healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	**RHODE ISLAND – Medicaid**
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347
NEVADA – Medicaid	**SOUTH CAROLINA – Medicaid**
Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	**WEST VIRGINIA – Medicaid**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	**WYOMING – Medicaid**
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

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

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

OMB Control Number 1210-0137 (expires 12/31/2019)

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