

## Employee Benefits Guide

January 1, 2019 - December 31, 2019

Gallagher is here to act as a liaison in your dealings with insurance carriers. If you are having questions regarding your coverage or need assistance with claims, let us deal with the insurance company for you. Please contact anyone at Gallagher with questions regarding your employee benefits package.

**For information on how to enroll (paper, on-line instructions, etc.),  
please contact your Human Resources Department.**

**Phone:** (512) 930.7700 / (512) 930.8343 (direct)  
**Fax:** (512) 930.7701  
**Email:** Carlos\_Delagarza@ajg.com

**Hours of Operation:** Monday - Friday  
8:00 a.m. - 5:00 p.m. CST



Benefit	Carrier	Group Number/Network	Customer Service	Website
Medical	Baylor Scott & White	Medical: Group# 002979— Gold POS 1000	800.321.7947	<a href="http://www.swhp.org/members/">www.swhp.org/members/</a>
Dental	Guardian	Dental Group# 00557357 Network—DentalGuard Preferred	888-600-1600	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
Vision	Guardian	Vision Group# 00557357 Network—VSP Choice	888-600-1600	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>



This document is an outline of the coverage proposed by the carrier(s). It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Your full Summary Plan Document (SPD) is made available through your Human Resources Department.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific coverage issues can be directed to your dedicated Account Manager.

San Saba County contributes 100% of the employee only coverage toward your medical premium and 100% of the employee only coverage for dental and vision. You are responsible for any additional premiums elected.

	Total Premium Per Month	Employer Pays Per Month	Employee Pays Per Month
<b>Medical/ Gold 1000</b>			
<b>Employee Only:</b>	\$782.64	\$782.64	\$0.00
<b>Employee + Spouse:</b>	\$1,565.28	\$782.64	\$782.64
<b>Employee + Child(ren):</b>	\$1,565.28	\$782.64	\$782.64
<b>Employee + Family:</b>	\$2,347.92	\$782.64	\$1,565.28
<b>Dental</b>			
<b>Employee Only:</b>	\$24.00	\$24.00	\$0.00
<b>Employee + Spouse:</b>	\$48.74	\$24.00	\$24.74
<b>Employee + Child(ren):</b>	\$55.91	\$24.00	\$31.91
<b>Employee + Family:</b>	\$85.54	\$24.00	\$61.54
<b>Vision</b>			
<b>Employee Only:</b>	\$9.63	\$9.63	\$0.00
<b>Employee + Spouse:</b>	\$16.22	\$9.63	\$6.59
<b>Employee + Child(ren):</b>	\$16.54	\$9.63	\$6.91
<b>Employee + Family:</b>	\$26.17	\$9.63	\$16.54



## Eligibility & Enrollment

- Newly hired Elected Officials are eligible to enroll on the 1st day of hire. All other employees are eligible on the 1st of the month following 60 days from date of hire.
- You are eligible if you are a full-time employee regularly scheduled to work at least an average of 30 hours a week.

## In-Network vs. Out-of-Network Benefits:

When a doctor or hospital agrees to be in the Plan's network, they are contractually bound not to charge over a specific amount for services covered by the Plan. The in-network provider will file a claim on your behalf and you are not held responsible for amounts that the provider may charge in excess of their contracted rates. Out-of-network expenses are paid according to 'Usual and Customary' charges, which may leave you with significant out-of-pocket expenses. For the best benefit available under the plan, you should utilize in-network providers when possible. Out-of-network benefit levels can be found on the Summary of Benefits and Coverage.

Medical Benefits		Gold 1000 In-Network Benefits
<b>Annual Deductible</b> Co-pays do not accumulate		\$1,000 Individual \$2,000 Family
<b>Annual Out-of-pocket Maximum</b> Includes deductible, co-insurance and co-pays		\$5,000 Individual \$10,000 Family
<b>Co-insurance</b> In-network benefit		80%
<b>Hospital Services - Inpatient</b>		80% after deductible
<b>Emergency Room Treatment (Emergency Situation)</b> Facility / Physician		80% after co-pay \$750/visit
<b>Urgent Care Center Services</b> Additional services/supplies may incur additional fees		\$100 co-pay
<b>Physician Visits</b> Primary Care Physician Specialist		\$0 co-pay \$100 co-pay
<b>Preventive Care</b> Physician's Services Preventive Testing		100%
<b>Office &amp; Outpatient Surgery</b>		80% after deductible
<b>Diagnostic Lab and X-Ray - Outpatient</b>		80% after deductible
<b>Major Diagnostic (CT, PET, MRI, MRA &amp; Nuclear Medicine)</b>		80% after deductible
<b>Prescription Drug Program *</b> Retail - 30 day supply		Generic Preferred Brand Non-Preferred Generic/Brand Specialty Drugs
		\$10 co-pay \$50 co-pay \$100 co-pay \$500 co-pay

Please review your plan document for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

\* The "generic incentive" program requires plan participants and their doctors to choose a generic equivalent (when available) over a brand name drug. If a plan participant chooses to purchase a brand name drug when there is a generic equivalent available, they will be charged the co-pay for the brand name drug plus the cost difference between the brand and generic drug. Please note that this program will apply even if the prescribing doctor writes the prescription "dispense as written".

# Guardian Dental

Dental Benefits	Value Plan	NAP Plan
<b>Type I - Preventive Services</b> Oral examinations, x-rays, cleanings	100%	100%
<b>Type II - Basic Services</b> Fillings, Anesthesia, Crowns	100%	80%
<b>Type III - Major Services</b> Extractions, dentures, periodontal, root canal	60%	50%
<b>Annual Deductible</b> Ind. / Fam.	\$50/\$150	\$50/\$150
<b>Usual &amp; Customary Percentile</b>	MAC	90th
<b>Annual Maximum</b>	\$1,000	\$1,000
<b>Orthodontia</b>	Not Covered	Not Covered

While there is a network of providers you can utilize, benefit percentages are the same regardless of whether you visit an in-network or out-of-network provider. Utilizing an in-network provider will result in a lower patient responsibility overall. Out-of-Network benefits are subject to Reasonable and Customary charges and you may be balance billed if your dentist charges above this amount.



# Guardian Dental Provider Listing

## General Dentist

### San Saba

<sup>1</sup>HENSON,SUSAN  
102 S Hope St,76877  
National Provider Identifier (NPI) : #1851629331  
License Number : #23920  
Board Certification : Not available  
Provider Tier: DentalGuard Preferred Connect/Silver  
Accepting New Patients: Y

## General Dentist

### Brady

JOHNSON,DALYN  
1211 S Bridge St,76825  
(325) 597-0464  
Office : Eden Dental Clinic  
Languages : Spanish  
National Provider Identifier (NPI) : #1861510927  
Board Certification : Not available  
Provider Tier: DentalGuard Preferred Elite/Gold  
Accepting New Patients: Y

<sup>1</sup>JOLLIFF,SUSAN  
702 W 17th St,76825  
(325) 597-7441  
Office : Brady Dental Group Pa  
National Provider Identifier (NPI) : #1003857442  
License Number : #20448  
Board Certification : Not available  
Provider Tier: DentalGuard Preferred Connect/Silver  
Accepting New Patients: Y

## General Dentist,Prosthodontist

### Lampasas

<sup>1</sup>DHIR,GUNJAN  
1708 Central Texas Expy ,Ste 1a,76550  
National Provider Identifier (NPI) : #1760630727  
License Number : #24348  
Board Certification : Not available  
Provider Tier: DentalGuard Preferred Connect/Silver  
Accepting New Patients: Y



# Guardian Dental Provider Listing

## General Dentist

### Brownwood

AU,AARON

3709 Austin Ave ,76801

(325) 646-0516

Office : Abbeville Dentistry - Brownwood

Languages : Vietnamese

National Provider Identifier (NPI) : #1063864114

Board Certification : Not available

Provider Tier: DentalGuard Preferred Elite/Gold

Accepting New Patients: Y

BARRY,LARRY

3709 Austin Ave ,76801

(325) 646-0516

Office : Abbeville Dentistry - Brownwood

Languages : Vietnamese

National Provider Identifier (NPI) : #1326134453

Board Certification : Not available

Provider Tier: DentalGuard Preferred Elite/Gold

Accepting New Patients: Y

BAYLESS,JEANNE

3709 Austin Ave ,76801

(325) 646-0516

Office : Abbeville Dentistry - Brown

Languages : Vietnamese

National Provider Identifier (NPI) : #1568507887

Board Certification : Not available

Provider Tier: DentalGuard Preferred Elite/Gold

Accepting New Patients: Y

<sup>1</sup>BEAINI,DANA

104 S Park Dr ,76801

National Provider Identifier (NPI) : #1053699165

Board Certification : Not available

Provider Tier: DentalGuard Preferred Connect/Silver

Accepting New Patients: Y

BOSEMAN,JORDAN

1206 Looney St ,76801

(325) 649-9600

Office : Brownwood Dental Plc Avenue Dental

Languages : Spanish

EMAIL ID :CREDENTIALING@CDP.DENTAL.COM

National Provider Identifier (NPI) : #1871977322

License Number : #33680

Board Certification : Not available

Provider Tier: DentalGuard Preferred Elite/Gold

Accepting New Patients: Y

BOSTICK,BRITT

3709 Austin Ave ,76801

Languages : Vietnamese

National Provider Identifier (NPI) : #1295881027

License Number : #15772

Board Certification : Not available

Provider Tier: DentalGuard Preferred Elite/Gold

Accepting New Patients: Y

BURDEN,DAVID

3709 Austin Ave ,76801

Languages : Vietnamese

National Provider Identifier (NPI) : #1609078765

License Number : #22532

Board Certification : Not available

Provider Tier: DentalGuard Preferred Elite/Gold

Accepting New Patients: Y

BURKE,JEREMY

3709 Austin Ave ,76801

(325) 646-0516

Office : Abbeville Dentistry Brownwood Plc

Languages : Vietnamese

National Provider Identifier (NPI) : #1275631905

License Number : #21142

Board Certification : Not available

Provider Tier: DentalGuard Preferred Elite/Gold

Accepting New Patients: Y

CARLSON,TYLER

1206 Looney St ,76801

(325) 649-9600

Office : Brownwood Dental Plc

Languages : Spanish

EMAIL ID :CREDENTIALING@CDP.DENTAL.COM

National Provider Identifier (NPI) : #1366823528

Board Certification : Not available

Provider Tier: DentalGuard Preferred Elite/Gold

Accepting New Patients: Y

CARY,JACOB

3709 Austin Ave ,76801

(325) 646-0516

Office : Abbeville Dentistry - Brownwood

Languages : Vietnamese

National Provider Identifier (NPI) : #1598131880

Board Certification : Not available

Provider Tier: DentalGuard Preferred Elite/Gold

Accepting New Patients: Y

<sup>1</sup>CHRISTOPHE,J WENDLE

104 S Park Dr ,76801

National Provider Identifier (NPI) : #1922059906

License Number : #20800

Board Certification : Not available

Provider Tier: DentalGuard Preferred Connect/Silver

Accepting New Patients: Y

<sup>1</sup>COLEY,ADAM

3004 Coggin Ave ,76801

National Provider Identifier (NPI) : #1619262722

License Number : #27032

Board Certification : Not available

Provider Tier: DentalGuard Preferred Connect/Silver

Accepting New Patients: Y

COPELAND,CRAIG

1206 Looney St ,76801

(325) 649-9600

Office : Brownwood Dental Plc

Languages : Spanish

EMAIL ID :CREDENTIALING@CDP.DENTAL.COM

National Provider Identifier (NPI) : #1184936726

Board Certification : Not available

Provider Tier: DentalGuard Preferred Elite/Gold

Accepting New Patients: Y

<sup>1</sup>CULLY,TARA

104 S Park Dr ,76801

National Provider Identifier (NPI) : #1538447685

License Number : #27263

Board Certification : Not available

Provider Tier: DentalGuard Preferred Connect/Silver

Accepting New Patients: Y

<sup>1</sup>CULLY,TARA

104 S Park Dr ,76801

Board Certification : Not available

Provider Tier: DentalGuard Preferred Connect/Silver

Accepting New Patients: Y

EVANS,EVERETT

1206 Looney St ,76801

(325) 649-9600

Office : Brownwood Dental Plc

Languages : Spanish

EMAIL ID :CREDENTIALING@CDP.DENTAL.COM

National Provider Identifier (NPI) : #1407930050

License Number : #23695

Board Certification : Not available

Provider Tier: DentalGuard Preferred Elite/Gold

Accepting New Patients: Y

EZUGHA,CONSTANCE

3709 Austin Ave ,76801

(325) 646-0516

Office : Abbeville Dentistry - Brownwood

Languages : Vietnamese

National Provider Identifier (NPI) : #1861920886

Board Certification : Not available

Provider Tier: DentalGuard Preferred Elite/Gold

Accepting New Patients: Y

FADARE,OMOLARA

3709 Austin Ave ,76801

(325) 646-0516

Office : Abbeville Dentistry - Brownwood

Languages : Vietnamese

National Provider Identifier (NPI) : #1063661361

License Number : #24257

Board Certification : Not available

Provider Tier: DentalGuard Preferred Elite/Gold

Accepting New Patients: Y

GLAVASH,MYRIAM

3709 Austin Ave ,76801

(325) 646-0516

Office : Abbeville Dentistry - Brownwood, Plc

Languages : Vietnamese

National Provider Identifier (NPI) : #1891134383

License Number : #32287

Board Certification : Not available

Provider Tier: DentalGuard Preferred Elite/Gold

Accepting New Patients: Y

JENSEN,MARK

1206 Looney St ,76801

Languages : Spanish

EMAIL ID :CREDENTIALING@CDP.DENTAL.COM

National Provider Identifier (NPI) : #1811440423

License Number : #32106

Board Certification : Not available

Provider Tier: DentalGuard Preferred Elite/Gold

Accepting New Patients: Y

KAPELA,GREGORY

3709 Austin Ave ,76801

(325) 646-0516

Office : Abbeville Dentistry

Languages : Vietnamese

National Provider Identifier (NPI) : #1114003688

License Number : #25621

Board Certification : Not available

Provider Tier: DentalGuard Preferred Elite/Gold

Accepting New Patients: Y

<sup>1</sup>KAZE,JEFFREY

104 S Park Dr ,76801

(254) 893-5895

Office : Cross Timbers Health Clinics

National Provider Identifier (NPI) : #1235157736

Board Certification : Not available

Provider Tier: DentalGuard Preferred Connect/Silver

Accepting New Patients: Y

KHARRAT,LENA

3709 Austin Ave ,76801

(325) 646-0516

Office : Abbeville Dentistry

Languages : Vietnamese

National Provider Identifier (NPI) : #1447389739

License Number : #22080

Board Certification : Not available

Provider Tier: DentalGuard Preferred Elite/Gold

Accepting New Patients: Y

KHATER,MAYADA

3709 Austin Ave ,76801

(325) 646-0516

Office : Abbeville Dentistry - Washington St

Languages : Vietnamese

National Provider Identifier (NPI) : #1477681716

License Number : #19517

Board Certification : Not available

Provider Tier: DentalGuard Preferred Elite/Gold

Accepting New Patients: Y

<sup>1</sup>KIRKLAND,KYLE

2600 Coggin Ave ,76801

National Provider Identifier (NPI) : #1982765566

License Number : #15516

Board Certification : Not available

Provider Tier: DentalGuard Preferred Connect/Silver

Accepting New Patients: Y

LAWSON,TARA

3709 Austin Ave ,76801

(325) 646-0516

Office : Abbeville Dentistry

# Guardian Dental Provider Listing

## Endodontist

### Marble Falls

<sup>1</sup>DOUGHTY,MICHAEL  
608 Gateway Central ,Ste 103,78654  
National Provider Identifier (NPI) : #1205839651  
License Number : #17705  
Board Certification : Not available  
Provider Tier: DentalGuard Preferred Connect/Silver  
Accepting New Patients: Y

<sup>1</sup>GALIAN,ERIK  
608 Gateway Central ,Ste 103,78654  
National Provider Identifier (NPI) : #1023238011  
License Number : #19541  
Board Certification : Not available  
Provider Tier: DentalGuard Preferred Connect/Silver  
Accepting New Patients: Y

<sup>1</sup>GANNE,DEEPIKA  
608 Gateway Central ,Ste 103,78654  
National Provider Identifier (NPI) : #1568682599  
License Number : #22193  
Board Certification : Not available  
Provider Tier: DentalGuard Preferred Connect/Silver  
Accepting New Patients: Y

2508 N Us Highway 281 ,Ste 105,78654  
(830) 515-4441  
Office : Bright Smiles Dental  
Languages : Spanish  
EMAIL ID :HENDRICKS@BRIGHTSMILESTEXAS.COM  
National Provider Identifier (NPI) : #1053795039  
Board Certification : Not available  
Provider Tier: DentalGuard Preferred Elite/Gold  
Accepting New Patients: Y

GLANZ,HELENE  
802 Avenue J ,78654  
(877) 800-5722  
Office : Lscs Family Care Center At Marble Falls  
Languages : Spanish  
EMAIL ID :Payerenrollment@Lscctx.Org  
National Provider Identifier (NPI) : #1609007186  
License Number : #19002  
Board Certification : Not available  
Provider Tier: DentalGuard Preferred Elite/Gold  
Accepting New Patients: Y

HAMAMCY,SHIRLEY  
2508 N Us Highway 281 ,Ste 105,78654  
(830) 515-4441  
Office : Bright Smiles Dental  
Languages : Spanish  
EMAIL ID :HENDRICKS@BRIGHTSMILESTEXAS.COM  
National Provider Identifier (NPI) : #1073663837  
License Number : #23083  
Board Certification : Not available  
Provider Tier: DentalGuard Preferred Elite/Gold  
Accepting New Patients: Y

<sup>1</sup>HARRIS,SETH  
308 Main St ,Ste A,78654  
National Provider Identifier (NPI) : #1245645712  
License Number : #30121  
Board Certification : Not available  
Provider Tier: DentalGuard Preferred Connect/Silver  
Accepting New Patients: Y

<sup>1</sup>HENDERSON,CAROL  
308a Main St ,A,78654  
(830) 798-0844  
Office : Main Street Dental Care  
National Provider Identifier (NPI) : #1992866875  
License Number : #20242  
Board Certification : Not available  
Provider Tier: DentalGuard Preferred Connect/Silver  
Accepting New Patients: Y

HENDRICKS,KRISTEN  
2508 N Us Highway 281 ,Ste 105,78654  
(830) 515-4441  
Office : Bright Smiles Dental  
Languages : Spanish  
EMAIL ID :HENDRICKS@BRIGHTSMILESTEXAS.COM  
National Provider Identifier (NPI) : #1275780330  
License Number : #23958  
Board Certification : Not available  
Provider Tier: DentalGuard Preferred Elite/Gold  
Accepting New Patients: Y

HENDRICKS,ROBERT  
2508 N Us Highway 281 ,Ste 105,78654  
(830) 515-4441  
Office : Bright Smiles Dental  
Languages : Spanish  
EMAIL ID :HENDRICKS@BRIGHTSMILESTEXAS.COM  
National Provider Identifier (NPI) : #1295958247  
License Number : #22805  
Board Certification : Not available  
Provider Tier: DentalGuard Preferred Elite/Gold  
Accepting New Patients: Y

MARIANO MARTINEZ,JINA  
802 Avenue J ,78654  
(830) 954-9320  
Office : Lscs Dental Center At Marble Falls  
Languages : Spanish  
EMAIL ID :Payerenrollment@Lscctx.Org  
National Provider Identifier (NPI) : #1902391790  
License Number : #34182

Board Certification : Not available  
Provider Tier: DentalGuard Preferred Elite/Gold  
Accepting New Patients: Y

MEZA,EDUARDO  
2508 N Us Highway 281 ,Ste 105,78654  
(830) 515-4441  
Office : Bright Smiles Dental  
Languages : Spanish  
EMAIL ID :HENDRICKS@BRIGHTSMILESTEXAS.COM  
National Provider Identifier (NPI) : #1891135182  
License Number : #29863  
Board Certification : Not available  
Provider Tier: DentalGuard Preferred Elite/Gold  
Accepting New Patients: Y

NGUYEN,AMY  
2508 N Us Highway 281 ,Ste 105,78654  
Languages : Spanish  
EMAIL ID :HENDRICKS@BRIGHTSMILESTEXAS.COM  
National Provider Identifier (NPI) : #1932460995  
Board Certification : Not available  
Provider Tier: DentalGuard Preferred Elite/Gold  
Accepting New Patients: Y

OWEN,JACKSON  
2508 N Us Highway 281 ,Ste 105,78654  
(830) 515-4441  
Office : Bright Smiles Dental  
Languages : Spanish  
EMAIL ID :HENDRICKS@BRIGHTSMILESTEXAS.COM  
National Provider Identifier (NPI) : #1720372410  
License Number : #26545  
Board Certification : Not available  
Provider Tier: DentalGuard Preferred Elite/Gold  
Accepting New Patients: Y

PARK,JOSEPH  
802 Avenue J ,78654  
(877) 800-5722  
Office : Lscs Family Care Center At Marble Falls  
Languages : Spanish  
EMAIL ID :Payerenrollment@Lscctx.Org  
National Provider Identifier (NPI) : #1699916585  
Board Certification : Not available  
Provider Tier: DentalGuard Preferred Elite/Gold  
Accepting New Patients: Y

<sup>1</sup>PARK,JOSEPH  
2508 N Us Highway 281 ,Ste 105,78654  
Languages : Spanish  
EMAIL ID :HENDRICKS@BRIGHTSMILESTEXAS.COM  
National Provider Identifier (NPI) : #1699916585  
Board Certification : Not available  
Provider Tier: DentalGuard Preferred Connect/Silver  
Accepting New Patients: Y

SATISH,ROOPA  
802 Avenue J ,78654  
(877) 800-5722  
Office : Lscs Family Care Center At Marble Falls  
Languages : Spanish  
EMAIL ID :Payerenrollment@Lscctx.Org  
National Provider Identifier (NPI) : #1861497711  
Board Certification : Not available  
Provider Tier: DentalGuard Preferred Elite/Gold  
Accepting New Patients: Y

<sup>1</sup>SMITH,MATTHEW  
609 4th St ,78654  
National Provider Identifier (NPI) : #1063844835  
License Number : #29118  
Board Certification : Not available  
Provider Tier: DentalGuard Preferred Connect/Silver  
Accepting New Patients: Y

TAYS,CELIA  
802 Avenue J ,78654  
(877) 800-5722  
Office : Lscs Family Care Center At Marble Falls  
Languages : Spanish  
EMAIL ID :Payerenrollment@Lscctx.Org  
National Provider Identifier (NPI) : #1457610685  
Board Certification : Not available

## General Dentist

### Marble Falls

ARMSTRONG,BROOKIE  
802 Avenue J ,78654  
(877) 800-5722  
Office : Lscs Family Care Center At Marble Falls  
Languages : Spanish  
EMAIL ID :Payerenrollment@Lscctx.Org  
National Provider Identifier (NPI) : #1992701387  
Board Certification : Not available  
Provider Tier: DentalGuard Preferred Elite/Gold  
Accepting New Patients: Y

BOZANICH,JOHN  
2508 N Us Highway 281 ,Ste 105,78654  
(830) 515-4441  
Office : Bright Smiles Dental  
Languages : Spanish  
EMAIL ID :HENDRICKS@BRIGHTSMILESTEXAS.COM  
National Provider Identifier (NPI) : #1629362363  
License Number : #26498  
Board Certification : Not available  
Provider Tier: DentalGuard Preferred Elite/Gold  
Accepting New Patients: Y

<sup>1</sup>COWLING,JEFFERSON  
609 4th St ,78654  
National Provider Identifier (NPI) : #1659710663  
License Number : #29104  
Board Certification : Not available  
Provider Tier: DentalGuard Preferred Connect/Silver  
Accepting New Patients: Y

<sup>1</sup>COWLING,MARGARET  
609 4th St ,78654  
National Provider Identifier (NPI) : #1194013938  
License Number : #27163  
Board Certification : Not available  
Provider Tier: DentalGuard Preferred Connect/Silver  
Accepting New Patients: Y

GARAAS,ADAM  
802 Avenue J ,78654  
(877) 800-5722  
Office : Lscs Family Care Center At Marble Falls  
Languages : Spanish  
EMAIL ID :Payerenrollment@Lscctx.Org  
National Provider Identifier (NPI) : #1689009771  
Board Certification : Not available  
Provider Tier: DentalGuard Preferred Elite/Gold  
Accepting New Patients: Y

GENTILE,ANDREW

# Guardian Vision

Benefit	In-Network	Non-Network
Eye Exam	\$10 copay	Up to \$39 reimbursement
<b>Frames/Lenses</b>		
Single Vision	\$25 copay	Up to \$23 reimbursement
Bifocal Lenses	\$25 copay	Up to \$37 reimbursement
Trifocal Lenses	\$25 copay	Up to \$49 reimbursement
Frames	\$130 allowance + 20% off balance	Up to \$46 reimbursement
Contact Lens Fitting Evaluation	Up to \$60 copay	Included in Contact Lens Allowance
Contacts - in lieu of glasses	\$130 allowance	Up to \$100 reimbursement
Exam Frequency	Every 12 Months	Every 12 Months
Lens Frequency	Every 12 Months	Every 12 Months
Frames Frequency	Every 24 Months	Every 24 Months





# Guardian Vision Provider Listing

## Burnet Eyecare

[FULL PRACTICE INFO](#)

**Contact:**  
102 E Young St  
Llano, TX 78643  
(325) 247-2020

**Special Offers**  
[Available at this Location](#)

**Hours**  
Tue, Thu 9:00 - 5:00

**Distance**  
30.58 miles  
[View Map](#)  
Handicap Accessible

## Eye Country

[FULL PRACTICE INFO](#)

**Contact:**  
1903 S Ford St Ste 3  
Llano, TX 78643  
(325) 247-5469

**Special Offers**  
[Available at this Location](#)

**Hours**  
Mon - Fri 8:00 - 5:00  
Sat 1:00 - 3:00

**Distance**  
31.95 miles  
[View Map](#)  
Handicap Accessible

## Advanced Eye Care

[FULL PRACTICE INFO](#)

**Contact:**  
1104 S Bridge St  
Brady, TX 76825  
(325) 597-3500

**Special Offers**  
[Available at this Location](#)

**Hours**  
Tue - Wed 8:30 - 4:30  
Fri 8:00 - 4:30

**Distance**  
32.41 miles  
[View Map](#)  
Handicap Accessible

## Lampasas Eye Care

[FULL PRACTICE INFO](#)

**Contact:**  
502 S Key Ave Ste A  
Lampasas, TX 76550  
(512) 556-3937

**Special Offers**  
[Available at this Location](#)

**Hours**  
Mon, Thu 9:00 - 7:00  
Tue - Wed, Fri 9:00 - 5:00  
Sat 9:00 - 2:00

**Distance**  
37.12 miles  
[View Map](#)  
Handicap Accessible

## TSO Of Early

[FULL PRACTICE INFO](#)

**Contact:**  
310 Early Blvd  
Early, TX 76802  
(325) 643-1826

**Special Offers**  
[Available at this Location](#)

**Hours**  
Mon - Fri 9:00 - 6:00  
Sat 9:00 - 5:00

**Distance**  
39.04 miles  
[View Map](#)  
Handicap Accessible

## Commerce Square Optical

[FULL PRACTICE INFO](#)

**Contact:**  
537 W Commerce St  
Brownwood, TX 76801  
(325) 643-9336

**Special Offers**  
[Available at this Location](#)

**Hours**  
Mon - Fri 9:00 - 5:30

**Distance**  
39.09 miles  
[View Map](#)  
Handicap Accessible

## Burnet Eyecare

[FULL PRACTICE INFO](#)

**Contact:**  
2801 S Water St  
Burnet, TX 78611  
(512) 756-2131

**Special Offers**  
[Available at this Location](#)

**Hours**  
Mon - Fri 8:30 - 5:30

**Distance**  
45.37 miles  
[View Map](#)  
Handicap Accessible

## 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](http://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](http://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](http://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 **July 31, 2018**. Contact your State for more information on eligibility

<b>Alabama</b> - Medicaid Website: <a href="http://myalhipp.com">http://myalhipp.com</a> Phone: 1-855-692-5447	<b>Georgia</b> - Medicaid Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
<b>Alaska</b> - Medicaid The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	<b>Indiana</b> - Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip">http://www.in.gov/fssa/hip</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone: 1-800-403-0864
<b>Arkansas</b> - Medicaid Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	<b>Iowa</b> - Medicaid Website: <a href="http://dhs.iowa.gov/hawki">http://dhs.iowa.gov/hawki</a> Phone: 1-800-257-8563
<b>Colorado</b> - Health First Colorado (Medicaid) & CHP+ Health First Colorado Website: <a href="https://www.healthfirstcolorado.com">https://www.healthfirstcolorado.com</a> Health First Colorado Member Contact Center: 1-800-221-3943 / State Relay 711 CHP+: <a href="http://colorado.gov/HCPFI/Child-Health-Plan-Plus">colorado.gov/HCPFI/Child-Health-Plan-Plus</a> CHP+ Customer Service: 800-359-1991 / State Relay 711	<b>Kansas</b> - Medicaid Website: <a href="http://www.kdheks.gov/hcfl">http://www.kdheks.gov/hcfl</a> Phone: 1-785-296-3512  <b>Kentucky</b> - Medicaid Website: <a href="http://chfs.ky.gov">http://chfs.ky.gov</a> Phone: 1-800-635-2570
<b>Florida</b> - Medicaid Website: <a href="https://flmedicaidprecovery.com/hipp/">https://flmedicaidprecovery.com/hipp/</a> Phone: 1-877-357-3268	<b>Louisiana</b> - Medicaid Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447

<b>Maine</b> - Medicaid Website: <a href="http://www.maine.gov/dhhs/ofipublic-assistance/index.html">http://www.maine.gov/dhhs/ofipublic-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	<b>Oregon</b> - Medicaid Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>Minnesota</b> - Medicaid Website: <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739	<b>Pennsylvania</b> - Medicaid Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthipp-program/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthipp-program/index.htm</a> Phone: 1-800-692-7462
<b>Massachusetts</b> - Medicaid and CHIP Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840	<b>Rhode Island</b> - Medicaid Website: <a href="http://www.eohhs.ri.gov">www.eohhs.ri.gov</a> Phone: 855-697-4347
<b>Missouri</b> - Medicaid Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	<b>South Carolina</b> - Medicaid Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820
<b>Nevada</b> - Medicaid Medicaid Website: <a href="http://dhcfp.nv.gov/">http://dhcfp.nv.gov/</a> Medicaid Phone: 1-800-992-0900	<b>South Dakota</b> - Medicaid Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>Nebraska</b> - Medicaid Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	<b>West Virginia</b> - Medicaid Website: <a href="http://www.mywvhipp.com/">http://www.mywvhipp.com/</a> Phone: 855-MyWVHIPP (855-699-8447)
<b>New Hampshire</b> - Medicaid Website: <a href="https://www.dhhs.nh.gov/ombp/nhhipp/">https://www.dhhs.nh.gov/ombp/nhhipp/</a> Phone: 603-271-5218 NH Medicaid Service Cntr: 888-901-4699	<b>Utah</b> - Medicaid and CHIP Medicaid Website: <a href="http://medicaid.utah.gov/">http://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>New Jersey</b> - Medicaid and CHIP Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	<b>Virginia</b> - Medicaid and CHIP Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282
<b>Montana</b> - Medicaid Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084	<b>Vermont</b> - Medicaid Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>New York</b> - Medicaid Website: <a href="http://www.health.ny.gov/health_care/medicaid/">http://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831	<b>Washington</b> - Medicaid Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment/program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment/program</a> Phone: 1-800-562-3022 ext. 15473
<b>North Carolina</b> - Medicaid Website: <a href="http://www.dma.ncdhhs.gov/">http://www.dma.ncdhhs.gov/</a> Phone: 919-855-4100	<b>Texas</b> - Medicaid Website: <a href="https://gethipptexas.com/">https://gethipptexas.com/</a> Phone: 1-800-440-0493
<b>North Dakota</b> - Medicaid Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825	<b>Wisconsin</b> - Medicaid and CHIP Website: <a href="https://www.dhs.wisconsin.gov/publications/p1p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1p10095.pdf</a> Phone: 1-800-362-3002
<b>Oklahoma</b> - Medicaid and CHIP Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	<b>Wyoming</b> - Medicaid Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531

To see if any other states have added a premium assistance program since **July 31, 2018**, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

# Important Information

## HIPAA Privacy Rights

The Health Insurance Portability and Accountability Act (HIPAA) provides you certain rights to privacy concerning your health information. The regulations designate certain types of information as Protected Health Information (PHI).

Health care providers (medical professionals) and health plans, including San Saba County's health plan representatives, are restricted in their use of PHI to purposes of treatment, payment, and health care operations and as required by national public health activities. Written authorization is required to use or disclose your PHI pertaining to your medical, dental, prescription drug, employee assistance program and health care spending accounts outside of these purposes.

You may receive a form requesting your authorization to use your PHI for another purpose. Should you grant this authorization, your PHI is still protected from use and disclosure by any party other than the one(s) to whom you grant written authorization, and from use and disclosure by authorized parties for any purpose other than the one you specifically authorized.

## Protected Health Information (PHI)

PHI includes information that could be used to identify you as an individual in electronic, printed or spoken forms that relates to (1) past, present or future health, physical or mental condition, (2) provision of health care, or (3) past, present or future payment for the provision of health care.

HIPAA gives you the right to: Receive notice of the health plan's uses and disclosures of your PHI, your privacy rights and the health plan's legal duties regarding your PHI; Obtain access to your own PHI; Amend your PHI; Request restriction of the uses and disclosures of your PHI; Receive an accounting of non-exempt uses and disclosures of your PHI over the past six years upon request; and Receive communications by an alternative means or at an alternate location upon request. For more information regarding the HIPAA privacy rules, refer to your Summary Plan Description.

## HIPAA Privacy Note

HIPAA requires San Saba County to notify you that a Privacy Notice is available from Human Resources. To request a copy of San Saba County's Privacy Notice or for additional information, please contact the Human Resources Department.

## The Women's Health and Cancer Rights Act

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Contact the Human Resources Department for more information.

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 co-insurance applicable to other medical and surgical benefits provided under the San Saba County Health Plan. Please see the Medical Benefit Plan for specific details.

## Summary of Material Modification/Reduction

**This summary of material modification (SMM) describes changes to the San Saba County plan and supplements the Summary Plan Description (SPD) for the plan. The effective date of each of these changes is January 1st, 2019. You should read this SMM very carefully and retain this document with your copy of the SPD for future reference.**

# Important Information

## Newborn and Mother's Health Protection Act

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).

## Patient Protection

San Saba County generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from San Saba County or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For information on how to select a primary care provider or for a list of participating primary care providers or health care professionals who specialize in obstetrics or gynecology, contact the Human Resources Department.

## HIPAA Special Enrollment Rights

**Loss of Other Coverage** — If you are declining enrollment for yourself and/or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and/or 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. To be eligible for this special enrollment opportunity, you must request enrollment within 30 days after your other coverage ends or after the employer stops contributing toward the other coverage.

**New Dependent as a Result of Marriage, Birth, Adoption or Placement for Adoption** — If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll your dependents. To be eligible for this special enrollment opportunity, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption. Contact your plan administrator to request a special enrollment.

## Making Enrollment Changes During the Year:

In most cases, your benefit elections will remain in effect for the entire plan year (January 1st - December 31st). During the annual enrollment period, you have the opportunity to review your benefit elections and make changes for the coming year.

You may only make changes to your elections during the year if you have one of the following status changes:

- Marriage, divorce or legal separation (if your state recognizes legal separation);
- Gain or loss of an eligible dependent for reasons such as birth, adoption, court order, disability, death; reaching the dependent child age limit; or
- Significant changes in employment or employer-sponsored benefit coverage that affect you or your spouse's benefit eligibility.
- Your benefit change must be consistent with your change in family status.

**IRS regulations require that for enrollment due to the qualifying events above, change forms must be submitted within 30 days of that qualifying event. Contact your Human Resources office for information on completing these forms.**

# Medicare D Notice

## Important Notice from San Saba 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 San Saba 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. **San Saba County has determined that the prescription drug coverage offered by the San Saba County Medical Plan 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?

If you decide to join a Medicare drug plan, your current San Saba County coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drug. Please see the Medical Benefit Plan for specific details about the prescription drug coverage.

If you enroll in a Medicare prescription drug plan, you and your eligible dependents will be eligible to receive all of your current health and prescription drug benefits and your coverage will coordinate with Medicare.

If you do decide to join a Medicare drug plan and drop your current San Saba County coverage, be aware that you and your dependents may not be able to get this coverage back.



# Medicare D Notice

## 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 San Saba 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 will 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 San Saba County changes. You also may request a copy of this notice at any time.

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](http://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](http://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 2019-December 2019
Name of Entity/Sender:	San Saba County
Contact--Position/Office:	Human Resources
Address:	500 E. Wallace St. San Saba, TX 76877
Phone Number:	325.372.3337

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## Notes



Insurance | Risk Management | Consulting