



TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

SAN SABA COUNTY

Employee Benefits

Health, Dental & Vision

Waiting period

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

Employee: 60 days - 1st of the month: Eligible for coverage on the first of the month following 60 days from date of hire.

Example: Hire Date = June 15 + 60 days = August 14, coverage effective September 1

Elected Official: 0 days: Eligible for coverage on date of hire.

JANUARY 2025

TAC HEBP Non-Grandfathered Health Plan

Contact Information

Benefit	Phone Number	Website
Medical Blue Cross Blue Shield of Texas	855-357-5228	www.bcbstx.com
Prescription Navitus Health Solutions	866-333-2757	www.navitus.com
MD Live Telemedicine Blue Cross Blue Shield of Texas	855-357-5228	www.MDLive.com/BCBSTX
Dental & Vision Blue Cross Blue Shield of Texas	855-357-5228	www.bcbstx.com
Employee Assistance Program (EAP) Alliance Work Partners	800-343-3822	www.awpnow.com
Wellness Program TAC Healthy County	800-456-5974	www.county.org/Health-Benefits
UNUM Life Insurance Company of America Short-Term Disability	Contact your HR Representative	https://www.unum.com/



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Benefit Rates (2025 Plan Year)

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
Medical			
Employee Only:	\$1060.20	\$1060.20	\$0
Employee + Spouse	\$2120.42	\$1060.20	\$1060.22
Employee + Child(ren):	\$1964.86	\$1060.20	\$904.66
Employee + Family:	\$2721.20	\$1060.20	\$1661.00
Dental			
Employee Only:	\$25.20	\$25.20	\$0
Employee + Spouse	\$50.36	\$25.20	\$25.16
Employee + Child(ren):	\$62.92	\$25.20	\$37.72
Employee + Family:	\$88.10	\$25.20	\$62.90
Vision			
Employee Only:	\$5.14	\$5.14	\$0
Employee + Spouse	\$9.76	\$5.14	\$4.62
Employee + Child(ren):	\$10.28	\$5.14	\$5.14
Employee + Family:	\$15.14	\$5.14	\$10.00

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I. Employee Self Service (ESS) Portal





TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

EMPLOYEE SELF-SERVICE (ESS): YOUR ONLINE BENEFITS PORTAL

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

WHERE CAN I ACCESS THE ESS PORTAL?

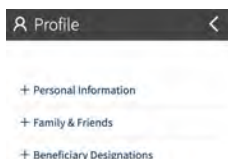
Go to: **mybenefits.county.org**

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

ESS FEATURES:

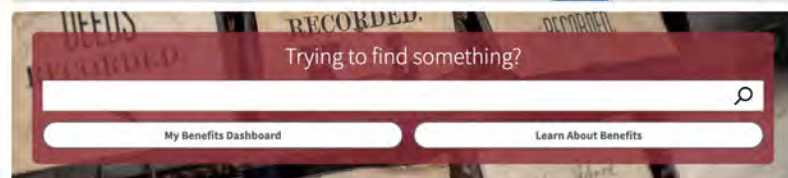
On the ESS portal, employees can access:

- Current Benefit Coverages:
Medical, Prescription, Dental*,
Vision*, and Life* Benefits
- Healthy County Wellness Program Resources
- Confirmation Statements
- Resources Guides
- Benefit Booklets
- Direct access to BCBSTX, Navitus,
and the Healthy County WebMD ONE
portal
- Health Benefits Resource Library &
FAQs
- TCDRS
- Employee Assistance Program*
- And so much more!



Welcome, [Sign Out](#)

[Home](#) [Benefits](#) [Resource Library](#)



My 2024 Coverage



*Only applicable if your group offers these benefits through TAC HEBP



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

ESS LOGIN: CREATE AN ESS ACCOUNT AND LOG INTO ESS

Effective 4/1/24 ESS has been upgraded! All users will need to create an ESS account following the instructions below:

Go to **mybenefits.county.org** and enter your UID or your Tax Id Number/SSN.

Note: Your UID can be found on your BCBSTX insurance card in the Identification Number section. Include numbers only. Leave off the leading letters:

1. Enter your **Birth Date**.
2. Click **Find My Account**.
3. Click **First time user?** Create an account.
4. Tell Us **About Yourself** Questions (Two Options):
 - a. Option 1: If you know your UID number:
 - i. Do you know your UID number: Select Yes.
 - ii. Enter your UID.
 - b. Option 2: If you do not know your UID number:
 - i. Do you know your UID number: Select No
 - ii. Do you know your Social Security Number: Select Yes
 - iii. Enter your Social Security Number
5. Click **Next**.
6. Enter the **Last 4 Digits** of Your **SSN**, your **Home Zip Code**, your **Birth Date** (in this format mm/dd/yyyy).
7. Click **Next**.
8. Email: Enter your **Email Address**
Note: Your email address will become your ESS username. If you do not have an email, you can set up a free email account at Gmail, Yahoo, or Outlook.
9. **Confirm Email:** Re-enter your email address.
10. Click **Next**.
11. A **verification code** will be sent to the email address you entered on the previous screen.
The email will be sent from Willis Towers Watson.
12. **Enter Code:** Enter the Verification Code.
13. Enter your **phone Number**.
14. Click **Send Code or Call Me**.
 - a. **Send Code** will send a **text message** to your phone for you to enter the verification code.
 - b. **Call Me** will **call your phone** where an automated message will have you hit # on your phone keypad to verify.
15. Create a **Password**:
 - a. Your password must be at least 8 characters long and contain at least 3 of the following items:
Uppercase letters Numbers
Lowercase letters Symbols
 - b. **New Password:** Enter your password.
 - c. **Confirm New Password:** Re-enter password.
16. Click **Submit**.
17. On the **Online Authorization page**, scroll to the bottom of the page, and click Accept.
18. **You're done!** You are now in your ESS portal!

BlueCross BlueShield Health & Employee Benefits Pool

Subscriber Name: _____

Identification Number: ZGP903000000

Group Number: _____

Coverage Date: _____

Office Visit
Specialist Copay
Emergency Room
MDLive Copay

BCA SINGLE

RxBIN: _____ RxGRP: _____

RxPCN: _____

TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Sign In

Welcome to Texas Association of Counties employee enrollment system, your online resource for benefit programs at Texas Association of Counties. Please use your UID or Tax Id Number/Social Security Number and Birth Date to find your account.

UID

Tax Id Number/SSN

Birth Date

Find My Account

Sign In

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

Username: _____ Forgot Username?

Next

First time user? Create an account

Create Password

New Password

Password must be at least 8 characters long and contain at least 3 of the following:

- uppercase letters
- lowercase letters
- numbers
- symbols

Confirm New Password

Cancel Submit

Enhanced Security

We can email a verification code to or confirm your identity using the following phone number on record:

How would you like to complete this enhanced security step?

Cancel Email Phone

Confirm Your Email

Check your email and enter the verification code that was sent to

Enter Code

Cancel Resend Code

Sign In

Online Authorization

Decline Accept

Intentional blank page

II. Benefits Highlights





TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

BENEFIT HIGHLIGHTS PLAN 1100-NGS

(Non-Grandfathered ACA)

BLUECHOICE NETWORK

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

Overall Payment Provisions

In-Network Benefits

Out-of-Network Benefits

Plan Year Deductibles

Per-admission Deductible
Deductible

*Applies to all Eligible Expenses except Inpatient Hospital Expenses
(unless otherwise indicated)*

\$0
\$750 Individual /
\$2,250 Family

\$0
\$1,000 Individual /
\$3,000 Family

Plan Year Out-of-Pocket Maximum

Deductibles are not applied to the Out-of-Pocket Maximum (OOPM). Copayment Amounts will apply to the OOPM, and they will not be required after the maximum has been satisfied. Your benefit booklet will provide more details.

\$3,000 Individual /
\$9,000 Family

\$6,000 Individual /
\$18,000 Family

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

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

Copayment Amounts Required

Physician office visit/consultation
Refer to Medical/Surgical Expenses section for more information

Specialty Care Copayment Amount for office visit/consultation when services rendered by a Specialty Care Provider

MDLIVE (Telemedicine)

Urgent Care
Outpatient Hospital Emergency Room/Treatment Room

Refer to Emergency Room/Treatment Room section for more information

\$25 Copayment Amount

\$35 Copayment Amount

\$0 Copayment Amount

\$25 / \$35 Copayment Amount

\$150 Copayment Amount

*N/A-Refer to Medical/Surgical
Expense section for benefits*

*70% of Allowable Amount after
Plan Year Deductible*

Not Applicable

70% of Allowable Amount

\$150 Copayment Amount

Maximum Lifetime Benefits

Per Participant

Unlimited

Inpatient Hospital Expenses

Inpatient Hospital Expenses

All services must be preauthorized

*All usual Hospital services and supplies, including semiprivate room,
intensive care, and coronary care units*

80% of Allowable Amount

60% of Allowable Amount

Penalty for failure to preauthorize services

None

\$250



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TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Medical/Surgical Expenses		In-Network Benefits	Out-of-Network Benefits
Medical / Surgical Expenses			
Services performed during the Physician's office visit/consultation, including lab & x-ray (does not include Certain Diagnostic Procedures and surgical services)		100% of Allowable Amount after \$25 Copayment Amount	70% of Allowable Amount after Plan Year Deductible
Lab & x-ray in other outpatient facilities (excluding Certain Diagnostic Procedures)		100% of Allowable Amount	70% of Allowable Amount after Plan Year Deductible
Allergy Injections		100% of Allowable Amount	70% of Allowable Amount after Plan Year Deductible
Colonoscopy (All places of treatment and diagnoses)		100% of Allowable Amount	70% of Allowable Amount after Plan Year Deductible
Physician surgical services performed in any setting		80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
Certain Diagnostic Procedures; such as Bone Scan, Cardiac Stress Test, CT -Scan (with or without contrast), Ultrasound, MRI, Myelogram, PET Scan.		80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
Home Infusion Therapy (Services must be preauthorized)		80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
Organ Transplants		80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
All other outpatient services and supplies		80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
In Vitro Fertilization Services			Declined
Extended Care Expenses			
Extended Care Expenses			
All services must be preauthorized		100% of Allowable Amount	70% of Allowable Amount after Plan Year Deductible
Skilled Nursing Facility		25 day maximum each Plan Year*	
Home Health Care		60 visit maximum each Plan Year*	
Hospice Care		Unlimited	
Special Provisions Expenses			
Serious Mental Illness			
All services must be preauthorized			
Inpatient Services			
-Hospital services (facility)		80% of Allowable Amount	60% of Allowable Amount
-Physician services		80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
Outpatient Services			
-Services performed during Physician office visit/consultation (does not include psychological testing)		100% of Allowable Amount after \$25 Copayment Amount	70% of Allowable Amount after Plan Year Deductible
-All outpatient services and psychological testing		80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible

* Benefits used In-Network and Out-of-Network will apply toward satisfying any day, visit, Plan Year, Annual Maximum, series of treatments benefits shown



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Special Provisions Expenses, cont.

In-Network Benefits

Out-of-network Benefits

Mental Health Care/Chemical Dependency

All services must be preauthorized. Inpatient treatment must be provided in a Chemical Dependency Treatment Center.

Inpatient Services -Hospital services (facility)	80% of Allowable Amount	60% of Allowable Amount
-Physician services	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
Outpatient Services -Services performed during Physician office visit/consultation (does not include psychological testing)	100% of Allowable Amount after \$25 Copayment Amount	70% of Allowable Amount after Plan Year Deductible
-Emergency Room/Treatment Room	80% of Allowable Amount after \$150 Copayment Amount (Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)	60% of Allowable Amount after \$150 Copayment Amount & Plan Year Deductible (Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)
-Other Outpatient Services and psychological testing	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible

Emergency Room/Treatment Room

Accidental Injury & Emergency Care -Facility charges (outpatient Hospital emergency treatment room charges)	80% of Allowable Amount after \$150 Copayment Amount (Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)	
-Physician charges	80% of Allowable Amount after Plan Year Deductible	
Non-Emergency Care -Facility charges (outpatient Hospital emergency treatment room charges)	80% of Allowable Amount after \$150 Copayment Amount (Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)	60% of Allowable Amount after \$150 Copayment Amount & Plan Year Deductible (Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)
-Physician charges	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible

Ground and Air Ambulance Services

	80% of Allowable Amount after Plan Year Deductible	
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* Benefits used In-Network and Out-of-Network will apply toward satisfying any day, visit, Plan Year, Annual Maximum, series of treatments benefits shown



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Special Provisions Expenses, cont.	In-Network Benefits	Out-of-network Benefits
Preventive Care		
Routine annual physical examinations, well-baby care exams, immunizations 6 years of age & over, vision exams, hearing exams, and any other preventive health services as determined by USPSTF	100% of Allowable Amount	70% of Allowable Amount after Plan Year Deductible
Immunizations for Dependent children through the date of the child's 6 th birthday	100% of Allowable Amount	100% of Allowable Amount
Speech and Hearing Services		
Services to restore loss of or correct an impaired speech or hearing function without hearing aids	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
Physical Medicine Services		
Chiropractic Care-Office Services	80% of Allowable Amount after Plan Year Deductible	60% of Allowable Amount after Plan Year Deductible
Airrosti Rehab Centers	\$25 Copayment Amount	Not Applicable
Plan Year Maximum	35 visit maximum each Plan Year*	
	All other Physical Medicine Services rendered by any other eligible Provider will be allowed on the same basis as any other sickness.	

* Benefits used In-Network and Out-of-Network will apply toward satisfying any day, visit, Plan Year, Annual Maximum, series of treatments benefits shown

EMPLOYEE INFORMATION

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

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

The following benefits apply to dependent coverage:

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

Payments: Network providers agree to accept amounts negotiated with BCBSTX and are paid according to this BCBSTX-determined Allowable Amount. Covered individuals are responsible for any required Deductibles, Coinsurance Amounts, and Copayments. Plan benefits paid to Out-of-Network providers are based on the BCBSTX-determined Allowable Amount, except in the event of Emergency Care received in an outpatient hospital emergency treatment room within 48 hours of the incident. For all other services received by an Out-of-Network Provider, the covered individual will be responsible for charges in excess of the Allowable Amount in addition to any applicable Deductibles, Coinsurance Amounts, and Copayments. For cost savings information, refer to the section on ParPlan Providers and the definition of Allowable Amount in the benefit booklet.

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

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



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

PRESCRIPTION DRUG PLAN OPTION 5C-NG \$250 DEDUCTIBLE

Prescription Drug Program

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

Plan Year Deductible	\$250 Individual / \$750 Family
Tier 3 Drug	\$50 Copayment Amount
Tier 2 Drug	\$30 Copayment Amount
Tier 1 Drug	Lesser of \$10 Copayment Amount OR Actual Cost

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

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

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

Tier 3 Drug	\$100 Copayment Amount
Tier 2 Drug	\$60 Copayment Amount
Tier 1 Drug	\$20 Copayment Amount

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



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

DENTAL PLAN II WITHOUT ORTHODONTIA

BLUECARE DENTAL PPO

Type of Service	Benefit**
General Provisions Plan Year Deductible	\$50 Individual / \$150 Family
Plan Year Maximum per Participant	\$1,500
Diagnostic and Preventive Care Benefits (deductible waived) (Benefits do not apply to Plan Year Maximum) Oral Examinations (twice per Plan Year) Problem-Focused and non-routine exams limited to 1 per plan year Consultations Prophylaxis (two cleanings per Plan Year) Dental X-rays -Full Mouth/Panoramic X-rays (once every 60 months) Bitewing X-ray Series (once per Plan Year) Fluoride Treatment (to age 19; twice per Plan Year) Sealants up to age 19, permanent molars, one per tooth every 36 months Space Maintainers up to age 19; 1 per arch per lifetime on posterior teeth only Labs and Tests Periodontal Maintenance 2 per plan year; not combined with Preventive Prophylaxis Full Mouth Debridement once per lifetime	100%
Miscellaneous Services Palliative Care	80%
Restorative Services Amalgams and Composite (once per surface on the indicated tooth per 24 months) Simple Extractions Pin Retention	80%
General Services Diagnostic Casts (once per Plan Year) Prefabricated Stainless Steel Crowns	80%
Endodontic Services Root canal therapy Direct pulp cap Apicoectomy/Apexification Retrograde filling Root amputation/hemisection Therapeutic pulpotomy	80%
Periodontal Services Periodontal scaling and root planing	80%
Oral Surgery Services Surgical tooth extractions Full Bony impacted tooth extractions General Anesthesia/IV Sedation Alveoloplasty, Vestibuloplasty Gingivectomy/gingivoplasty Gingival flap procedure / Osseous surgery and grafts / Soft tissue grafts	50%
Crowns, Inlays/Onlays Services Crowns, Inlays, Onlays, Labial Veneers	50%



**BlueCross BlueShield
of Texas**

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TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Prosthodontic Services Bridges and dentures Denture reline/rebase, Denture adjustments, Re-cementation and repair of bridges/dentures, Re-cementation and repair of crowns, inlays/onlays, Occlusal Guard Implants	50%
Orthodontia Benefits Orthodontic Diagnostic Procedures and Treatment for Adults	Not Covered

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

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

EMPLOYEE INFORMATION

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

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

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

Summary of Vision Benefits

Texas Association of Counties

VOLUNTARY VISION – VALUE PLAN

INSIGHT NETWORK		
Frequency		
Examination	Once every 12 months	
Lenses or contact lenses	Once every 12 months	
Frame	Once every 24 months	
Contact lens eval/fitting	N/A	
Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement*
Exam with dilation as necessary	\$10 copay	Up to \$30
Contact lens fit and follow-up	Up to \$40 for standard; 10% off retail price for premium	N/A
Frames		
Any available frame at provider location	\$0 copay, \$130 allowance, 20% off balance over \$130	Up to \$65
Standard Lenses		
Single vision	\$15 copay	Up to \$25
Bifocal	\$15 copay	Up to \$40
Trifocal	\$15 copay	Up to \$55
Lenticular	\$15 copay	Up to \$55
Standard progressive lens	\$70 copay	Up to \$40
Premium progressive lens	See table on page 2.	Up to \$40
Lens Options		
Tint (solid and gradient)	\$15	N/A
Scratch resistant coating	\$0	Up to \$5
Polycarbonate lenses	\$0 kids; \$40 adults	Up to \$5 kids
Ultraviolet coating	\$15	N/A
Anti-reflective coating	See table on page 2.	N/A
High index lenses	20% off retail	N/A
Polarized lenses	20% off retail	N/A
Photochromic/transitions plastic	\$75	N/A
Contact Lenses (in lieu of spectacle lenses)		
Conventional	\$0 copay, \$130 allowance, 15% off balance over \$130	Up to \$104
Disposable	\$0 copay, \$130 allowance, plus balance over \$130	Up to \$104
Medically necessary	\$0 copay, paid-in-full	Up to \$210
Other		
Laser vision correction	15% off retail price or 5% off promotional price	N/A
Additional pairs benefit	40% off purchase of complete pair of eyeglasses and a 15% off conventional contact lenses once the funded benefit has been used	N/A
Amplifon hearing discount	40% off hearing exams and low price guarantee on discounted hearing aids	N/A
Additional discounts	20% off non-covered items with limitations	N/A

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



Additional discounts

40% OFF

Complete pair of prescription eyeglasses

20% OFF

Non-prescription sunglasses

20% OFF

Remaining balance beyond plan coverage

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

Take a sneak peek before enrolling

- For a complete list of in-network providers near you, visit eyemedvisioncare.com/bcbstxvis or call 1.855.556.8796.
- For LASIK providers, call 1.877.5LASER6.



BlueCross BlueShield of Texas



Summary of Benefits Continued

Progressive Price List ¹	Member Cost In-Network
Standard progressive	\$70 copay
Premium progressives ² as follows:	
Tier 1	\$90 copay
Tier 2	\$100 copay
Tier 3	\$115 copay
Tier 4	\$70 copay 80% of charge less \$120 allowance
Anti-Reflective Coating Price List ¹	Member Cost In-Network
Standard anti-reflective coating	\$45
Premium anti-reflective ² coatings as follows:	
Tier 1	\$57
Tier 2	\$68
Tier 3	80% of charge
Other Add-ons Price List	Member Cost In-Network
Photochromic	\$75
Polarized	80% of charge

Plan Exclusions

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



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

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

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

Vision Insurance offered by Dearborn Life Insurance Company located at 701 E. 22nd Street, Lombard, IL 60148. Blue Cross and Blue Shield of Texas, an Independent Licensee of the Blue Cross and Blue Shield Association. EyeMed Vision Care, LLC and First American Administrators, Inc. are independent companies that offer provider network and administration services on behalf of Dearborn Life Insurance Company. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.



San Saba County

Short Term Disability Insurance



How does it work?

If a covered illness or injury keeps you from working, this employer-provided Short Term Disability Insurance replaces part of your income while you recover. As long as you remain disabled, you can receive payments for up to 12 weeks.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

Why is this coverage so valuable?

Your employer is paying the cost of this coverage. You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

How much coverage can I get?

You*

You are eligible for coverage if you are an active employee in the United States working a minimum of 30 hours per week.

Cover 60% of your weekly income, up to a maximum benefit of \$1,500 per week.

*See the Legal Disclosures for more information.

The weekly benefit may be reduced or offset by other sources of income. The IRS may require you to pay taxes on certain benefit payments. See your tax advisor for details.

San Saba County is paying the cost of this coverage so you don't have to answer health questions.

Short Term Disability Insurance pays you a weekly benefit if you have a covered disability that keeps you from working.

What else is included?

Cesarean section benefit

If you have a Cesarean section, you will be considered disabled for a minimum period of eight weeks unless you return to work before the end of the time.

Elimination period (EP)

This is the number of days that must pass between your first day of a covered disability and the day you can begin to receive your disability benefits.

Your benefits would begin after you become disabled for 7 days.

Benefit duration (BD)

The maximum number of weeks you can receive benefits while you're disabled. You have a 12 week benefit duration.

Exclusions and Limitations

Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by your employer for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Definition of disability

You are considered disabled when Unum determines that, due to sickness or injury:

- You are limited from performing the material and substantial duties of your regular occupation; and
- You have a 20% or more loss in weekly earnings.

You must be under the regular care of a physician in order to be considered disabled.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

'Substantial and material acts' means the important tasks, functions and operations generally required by employers from those engaged in your usual occupation that cannot be reasonably omitted or modified. Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is normally performed in the national economy, not how work is performed for a specific employer, at a specific location or in a specific region.

Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers' compensation or similar occupational benefit laws
- State compulsory benefit laws
- Automobile liability insurance policy
- Motor vehicle insurance policy or plan

- No fault motor vehicle plan
- Legal judgments and settlements
- Salary continuation or sick leave plans, if applicable
- Other group or association disability programs or insurance
- Social Security or similar governmental programs

Exclusions and limitations

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- War, declared or undeclared or any act of war
- Active participation in a riot
- Intentionally self-inflicted injuries;
- Loss of professional license, occupational license or certification;
- Commission of a crime for which you have been convicted;
- Any period of disability during which you are incarcerated;

The loss of a professional or occupational license does not, in itself, constitute disability.

Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al., or contact your Unum representative.

Underwritten by: Unum Life Insurance Company of America, Portland, Maine
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III. Medical Plan Resources





TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

YOU TAC HEBP / BLUE CROSS BLUE SHIELD IDENTIFICATION CARD

FRONT

BlueCross BlueShield Health & Employee Benefits Pool

Subscriber Name: **JOHN DOE**
Identification Number: **ABC111222333**

Group Number: **123456**
Coverage Date: **01/01/22**

Office Copay \$40
Specialist Copay \$50
Emergency Room \$150
MDLive Copay \$10

BCA DENT

RxBIN: 610602 RxGRP: TAC
RxPCN: NVT

GRID+
Rx In/Out of Network Ded \$100/None
Rx In/Out of Network OPX \$4,150/None

PPO

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

This information is used by your pharmacy to fill prescriptions.

NEW: Your Rx Plan Deductible & Out of Pocket Max is listed on the front of your ID card!

BACK

www.bcbstx.com

Deductible Information
Ind/Fam In Network \$3,000/\$9,000
Ind/Fam Out of Network \$7,500/\$22,500

Out of Pocket Maximum Information
Ind/Fam In Network \$4,150/\$5,300
Ind/Fam Out of Network \$8,000/\$24,000

BlueCross BlueShield of Texas

Customer Service 1-855-357-5228
DNoA Pref Network 1-800-972-7565

www.MDLive.com/BCBSTX

BlueCross BlueShield of Texas, an independent licensee of the BlueCross BlueShield Association, provides claims administration and claims are self-funded.

Call the **Customer Service Number** at 1-855-357-5228 located at the back of your card for assistance with these benefits:

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

NEW: Your Medical Plan Deductible & Out of Network Max is listed on the back of your ID card!



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



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

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

Your Preauthorization Checklist

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



CONNECT WITH US

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



KNOW WHAT YOUR PLAN REQUIRES

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



TRACK YOUR STATUS

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



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

Services That May Require Preauthorization

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

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

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



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

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

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

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



Take Advantage of Preventive Services



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

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

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

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

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

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

Learn more on immunization recommendations and schedules by visiting the Centers for Disease Control and Prevention website at www.cdc.gov/vaccines.



FOR ADULTS

Annual preventive medical history and physical exam



SCREENINGS FOR

- ☐ Abdominal aortic aneurysm
- ☐ Alcohol abuse and tobacco use
- ☐ Anxiety
- ☐ Breast cancer screening, breast cancer prevention medication, genetic testing and counseling
- ☐ Cardiovascular disease (CVD) including cholesterol screening and statin use for the prevention of CVD
- ☐ Certain contraceptives and medical devices, morning after pill, and sterilization to prevent pregnancy
- ☐ Cervical cancer screening
- ☐ Colorectal and lung cancer
- ☐ Depression
- ☐ Falls prevention
- ☐ High blood pressure, obesity, prediabetes and diabetes
- ☐ Human papillomavirus (HPV) DNA test
- ☐ Osteoporosis screening
- ☐ PrEP medication use for the prevention of HIV including baseline and monitoring services
- ☐ Sexually transmitted infections, Chlamydia, gonorrhea, syphilis, HIV, HPV and hepatitis B
- ☐ Tuberculosis

COUNSELING FOR

- ☐ Alcohol and drug misuse
- ☐ Domestic violence
- ☐ Healthy diet and physical activity counseling for adults who are overweight or obese and have additional cardiovascular disease risk factors
- ☐ Obesity
- ☐ Sexually transmitted infections
- ☐ Skin cancer prevention
- ☐ Tobacco use, including certain medicine to stop
- ☐ Urinary incontinence screening

CERTAIN VACCINES

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



- ☐ COVID-19*
- ☐ Diphtheria, Pertussis ("Whooping Cough"), Tetanus
- ☐ Haemophilus Influenzae Type B (Hib)
- ☐ Hepatitis A and B
- ☐ Human Papillomavirus (HPV)

- ☐ Inactivated Poliovirus (Polio)
- ☐ Influenza (Flu)
- ☐ Measles, Mumps, Rubella (MMR)
- ☐ Meningitis
- ☐ Pneumococcal
- ☐ Rotavirus
- ☐ Varicella (Chicken Pox)
- ☐ Zoster (Herpes, Shingles)

PREGNANCY



- ☐ Aspirin for preeclampsia prevention
- ☐ Breastfeeding support, supplies and counseling
- ☐ Counseling for alcohol and tobacco use during pregnancy
- ☐ Counseling for healthy weight gain during pregnancy
- ☐ Diabetes screening after pregnancy
- ☐ Folic acid supplementation during pregnancy
- ☐ Screenings related to pregnancy, including screenings for anemia, gestational diabetes, bacteriuria, Rh(D) compatibility, preeclampsia and perinatal depression

FOR CHILDREN

Annual preventive medical history and physical exam



SCREENINGS FOR

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

ASSESSMENTS AND COUNSELING

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

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

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



Where to Go for Care



What do you do if your clutch player breaks an arm in the big game? Or you slice your finger chopping veggies? Or have stomach cramps after last night's sushi date? Often the choice is clear. If you have signs of a heart attack, it's best to go to the emergency room. But what if you have a sore throat? Or lower back pain?

Knowing where to go can make a big difference in the cost of your care – especially when you use in-network providers.

We make it easy to find independently contracted, in-network providers near you:

- Go to **bcbstx.com** and click **Find Care**
- For personalized search results, go to **bcbstx.com**, click **Log In or Sign Up**, choose **Member Log In or Sign Up** and search in Blue Access for MembersSM
- Call BCBSTX Customer Service at the number on your ID card

Doctor

Is your blood pressure high? Are allergies making you miserable? Can't sleep? Your go-to provider is a good place to start. Some even offer telemedicine. If you need a specialist, your doctor will tell you.

Good for: health exams, shots, cough, sore throat

Average Wait: less than 20 minutes¹

Cost: in network \$ out of network \$\$



Retail Health Clinic

Need a flu shot? Feel queasy? Have an earache or rash? Many grocery stores and pharmacies have on-site medical clinics. Some may even see patients evenings, weekends and holidays.

Good for: headache, stomach ache, sinus pain

Average Wait: variable

Cost: in network \$ out of network \$\$



Urgent Care Center²

Sprain your ankle? Have a monster migraine? Can't stop coughing? Need non-emergency care right away, but your doctor's office isn't open? These centers offer care evenings, weekends and holidays.

Good for: back pain, vomiting, animal bite, asthma

Average Wait: 30 minutes or less³

Cost: in network **\$\$** out of network **\$\$\$**



Hospital ER

Worried you may be having a heart attack? Did you black out after a nasty fall? ER doctors and staff treat serious and life-threatening health issues 24/7. If you receive ER care from an out-of-network provider, you may have to pay more.

Good for: chest pain, bleeding, broken bones

Average Wait: 1 hour or more⁴

Cost: in network **\$\$\$** out of network **\$\$\$\$**



Know the Difference: Freestanding ER vs. Urgent Care Center

Freestanding ERs look a lot like urgent care centers, but may not be affiliated with an in-network hospital. That means you could end up with a hefty bill (or several bills). You might even be sent to a hospital ER for care! Here are ways to spot a freestanding ER:

1. Look for "Emergency" on the building exterior.
2. Check the hours. If it's open 24/7, it's a freestanding ER. Urgent care centers close at night.
3. Confirm it's not connected to a hospital.
4. Ask if it follows the copay, coinsurance and deductible payment model.

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

Note: Many sites of care now offer telehealth options for your visit. Check with your preferred provider to see if they offer telehealth visits.

1. Vitals Annual Wait Time Report, 2017.

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

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

4. National Center for Health Statistics, Centers for Disease Control and Prevention, 2019.

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

Care When and
Where You Need It
Just Got Easier

Virtual Visits

Convenient health care
at your fingertips

Powered by
MDLIVE



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

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

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

General Health

- Allergies
- Asthma
- Nausea
- Sinus infections

Pediatric Care

- Cold
- Flu
- Ear problems
- Pinkeye

Behavioral Health

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



Connect

Computer, smartphone,
tablet or telephone



Interact

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



Diagnose

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



Website:

Visit the website

MDLIVE.com/BCBSTX

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



Mobile app:

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



Telephone:

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

Get connected today!

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

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

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

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

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App Store is a service mark of Apple Inc.

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

Windows is a registered mark of MicrosoftTM



24/7 Nurseline

Nurses available anytime you need them.

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

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

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

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

Call the 24/7 Nurseline number at **800-581-0393**.

Hours of Operation:
Anytime

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

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

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



Blue Access for MembersSM

Health care at your fingertips.

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

With BAM, you can:

- Find care – search for in-network doctors, hospitals, pharmacies and other health care providers
- Get your digital member ID card
- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Sign up for text or email alerts

It's easy to get started.

Use your member ID card to create a BAM account at <https://mybenefits.county.org>. Click on **Benefits**, then select **Links & Contacts** and **Go to Blue Cross Blue Shield Member Site**. Use the information on your member ID card to complete the process. Or text* **BCBSTXAPP** to **33633** to download our mobile app.

*Message and data rates may apply.

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

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Navigation has never been easier

The screenshot shows a health insurance member portal. At the top, there's a navigation bar with tabs numbered 1 through 7: 1 DASHBOARD, 2 CLAIMS, 3 COVERAGE, 4 SPENDING, 5 FIND CARE, 6 WELLNESS, and 7 MY ACCOUNT. Above these tabs are links for Español, Language Assistance, Messages, PPO, and My Account. Below the navigation bar is a blue header with the text 'Hello, Alexandria!' and buttons for 'Member ID card' and 'Contact us'. The main content area is divided into two columns. The left column is titled 'Recent Claims' and lists three claims: 'Your Hospital' (Paid, \$0.00), 'Your Medical Treatment Center' (Processed, \$239.99), and 'Your Radiologist' (Not Paid, \$10.00). The right column is titled 'Find Care' and lists three categories: 'Medical' (Doctors and hospitals, nurseline, hearing aids), 'Dental Care' (Dentists of America), and 'Vision Care' (Eyemed). Below the 'Recent Claims' section is a 'Spending' section with two cards: 'Deductible' (\$625.00 / \$1,000 limit, \$375.00 remaining) and 'Out-of-Pocket' (\$1,250.00 / \$5,000 limit, \$3,750.00 remaining). The interface is clean and modern, with a focus on providing quick access to key information.

- 1 Dashboard** – See your family's claims and health care spending at a glance, order an ID, navigate the site quickly and easily.
- 2 Claims** – View quick claims summaries or download your Explanation of Benefits (EOB).
- 3 Coverage** – See benefit highlights for your medical, dental and pharmacy plans.
- 4 Spending** – Keep track of your deductible and out-of-pocket expenses.
- 5 Find Care** – Find in-network doctors, hospitals and other health care providers quickly and easily.
- 6 Wellness** – Take control of your well-being with preventive care guidelines, information and health tips for managing health conditions and living a healthier life.
- 7 My Account** – Use this menu for everything else: View your health history, update your profile and preferences, sign up for electronic EOBs, find claim forms, manage privacy preferences and contact us.



BlueCross BlueShield of Texas



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

We're with you wherever you go



Download the Blue Cross and Blue Shield of Texas (BCBSTX) App to manage your health wherever you are.

- Find an in-network doctor, hospital or urgent care facility
- Access your claims, coverage and deductible information
- View or print your member ID card
- Log in securely with your fingerprint or face recognition*
- View your Explanation of Benefits

Then, Manage Your Preferences

In the BCBSTX App:

- Update your profile with your mobile number.
- Set your notification preferences to text.

Choose the messages and information you want to get:

- Claims, prior authorization or referral updates
- New documents to review
- Secure message notifications
- Find out about new benefits and services



Available in Spanish

Ready to get started? Text BCBSTXAPP to 33633 to get the app.**



* Availability varies by device.

** Message and data rates may apply. Terms and conditions and privacy policy at [bcbstx.com/member/account-access/mobile/text-messaging](https://www.bcbstx.com/member/account-access/mobile/text-messaging).

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



Health Insurance Fraud

What You Should Know

Fraud Affects Everyone

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

Don't Be a Victim

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

Identifying Fraud

Commonly identified schemes involving providers include:

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

Commonly identified member schemes include:

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

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





Fighting Fraud

BCBSTX offers these tips:

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

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



Preventing Health Care Fraud

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

Fraud Isn't Fair. Help Us Fight It.

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

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

Three Ways To Report Fraud To BCBSTX

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

1. 800-543-0867

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

2. bcbstx.com/sid/reporting

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

3. U.S. Mail

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

Your Medicare Checklist:

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

7 to 9 Months Before Your 65th Birthday

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

4 to 6 Months Before Your 65th Birthday

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

3 Months Before Your 65th Birthday

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

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

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IV. Navitus Prescription Drug Resources





Make the Most of Your Pharmacy Benefits

Welcome to Navitus

Navitus Health Solutions is pleased to manage your pharmacy benefit. We have partnered with the Texas Association of Counties (TAC) to support your health and help you get the medications you need at the lowest cost. The following information will help you better understand and manage your pharmacy benefits.



Member Portal and App

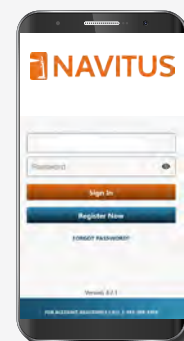
Our member portal helps you access your benefits with tools such as:

- **Pharmacy locator** — find in-network pharmacies near you
- **Cost compare** — find the best price for your drugs
- **Formulary** — check which drugs are covered by your plan

To visit the Navitus member portal, log in to your TAC account at mybenefits.county.org. You will be able to access the portal via a single sign-on link there.

You can also access your benefits, find a nearby pharmacy, view and manage your drugs and more on the Navitus app.

Check your benefit information anywhere and at anytime!



To download, go to the App Store or Google Play, or hover your phone's camera over this QR code*.



* The QR code may identify your IP/device information. However, your personal and health information is strictly confidential and will not be captured.

Easily Fill Your Prescriptions

Network Pharmacies

Your network includes all major chains and most independent pharmacies. You can find a local network pharmacy on the Navitus member portal via single sign-on from mybenefits.county.org.

Mail Order Pharmacy

Save time and money by having your prescriptions mailed directly to you through Costco Pharmacy. You will be able to get a 90-day supply of your maintenance drugs.

To start, simply register online at costco.com/pharmacy. You can also call Costco's customer service team at 800-607-6861. **You do not need to be a Costco member to use Costco pharmacies.**

Specialty Pharmacy

Specialty drugs are used to treat rare or complex conditions that require additional support. They can only be filled at specialty pharmacies. We partner with **Lumicera Health Services** to fill your specialty drugs. They will help you understand how to take or use your specialty drug and will work closely with your health care provider to provide personalized support and refill reminders.



Lower Your Drug Costs

These strategies can help you save on your prescription drugs:

1. Check Prices Online

The Navitus member portal and mobile app enable you to check drug prices before you visit the pharmacy. Visit the Navitus member portal via single sign-on from mybenefits.county.org or download the Navitus app to get started.

2. Consider a Generic Drug

Did you know that generic drugs are just as effective as brand-name drugs, are legally required to have the same active ingredient, and go through the same U.S. Food and Drug Administration (FDA) testing? They can also be much more affordable. If you are taking a brand drug, ask your provider if a generic might be appropriate.

3. Take Advantage of 90-Day Refills

If you are taking a maintenance drug, ask your provider if it can be filled every 90 days instead of every 30 days. You will take fewer trips to the pharmacy and can often save money. Typically, 90-day refills can be filled either at your retail pharmacy or by mail order.

Frequently Asked Questions

How do I fill a prescription when I travel?

If traveling for less than one month

You can fill an additional one-month supply of your drug at a network pharmacy. You can also ask your pharmacy to mail a one-month supply to you at the address where you will be staying if it is in the United States.

If traveling for more than one month inside the United States

Ask your pharmacist to transfer your prescription to a network pharmacy in the area you are traveling. Alternatively, your provider may be able to write an additional prescription for you to fill at a network pharmacy during your trip.

If traveling for more than one month outside the United States

Please contact Customer Care at 866-333-2757.

What is a formulary?

Your formulary is a list of drugs covered by your plan. It tells you whether a drug is generic or brand name, what cost tier it falls under and if there are coverage requirements or limits.

What are tiers?

Tiers are levels of coverage in your formulary. They are based on drug type and usage.

Tier 1	The lowest-cost drugs — most generic drugs. Also includes some low-cost, brand-name drugs.
Tier 2	Medium-cost drugs — most brand-name drugs. Also includes some high-cost, generic drugs.
Tier 3	Higher-cost drugs — most brand-name drugs and almost all specialty drugs.

Who decides which drugs are covered?

The Navitus Pharmacy and Therapeutics committee is made up of independent pharmacists and physicians from multiple specialties, none of whom are employed by Navitus. They meet regularly to review new and updated drugs for addition to the formulary. TAC works with a nationally recognized independent pharmacy consulting firm to evaluate Navitus' formulary change recommendations and to determine tier placement for all covered drugs.

What does it mean if my drug needs prior authorization, step therapy or quantity limits?

Prior authorization

Prior authorization means that certain criteria must be checked to ensure that a drug is appropriate and cost-effective before it is covered. Drugs that require prior authorization are marked “PA” on the formulary.

If your drug requires prior authorization, your provider can call 866-333-2757 to request approval or to find an alternative. We review requests within two business days.

Step therapy

Step therapy helps manage high-cost drugs. Drugs that need step therapy are marked “ST” on the formulary. With step therapy, you may be asked to try a safe and cost-effective alternative before the original drug is covered.

When filling a drug with step therapy, your pharmacist will be asked to call your provider about the alternative drug. Most members find that the lower-cost drug works well for them. You may also discuss the alternative with your provider.

Quantity limits

Quantity limits follow FDA guidelines for the amount of a drug you can receive within a certain time frame. They exist for your safety. Drugs with quantity limits are marked “QL” in the formulary. If you have a drug with a quantity limit, your provider may need to write a prescription for a smaller quantity or a shorter days’ supply.



Questions?

Most information can be found in the member portal or app. If you have questions, or can't find what you're looking for, you can also call our Customer Care team at 866-333-2757. We are available 24 hours a day, 7 days a week.

Your rights and responsibilities can be found at navitus.com/members/member-rights.

Contact Information

Customer Care

24 hours a day, 7 days a week
866-333-2757 711 (TTY)

Prescription Claims

Navitus Health Solutions
Attn: Claims Department
PO Box 999
Appleton, WI 54912-0999
Fax: 855-668-8550

Mail Order

Costco Pharmacy
800-607-6861
pharmacy.costco.com

Specialty Pharmacy

Lumicera Health Services
855-847-3553
lumicera.com

Sharing Your Feedback



Your experience matters to us. Go to bit.ly/navitusfeedback or scan the QR code* to tell us how we are doing.

* The QR code may identify your IP/device information. However, your personal and health information is strictly confidential and will not be captured.

View or download your formulary at:

<https://www.county.org/Health-Benefits/Prescription-Benefits>

V. Dental Plan Resources





Smile! You Have BlueCare Dental PPOSM



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

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

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

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

Finding an In-Network Dentist is Easy

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

BlueCare Dental ConnectionSM

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



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

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

The Dental Wellness Center allows you to:

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



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

Dedicated to Customer Service

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

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

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

Enjoy a lifetime of healthy smiles with good dental care

Don't brush off good dental hygiene

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

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

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

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



**BlueCross BlueShield
of Texas**



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

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

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VI. Vision Plan Resources





An Eye On Your Health: Awareness

For overall wellness, don't overlook your annual EYE EXAM.

Healthy vision is one of the greatest gifts we have. That's why Blue Cross and Blue Shield of Texas brings you vision benefits that deliver more.

Eye exams play an important role in your overall wellness, and you should get one every year for optimal vision health. Besides measuring your vision, regular eye exams can help identify early signs of certain chronic health conditions, including high blood pressure, diabetes, heart disease and high cholesterol.¹ Annual eye exams enable your doctor to monitor the health of your eyes and track changes that can occur from year to year.

Vision insights

Individuals at every age can benefit from regular eye care:

- **Babies and toddlers:** The American Optometric Association recommends babies receive their first eye exam between the ages of 6 and 12 months.²
- **School-age children:** Up to 25% of school-age children may have vision problems that can affect learning.³
- **Adults:** Approximately 204.1 million adults in the United States alone need vision correction.⁴
- **Seniors:** Serious eye conditions such as glaucoma and cataracts are most prevalent in individuals over the age of 60.⁵

Regular exams are a simple, noninvasive tool to help identify early signs of serious and chronic health conditions. And because early detection is key for treatment, regular eye examinations play a vital role in a healthy life and in helping you see life to the fullest.

For benefit questions, contact the Customer Care Center by calling **855-556-8796**. Hours of live operation are Monday through Saturday from 6:30 a.m. to 10 p.m. CST and Sunday from 10 a.m. to 7 p.m. CST.

¹All About Vision, "8 things your eyes can reveal about your health," Accessed November 29, 2023. ²American Academy of Ophthalmology, "Eye Screening for Children," Accessed November 29, 2023.

³Optometrists Network, "Could a Vision Problem Impact Academic Performance?," Accessed November 29, 2023. ⁴The Vision Council, "The Vision Council Releases Consumer inSights Q1 2022 Report," Accessed November 29, 2023. ⁵American Optometric Association, "Senior Vision: Over 60 Years of Age," Accessed November 29, 2023.



There is so
much to see.
Give your eyes
a front row
seat.

How do I use my vision benefit? To access your vision benefit:

1. Locate an in-network provider of your choice by calling the Customer Care Center or visiting the provider locator on our website.
2. Schedule an appointment. Many of our providers also offer walk-in appointments, in which case an appointment is not necessary.
3. When you arrive, identify yourself as a Blue Cross and Blue Shield of Texas vision benefits member or present your ID card to receive services.
4. Your in-network provider will take care of the rest—making it a breeze.

Can I schedule an appointment online?

Yes! Many providers have the option to schedule appointments online. The appointment scheduling tool is accessed through the vision benefits provider locator. Just go to member.eyemedvisioncare.com/bcbstx, enter your ZIP code, find a provider and click the “Schedule an Eye Exam Online” link.

It's that simple.

Will I be able to choose any eyewear product available at a Blue Cross and Blue Shield of Texas provider location?

Yes! With Blue Cross and Blue Shield of Texas vision benefits, you can apply your benefit toward any available frame or brand of contact lenses that fit your vision needs and lifestyle. Because we know you not only want to see better—you want to feel and look good, too.

Can I purchase two pair of eyeglasses and/or eyeglasses and contact lenses in the same benefit period?

Yes! You are eligible for additional discounts once the benefit has been used. We offer the largest additional pair discount in the industry (40%), which can be used at any network location at any time throughout the plan year.

Does Blue Cross and Blue Shield of Texas offer additional discounts beyond the benefit plan?

Yes! You will have the following additional savings with a funded vision benefit:

- 40% off additional complete pairs of glasses
- 20% off any remaining frame balance
- 15% off any remaining conventional contact lens balance
- 20% off non-covered items, including non-prescription sunglasses, accessories and lens cleaner
- 15% off the standard price or 5% off any promotional price of LASIK or PRK services



Vision Care Diabetic Benefit

Summary of Vision Benefits

For Type 1 or Type 2 Diabetes with Diabetic Retinopathy

Diabetic Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement*
Medical Follow Up Eye Examination	\$0 copay	Up to \$77
Fundus Photography Examination	\$0 copay	Up to \$50
Extended Ophthalmoscopy (initial and subsequent)	\$0 copay	Up to \$15
Gonioscopy	\$0 copay	Up to \$15
Scanning Laser	\$0 copay	Up to \$33

Benefit Frequency: All Diabetic Care Services are covered once every 6 months*.

Definitions

Medical Follow-Up Examination means an office visit for diabetic vision care after the initial Comprehensive eye Examination.

Some or all of the diagnostic services described below will be provided as deemed appropriate, subject to provider determination and the benefit frequency limitations referenced above. More comprehensive descriptions of these services are available in the Certificate of Insurance.

Fundus Photography Examination means photographing portion(s) of or the complete retina surface and structures, with interpretation and report. (*The Fundus Photography Examination is not covered if an Extended Ophthalmoscopy was provided within the previous six-month period.)

Extended Ophthalmoscopy means an examination of the interior of the eye, focusing on the posterior segment of the eye, including the lens, retina, and optic nerve, by direct or indirect ophthalmoscopy, and includes a retinal drawing with interpretation and report. (*The Extended Ophthalmoscopy is not covered if Fundus Photography Examination was provided within the previous six-month period.)

Gonioscopy means an eye examination of the front part of the eye (anterior chamber) to check the angle where the iris meets the cornea with a gonioscope or with a contact prism lens.

Scanning Laser means a computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report.

Exclusions

In addition to the Exclusions in the Policy/Certificate, no benefits are payable for services connected with or charges arising from any Vision Materials; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; medical, pathological and/or surgical treatment of the eye, eyes or supporting structures; any Vision Examination required by a Policyholder as a condition of employment; or services, supplies, prescription medication or treatment for diabetes, except as specifically included.

Eligibility: All members currently enrolled in Blue Cross and Blue Shield of Texas vision insurance.

*Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider.

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

Vision Insurance offered by Dearborn Life Insurance Company located at 701 E. 22nd Street, Lombard, IL 60148. Blue Cross and Blue Shield of Texas, an Independent Licensee of the Blue Cross and Blue Shield Association. EyeMed Vision Care, LLC and First American Administrators, Inc. are independent companies that offer provider network and administration services on behalf of Dearborn Life Insurance Company. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.



**EARLY
DETECTION AND
TREATMENT
IS KEY TO
PRESERVING
YOUR EYESIGHT.**

**An annual eye exam
is a vital part of your
diabetes care.**

For a complete list of in-network providers near you, visit eyemedvisioncare.com/bcbstxvis or call 1.855.556.8796.



Mobilize Your Vision Plan

Vision Benefit App, Powered by EyeMed

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

Here’s How to Access the EyeMed Member App



1. DOWNLOAD

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



2. OPEN

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



3. REGISTER

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



4. LOG IN

It’s that easy!

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

Get a Clear View

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



For employee use. Vision Insurance offered by Dearborn Life Insurance Company located at 701 E. 22nd Street, Lombard, IL 60148. Blue Cross and Blue Shield of Texas, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. Blue Cross and Blue Shield of Texas, EyeMed Vision Care, LLC and First American Administrators, Inc. are independent companies that offer provider network and administration services on behalf of Dearborn Life Insurance Company. Usage of the EyeMed mobile app may be subject to additional terms and conditions.

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VII. Blue365 Discount Programs





Blue365[®]

A Discount Program for You

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

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

Below are some of the ongoing deals offered through Blue365.

EyeMed | Davis Vision

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

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

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

Dental SolutionsSM

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

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

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

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



BlueCross BlueShield of Texas



Blue365

Because health is a big deal™

Fitbit®

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

Reebok | SKECHERS®

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

InVite® Health

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

Livekick

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



eMindful

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

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

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

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

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



Blue365®

EyeMed Vision Discount Program



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

What?

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

Who?

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

Where?

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

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

Referral?

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

Program Features

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

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



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

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

EyeMed Vision Discounts



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

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

Discounts are only available through participating vendors.

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

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

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

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



Blue365® Davis VisionSM Discount Program



What is the Davis Vision discount program?

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

How do I locate a Davis Vision provider?

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

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

Are there any exclusions?

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

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

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

What discounts are available in the vision program?¹

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

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

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



For more information:

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

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

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

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

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

⁴ Pricing at some retail locations may vary.

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

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

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

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

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

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VIII. Health & Wellness Resources



Healthy County Resources

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

Online Access

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



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Lifestyle Resources

Healthy County powered by WebMD ONE

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

ONLINE: Healthy County powered by WebMD ONE at county.org/webmdone

WebMD ONE Health Assessment

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

ONLINE: Employee Self-Service (ESS) Portal > My Vendors & Other Sites > Go to WebMD ONE Wellness Portal Site > ONE Health Assessment

Blue Points Rewards

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

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

Employee Assistance Program

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

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

Wondr Health™

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

ONLINE: county.org/wondrhealth

Omada®

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

ONLINE: omadahealth.com/healthycounty

REGISTRATION CODE: healthycounty

Gym Discount Program

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

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

Digital Self-Managed Programs

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

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

Learn to Live

Learn to Live is an online resource that can help with mental health concerns such as anxiety, stress, depression, substance abuse and sleep problems. Programs are based on therapy techniques with a track record of helping people feel better. Learn to Live is confidential, accessible anywhere and available at no added cost to you and your family. Choose the program for you by taking a quick assessment today.

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

Health Management Resources

Blue Access for Members

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

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

Telemedicine with MDLIVE

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

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

24-Hour Nurseline

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

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

Airrosti

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

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

Condition Management

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

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

Teladoc Health[®] (formerly Livongo[®])

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

ONLINE: TeladocHealth.com/GO/HEALTHYCOUNTY
REGISTRATION CODE: HEALTHYCOUNTY

Quit Tobacco

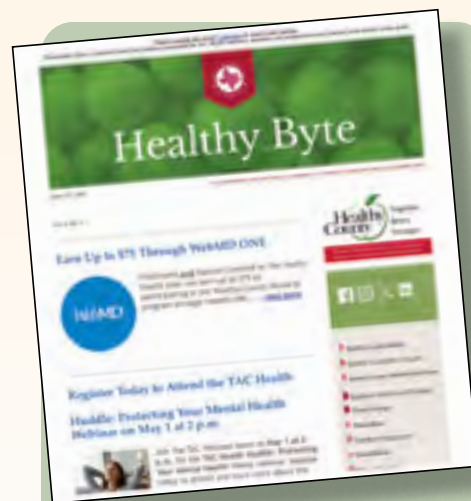
This six-week online or telephonic tobacco cessation program provides personal coaching and cessation medications.

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

Women's and Family Health Programs

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

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



Subscribe to the Monthly Healthy Byte E-Newsletter!

For Healthy County news, challenge updates, healthy lifestyle tips and inspiring stories.

Sign up at
county.org/HCMonthly



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

WEBMD HEALTH SERVICES

Empowering Well-Being In Everyone

We are WebMD Health Services, part of the WebMD family, and we've been designing well-being programs for over 20 years.

HEALTHY COUNTY POWERED BY WEBMD ONE®

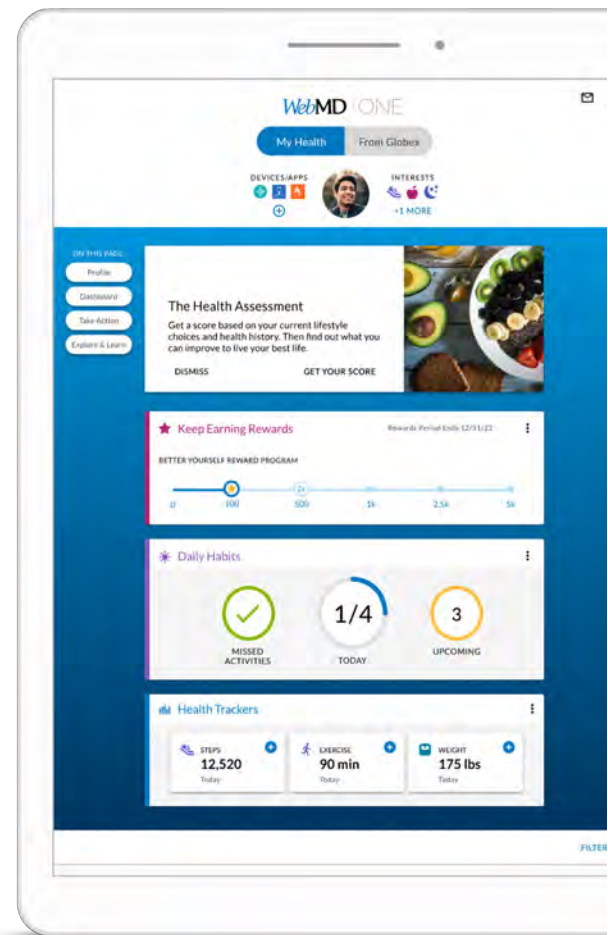
Healthy County has partnered with WebMD ONE® to bring you a one-stop shop for health and wellness information, tools and resources.

The WebMD Daily Habits tool will help you maintain or improve in areas such as:

- Exercise
- Stress Management
- Back Health
- Emotional Health
- Nutrition
- Weight Management
- Tobacco Cessation
- Sleep

Other WebMD features include:

- Health trackers to help you follow your medical, health and wellness goals
- A symptom checker
- A search tool for information about specific medical topics and general well-being tips
- Healthy recipes
- Self-help videos
- Easy access on your smartphone with the WebMD ONE® Wellness On Your Side app



HOW-TO GUIDE

How to Register (2 ways available):

Method 1: Direct login to WebMD ONE

1. Go to **county.org/webmdone**.
2. Click **Create Account**.
3. Enter the first nine digits of your **BCBSTX Member ID** from your health benefits card (leave out the letters).
Spouses will need to add DOB (XXXXXXXXMMDDYYYY) at the end of their BCBSTX Member ID Number.
4. Enter your **Date of Birth**.
5. Follow the prompts to create your account.

Method 2: Mobile App - Wellness At Your Side

Follow the steps in Method 1 to create your account.

1. Visit the Apple App Store or the Google Play Store and search "Wellness At Your Side."
2. Download and open the app, then enter your connection code: **county**.
3. Follow the steps in Method 2 to create your account.

You only need to create a WebMD ONE account once. Your login credentials will work on both the WebMD ONE website and app.

How to Sync Your Device:

1. Go to the Apple App Store or Google Play Store and download the app associated with your device manufacturer (Fitbit for a Fitbit, Google Health for Samsung, Garmin Connect for Garmin, etc.).
2. Follow your device manufacturer's instructions to create an account on that app if you haven't already, and then connect your device to it.
3. Log in to your WebMD ONE account at **county.org/webmdone**.
4. Click on the **Devices/Apps** icon at top of screen.
5. Choose your device based on the type of device you have.
6. Click **Connect** on your selected device and enter the log-in credentials that you use to log in to that device's mobile app.
7. **WOOHOO!** You're good to go. Sync your data to your device's app and watch as it flows to your profile.

Apple and Samsung devices can only be synced while using the Wellness At Your Side App.

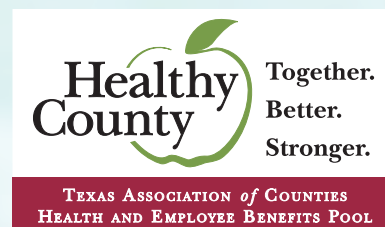
How to Purchase a Device:

1. Log in to your WebMD ONE account at **county.org/webmdone**.
2. Click the **Get a Fitness Tracker** featured card in the **Take Action** section in the middle of the page.
3. Once at the device storefront, there are two ways to use your coupon code:
 - a. Select **Click to Redeem** under your preferred device on the **Featured Products** banner to receive a Garmin or Fitbit device at **no cost* with your coupon code**.
 - b. Use your \$30 coupon code to subsidize the cost of an upgraded device.
4. Click the device you would like to purchase.
5. Click **Add to Cart**.
6. Click the **Shopping Bag** in the upper right corner of the page.
7. Click **View Cart & Checkout**.
8. To **use your \$30 coupon code**, enter the first nine digits of your **BCBSTX Member ID** from your health benefits card (leave out the letters) in the **Coupon Code** box and click **Apply Coupon**. Spouses will need to enter nine digit ID plus DOB (XXXXXXXXMMDDYYYY).*
9. Scroll down and click **Proceed to Checkout**.
10. Fill out your billing and shipping information.
11. To finalize your order, check the **I've read and accept the terms & conditions** box and click **Place Order**.

**Coupon code for \$30 may be used once every two years. Coupon code value varies depending on which featured device is redeemed and is a taxable wellness incentive.*

Questions?

Visit www.county.org/webmdone and click "Contact Us" at the bottom of the page or call WebMD Customer Service at (877) 855-9430, Monday – Friday 7:30 a.m. – 7 p.m. CT.



Texas Association of Counties Health and Employee Benefits Pool Employee Assistance Program (EAP)



Alliance Work Partners is
here for you as life happens.

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

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

All benefits can be
accessed by calling:

toll free

1-800-343-3822

TDD

1-800-448-1823

teen line

1-800-334-TEEN (8336)

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



Visit your EAP website at
awpnow.com

and create a
customized account.

Go to

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

Registration Code:

AWP-TACHEBP-4661

Your EAP Benefits:

LawAccess

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

HelpNet

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

WorkLife

Resources and referrals for everyday needs. Available by telephone.

SafeRide

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

1 to 6 Counseling Sessions

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

Newsletters

**Webinar Training Series
Tips for Everyday Living**

Here for you as life happens ...



Employee Assistance Program (EAP)

Criteria for Benefits Eligibility

Full Benefits:

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

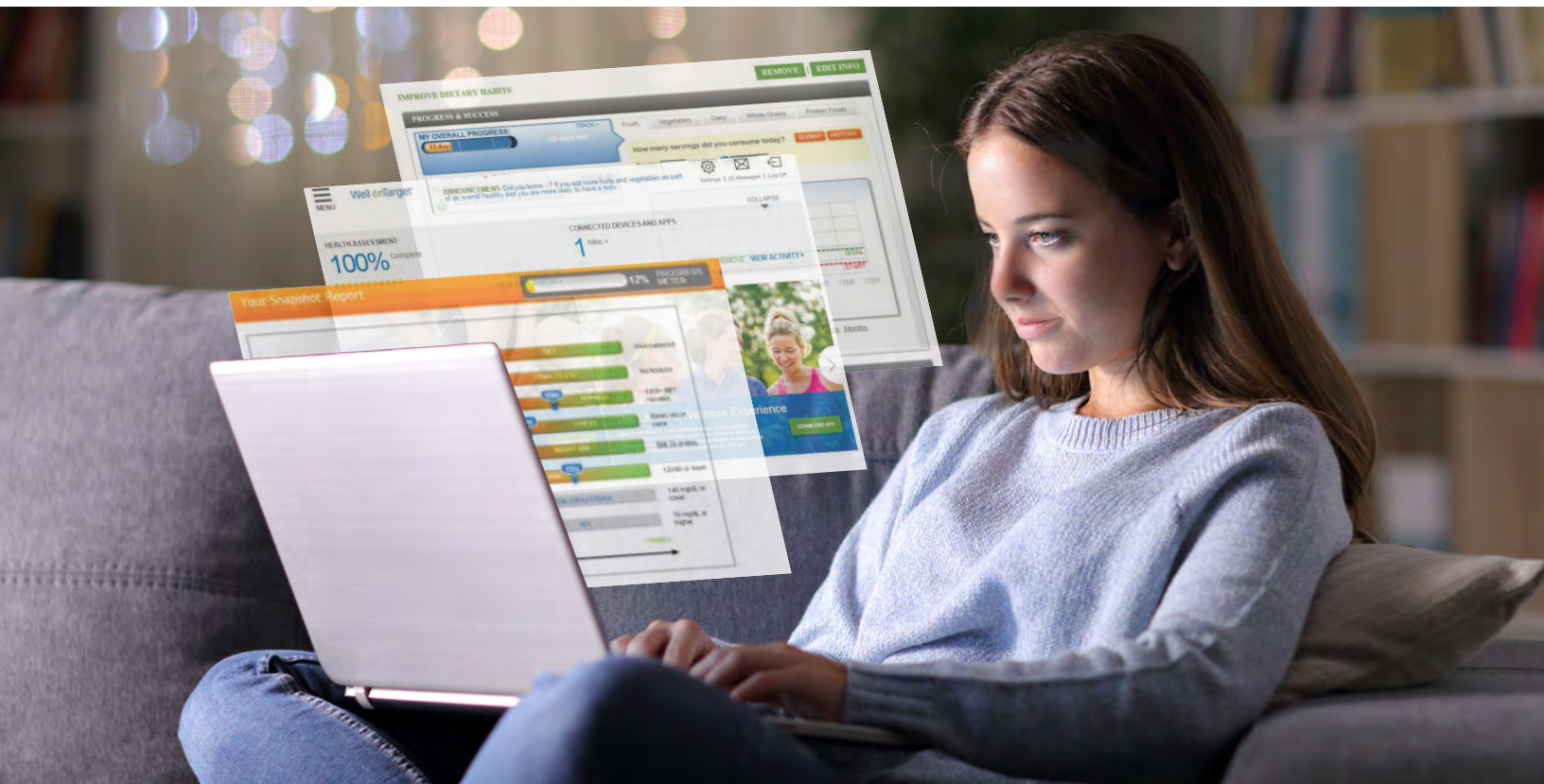
Assessment & Referral:

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

Information & Referral:

- Anyone contacting Alliance Work Partners regardless of contract status

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



Live Well with the Well onTarget Member Wellness Portal

The Well onTarget® Member Wellness Portal at wellontarget.com provides you with tools to help you set and reach your wellness goals. The portal is user-friendly, so you can find everything you need quickly and easily.

Explore Your Wellness World

When you log in to your portal, you will find a wide variety of health and wellness resources, including:

- The Health Assessment (HA)
- Self-Management Programs
- Health trackers
- Trusted news and health education content

See Your Stats in a Flash

Everything you want to see quickly is on your dashboard. The dashboard shows all of your Well onTarget programs. You can see where you are today compared with where you were when you started. You can also read the latest health news, check your activity progress and more.

Take a Snapshot of Your Health

The HA asks you questions about your health and habits.¹ You then get a Personal Wellness Report. This report suggests ways to make positive lifestyle changes. Your report can also help you decide which Well onTarget program to start first to get the most benefit. You can even print a Provider Report to share with your doctor.

Blue PointsSM Program²

Small rewards may motivate you to make positive changes to meet your wellness goals. With Well onTarget, you can earn Blue Points for making healthy choices. If you enroll in the Fitness Program or take your HA, you earn points.³ You can also earn points when you achieve milestones in the Self-Management Programs. Redeem your Blue Points in the online shopping mall, which offers a wide variety of merchandise.⁴

Health Tools and Trackers

Knowing what you eat and how much you work out can help you reach your goals. But keeping track of all you do can be time-consuming. To make it easy, the portal has trackers that let you record how much sleep you get, your stress levels, your blood pressure readings and your cholesterol levels.

The portal also offers a symptom checker. When you don't feel well, this tool can help you decide if you should see a doctor.

Self-Management Programs

These programs consist of:

1. Interactive programs with learning activities and content that focus on behavioral changes to reinforce healthier habits.
2. Educational programs that inform about symptoms, treatment options and lifestyle changes.

These two learning methods allow you to study on your own time and may help you get to the next level of wellness. Topics include nutrition, weight management, physical activity, stress management, tobacco cessation and more.

Fitness Tracking

Earn Blue Points for tracking your fitness activity using popular fitness devices and mobile apps.



Take Wellness on the Go

Check out the Well onTarget AlwaysOn Wellness mobile app, available for iPhone® and Android™ smartphones. It can help you work on your wellness goals — anytime and anywhere.

1. Well onTarget is a voluntary wellness program. Completion of the Health Assessment is not required for participation in the program.

2. Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for more information.

3. This does not apply to points you earn for completing Fitness Program activities.

4. Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.

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

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

\$0
cost
to you

Access a health program built just for you

Healthy County is offering Omada® to help members lose weight and create healthier habits with one-on-one personal coaching and the tools needed to make long-lasting health changes.

The best part: the program—a \$700 value—is no cost to you if you're eligible to join.

Join Omada for access to




- ✓ One-on-one support from a health coach
- ✓ Easy monitoring with a smart scale
- ✓ Online peer groups and communities



Claim My Benefit
omadahealth.com/healthycounty



Omada helps members

-  **See smart scale readings in the Omada app after each use**
-  **Eat healthier without counting calories or cutting out favorite foods**
-  **Get up and move—yes, solo dance parties totally count**

All members receive a welcome kit*

With an easy-to-use smart scale, shipped to your door and yours to keep. All at no cost to you.

- ✓ Readings sync automatically
- ✓ See how habit changes can impact weight over time
- ✓ Get a personalized plan based on progress

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

*Certain features and smart devices are only available if you meet program and clinical eligibility requirements.

Images, including apps, do not reflect real members or information about a specific person.

OMADA FOR PREVENTION®

Frequently Asked Questions

What is Omada for Prevention?

Omada for Prevention is a virtual program that makes it easier to manage and lose weight and improve your health. With expert support from a personal health coach and a smart scale to monitor your progress, you'll learn to make changes that last—at your own pace—so you live healthier, feel better and have more energy.

How much does it cost?

If eligible, the program is at no cost to you (a \$700 value).

What does the personal health coach do?

Your health coach will start by getting to know you and learn about your motivations and challenges in reaching your health goals. Whether you want to lose weight, eat better, or increase energy, your health coach will help you create a plan that fits your life. They'll provide dedicated one-on-one support to help you improve your health (mind and body) and cope with struggles, while cheering you on every step of the way.

What's the time commitment?

You can use the program as long as you need it and as long as it's made available to you by your employer. On average, members participate 1-2 hours per week.

Who is eligible for this program?

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



What do I get as a member?

You get a program valued up to \$700—at no cost to you.

- ✓ A personal health coach
- ✓ A personalized care plan
- ✓ Weekly lessons
- ✓ Tools for managing stress
- ✓ Online peer group and communities
- +** Plus, you get a **smart scale** to track your progress. And it's yours to keep!

Get Started Today

Scan the code using your mobile device or visit the website below.



omadahealth.com/healthycounty

I've tried many different diets in the past. How is Omada different?

Omada focuses on building healthy habits that *last*. It's not about counting calories or avoiding foods you "can't eat" or things you "shouldn't do." Instead, through lessons, food tracking, and setting small, simple goals, you'll learn how to build healthier routines around what you love and what works for you—all with the support and guidance of your personal health coach. **Omada members who complete their health goals with the support of a health coach are 2.5X more likely to lose weight.¹**

How does Omada help me with stress?

If you experience stress, have trouble sleeping, or struggle with motivation, your personal health coach will provide you with coping techniques and exercises and help you make a plan towards feeling better, in both mind and body.

Can family members join this program?

Yes, adult family members who are covered under a qualifying health plan, and meet the clinical enrollment criteria, may be eligible. Refer to your health benefit documents for details.

I already see my doctor about my health. Do I still need Omada?

Omada makes sure you have the care you need between doctor visits. In fact, Omada can be your day-to-day support. By monitoring your progress over time, you'll be able to share your progress with your doctor.

Will my information be safe?

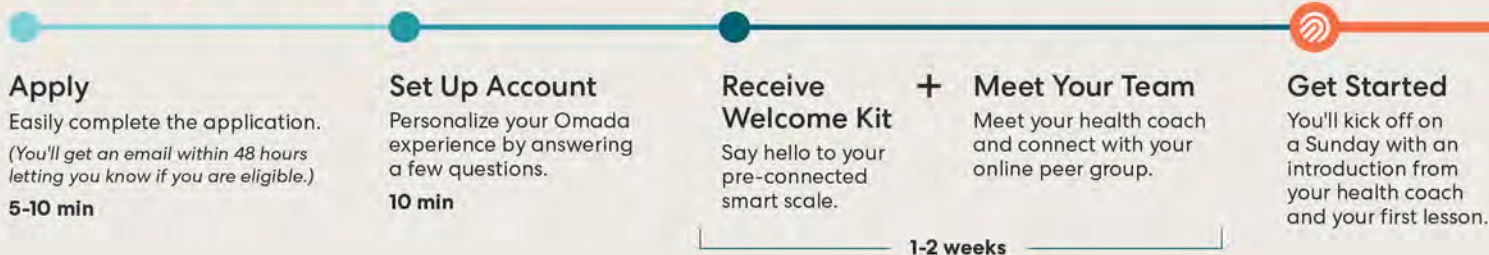
Omada takes your personal health information seriously. Your participation in the program is confidential and we follow all federal and state privacy regulations as a healthcare provider. To learn more, please read Omada's Privacy Policy and Terms of Use, and Notice of HIPAA Privacy Practices.



I came in thinking what I needed more than anything was to lose weight. But what I actually needed was to love and accept myself. Funny that Omada and my coach should lead me into that.

—
Heather, Omada member

How do I get started?



Questions?

If you are currently a member, you can email support@omadahealth.com, call (888) 409-8687, or check out our help center articles at support.omadahealth.com.

Get Started Today

Scan the code using your mobile device or visit the website below.

omadahealth.com/healthycounty



¹ Omada internal analysis, member population data 8/2020 - 3/2021, on our diabetes, prediabetes, and hypertension programs.

Omada is available at no cost when covered by your employer or health plan.

Images, including apps, do not reflect real members or information about a specific person.

Testimonials are based on members' real experiences and individual results. We do not claim that these are typical results that members will achieve. Results may vary.

Clinically-proven weight loss without counting calories

Now you can lose weight, gain energy, sleep better, and improve your mind and body—all while eating your favorite foods.

Healthy County has partnered with Wondr Health™ to help you improve your health at no cost to you.*

Go to wondrhealth.com/healthycounty



What is Wondr?

No points, plans, or counting calories.

Forget eating kale salads 24/7; Wondr is a skills-based digital weight loss program that teaches you how to enjoy the foods you love to improve your overall health. Our behavioral science-based program was created by a team of doctors and clinicians (which is why we left out the “e” in Wondr) and is clinically-proven for lasting results.

Healthy County is offering this benefit to employees and adult dependents enrolled in the county medical plan at no cost to employees.

Questions? Visit support.wondrhealth.com

LET'S TALK RESULTS


In as little as 10 weeks:

84% 
LOST WEIGHT

61% 
HAVE MORE ENERGY

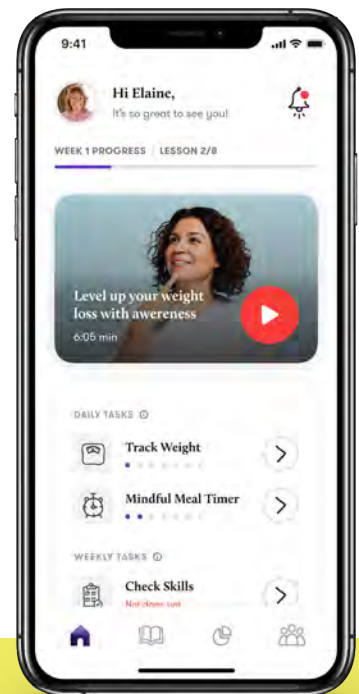
68% 
ARE MORE PHYSICALLY ACTIVE

62% 
FEEL MORE CONFIDENT

85% 
FEEL MORE IN CONTROL OF THEIR WEIGHT

57% 
FEEL THEIR MOOD HAS IMPROVED

*Based on Wondr Health Book of Business



Flexible programs to improve your health on your terms

Personalized support
at no cost to you.



Diabetes Management

A personalized way to help manage diabetes. Get tools and support to track blood sugar levels and develop healthier lifestyle habits.

Program includes:

- A connected blood glucose meter
- Unlimited strips and lancets
- Tips, action plans and one-on-one coaching
- Real-time support for out-of-range readings

Hypertension Management

Take control of your heart health with guidance and a personalized plan. With a smart blood pressure monitor, you can track, get support, set up reminders and message a coach, all in one place.

Program includes:

- A connected blood pressure monitor
- Step-by-step action plans based on your goals
- Tips on nutrition and activity
- One-on-one support from expert coaches

Depending on your eligibility, you may see communications for one or more of these programs. Upon enrollment, you'll receive support for the programs that fit your unique needs.

Enroll now

Visit **TeladocHealth.com/Go/HEALTHYCOUNTY** or call **800-835-2362**
and use registration code: HEALTHYCOUNTY.

Las comunicaciones del programa Teladoc Health están disponibles en español. Al inscribirse, podrá configurar el idioma que prefiera para las comunicaciones provenientes del medidor y del programa. Para inscribirse en español, llame al 800-835-2362 o visite TeladocHealth.com/Hola/HEALTHYCOUNTY

Program includes trends and support on your secure Teladoc Health account and mobile app but does not include a phone or tablet. You must have an iPhone or Android smartphone and install the Teladoc Health app to participate in the Teladoc Health program.

This program is offered at no cost to you by your health plan or employer.

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Prepare for Your Life-Changing Journey

Women's and Family Health Pregnancy and Parenting Support

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

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

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



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

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

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

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

FIX PAIN **FAST!**

HEALTH PLAN BENEFIT

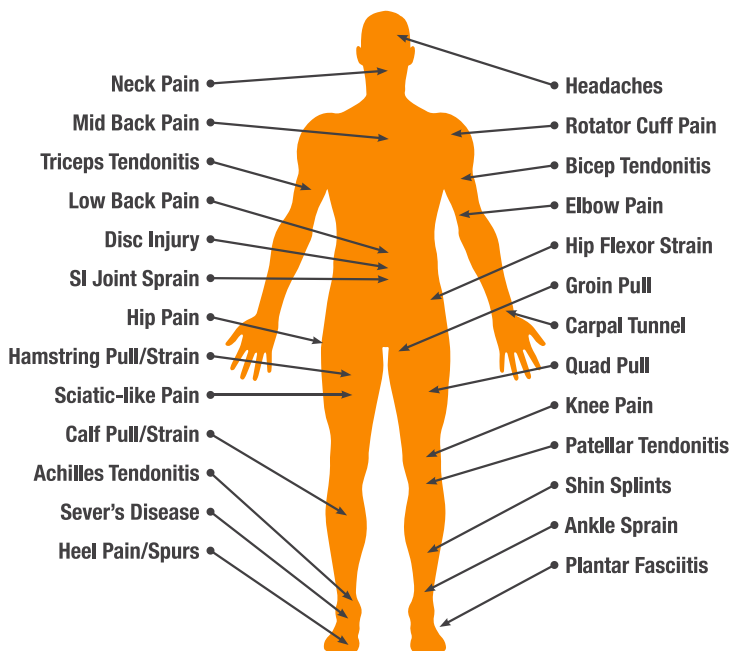
For all employees and dependents on the health plan offered by
Texas Association of Counties

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

* not subject to annual deductible except on HSA plans

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

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



Schedule Your Appointment Today!



3.2

visits average to
complete injury
resolution*

*Based on patient reported outcomes



80%
REDUCTION
IN SURGICAL
OCCURRENCE RATE



43%
REDUCTION
IN TOTAL
COST OF CARE



CLINICAL EXPERTISE. CONVENIENT ACCESS.

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

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



Expert Diagnosis and Care

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

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



Personalized Program

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

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



Progress and Support

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

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

AIRROSTI REMOTE RECOVERY IS NOW A COVERED BENEFIT.

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



AIRROSTI.COM/REMOTERECOVERY



(855) 913-0845



It's Okay to Need Help

Take care of your mental health to cope with what life brings your way.

If you struggle with thoughts or feelings that make it harder to get through your day, you're not alone. About half of people in the U.S. will suffer from a mental health issue at some point in their lives.¹

Care from a mental health expert can help you manage your emotions and deal with challenges.

Mental health is just as important as physical health.

Your health plan includes access to mental health care like therapy and medicines that might help. You and your family members can get support for issues such as:

- Depression
- Anxiety and panic attacks
- Substance use
- Attention deficit (ADHD/ADD)
- Autism
- Bipolar
- Eating disorders

Your journey is one-of-a-kind.

Whether you need support to get through everyday life or a major crisis, seeking help is the first step to getting better.

Find a provider who can help get you where you want to be.

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



More Resources for Your Mental Wellbeing

Well onTarget®

Go to **wellontarget.com** to find articles, videos, tools and trackers to help you live healthy and well. Take a 12-week, online course to learn to sleep better or handle stress.

When you're ready, we're here.

Taking the first step isn't easy. But you don't have to take it alone. If you're facing a mental health issue, we have experts who can help you learn about your condition and treatment options. Your personal health details won't be shared with your employer. We can also help you find a provider and understand your mental health benefits.

Don't be afraid to reach out – call the Customer Service or behavioral health number on the back of your member ID card.

1. https://www.cdc.gov/mentalhealth/data_publications/index.htm

The Behavioral Health program is available only to those members whose health plans include behavioral health benefits through Blue Cross and Blue Shield of Texas. Check your benefit booklet, ask your group administrator or call the Customer Service number on the back of your member ID card to verify that you have these services. Member communications and information from the program are not meant to replace the advice of health care professionals. Members are encouraged to seek the advice of their doctors or behavioral health specialist to discuss their health care needs. Decisions regarding course and place of treatment remain with the member and his or her health care providers.

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

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



BlueCross BlueShield of Texas

Retrain Your Brain



See how much better life can feel with digital mental health programs from Learn to Live.¹

More than half of people will struggle with a mental health concern at some point in their lives.² But you can learn new skills to break old patterns that may be holding you back. Digital mental health programs from Learn to Live can help you get your mental health on track so you can feel better and enjoy life more.

Find out where you may need support

An online assessment helps pinpoint the right programs for you, such as:

- Stress, anxiety and worry
- Depression
- Insomnia
- Social anxiety
- Substance use
- Panic
- Resiliency



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

Get a mental health tune-up — online



Learn to adjust unhelpful thoughts and control your moods

Explore quick and easy lessons whenever it fits your schedule. A little homework between sessions helps you keep up your progress. Activities are based on therapy techniques with a track record of helping people get better.



An expert coach can guide you

If you need one-on-one support to reach your goals, connect with a coach by phone, text or email. They'll lift you up, cheer you on and help you master your new skills.



Your personal details are private

Just like with face-to-face therapy, your personal results, program progress and messages with your coach will not be shared with your employer.



Check out the programs included at no added cost through your Blue Cross and Blue Shield of Texas (BCBSTX) plan:

1. Log in at **bcbstx.com**.
2. Click **Wellness**.
3. Choose **Digital Mental Health**.

Or tap **Digital Mental Health** in the BCBSTX App.

Register a Minor

BCBSTX members 13 to 17 years old can also use the programs. Once you've logged in to Learn to Live using the steps above, go the **Resources** tab. Then find the **Register a Minor** link to send your teen a registration email.

1. Learn to Live provides educational behavioral health programs; members considering further medical treatment should consult with a physician.

2. <https://www.cdc.gov/mentalhealth/learn/index.htm>

Learn to Live, Inc. is an independent company that provides online behavioral health programs and tools for members with coverage through Blue Cross and Blue Shield of Texas. BCBSTX makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

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IX. Important Notices



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

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

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

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

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

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

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

Phone: 1-800-440-0493

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

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

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

Women's Health and Cancer Rights Act of 1998 Notification

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

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

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

Newborns' and Mothers' Health Protection Act of 1996

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

Genetic Information Nondiscrimination Act of 2008 (GINA)

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



BlueCross BlueShield
of Texas

Important Notices

Initial Notice About Special Enrollment Rights in Your Group Health Plan

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

A. SPECIAL ENROLLMENT PROVISIONS

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

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

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

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

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

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

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

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

II. Additional Notices

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

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

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

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

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

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

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



TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

NOTICE OF PRIVACY PRACTICES

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

I. USE AND DISCLOSURE OF HEALTH INFORMATION

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

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

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

A. To Make or Obtain Payment.

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

B. To Conduct Health Care Operations.

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

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

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

C. For Treatment Alternatives.

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

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

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

E. For Disclosure to the Plan Sponsor.

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

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

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

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

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

F. When Legally Required.

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

G. To Conduct Health Oversight Activities.

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

H. In Connection With Judicial and Administrative Proceedings.

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

I. For Law Enforcement Purposes.

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

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

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

K. For Specialized Government Functions.

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

L. For Worker's Compensation.

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

M. Public Health Activities.

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

II. AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

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

III. YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

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

A. Right to Request Restrictions.

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

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

B. Right to Receive Confidential Communications.

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

C. Right to Inspect and Copy Your Health Information.

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

D. Right to Amend Your Health Information.

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

E. Right to an Accounting.

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

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

F. Right to a Paper Copy of this Notice.

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

IV. DUTIES OF TAC HEBP HEALTH PLAN

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

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

CONTACT PERSON

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

EFFECTIVE DATE

This Notice is effective Nov 8, 2013.

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