



2023-24

Benefits Guide



October 1, 2023—September 30, 2024

Table of Contents

NOTES **Error! Bookmark not defined.**

Table of Contents 1

Take Care of Your Tomorrow!..... 3

Benefits Resource List 4

Payroll Contributions + Calendar 5

Eligibility 6

What Constitutes a Qualifying Life Event? 7

Next Level- Health & Wellness Center 8

Wellness Incentive..... 9

Medical Benefits..... 10

Aetna Pharmacy..... 11

Dental Benefits 12

Virtual Visits- Redi MD 13

Urgent Care & Emergency Rooms 14

Airrosti 15

Wondr Health / Naturally slim 16

Vision Benefits 17

Aetna Resources for Living 18

Basic Life & AD&D Benefits 19

How Much Life Insurance Do You Need? 20

Group Term Life thru Globe Life 21

Disability Insurance 22

Flexible Spending Account 23

Medical Eligible Expenses for FSA..... 24

Supplemental Products..... 25

Benefit Exchange..... 26

Glossary of Health Coverage & Medical Terms..... 27

Annual Notices..... 31

Wellness Program Disclosure 40

Nondiscrimination Notice..... 41

Questions to ask Your Provider or Pharmacist 42

Take Care of Your Tomorrow!

Brazoria County offers a comprehensive, competitive, and cost-effective benefits package for full time employees. It is important that you take an opportunity to review all of your plan options in detail. You will need to carefully consider each benefit option, its cost and value to you and whether it is appropriate for your personal needs. The County provides you with several tools, including this Employee Benefits Guide, to help you make your benefit selections. By taking the time to examine all of your options, you will ensure that your benefits meet those needs throughout the plan year (10/1/23 thru 9/30/24).

When Coverage Begins

Initial enrollment- new hires have 30 days to enroll. Medical and Dental coverage begins on your 61st day of employment. Supplemental benefits may have different beginning dates. If you fail to enroll within 30 days of becoming eligible you will be automatically enrolled in medical and dental but, will have to wait until the next annual enrollment to add dependents or to make changes to coverage.

During annual enrollment, any changes you make to your plan will become effective October 1, 2023.

The deadline to submit change requests to Human Resources is Friday, September 8, 2023, at 5:00pm. No changes will be made by phone. If you do not make any changes from the previous plan year, your current elections will be rolled over for the 2023–2024 plan year. If necessary, please make certain to contact Human Resources to update your mailing address, phone number or beneficiary information.

Coordination of Insurance Benefits

Your County benefits coordinates with those benefits you or your spouse may be entitled to receive from other plans. This prevents duplication of payment. The plan that covers an individual as an employee is always the primary plan for that individual. Either you or your spouse, or both, may cover your eligible dependent children under your respective employer plans. If the children have coverage under more than one plan, benefits will be coordinated according to the rules of each plan. The plan uses the “Birthday Rule” which means the parent whose birthday (month and day) comes first will be the primary payor.

Your Brazoria County HR Team

HR Director – Holly Fox	979.864.1797	hollyf@brazoriacountytx.gov
HR Asst. Director – Melissa Henken	979.864.1819	melissah@brazoriacountytx.gov
Payroll Manager – Courtney Lucek	979.864.1810	clucek@brazoriacountytx.gov
Payroll Specialist – Kristen Fink	979.864.1818	kristenf@brazoriacountytx.gov
Benefits Advocate - Tiffany Helmintoller	979.864.1277	tiffanyh@brazoriacountytx.gov
Benefits Specialist – Brooklyn Moody	979.864.1903	brooklynr@brazoriacountytx.gov
Administrative Asst.- Vivian Flores	979.864.1729	vivianf@brazoriacountytx.gov
Safety Coordinator – Curtis Fitzgerald	979.864.1575	curtisf@brazoriacountytx.gov

Benefits Resource List



For more information on the wide range of Brazoria County benefits, programs, tools, and annual notices, log into <http://mybc/> via your County network connection.

For additional support, you may also contact the following resources:

If You Have Questions About	Contact	By Phone	On the Internet
MEDICAL COVERAGE Directories of network providers, claims status or pre-notification	Aetna	855-341-2636	www.aetna.com
PRESCRIPTION DRUG COVERAGE	Aetna	855-341-2636	www.aetna.com
DENTAL COVERAGE	Aetna	877-238-6200	www.aetna.com
VISION COVERAGE	Humana	866-537-0229	www.humana.com
LIFE INSURANCE	The Standard	Contact HR	www.standard.com
DISABILITY INSURANCE	Lincoln National	Contact HR	www.lfg.com
EMPLOYEE ASSISTANCE PROGRAM	Aetna	866-611-2826	www.resourcesforliving.com
HEALTH CARE & DEPENDENT CARE SPENDING ACCOUNTS	First Financial	866-853-3539	www.ffga.com
AFLAC PLANS	Barbara Meeks	281-236-3566	www.aflac.com
FIRST FINANCIAL BENEFITS	Heather Olsen Lori Ojeda Kathy Trussell	0-281.272.7455 M-832.982.9148 281.272.7471 713.530.4054	www.ffga.com
GLOBE BENEFITS	Jeff Marshall	832.319.9703	www.globelifeinsurance.com

Payroll Contributions

Premium costs are paid on a pre-tax basis through payroll deductions. Deductions are taken for two pay periods every month (24 deductions).

If you elect medical, dental or vision insurance coverage you are automatically enrolled in the Section 125 Plan (Humana, Aflac, Flexible Spending, etc.), you may then select from the additional coverages. Contributions for Section 125 Plan benefits are based on the level of coverage you select and, in some cases, your age and/or earnings.

Payroll Contributions + Calendar



Plan	Who Pays the Premium?	Is Your Cost Before Tax or After Tax?
Medical/Rx- Aetna (HRA Plan) Employee Dependent	The County The County + You	No Cost Before Tax
Medical/Rx- Aetna (Buy-UP Plan) Employee Dependent	The County + You The County + You	Before Tax Before Tax
Dental- Aetna Employee Dependent	The County The County + You	No Cost Before Tax
Basic Life Insurance- The Standard	The County	No Cost
Long Term Disability- Lincoln National	The County	No Cost
Vision- Humana Employee Dependent	You You	Before Tax Before Tax
Flexible Spending Account	You	Before Tax
Aflac Plan(s) <small>*Tax status varies by plan</small> Employee Dependent	You You	*Before / After Tax *Before / After Tax

Payroll Calendar

Deductions for Premium costs are paid thru payroll deductions. Deductions are taken for two pay periods every month (or 24 deductions).

BEG DATE	PPE	PAY DATE
12/16/23	12/29/23	01/04/24
12/30/23	01/12/24	01/18/24
01/13/24	01/26/24	02/01/24
01/27/24	02/09/24	02/15/24
02/10/24	02/23/24	02/29/24
02/24/24	03/08/24	03/14/24
03/09/24	03/22/24	03/28/24
03/23/24	04/05/24	04/11/24
04/06/24	04/19/24	04/25/24
04/20/24	05/03/24	05/09/24
05/04/24	05/17/24	05/23/24
05/18/24	05/31/24	06/06/24
06/01/24	06/14/24	06/20/24
06/15/24	06/28/24	07/04/24

BEG DATE	PPE	PAY DATE
06/29/24	07/12/24	07/18/24
07/13/24	07/26/24	08/01/24
07/27/24	08/09/24	08/15/24
08/10/24	08/23/24	08/29/24
08/24/24	09/06/24	09/12/24
09/07/24	09/20/24	09/26/24
09/21/24	10/04/24	10/10/24
10/05/24	10/18/24	10/24/24
10/19/24	11/01/24	11/07/24
11/02/24	11/15/24	11/21/24
11/16/24	11/29/24	12/05/24
11/30/24	12/13/24	12/19/24

Eligibility

If you are a regular full-time employee, you are eligible to participate in The County's benefit plans. New hires must enroll within 30 days. Medical and Dental coverage begins on your 61st day of employment. Supplemental benefits may have different beginning dates. If you fail to enroll within 30 days of becoming eligible, you will automatically be enrolled in medical and dental, but you will have to wait until the next annual Open Enrollment to add dependents or make changes to coverage.

Dependent Eligibility

Who can you cover on your benefit plans?

With proper documentation, you may cover your eligible dependents, including:

Your legal spouse

Your eligible children up to age 26

Children are defined as your natural children, stepchildren, legally adopted children, and children for whom you are court appointed legal guardian. Physically or mentally disabled children of any age who are incapable of self-support. Proof of disability will be requested.

Children reach age 26: A child may be covered under our medical plan through the end of the month during which he/she reaches age 26. Student status does not affect eligibility for coverage.

Flexible Spending Accounts: Claims incurred by you, your spouse, and qualifying child are reimbursable under an FSA. Per federal tax law, claims incurred by an employee's civil union partner or that partner's children are not eligible for reimbursement through the employee's health care or dependent care flexible spending accounts.

You must cover yourself on any plans that you wish to enroll a dependent(s) in. [See the Summary Plan Descriptions for more information about dependents and their eligibility.](#)

Dependent Verification Required

Documentation will be required to enroll a dependent in medical, dental or vision coverage. Verification of a dependent can range from a copy of a birth certificate, copy of a marriage license, or a copy of your most recent tax return proving the dependent relationship.

Qualifying Life Event

In order to make changes to your plan during the year you must have a qualifying life event such as death, divorce, marriage, childbirth, loss of health coverage etc. You have **30 days** from the qualifying life event to provide HR with the appropriate changes and supporting documentation. The qualifying event must coincide with the change you are making to your benefit plan.

What Constitutes a Qualifying Life Event?

Qualifying Life Event	Benefits Allowed to Change									Documentation
	Medical	Dental	Vision	Supp. EE Life	Vol. Sp. Life	Vol. Child Life	Dep. Care	Health Care	Beneficiaries	
Change in marital status: · Marriage · Divorce or Annulment · Legal Separation · Domestic Partner Dissolution · Death of Spouse	✓	✓	✓		✓		✓	✓	✓	Marriage Certificate Divorce Decree Final Court Document Notarized Statement of Disenrollment Death Certificate
Change in the number of dependents: · Birth · Adoption · Guardianship of a Child · Death of a Dependent	✓	✓	✓			✓	✓	✓	✓	Birth Certificate, Hospital Announcement Adoption Agreement Court Decree for Guardianship Death Certificate
Dependent Becomes Eligible	✓	✓	✓	✓	✓	✓	✓	✓	✓	Provide Name, Social Security Number, and Date of Birth for dependents
Dependent Loses Other Coverage	✓	✓	✓				✓	✓	✓	Proof of Loss of Coverage, such as termination letter; Certificate of Creditable Coverage
Dependent Gains Other Coverage	✓	✓	✓				✓	✓	✓	Proof of Coverage with start date of benefits and name(s) of covered dependents
A change in Employee's, spouse's, or dependent's work hours (including a switch between full and part-time status)	✓	✓	✓				✓	✓	✓	Proof of loss of Coverage due to employment status change, such as a Certificate of Creditable Coverage or letter from the company
Change in Dependent Care Costs							✓			Letter from your Day Care Provider
Court Ordered Dependent, add or drop from coverage	✓	✓	✓			✓	✓	✓	✓	Court Ordered Documents

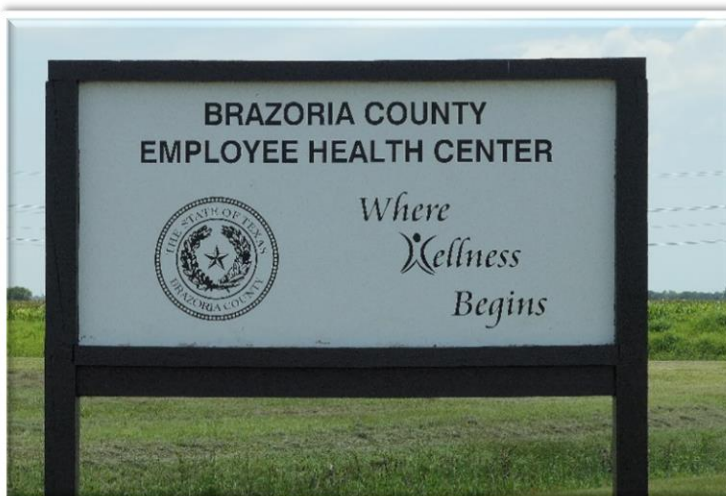
Brazoria County Employee Health and Wellness Center
20799 County Road 171, Angleton, TX 77515 (P) 979-291-2167 (F) 979-849-5570
7am-4pm Monday-Friday

The Brazoria County Employee Health and Wellness Clinic operated by Next Level Health and Wellness is open Monday through Friday from 7am-4pm. The clinic is available to employees and their dependents, age 2 and up, who are covered under the Brazoria County medical plan. Appointments are available and can be booked online at www.nextlevelurgentcare.com/onsite-clinic or by calling 979-291-2167. Same day acute care appointments are available. Walk-in patients will also be accommodated as efficiently as possible. Preventive, Primary and Urgent Care are available at no out of pocket costs to employees and their dependents that are enrolled on the County's medical plan.

Schedule your appointment using the Mobile App!

The app is available for download on your Apple or Android device by searching in your app store for **Next Level Urgent Care**.

Get in line, ONLINE! Download the Next Level Urgent Care App!



Wellness Incentive

In order to avoid a \$400 monthly medical surcharge, employees covered on the County's health plan may choose to complete either a Health Risk Assessment (with preventative blood work) or a Physical. To complete one of the two options at Next Level, the County's Health and Wellness Center, see instructions below. If you choose to have either your HRA or Physical completed at another provider's office, please have the County Physical Form filled out and returned to the HR department. The Physical Form can be found on HR's MyBc page at <http://mybc/hr/SitePages/Home.aspx>. Employees who do not complete one of the two options listed below will be charged \$200 per paycheck until this is completed.

Completing Your Biometric Screening and Health Risk Assessment

- ✓ Make an appointment to have your biometric data collected at the Brazoria County Employee Health and Wellness Center. The data can be collected at a nurse visit or at your annual physical with one of our medical providers.
- ✓ Once you have your biometric data results (cholesterol levels, hemoglobin A1C, blood pressure, heart rate, height, and weight), you will proceed to the online health risk assessment.
- ✓ Go to: <https://nextlevel.hra.net>
- ✓ Use "brazoria" as your registration number.
- ✓ Enter your full name, employee number, and email address where you want your results to be sent.
- ✓ Create your own username and password and then click submit.
- ✓ Click on the link "Health Risk Assessment".
- ✓ Answer all of the questions and enter your biometric data that was provided to you by the wellness center.
- ✓ After completing all sections of the assessment, your results will be immediately available online.
- ✓ Next Level will inform human resources of employees who have completed both portions of the assessment. Both the biometrics and online HRA must be completed for eligible employees to avoid extra insurance fees.



Effective October 1, 2023

The County's medical insurance plan thru Aetna is self-funded. If you select the HRA Plan, the County will fund \$1K (individual) or \$2K (family) into a Health Reimbursement Account, which you will use to pay for costs of care. The amount will be prorated for late entrants.

BENEFITS – Aetna		HRA Plan	Buy Up Plan
Deductible	In-Network	\$2,750 Individual / \$8,250 Family	\$1,750 Individual / \$5,250 Family
	Non-Network	N/A	N/A
Out-of-Pocket Maximum		Includes Deductible, Copays, and Coinsurance	Includes Deductible, Copays, and Coinsurance
	In-Network	\$5,000 Individual / \$14,700 Family	\$7,150 Individual / \$14,700 Family
	Non-Network	Not Covered	\$5,000 In-network individual OOP max for Medical Care (once you meet this OOP, you still have to pay co-pays up to the \$7,150 seen above)
Co-insurance	In-Network	20%	20%
	Non-Network	Not Covered	Not Covered
Lifetime Maximum		Unlimited	Unlimited
		You Pay	You Pay
Office Visit Physician / Specialist	In-Network	Employee pays 20% after deductible	\$40 Copay / \$60 Copay
	Non-Network	Not Covered	Not Covered
Wellness Visit	In-Network	Covered in Full	Covered in Full
	Non-Network	Not Covered	Not Covered
Urgent Care	In-Network	Employee pays 20% after deductible – Urgent medical care at free standing facilities	\$50 Copay - Urgent medical care at free standing facilities
	Non-Network	Not covered	Not covered
Emergency Room	In-Network	\$500 Copay + Deductible / 20%, Copay is waived if admitted. Non-Emergency: Not Covered	\$500 Copay + Deductible / 20%, Copay is waived if admitted. Non-Emergency: Not Covered
	Non-Network		
Rx Deductible		None	\$150 Individual
Prescriptions	Generic/ Brand / Non-Preferred Brand / Specialty	Employee pays 20% after deductible	\$5/\$30/\$60/\$150
	Mail Order (90 Days)	Employee pays 20% after deductible	2X applicable copay based on formulary tier

NOTE: This is a brief summary and not intended to be a contract.

Rates for 2023-2024 Plan Year

Medical	HRA Plan		Medical	Buy Up Plan	
	Monthly	Per Pay Period		Monthly	Per Pay Period
Employee Only	\$0.00	\$0.00	Employee Only	\$125.00	\$62.50
Employee & Spouse	\$364.00	\$182.00	Employee & Spouse	\$526.50	\$263.25
Employee & Children	\$204.00	\$102.00	Employee & Children	\$324.25	\$162.13
Employee & Family	\$570.00	\$285.00	Employee & Family	\$808.00	\$404.00

Maintenance Choice Program

How it works: After two retail fills, members are required to fill a 90 -day supply of maintenance drugs at CVS Caremark Mail Service Pharmacy or CVS Pharmacy, unless they call to opt out. **If you opted out in the previous plan year and you wish to remain opted out, you will need to opt out again in the new plan year.** To opt out, call 888-792-3862 on or after 10/1/2023.

Enjoy two ways to get a 90-day supply of medicine you take regularly:

- CVS Caremark Mail Service Pharmacy:
 - Reorder only once every 3 months- online, by phone or by email
 - Receive your medicine in private, secure packaging
 - Talk to a pharmacist by phone, any time of the day or night
 - Easily order refills and manage your prescriptions by logging into www.aetnavigators.com
 - For assistance, call 888-792-3862

- CVS Pharmacy near you:
 - Pick up your medicine at a CVS pharmacy retail location that is convenient for you.
 - Enjoy same-day prescription availability
 - Talk with a pharmacist face-to-face
 - For assistance, call 888-792-3862

With this benefit, you have the freedom to decide where you fill the prescription drugs that you take on a regular basis — these are called maintenance medications.



Your choice, your way

Fill a 90-day supply of your maintenance drugs at a discounted rate. You can do this with our mail service pharmacy or at CVS Pharmacy® locations.

After two retail fills, you'll need to fill 90-day supplies with CVS Caremark Mail Service Pharmacy™ or at CVS Pharmacy stores.



How to opt out

You can opt out of Maintenance Choice® for all your maintenance medications. Just let us know that you'd like to continue to fill your 30-day supply at your retail pharmacy.

When you do, you'll pay the regular retail copay for your 30-day supply. If we don't hear from you, you'll pay the full cost of your medications on the third fill.

Call us anytime to opt out of the program and continue filling 30-day supplies. We're here for you at **1-888-Rx Aetna (TTY: 711)** or **1-888-792-3862 (TTY: 711)**.



Dental Benefits



Here is a snapshot of the coverage offered through the 2023-2024 dental plan.

BENEFITS	Aetna PPO
Type I – Preventive Services Oral examinations (2 Per Year) X-rays Cleanings (2 Per Year)	No Waiting Period 100%
Type II – Basic Services Fillings Extractions Root Canal	No Waiting Period 80%
Type III – Major Services Crowns Removable / fixed bridgework Partial or complete dentures	12 Months Waiting Period (Late entrants only) 50%
Type IV - Orthodontia Dependent Children up to age 20 <i>*Appliance must be placed before the child turns 20</i>	24 Months Waiting Period (Late entrants only) 50%
Annual Deductible	
Individual	\$75
Family	\$225
Annual Maximums	
Dental Annual Maximum	*\$1,500 <i>* The cost for preventive services counts toward the annual maximum. Preventive services cost approximately \$150-\$250 per visit. Please check with your dental provider.</i>
Orthodontia Lifetime Maximum	\$1,500

NOTE: This is a brief summary and not intended to be a contract.

Available for dependents of active Employees that do not enroll dependents for medical coverage

Dental Costs	Monthly	Per Pay Period
Employee Only	\$0.00	\$0.00
Employee & Spouse	\$24.00	\$12.00
Employee & Children	\$27.00	\$13.50
Employee & Family	\$51.00	\$25.50

For help, call RediMD at 866-989-CURE, option 3

REDIMD TREATS MOST PRIMARY CARE AILMENTS INCLUDING, BUT NOT LIMITED TO:

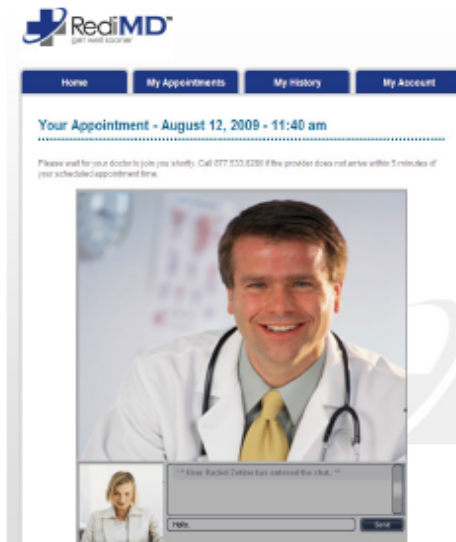
*Cold
Allergies
Diabetes*

*Cough
Skin Issues
Sinus Infection*

*Flu
Blood Pressure
Stress Problems*

*Sore Throat
Headaches
Stomach Problems*

Code = brazoria



RediMD gives you the option to have a regular doctor's visit online or by phone. **No copay or payment required. Visit us at www.redimd.com**

- Any time you need to see or speak with a doctor
- We are "Always Open"

RediMD provides primary medical care online via webcam, smart phone, or by telephone. You can see and speak with a physician or other medical professional who can diagnose, recommend treatment and prescribe medications if needed.

RediMD service is available for you to use

- At your home during days, nights, and weekends for you and your family

RediMD is always free whether you use us on your computer, smart phone, or by phone.

TO USE REDIMD AS A FIRST-TIME USER

<div style="background-color: #003366; color: white; text-align: center; padding: 10px; font-size: 2em; font-weight: bold;">1</div> <p>REGISTER.*</p> <ul style="list-style-type: none"> • Go to www.redimd.com • Click "register" • Select "register" or "First Time User" • Enter code listed bottom of page and click "next" • Follow registration directions, enter your e-mail and create a password • Complete profiles and registration directions. 	<div style="background-color: #003366; color: white; text-align: center; padding: 10px; font-size: 2em; font-weight: bold;">2</div> <p>SCHEDULE.</p> <ul style="list-style-type: none"> • Make appointment • Select provider, date, and time • No copay or payment required. 	<div style="background-color: #003366; color: white; text-align: center; padding: 10px; font-size: 2em; font-weight: bold;">3</div> <p>CONSULT.</p> <ul style="list-style-type: none"> • Take vitals. Or put 1 in each box if vitals are not taken. • Consult with your provider (see options below)
---	--	---

*Registration is a one-time process and can be done without having to schedule an appointment.

TO USE REDIMD AS A RETURN USER

<div style="background-color: #003366; color: white; text-align: center; padding: 10px; font-size: 2em; font-weight: bold;">1</div> <p>LOG IN.</p> <p>From any internet connected computer or smart phone .</p> <ul style="list-style-type: none"> • Log in at www.redimd.com • Enter your e-mail and password 	<div style="background-color: #003366; color: white; text-align: center; padding: 10px; font-size: 2em; font-weight: bold;">2</div> <p>SCHEDULE.</p> <ul style="list-style-type: none"> • Make appointment • Select provider, date, and time • No copay or payment required. 	<div style="background-color: #003366; color: white; text-align: center; padding: 10px; font-size: 2em; font-weight: bold;">3</div> <p>CONSULT.</p> <ul style="list-style-type: none"> • Take vitals or put 1 in each box if vitals are not taken. • Consult with your provider (see options below)
---	--	--

Urgent Care & Emergency Rooms

Healthcare consumers must educate themselves to recognize the differences between an urgent care facility, emergency rooms and freestanding emergency rooms. Understanding their differences could save you as a consumer thousands of dollars.

A majority of Urgent Care Clinics accept insurance and are open all week long, including nights, weekends, and holidays. Additionally, instead of having to wait in a waiting room to be seen, some Urgent Care Clinics allow you to call in advance and wait in the comfort of your home until a room becomes available.

Urgent care centers are equipped to handle non-life-threatening situations, and many have attending doctors and nurses who have access to x-rays and labs onsite. Most urgent care centers are open late and on weekends and holidays.






Choosing an urgent care center over the ER can save you time and money:

- Average time of an ER visit: 4 hours
- Average cost of an ER visit: \$1,884
- Average cost of an urgent care center visit: \$174

Visit an urgent care center for these common conditions:

- Flu and cold / High fevers
- Broken bones
- Coughs and sore throat
- Vomiting, diarrhea, stomach pain
- Cuts and severe scrapes
- High fevers

Shown below are some choices for In-Network Urgent Care Centers. Network status is subject to change and should be verified prior to accessing care. For more In-Network Urgent Care options and to verify network status, visit www.aetna.com

 Next Level Urgent Care Urgent Care Center 101 Winding Way, Suite A Lake Jackson, TX 77566 1.62 miles from you	 Options Urgent Care Urgent Care Center 208 Oak Drive, Suite 502 Lake Jackson, TX 77566 2.52 miles from you	 Affinity Immediate Care Urgent Care Center 3128 Hwy. 35 South, Alvin, TX 77511 28.95 miles from you
---	--	---

Airrosti can provide a thorough clinical assessment to evaluate your condition and determine the root cause of your pain, while eliminating unnecessary costs associated with imaging, injections, and surgeries.

Airrosti provides soft tissue & joint mobilization through a hands-on approach to improve function and range of motion. Additionally, you will receive customized stretches and exercises to help speed recovery time and prevent further injuries. Airrosti is in-network with Aetna. Employees on the Buy-up plan can visit Airrosti for the \$40 physician copay. Employees on the HRA plan will be charged approximately \$200 per visit. Copays track toward OOP Max and not the deductible.

Most injuries can be resolved in less than 4 visits.

- Acute & chronic MSK injuries & conditions
- Patients advised to undergo surgery or seeking an alternative
- Patients not getting lasting relief from epidural steroid injections & other pain management interventions
- Unresolved rehab patients
- Post-surgical patients that present with persistent symptoms/dysfunction

Neck Pain
Mid Back Pain
Triceps Tendonitis
Low Back Pain
Disc Injury
SI Joint Sprain
Hip Pain
Hamstring Pull/Strain
Sciatic-like Pain
Calf Pull/Strain
Achilles Tendonitis
Sever's Disease
Heel Pain/Spurs

Headaches
Rotator Cuff Pain
Bicep Tendonitis
Elbow Pain
Hip Flexor Strain
Groin Pull
Carpal Tunnel
Quad Pull
Knee Pain
Patellar Tendonitis
Shin Splits
Ankle Sprain
Plantar Fasciitis

3.2
visits average to complete injury resolution*

*Based on patient reported outcomes

9,000+
SURGERIES AVOIDED

40%
THE AVERAGE COST OF OTHER CARE

Over 40 Houston-area Locations
800-404-6050 / www.Airrosti.com



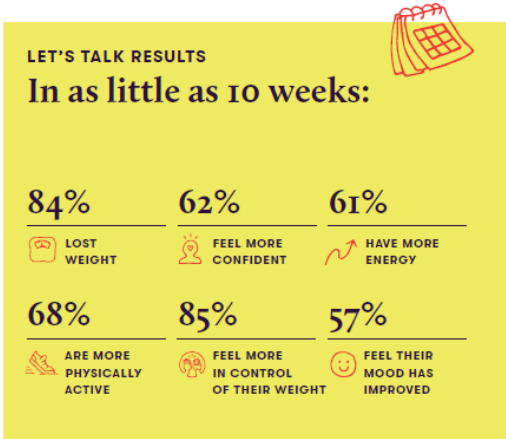
Take control of your health and be on the lookout for new sessions starting periodically throughout the year.

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.

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

Go to wondrhealth.com/Brazoria



- Weekly, personalized video lessons delivered online for added convenience & increased engagement
- Digital dashboard for interactive learning, goal setting, tracking & more
- Welcome kit to build excitement & set intentions
- Tailored communications (email, text messaging & app notifications) to promote program adherence and accountability
- Interactions with health coaches to overcome hurdles, including live coaching sessions
- Mobile app for on-the-go access, skill reinforcement & habit formation
- Online community for social support
- Tools to provide feedback & encourage mastery and accountability
- Personalized curriculum for a customized participant experience
- Integration with activity trackers, scales & voice controlled speakers (e.g. Amazon Alexa)



Vision Benefits



This is a snapshot of the coverage offered through the 2023-2024 Vision plan.



BENEFITS		Humana
Eye Exam	Network	\$10 Copay
	Non-Network	Up to \$30 Reimbursement
Frames/ Lens		
Single Vision	Network	\$15 Copay
	Non-Network	Up to \$25 Reimbursement
Bifocal Lenses	Network	\$15 Copay
	Non-Network	Up to \$40 Reimbursement
Trifocal Lenses	Network	\$15 Copay
	Non-Network	Up to \$60 Reimbursement
Frames	Network	Up to \$130 Retail Allowance & then 20% discount
	Non-Network	Up to \$65 Reimbursement
Contacts *In Lieu of Glasses		
Network	Medically Necessary	\$0 Copay/Covered in Full
	Elective	Up to \$130 Reimbursement & then 15% off
Non-Network	Medically Necessary	Up to \$200 Reimbursement
	Elective	Up to \$104 Reimbursement
Exam Frequency		12 Months
Lens Frequency		12 Months
Frames Frequency		12 Months

NOTE: This is a brief summary and not intended to be a contract.

Rates for 2023-2024 Plan Year

Vision Costs	Monthly	Per Pay Period
Employee Only	\$8.58	\$4.29
Employee & Spouse	\$15.62	\$7.81
Employee & Children	\$16.38	\$8.19
Employee & Family	\$25.27	\$12.64

Employee Assistance Program (EAP)
To access services:
1-866-611-2826
resourcesforliving.com
Username: Brazoria County
Password: EAP

Brazoria County

Aetna Resources For Living is an employer sponsored program, available at no cost to you and all members of your household. That includes dependent children up to age 26, whether or not they live at home.

Services are confidential and available 24 hours a day, 7 days a week.

Emotional well-being support

You can access up to 8 counseling sessions per issue each year. You can also call us 24 hours a day for in-the-moment emotional well-being support.

Counseling sessions are available face to face or online with televideo. Services are free and confidential. We're always here to help with a wide range of issues including:

- Relationship support
- Stress management
- Work/life balance
- Family issues
- Grief and loss
- Depression
- Anxiety
- Substance misuse
- Self-esteem and personal development

Online resources

Your member website offers a full range of tools and resources to help with emotional wellbeing, work/life balance and more. You'll find:

- Articles and self-assessments
- Adult care and child care provider search tool
- Stress resource center
- Video resources
- Live and recorded webinars
- Mobile app

Discount Center

Find deals on brand name products and services including electronics, entertainment, gifts and flowers, travel and more.

Fitness discounts

Save on gym memberships at over 9,000 locations nationwide and home fitness equipment. Participating gyms and programs include 24 Hour Fitness, LA Fitness, Anytime Fitness®, Zumba® Fitness, Nutrisystem® and more.

myStrength

myStrength offers tools to improve your emotional health and help you overcome depression, anxiety, stress, substance misuse and/or chronic pain.

Other services

Identity theft services — One hour fraud resolution phone consultation or coaching about ID theft prevention and credit restoration. Services include a free emergency kit for victims.

MindCheck online tools make it easy to improve your emotional well-being. Measure your mindset and get feedback and resources to maintain a positive outlook.

Daily life assistance

Competing day-to-day needs can make it tough to know where to start. Call us for personalized guidance. We'll help you find resources for:

- Child care, parenting and adoption
- Summer programs for kids
- School and financial aid research
- Care for older adults
- Caregiver support
- Special needs
- Pet care
- Home repair and improvement
- Household services and more

We also offer carekits related to growing families, child care, caregiving and more.

Legal services

You can get a free 30-minute consultation with a participating attorney for each new legal topic related to:

- General
- Family
- Criminal law
- Elder law and estate planning
- Divorce
- Wills and other document preparation
- Real estate transactions
- Mediation services

If you opt for services beyond the initial consultation you can get a 25 percent discount.

*Services must be related to the employee and eligible household members. Work-related issues are not covered. Discount does not include flat legal fees, contingency fees and plan mediator services.

Financial services

Simply call for a free 30-minute consultation for each new financial topic related to:

- Budgeting
- Retirement or other financial planning
- Mortgages and refinancing
- Credit and debt issues
- College funding
- Tax and IRS questions and preparation

You can also get a 25 percent discount on tax preparation services.

*Services must be for financial matters related to the employee and eligible household members.

Basic Life & AD&D Benefits



Brazoria County provides Basic Life and AD&D (Accidental Death and Dismemberment) insurance for you as a full-time employee at no additional cost. If you would like to purchase additional life insurance for yourself and/or your dependents, please see the Voluntary Life Insurance page for more information.

BENEFICIARY INFORMATION

Remember, it is important to designate beneficiaries for all of your insurance policies that require them. If you don't, laws may cause death benefits to be distributed differently than you had planned that result in additional taxes and may unnecessarily delay the process of finalizing payment to your loved ones. You should regularly review and, if necessary, update your beneficiary designations. You can update your beneficiary at any time by submitting a new beneficiary form to HR.



BASIC LIFE/AD&D BENEFITS	The Standard
Basic Life & AD&D Schedule	3X Basic Annual Salary
Guarantee Issue Amount	Benefit Reduction to ages 70 and 75
Maximum Amount	\$150,000
Waiver of Premium	Included to age 65
Accelerated Death Benefit	50% of Life Benefit
Conversion	Included
Portability	Included

NOTE: This is a brief summary and not intended to be a contract.



How Much Life Insurance Do You Need?

If you are going to achieve all your goals, such as sending your kids to college, retiring in comfort and leaving a legacy, you will need to save and invest throughout your lifetime. But to really complete your financial picture, you'll also need to add one more element: protection. And that means you will require adequate life insurance for your situation. However, your need for insurance will vary at different times of your life — so you will want to recognize these changing needs and be prepared to act.

When you are a young adult, and you are single, life insurance will probably not be that big of a priority. And even married couples without children typically have little need for life insurance; if both spouses contribute equally to household finances, and you do not own a home, the death of one spouse will generally not be financially catastrophic for the other.



But once you buy a home, things change. Even if you and your spouse are both working, the financial burden of a mortgage may be too much for the surviving spouse. So, to enable the survivor to continue living in the home, you might consider purchasing enough life insurance to at least cover the mortgage.

When you have children, your life insurance needs will typically increase greatly. In fact, it is a good idea for both parents to carry enough life insurance to pay off a mortgage and raise and educate the children, because the surviving parent's income may be insufficient for these needs. How much insurance do you need? You might hear of a "formula," such as buying an amount equal to seven to ten times your annual income, but this is a rough guideline, at best. You might want to work with a financial professional to weigh various factors – number and ages of children, size of mortgage, current income of you and your spouse, and so on – to determine both the amount of coverage and the type of insurance ("term" or "permanent") appropriate for your situation.

Once you have reached the "empty nest" stage, and your kids are grown and living on their own, you may need to re-evaluate your insurance needs. You might be able to lower your coverage, but if you still have a mortgage, you probably will want to keep enough insurance to pay it off.

After you retire, you may have either paid off your mortgage or moved into a condominium or apartment, so you may require even less life insurance than before. But it is also possible that your need for life insurance will remain strong. For example, the proceeds of a life insurance policy can be used to pay your final expenses or to replace any income lost to your spouse as a result of your death (e.g., from a pension or Social Security.) Life insurance can also be used in your estate plans to help leave the legacy you desire.

As we have seen, insurance can be important at every stage of your life. You will help yourself – and your loved ones – by getting the coverage you need when you need it.

Group Term Life thru Globe Life

Insurance coverage for you, your spouse, and children (where available).

Features of this plan include:

- Issue ages: 0–55
- Certificate is paid up at age 65, but coverage continues to age 100
- Guaranteed to age 100 as long as premiums are paid on time
- Guaranteed rates – once you purchase the plan your rates will not increase
- Your benefit amount can never be reduced or canceled as long as you pay premiums
- You can continue your policy if you leave your job for any reason
- Up to \$150,000 of insurance coverage available*
- Available in the workplace

*Employees are eligible for coverage up to \$150,000 (varies by age). The amount of dependent coverage is limited to \$50,000 and cannot exceed:

100% of employee coverage in Arizona, Florida, Hawaii, Illinois, Maryland, Texas, Virginia, Washington, and West Virginia for spouse or children – not to exceed \$50,000. Coverage is only available if the employee is insured.

You can add these optional insurance riders for an additional premium:

Accidental Death Benefit (ADB):

The Accidental Death Benefit (ADB) rider can provide an additional death benefit up to \$200,000 if you die from an accidental bodily injury. ADB is available for proposed insureds age 1 and above and may be added for your spouse and children too. Accidental Death Benefit expires at age 65. See rider for details.

Premium Waiver (PW):

With the Premium Waiver (PW) Rider, your Group Term life insurance coverage continues if you become totally disabled and can no longer pay premiums. Premiums are waived if the insured (employee, spouse or child) named in the policy becomes totally disabled. Premium Waiver expires at age 65. See rider for details.





Disability Insurance

Brazoria County provides full-time employees with long-term disability income benefits. The cost for this coverage is paid in full by your employer. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income.

LONG TERM DISABILITY BENEFITS	Lincoln Financial Group
Monthly Percentage	60%
Monthly Maximum	\$5,000
Definition of Disability	2 Years Own Occupation
Elimination Period	180 Days
Definition of Earnings	Base Annual Earnings to a maximum of \$150,000
Pre-existing Limitation	3 / 12
Mental Nervous Limitations	24 Months per Disability
Drug & Alcohol Limitations	24 Months per Disability
Self- Reported Limitations	24 Months

NOTE: This is a brief summary and not intended to be a contract.





Flexible Spending Account

Effective October 1, 2023

A Flexible Spending Account, or FSA, lets you set aside pre-tax money from your paychecks to spend on out-of-pocket healthcare expenses (i.e., co-pays, deductibles, over-the-counter items, etc.). Money that goes into an FSA is pre-tax, so by anticipating your family's health care and dependent care costs for the next year, you can actually lower your taxable income.

Remember, at the end of the year, unused money in an FSA is lost. Employees have until December 15, 2023 to file claims for the prior plan year. Employees have until December 15, 2024 to use this year's funds (*October 1, 2023 to September 30, 2024*).

Health Care Reimbursement FSA

This program lets employees pay for certain IRS-approved medical care expenses not covered by their insurance plan with pre-tax dollars. The annual maximum amount you may contribute to the **Health Care Reimbursement FSA is \$3,050**. Some examples include:

- Deductible, Prescriptions & Doctor Visit Co-Payments
- Over-the-Counter Medicines with a Prescription
- Vision services, including Lasik Eye Surgery, Glasses & Contacts
- Hearing services, including hearing aids and batteries
- Orthodontics, Dental deductibles, and coinsurance
- Acupuncture

Dependent Care FSA

The Dependent Care FSA allows employees to use pre-tax dollars towards qualified dependent care for children under the age of 13 or caring for elders. The annual maximum amount you may contribute to the **Dependent Care FSA is \$5,000** for 2023, (or \$2,500 if married and filing separately). These funds are not front loaded.

Examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

FSA Smart Tips

Cover any significant medical expenses early in the year using your FSA. You will spend the remainder of the year paying yourself back with the regular payroll deductions.

Save your receipts as proof of purchase in order to be reimbursed for your health care expenses from your FSA. So, if you are making purchases that are eligible for reimbursement, you will want to keep them separate from other items.

Medical Eligible Expenses for FSA

<p>Acupuncture</p> <p>Alcoholism</p> <p>Ambulance</p> <p>Artificial Limb</p> <p>Artificial Teeth</p> <p>Bandages</p> <p>Breast Reconstruction Surgery</p> <p>Birth Control Pills</p> <p>Braille Books and Magazines</p> <p>Capital Expenses - ramps, rails, etc.</p> <p>Car - special design</p> <p>Chiropractor</p> <p>Christian Science Practitioner</p> <p>Contact Lenses</p> <p>Crutches</p> <p>Dental Treatment (not teeth whitening)</p> <p>Diagnostic Devices</p> <p>Disabled Dependent Care Expenses</p> <p>Drug Addiction - inpatient treatment</p> <p>Drugs (excluding over the counter)</p> <p>Eyeglasses</p> <p>Eye Surgery</p> <p>Fertility Enhancement</p> <p>Founder's Fee - care at retirement home</p> <p>Guide Dog or Other Animal</p> <p>Health Institute</p> <p>Health Maint. Org. (HMO)</p> <p>Hearing Aids</p> <p>Home Improvements - ramps, lifts, etc.</p> <p>Hospital Services</p> <p>Insurance Premiums - see IRS list</p> <p>Laboratory Fees</p> <p>Lead-Based Paint Removal</p> <p>Learning Disability</p>	<p>Lifetime Care—Advance Payments</p> <p>Lodging - for medical care</p> <p>Long-Term Care</p> <p>Meals - for medical care</p> <p>Medical Conferences</p> <p>Medical Information Plan</p> <p>Medical Services</p> <p>Medicines (excluding over the counter without an Rx)</p> <p>Nursing Home</p> <p>Nursing Services & Home Care</p> <p>Operations</p> <p>Optometrist</p> <p>Organ Donors</p> <p>Osteopath</p> <p>Oxygen</p> <p>Pregnancy Test kit</p> <p>Prosthesis</p> <p>Psychiatric Care</p> <p>Psychoanalysis</p> <p>Psychologist</p> <p>Special Education</p> <p>Sterilization</p> <p>Stop-Smoking Programs</p> <p>Surgery</p> <p>Telephone for hearing-impaired</p> <p>Television for hearing impaired</p> <p>Therapy</p> <p>Transplants</p> <p>Transportation - for medical care</p> <p>Trips - for medical care</p> <p>Vasectomy</p> <p>Vision Correction Surgery</p> <p>Weight-Loss Program</p> <p>Wheelchair</p>
--	---

Using your mobile device scan the QR Code to get more information about FSA eligible expenses.



Supplemental Products

Aflac pays benefits directly to you. Short Term Disability; Accident Injuries; Cancer Diagnosis; Hospital Supplemental; Critical Care, Dental, Vision and Juvenile Life. Please call or text Aflac Agent **Barbara Meeks** at 281-236-3566 or by email Barbara_Meeks@us.aflac.com

First Financial Benefits provides short term disability, cancer, accident, vision, supplemental life, and flexible spending accounts. For coverage information please contact **Heather Olsen** at 281.272.7455.

MASA Medical Transport Solutions



MASA MTS is here to protect its members and their families from the shortcomings of health insurance coverage by providing them with comprehensive financial protection for lifesaving emergency transportation services, both at home and away from home.

A MASA Membership prepares you for the unexpected and gives you the peace of mind to access vital emergency medical transportation no matter where you live, for a minimal monthly fee.

- One low fee for the entire family
- NO deductibles
- NO health questions
- Easy claim process

Benefit ²	Platinum \$39/Month	Emergent Plus \$14/Month
Emergent Ground Transportation	U.S./Canada	U.S./Canada
Emergent Air Transportation	U.S./Canada	U.S./Canada
Non-Emergent Air Transportation	Worldwide	U.S./Canada
Repatriation	Worldwide	U.S./Canada
Escort Transportation	Worldwide	
Mortal Remains Transportation	Worldwide	
Visitor Transportation	BCA**	
Minor Children/Grandchildren Return	BCA**	
Vehicle Return	BCA**	
Pet Return	BCA**	
Organ Retrieval	U.S./Canada	
Organ Recipient Transportation	U.S./Canada	

Masa will need the EOB and a copy of the Run notes from the ambulance service to process your claim. ambulanceclaims@masaglobal.com or (877) 503-0585 customer service



Contact Alicia Ward at 817.607.8868

The LegalShield Membership Includes:

- Dedicated Law Firm Direct access, no call center
- Legal Advice/Consultation on unlimited personal issues
- Letters/Calls made on your behalf
- Contracts/Documents Reviewed up to 15 pages
- Residential Loan Document Assistance for the purchase of your primary residence
- Will Preparation - Will/Living Will/Health Care Power of Attorney
- Speeding Ticket Assistance (15 day waiting period)
- IRS Audit Assistance (begins with the tax return due April 15th of the year you enroll)
- Trial Defense (if named defendant/respondent in a covered civil action suit)
- Uncontested Divorce, Separation, Adoption and/or Name Change Representation (available 90 days after enrollment)
- 25% Preferred Member Discount (bankruptcy, criminal charges, DUI, personal injury, etc.)
- 24/7 Emergency Access for covered situations

The IDShield Membership Includes:

- Continuous Credit Monitoring IDShield continuously monitors your credit report. If changes occur, you'll receive an instant alert.
- High Risk Application and Transaction Monitoring We monitor the largest proprietary database of new account application data to detect potentially fraudulent new accounts when an application is submitted.
- Dark Web Monitoring Monitors your Personally Identifiable Information (PII) across the dark web, where criminals purchase personal data.
- Username/Password (Credential) Monitoring This powerful feature helps protect against takeovers of your social, financial and other online accounts.
- Identity Threat and Credit Threat Alerts You'll receive a threat alert if your PII is found.
- Unlimited Consultation On any cyber security issue.
- Full-Service Restoration Our Licensed Private Investigators will work tirelessly to restore your identity to its pre-theft status.
- 24/7 Emergency Access We're here in the event of an identity theft emergency.

Benefit Exchange

Member discounts from 200,000+ nationwide and local vendors

- Discounts Include: Wellness, Caregiving Support
- Vehicle Purchase & Repairs
- Pet Products, Travel, Entertainment
- Gifts, Retailers, and more!

Ability to **earn cashback** on purchases through site.

The largest and most successful employee discount marketplace in the U.S.

Includes exclusive discounts from many of the most desired brands in the world. Our Discounts & Rewards marketplace is sure to provide an extra layer to your benefits package that will excite potential new employees and give existing ones another reason to stay.

Used by 5 of the top 10 largest employers in the U.S.

By the Numbers	Easy to Use	Local Offers	Cash Back
10,000+ Brands 200,000+ Offers 1,000,000+ Products	With 21 categories, 100+ subcategories, and a powerful search engine, it's simple to find what you're looking for	Get deals from your favorite local businesses in a Zip Code driven map.	Our Cashback Rewards feature enables employees to earn 2% - 20% cashback on nearly all vendors.
			

To access: <https://brazoriacounty.benefithub.com/app/multiproduct?ref=home>

Glossary of Health Coverage & Medical Terms

This glossary has many commonly used terms but isn't a full list. These glossary terms and definitions are intended educational and may be different from the terms and definitions in your plan. Some of these terms also might not exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan governs. (See Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document.)



to be
have
your

For a digital version of the Glossary of Health Coverage & Medical Terms scan the QR code with your mobile device.

Allowed Amount

Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing.)

Appeal

A request for your health insurer or plan to review a decision or a grievance again.

Balance Billing

When a provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A preferred provider may not balance bill you for covered services.

Co-insurance

Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance *plus* any deductibles you owe. For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you have met your deductible, your co-insurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.

Complications of Pregnancy

Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section aren't complications of pregnancy.

Co-payment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Deductible

The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay. For example, if your deductible is \$1000, your plan will not pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

Durable Medical Equipment (DME)

Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for DME may include oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

Emergency Medical Condition

An illness, injury, symptom, or condition so serious that a reasonable person would seek care right away to avoid severe harm.

Emergency Medical Transportation

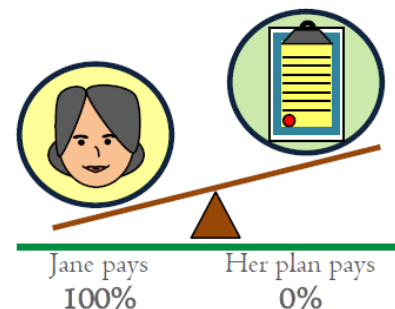
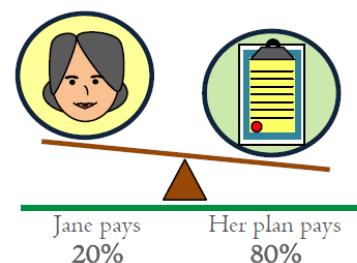
Ambulance services for an emergency medical condition.

Emergency Room Care

Emergency services you get in an emergency room.

Emergency Services

Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.



Glossary of Health Coverage & Medical Terms (continued)

Excluded Services

Health care services that your health insurance or plan does not pay for or cover.

Grievance

A complaint that you communicate to your health insurer or plan.

Habilitation Services

Health care services that help a person keep, learn, or improve skills and functioning for daily living. Examples include therapy for a child who is not walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Health Insurance

A contract that requires your health insurer to pay some or all of your health care costs in exchange for a premium.

Home Health Care

Health care services a person receives at home.

Hospice Services

Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization

Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

Hospital Outpatient Care

Care in a hospital that usually does not require an overnight stay.

In-network Co-insurance

The percent (for example, 20%) you pay of the allowed amount for covered health care services to providers who contract with your health insurance or plan. In-network co-insurance usually costs you less than out-of-network co-insurance.

In-network Co-payment

A fixed amount (for example, \$15) you pay for covered health care services to providers who contract with your health insurance or plan. In-network co-payments usually are less than out-of-network co-payments.

Medically Necessary

Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine.

Network

The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services.

Non-Preferred Provider

A provider who does not have a contract with your health insurer or plan to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your health insurance or plan, or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers.

Out-of-network Co-insurance

The percent (for example, 40%) you pay of the allowed amount for covered health care services to providers who do not contract with your health insurance or plan. Out-of-network co-insurance usually costs you more than in-network co-insurance.

Out-of-network Co-payment

A fixed amount (for example, \$30) you pay for covered health care services from providers who do not contract with your health insurance or plan. Out-of-network co-payments usually are more than in-network co-payments.

Glossary of Health Coverage & Medical Terms (continued)

Out-of-Pocket Limit

The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges, or health care your health insurance or plan doesn't cover. Some health insurance or plans do not count all of your co-payments, deductibles, co-insurance payments, out-of-network payments or other expenses toward this limit.

Physician Services

Health care services a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.

Plan

A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

Preauthorization

A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval, or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization is not a promise your health insurance or plan will cover the cost.

Preferred Provider

A provider who has a contract with your health insurer or plan to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also "participating" providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

Premium

The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly, or yearly.

Prescription Drug Coverage

Health insurance or plan that helps pay for prescription drugs and medications.

Prescription Drugs

Drugs and medications that by law require a prescription.

Primary Care Physician

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

Primary Care Provider

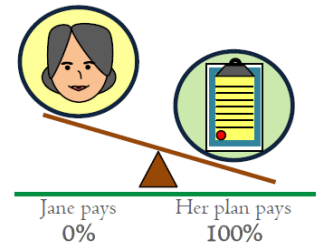
A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates, or helps a patient access a range of health care services.

Provider

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), health care professional or health care facility licensed, certified, or accredited as required by state law.

Reconstructive Surgery

Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries, or medical conditions.



Glossary of Health Coverage & Medical Terms (continued)

Rehabilitation Services

Health care services that help a person get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology, and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Skilled Nursing Care

Services from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.

Specialist

A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of health care.

UCR (Usual, Customary and Reasonable)

The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

Urgent Care

Care for an illness, injury, or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

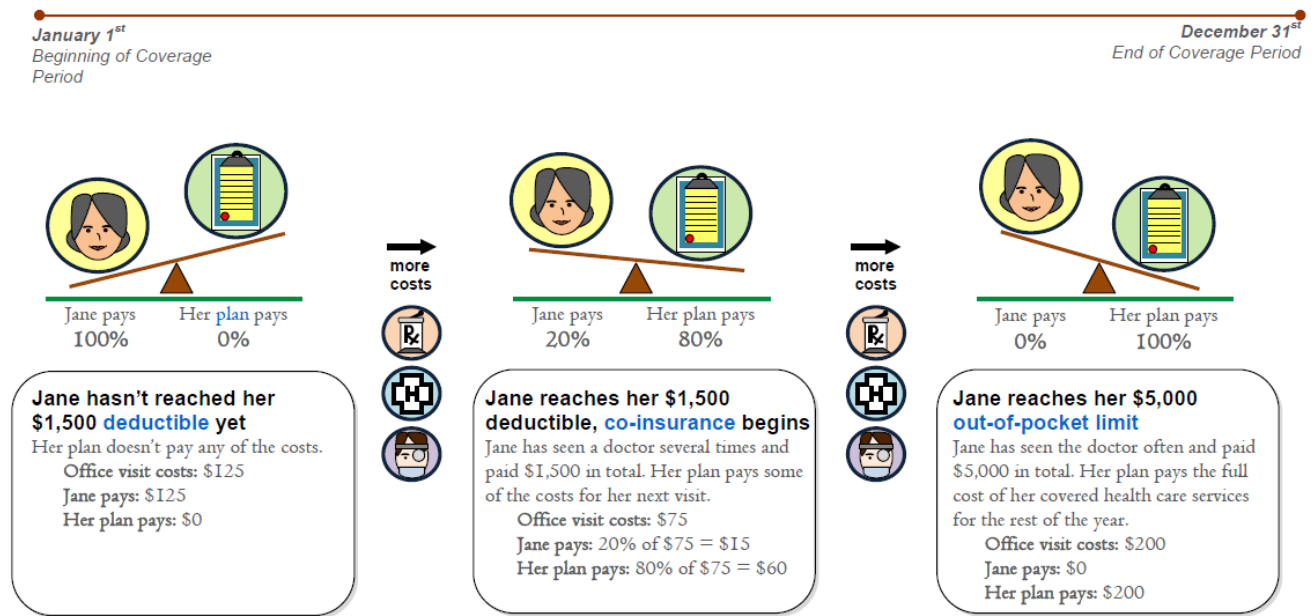
How You and Your Insurer Share Costs – Example

Note: This example is provided as part of the Patient Protection Affordable Care Act and is not specific to the plan(s) offered by Brazoria County.

Jane's Plan Deductible: \$1,500

Co-insurance: 20%

Out-of-Pocket Limit: \$5,000



Health Insurance Portability and Accountability Act (HIPAA) requires a group health plan to provide a Notice of Special Enrollment Rights annually to all employees who are eligible to participate in the plan.

Notice of Special Enrollment Rights

“Special Enrollment Rights”

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 30 days after other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact Human Resources.

Women’s Health and Cancer Rights

Notice of Rights to Reconstructive Surgery Following Mastectomy

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

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce symmetrical appearance; and
- Protheses and treatment of physical complications of all stages of mastectomy, including lymphedemas.

This coverage must be provided in a manner determined in consultation with the attending physician and patient.

This coverage may be subject to co-payments, annual deductibles and co-insurance provisions as is deemed appropriate and as is consistent with the co-payments, annual deductibles, and co-insurance for other benefits under the plan or coverage. Federal law requires this coverage. In addition, our Plan will not deny you eligibility or continue eligibility to enroll or renew coverage under the terms of the Plan, solely for the purpose of avoiding this coverage, or to penalize incentives (monetary or otherwise) to an attending provider, to include the provider to provide care to you in a manner inconsistent with the coverage required under the Women’s Health and Cancer Rights Act of 1998.

Newborns’ and Mothers’ Health Protection Act

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

Annual Notices (continued)

Health Insurance Portability and Accountability Act (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private.

You have the right to inspect and copy protected health information which is maintained by and for the plan for enrollment, payment, claims, and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Benefits Administration.

DISCLAIMER: The HIPAA Privacy Rule is effective beginning April 14, 2003. The Privacy Rule is intended to safeguard protected health information (PHI) created and held by health care providers, health plans, health information clearing houses and their business associates. The provisions of the Privacy Rule have significant impact on those who deal with health information and on all citizens with regard to their personal PHI. Our health insurance broker and all of our contracted plans adhere to the HIPAA Privacy Rule.

This is not a Grandfathered plan.

Annual Notices (continued)

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

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Brazoria County and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Brazoria County has determined that the prescription drug coverage offered by Brazoria County's Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide To Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Brazoria County coverage will be affected. See pages 7-9 of the CMS Disclosure of Creditable Coverage to Medicare Part D Eligible Individuals Guidance (available at http://www.cms.hhs.gov/Creditable_Coverage), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

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

Annual Notices (continued)

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Brazoria County and do not join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

Contact the Medicare office for further information at 866-746-4234. **NOTE:** You will receive this notice annually and at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage through Brazoria County changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug plans:

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

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

Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or you can call them at 1-800-772-1213

(TTY 1-800-325-0778).

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

Date: 10/01/23

Name of Entity/Sender: Brazoria County

Annual Notices (continued)

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864

Annual Notices (continued)

<p>COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)</p>	<p>IOWA – Medicaid</p>
<p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711</p>	<p>Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562</p>
<p>KANSAS – Medicaid</p>	<p>NEW HAMPSHIRE – Medicaid</p>
<p>Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512</p>	<p>Website: https://www.dhhs.nh.gov/ombp/nhhpp/ Phone: 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901-4999</p>
<p>KENTUCKY – Medicaid</p>	<p>NEW JERSEY – Medicaid and CHIP</p>
<p>Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570</p>	<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>
<p>LOUISIANA – Medicaid</p>	<p>NEW YORK – Medicaid</p>
<p>Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447</p>	<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p>MAINE – Medicaid</p>	<p>NORTH CAROLINA – Medicaid</p>
<p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711</p>	<p>Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100</p>
<p>MASSACHUSETTS – Medicaid and CHIP</p>	<p>NORTH DAKOTA – Medicaid</p>
<p>Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840</p>	<p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>
<p>MINNESOTA – Medicaid</p>	<p>OKLAHOMA – Medicaid and CHIP</p>
<p>Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739</p>	<p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>

Annual Notices (continued)

<p align="center">MISSOURI – Medicaid</p> <p>Website: https://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p align="center">OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>
<p align="center">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>	<p align="center">PENNSYLVANIA – Medicaid</p> <p>Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462</p>
<p align="center">NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178</p>	<p align="center">RHODE ISLAND – Medicaid</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347</p>
<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: https://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p align="center">SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>
<p align="center">SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>	<p align="center">WASHINGTON – Medicaid</p> <p>Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473</p>
<p align="center">TEXAS – Medicaid</p> <p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>	<p align="center">WEST VIRGINIA – Medicaid</p> <p>Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p align="center">UTAH – Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>	<p align="center">WISCONSIN – Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002</p>
<p align="center">VERMONT– Medicaid</p> <p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p>	<p align="center">WYOMING – Medicaid</p> <p>Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531</p>
<p align="center">VIRGINIA – Medicaid and CHIP</p> <p>Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282</p>	

Annual Notices (continued)

To see if any other states have added a premium assistance program since January 31, 2022, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137

Annual Notices (continued)

HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

Part A- General Information

When key parts of the health care law took effect in 2014, there was a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

Can I Save Money on My Health Insurance Premiums in the Marketplace?

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.61% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

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

Part B- Information About Health Coverage Offered by Your Employer

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

1. Employer name: Brazoria County
2. Employer Identification Number (EIN): 74-6000044
3. Employer address: 111 E Locust St.
4. Employer phone number: 979 864 1277
5. City: Angleton
6. State: TX
7. ZIP code: 77515
8. Who can we contact about employee health coverage at this job? Tiffany Helmintoller Human Resources
9. Phone number: (if different from above)
10. Email address: tiffanyh@brazoriacountytx.gov

Wellness Program Disclosure

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for an incentive under this wellness program, you might qualify for an opportunity to earn the same incentive by different means. Contact Human Resources and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.



NOTICE REGARDING WELLNESS PROGRAM

The Wellness Program [HRA] is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for a basic lipid panel (total cholesterol, LDL, HDL, triglycerides) and a hemoglobin A1C (for diabetes). You are not required to complete the HRA or to participate in the blood test or other medical examinations.

Although you are not required to complete the HRA or participate in the biometric screening, employees who do not participate by the deadline have \$200 per paycheck deducted until the HRA is completed.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Brazoria County may use aggregate information it collects to design a program based on identified health risks in the workplace, The Wellness Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are healthcare professionals in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately. You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Brazoria County's Human Resources Department.

Nondiscrimination Notice

Discrimination is Against the Law

Brazoria County complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Brazoria County does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Brazoria County:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- o Qualified sign language interpreters
- o Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- o Qualified interpreters
- o Information written in other languages

If you need these services, contact Tiffany Helmintoller. If you believe that Brazoria County has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Tiffany Helmintoller, 111 E. Locust St, Angleton, Texas, (979)-864-1277, tiffanyh@brazoriacountytx.gov

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Tiffany Helmintoller is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20211 1-800-368-1019, 800-537-7697 (TDD) Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



The benefits described in this booklet are for represented employees only and are only summaries. Coverage details are further explained in the plan documents.

Brazoria County expects to continue these plans indefinitely but reserve the right to modify, amend, suspend, or terminate any plan at any time and for any reason without prior notification.

You will be notified of any changes to these plans and how they affect your benefits, if at all. The plans described in this booklet are governed by insurance contracts and self-insured plan documents, which are available for examination by request of your HR Department. We have attempted to make the explanation of the plans in this booklet as accurate as possible. However, should there be a discrepancy between this booklet and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. In addition, you should not rely on any oral descriptions of the plans since the written descriptions in the insurance contracts or plan documents will always govern.

2023-2024 Plan Year

Questions to ask Your Provider or Pharmacist

- What is my Diagnosis?
- What are my treatment options? What are the benefits and side effects of each option?
- Will I need a test? What is the test for? What will the results tell me?
- Is there a generic for the RX you are prescribing? What will the RX you are prescribing do? How do I take it? What are the side effects?
- Are there other ways to treat my condition without a surgery? Do you use a facility that is contracted in the Aetna network? Will the anesthesiologist be contracted in network as well?
- During my surgery, will there be assistant surgeons? Are they contracted in network with Aetna as well?
- Do I need to change my daily routine?
- Is there a drug with a track record I could take as an alternative to this new RX on the market you are prescribing?
- Is there a lifestyle change I could make that would be just as effective as this RX you are prescribing?
- Will this new RX interfere with the current RX's or OTC meds I am taking?
- When will you review how this new RX is working for me?
- Is this RX covered on my drug insurance formulary?

For more information and useful questions, visit www.ahrq.gov/

<https://www.nia.nih.gov/health/doctor-patient-communication/talking-with-your-doctor>



