# EMPLOYEE INSURANCE BENEFITS

## CAMERON COUNTY


**Coverage effective dates of 10.01.19 through 9.30.20**

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Cameron County is proud to provide you and your family with valuable and significant benefits. This Employee Benefits Guide was designed with you and your family in mind. This valuable reference guide, is an overview of the services and benefits available to you as an employee of Cameron County. Please take the time to carefully review the guide for any changes or updates. Inside you will find the information you need to make informed decisions regarding the selection and continued management of your benefits for the 2019-2020 Plan Year.

CAMERONCOUNTY★

# Important Contacts

**Human Resources Department**
**1100 E. Monroe St. Suite 118, Brownsville, TX 78520**

| VENDOR AND TYPE OF PLAN | MEMBER SERVICES PHONE NUMBER | HOURS OF OPERATION | WEBSITE |
|---|---|---|---|
| **Aetna Medical Plan** | 1-855-824-5361 | 8am to 6pm CST | www.aetna.com |
| **CVS Caremark RX Plan** | 1-888-792-3862 | 24/7 | www.aetna.com |
| **Mutual of Omaha Vol Life/AD&D/Short Term Disability** | 1-800-655-5142 | Monday - Friday 7:30am - 5pm EST | www.mutualofomaha.com |
| **Delta Dental Dental Care** | 800-521-2651 | Monday - Friday 7:15am - 7:30pm EST | www.deltadentalins.com |
| **Deer Oaks EAP** | 866-327-2400 | 24/7 | www.deeroakseap.com |
| **Total Administrative Services Corp Flexible Spending Account** | 1-800–422-4661 | Monday - Friday 8am - 5pm CST | www.tasconline.com |
| **Davis Vision Vision Care** | 1-800-523-2847 | Monday - Friday 8am - 11pm EST Saturday 9am - 4pm EST Sunday 12pm - 4pm EST | www.davisvision.com |

# Glossary

### Allowed Fees
Term used by some dental plans for their participating dentist fees and/or maximum payable for a non-participating dentist.

### Annual Deductible
The amount you must pay for covered health services based on contracted rates (also referred to as eligible charges/expenses) in a year before the plan will begin paying certain benefits in that year.

### COBRA
Consolidated Omnibus Budget Reconciliation Act of 1985. This Act requires that continuation of group insurance be offered to covered persons who lose health, dental or vision coverage due to a qualifying life event as defined in the Act.

### Co-insurance
The portion of covered health care costs for which the covered person is financially responsible, usually according to a fixed percentage. Co-insurance may be applied after a deductible requirement is met.

### Copay
The charge you are required to pay for certain covered health services, such as a prescription or office visit.

### Eligibility
Eligibility for benefits is the first of the month following regular fulltime employment.

### Explanation of Benefits (EOB)
A summary of claims processed which will be provided to you after a claim is processed for you or for a dependent. This statement outlines year-to-date deductible and out-of-pocket amounts met during the year. This statement will be mailed unless it is turned off on the website.

### Incurred Expense
An expense is considered incurred on the date services were rendered or supplies were received.

### Initial Enrollment Period
The first 30 days of fulltime employment or 30 days from a covered life event.

### In-Network
In-network providers are doctors, hospitals and other providers that contract with your insurance company to provide health care services at discounted rates.

### Out-of-Network
Out-of-network providers are doctors, hospitals and other providers that are not contracted with your insurance company. If you choose an out-of-network doctor, services will not be provided at a discounted rate.

### Out-of-Pocket Maximum
The maximum amount of co-insurance you pay every year. Once you reach the out-of-pocket maximum, as an individual or family, benefits for those covered health services that apply to the out-of-pocket maximum are paid at a percent of eligible charges during the rest of that year. Deductibles and copays apply to the out-of-pocket maximum.

### Plan Year
October 1, 2019 through September 30, 2020.

CAMERON COUNTY

## Helpful Tips and Reminders

- Be sure to choose the right coverage level, such as individual or family.
- Gather the correct information for your dependents such as social security numbers and birth dates.
- Make sure your address and personal information is current. If your information is not up-to-date, you may miss out on important information such as insurance cards, plan documents, health notices, etc.
- Need to change your beneficiary? Open Enrollment is an excellent time to ensure that the person designated as your beneficiary is correct regarding your insurance and retirement benefits.
- Visit each vendor's website for additional information. Don't forget to review each plans provider directory. If your physician or doctors office is not considered in-network, you cannot change or drop plans mid-year without a qualifying life event.
- You may select any combination of Medical, Dental and/or Vision plan coverage categories. For example, you could select Medical coverage for you and your entire family, but select Dental and Vision coverage only for yourself.
- Benefits premiums are deducted on a pre-tax basis, which lessens your tax liability.
- Avoid making quick decisions — enroll early!

## FAQs

### When Does Coverage Begin?

**The elections you make during open enrollment are effective October 1st, 2019 - September 30th, 2020**

**New Hires: Coverage starts 1st day of month following the 1st 30 days of employment.**

### If I Am Already Enrolled and Not Making Any Changes, Do I Have to Complete the Open Enrollment Process?

**Yes, it is important that you review any rate or plan changes to your current plan.**

### If I Want to Decline Coverage, Do I still Need to Complete the Open Enrollment Process?

**Yes. It is important that Human Resources has a record of your decision. Please keep in mind that if you decline coverage, you won't be able to elect coverage during the year unless you have a special qualifying event such as a marriage, divorce, birth or adoption of a child, or loss of other coverage.**

### Can I Enroll My Spouse or Dependent on One Plan and Myself on Another?

**No. All covered dependents, including spouse, must be on the same plan as the employee.**

### Can I Drop or Change Plans During the Plan Year?

**No. Changes can only be made if there has been a qualifying life event or personal life change. Examples include marriage, divorce, birth of a child, or change in employment status.**

***IMPORTANT NOTE:***

**Once your benefits have been selected, please review, as your selected benefits will be effective until the next plan year begins, unless you have a qualifying life event.**

**In the case of a qualifying event allowing you to add or delete dependents from your coverage, that includes current coverage only. Changing plan types is not allowed under the Plan.**

## Employee Eligibility

If you are a full-time employee regularly scheduled to work 30 hours or more a week, you are eligible to enroll in the benefit plans described in this Employee Benefit Guide. **You are required to enroll no later than 30 days after your first day of regular, full-time work with the County.**

If enrollment is not completed within this time period, you will have no coverage for the remainder of the plan year for the following voluntary plans:

- Medical Plan
- Dental Plan
- Vision Plan
- FSA-health account
- FSA-dependent care account
- Supplemental Life Insurance Plan
- Accident Plan
- Short Term Disability Plan
- Critical Illness Plan

### Dependent Eligibility

Dependents eligible for coverage include:

- Your legal spouse. Keep reading for specific restrictions on eligibility requirements for employed spouse.
- Children up to age 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children, and children for whom legal guardianship has been awarded to you or your spouse).
- Dependent children, regardless of age, provided he or she is incapable of self-support due to a mental or physical disability, is fully dependent on you for support as indicated on your federal tax return, and is approved by your Medical Plan to continue coverage past age 26.

## New Hire Coverage

Dependent children are eligible for insurance until age 26. Please keep in mind you may be required to furnish evidence of dependency at any time, as requested, on anyone listed as eligible for coverage, and eligibility audits may be conducted by the audit companies.

Employee medical, dental, vision, basic term life, supplemental life, accidental death and dismemberment, short-term disability, accident, and critical illness coverage begins on the first of the month following 30 days of hire as a regular fulltime employee with Cameron County.

FSA (flexible spending) reimbursement accounts are based on completed enrollment within the designated time frame. Refer to the **Employee Eligibility** section.

### Things to Consider

Take the following situations into account before you enroll to make sure you have the right coverage.

- Does your spouse have benefits coverage available through another employer?
- Did you get married, divorced or have a baby recently? If so, do you need to add or remove any dependent(s) and/or update your beneficiary designation?
- Did any of your covered children reach their 26th birthday this year? If so, they are no longer eligible for benefits unless they meet specific criteria.

# Qualifying Life Events

Due to IRS regulations, once you have made your choices for the 2019-2020 Plan Year, you won't be able change your benefits until the next enrollment period unless you experience a Qualifying Life Event.

## Personal Life & Status Changes

When one of the following events occurs, you have 30 days from the date of the event to notify Human Resources and/or request changes to your coverage Medical, Dental, Vision, Supplemental Life, Dependent Life or Voluntary Accidental Death and Dismemberment plans, or the Health Care and Dependent Care Spending Accounts only

- Change in your legal marital status (marriage, divorce, annulment, legal separation or death)
- Change in the number of your dependents (for example, through birth or adoption, or if a child is no longer an eligible dependent)
- Change in your dependent or 'spouses employment status (resulting in a loss or gain of coverage)
- Change in your employment status from full time to part time, or part time to full time, resulting in a gain or loss of coverage
- Entitlement to Medicare or Medicaid
- Eligibility for coverage through the Marketplace
- Change in your address or location that may affect the coverage for which you are eligible

**TIP: Having existing family coverage DOES NOT enroll the new dependent.**

**In the case of a qualifying event allowing you to add or delete dependents from your coverage, that includes current coverage only. Changing plan types is not allowed under the Plan.**

*They are referred to as life changes, qualifying events, family status changes, IRS changes. Regardless of the terminology, your new election must be consistent with your status change. Consistent means the change must result in the gain or loss of coverage by you, your spouse, or any of your dependents and the new election must reflect that gain or loss. An employee with current coverage may add or delete dependents to or from that coverage.*


| Aetna | | |
|---|---|---|
| **Benefits** | **In-Network** | **Out-of-Network** |
| **PPO Network** | Open Access Aetna Select | |
| **Lifetime Maximum** | Unlimited | |
| **Coinsurance** | 20% | 40% |
| **Calendar Year Deductible** | | |
| Per Individual | $750 | $1,500 |
| Per Family | $2,250 | $4,500 |
| **Out-of-Pocket Maximum** | | |
| Individual | $3,500 | $7,000 |
| Family | $7,500 | $15,000 |
| **Hospital Charges** | | |
| Inpatient Charges | 20% after deductible | 40% after deductible |
| Outpatient Charges | 20% after deductible | 40% after deductible |
| Urgent Care | $75 copay | 40% after deductible |
| Emergency Charges | Facility: $300 copay + 20%<br>MD: 20% after deductible | |
| **Office Visits** | | |
| Physician Charges | $10 copay—Valley Baptist PCP /<br>$35 copay - In-Network PCP | 40% after deductible |
| Specialist Charges | $45 copay | 40% after deductible |
| Teladoc | $10 copay | 40% after deductible |
| Airrosti | $35 copay | 40% after deductible |
| **Mental/Nervous** | | |
| Inpatient | 20% after deductible | 40% after deductible |
| Outpatient | PCP $35 / Specialist $45 copay | 40% after deductible |
| **Prescription Drugs*** | | |
| Generic Formulary | $15 copay | Not Covered |
| Brand Formulary | $40 copay | Not Covered |
| Non Formulary | $60 copay | Not Covered |
| Specialty Formulary | $80 copay | Not Covered |
| **Mail Order** | Mail Service Pharmacy or CVS Retail Pharmacy (31 - 90 day supply) | |
| Generic Formulary | $30 copay | N/A |
| Brand Formulary | $80 copay | N/A |
| Non Formulary | $120 copay | N/A |

Note: Deductible and copays will apply to the out of pocket maximum.
*If the drug cost is lower than the copay, the member pays the lower cost.

## Aetna Premiums

| | Monthly Premium | County Monthly Contribution ($) | Employee Monthly Contribution ($) | Employee Semi Monthly Contribution ($) | Working Spouse Semi Monthly Premium ($) |
|---|---|---|---|---|---|
| **Employee Only** | **$600.00** | **$600.00** | **$0.00** | **$0.00** | **$0.00** |
| **Employee+Spouse** | **$768.75** | **$600.00** | **$168.75** | **$84.38** | **$50.00** |
| **Employee+Child** | **$693.75** | **$600.00** | **$93.75** | **$46.88** | **$0.00** |
| **Employee+Children** | **$725.00** | **$600.00** | **$125.00** | **$62.50** | **$0.00** |
| **Employee+Family** | **$850.00** | **$600.00** | **$250.00** | **$125.00** | **$175.00** |

## Working Spouse Premium

**The working spouse premium is a monthly charge in addition to your regular medical coverage contribution/premium for a spouse who is working or who is eligible for medical coverage through their employer or former employer.**

**Need to locate a network physician or hospital?**

Log on to www.aetna.com or call customer service at 1-855-824-5361

**Making healthy simpler**
Your member website

**Clean, simple screen**

**Easy claims walk-through**

**Money-saving tools**

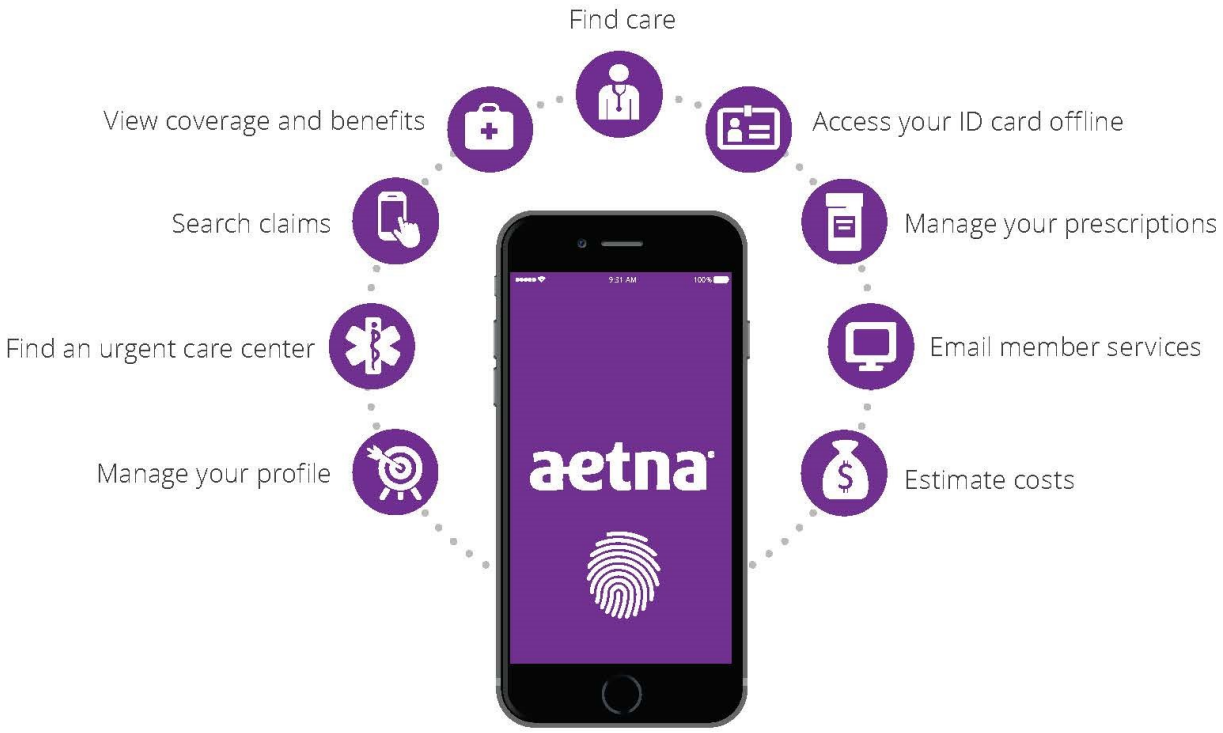
**Fitness and wellness perks**

Visit **aetna.com** and log in to your member website.

aetna®


## Health management at your fingertips

We know you're busy and that you live life on the go. That's why the Aetna Mobile app makes it easy for you to manage your health wherever, whenever you need to.




Set up touch ID

aetna®

aetna.com

# Your pharmacy plan
An easy way to manage your prescriptions

# Getting started is easy

**Step 1:**
**Join us**

- Review your plan materials to see covered medicines and costs.
- Sign up during the open enrollment period.
- Register for your member account at **aetna.com**.

**Step 2:**
**Sign in at aetna.com**

- Find a pharmacy.
- Find out your costs.
- Order medicines.
- Learn more about your plan.

**Step 3:**
**Make the most of your plan**

- Use pharmacies in our network.
- Compare costs with the plan tools.
- Ask your doctor about lower-price options.

**Have any questions?** Just call us at the number on your member ID card.

aetna®

## Managing your medicines

**Here's what your plan includes:**

- Coverage for most medicines
- The convenience of home delivery
- Personal support for specialty medicine needs
- Your personal member website with tools to help you find what you need fast
- A pharmacy help line you can call 24/7 if you have questions

## How to find out if your medicines are covered and what they'll cost

**Before you enroll:**
In your plan materials, you can see what medicines are covered and how much they'll cost. Or you can visit **aetna.com/formulary** and choose your plan name. You'll find covered medicines, along with alternatives that cost less. Don't see it, or need your plan name? Just ask your employer.

**After you enroll:**
Visit **aetna.com** to register and sign in to your member website. There, you can estimate your costs. And also compare what you'd pay through your local pharmacies versus home delivery.

## What is preauthorization?

Some medicines your doctor prescribes may need preauthorization. This means they may need approval before they can be covered. Or we may ask your doctor to prescribe a lower-cost version. If needed, you or your doctor can always ask for an exception.

## Where can I get my medicines?

**Retail pharmacy — occasional prescriptions**
For medicines like antibiotics that you take short term, you can visit any retail pharmacy — whether you're at home or on the go. For your best price, choose a network pharmacy on **aetna.com**.

**Home delivery pharmacy — long-term prescriptions**
You can use this service for medicines you need to take for conditions like high blood pressure or diabetes. Your medicines are mailed to you quickly and safely at no extra charge. And you may get up to a 90-day supply.

**Specialty pharmacy — long-term special medicines**
Some long-term health conditions, like multiple sclerosis or cancer, require special medicines. They often need special storage and handling. That's when you'd use a **specialty pharmacy**. With Aetna Specialty Pharmacy® medicine and support services,* your medicines are packed securely, so they arrive safe. And we can help you learn how to use them and how to manage side effects.

made available through aetna™

TELADOC®

# Why wait for the care you need now?

**Did you know there's a convenient and affordable healthcare alternative?**

With Teladoc®, you can connect with a doctor in minutes, not hours or days like the ER, urgent care or doctor's office. Plus, you can get care from anywhere: home, office or on the road!

**CONSIDER YOUR OPTIONS:**

**Teladoc:**
Request a consult from work or home.

**ER or urgent care:**
Drive to the nearest office while sick.

**Teladoc:**
A doctor calls you back in minutes.

**ER or urgent care:**
Wait hours before seeing the doctor.

**Teladoc:**
Get the care you need at a price you can afford.

**ER or urgent care:**
Pay high ER and urgent care fees.

## Talk to a doctor anytime for **$10!**

**Less than an urgent care/ER visit, your cost is never more than a doctor visit!**

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# Medical Benefits

## Where To Go Guide

**The cost for care and time you wait can vary greatly depending on where you go. Below is a simple guide to choosing the right place to go for health care. In addition to clinical settings, you have access to Teledoc for virtual visits.**

| | Conditions Treated* | Your Cost & Time |
|---|---|---|
| **Emergency Room** | | |
| For the immediate treatment of critical injuries or illness. If a situation seems life-threatening, call 911 or go to the nearest emergency room. Open 24/7. | ▪ Sudden numbness, weakness<br>▪ Uncontrolled bleeding<br>▪ Seizure or loss of consciousness<br>▪ Shortness of breath<br>▪ Chest pain<br>▪ Head injury/major trauma<br>▪ Blurry or loss of vision<br>▪ Severe cuts or burns<br>▪ Overdose | ▪ Costs are highest<br>▪ No appointment needed<br>▪ Wait times may be long, averaging over 4 hours |
| **Urgent Care Center** | | |
| For conditions that are not life threatening. Staffed by nurses and doctors and usually have extended hours. | ▪ Minor cuts, sprains, burns, rashes<br>▪ Fever and flu symptoms<br>▪ Headaches<br>▪ Chronic lower back pain<br>▪ Joint pain<br>▪ Minor respiratory symptoms<br>▪ Urinary tract infections | ▪ Costs are lower than an ER visit<br>▪ No appointment needed<br>▪ Wait times vary |
| **Doctor's Office** | | |
| The best place to receive routine or preventive care, track medications, or get a referral to see a specialist. | ▪ General health issues<br>▪ Preventive services<br>▪ Routine checkups<br>▪ Immunizations and screenings | ▪ May include coinsurance and/or deductible<br>▪ Appointment usually needed<br>▪ May have little wait time |
| **Convenience Care Clinic** | | |
| Staffed by nurse practitioners and physician assistants. Treat minor medical concerns that are not life threatening. Located in retail stores and pharmacies, they're often open nights and weekends. | ▪ Common cold/flu<br>▪ Rashes or skin conditions<br>▪ Sore throat, earache, sinus pain<br>▪ Minor cuts or burns<br>▪ Pregnancy testing<br>▪ Vaccinations | ▪ Costs are same or lower than office visit<br>▪ No appointment needed<br>▪ Wait times typically 15 minutes or less |
| **Virtual Medicine** | | |
| Virtual visits with a doctor anytime 24/7/365 via computer with webcam capability or smartphone mobile app. | ▪ Cold and flu symptoms such as a cough, fever and headaches<br>▪ Allergies<br>▪ Sinus infections<br>▪ Family health questions | ▪ Cost is the same as an office visit<br>▪ No appointment needed<br>▪ Immediate, private, and secure visits |

GREATER

Cost & Time

LOWER

*List is not all inclusive. To find a specific health care facility or doctor, go to your medical carrier's website or call the number on your ID card. The listing of a health care professional or facility in the online directory does not guarantee that the services rendered by that professional or facility are covered under your specific medical plan. Check your official plan document for information about the services covered under your plan benefits. The information provided here is for informational purposes only. During a medical emergency, you should always visit the nearest hospital or call 911 for assistance.

# Dental Insurance

DELTA DENTAL®

## QUICK INDICATORS

- ✓ Premier PPO Network
- ✓ Free to visit a dentist of your choice
- ✓ New Pregnancy Benefit includes1 additional cleaning during pregnancy
- ✓ Must meet a Deductible—$50
- ✓ Maximum annual Benefit—$1,500
- ✓ Includes Orthodontic Benefits

## Waiting Periods

Basic Services: None

Major Services: 12 Months

Orthodontics: 12 Months

## Dental Plan Costs

| | Cost Per Month | Cost Per Semi-Monthly Payroll |
|---|---|---|
| Employee Only | $19.89 | $9.95 |
| Employee + 1 | $37.13 | $18.57 |
| Employee + 2 or more | $56.15 | $28.08 |

| Plan Feature | Benefit |
|---|---|
| **Network Name** | Delta Dental Premier PPO Network |
| **Deductibles and Benefits Maximum** | $50 per person, $150 per family per plan year.<br>Maximum benefit paid per plan |
| **Diagnostic and Preventive Benefits:** oral examinations, x-rays, cleanings, fluoride | 100% of Delta's allowed (UCR) amount.<br>Deductible is waived. |
| **Endodontics and Periodontics** | 80% of Delta's allowed (UCR) amount. |
| **Pregnancy Benefit** | Covers 1 additional cleaning during pregnancy<br>Covers 1 additional periodontal |
| **Orthodontic Benefits for dependent child(ren)** to age 19 | 50% of Delta's allowed amount<br>$1,500 lifetime maximum |

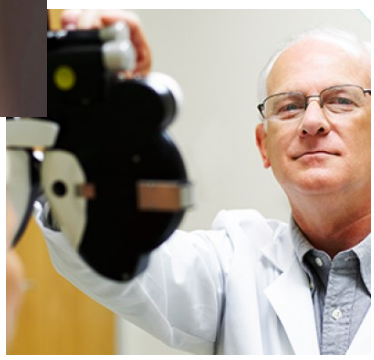
**UCR: Usual, Customary, and Reasonable**

**Always verify provider network status.**

- You pay more of the cost when you go out-of-network
- You may be required to file your own claim; and/or
- You could be balance billed for amounts over allowed amount.

# Vision Plan

DavisVision™



## Vision Plan Cost

| | Cost per Month | Cost Per Semi-Monthly |
|---|---|---|
| Employee Only | $7.47 | $3.74 |
| Employee + 1 | $11.22 | $5.61 |
| Employee + Family | $14.93 | $7.47 |

| Plan Feature | In Network | Out of Network |
|---|---|---|
| Vision coverage is provided through Davis Vision. The plan pays benefits for annual exams and corrective lenses. You pay a copayment for exams, and the plan pays benefits for frames and lenses up to certain limits. Under this plan, you may use in network or out of network vision care providers, but you receive greater benefits when you use in network providers.<br><br>**The plan will pay for a comprehensive exams and lenses once every 12 months, and the plan will pay for frames once every 12 months.** | | |
| Comprehensive Eye (Optometrist & Ophthalmologist) | Covered in full after $10 copayment* | $40 reimbursement |
| **Lenses** | | |
| • Single<br>• Bifocal lined<br>• Trifocal lined<br>• Lenticular lined | After $25 copay<br>After $25 copay<br>After $25 copay<br>After $25 copay | $40 reimbursement<br>$60 reimbursement<br>$80 reimbursement<br>$100 reimbursement |
| **Contact Lenses**** | | |
| • Medically Necessary<br>• Cosmetic (elective)*** | Covered in full with prior approval<br>$130 allowance plus 15% off balance | $225 reimbursement<br>$105 reimbursement |
| **Frames**** | | |
| Standard*** | $130 allowance plus 20% off balance<br>($180 allowance plus 20% off balance toward any frame from VisionWorks store locations) | $65 reimbursement |

***A single copay covers both frames and/or eyeglass lenses, or contact lenses instead of eyeglass frames and/or lenses.**
****Discounts are available on additional pairs of eyewear and contact lenses.**
*****Contact lenses are in lieu of eyeglass lenses and frames benefit and frames are in lieu of contact lenses and contact lens benefit.**

# Voluntary Life Insurance

## Voluntary Life Insurance for You

All full time employees may elect Supplemental Life coverage in $10,000 increments up to but not more than the lesser of five times annual salary or $500,000.You pay premiums on an after tax basis, so any insurance benefits paid are not taxable when your beneficiary receives them.

If you are a new hire, you can elect voluntary life up to $200,000 without answering a health questionnaire. If you are a new hire that elects more than $200,000 or a late entrant, you will need to answer a health questionnaire.

## Dependent Life Insurance

This coverage will pay benefits to you in the event your covered spouse or children die.

You may elect coverage for your spouse with a minimum coverage amount of $5,000, up to 100 percent of your Employee Supplemental coverage, but no more than $250,000.

You may also elect $10,000 of coverage for each child. If you elect coverage for your children, all of your eligible children are covered from birth to age 26. You pay the same premium amount regardless of the number of children.

## Accidental Death and Dismemberment (AD&D) Insurance Coverage

If you are injured or die as a result of an accident, you or your beneficiary will receive a benefit based on the extent of the injury. AD&D pays benefits if death or dismemberment occurs as a result of and within 365 days following the covered accident. AD&D insurance pays benefits in addition to any other benefits you received under your life insurance coverage if you die as a result of an accident.

You may choose this additional coverage for yourself at the same time you purchase your voluntary life policy. You can elect in $10,000 increments, up to $500,000. Premiums are paid on an after tax basis, so any insurance benefits paid are not taxable when your beneficiary receives them.

**Note: You must elect employee coverage to have Dependent Life Insurance. Increases in your voluntary life insurance policy or first time coverage will require a health questionnaire and underwriting approval.**

**Rates on Page 16.**

# Voluntary Short Term Disability

**Eligibility:** All active employees working 30+ hours per week
**Benefit Amount:** 60% of your monthly earnings, to max of $1,000 per week
**Elimination Period:** 14 days
**Duration:** 24 weeks
**Pre-Existing Condition:** 3/6

***Use the premium factor in the table provided above to calculate your premium for voluntary short-term disability coverage in the worksheet below, using the example as a guide.**

| SEMI-MONTHLY PREMIUM CALCULATION | | EXAMPLE *(42-year-old employee earning $40,000 a year)* |
|---|---|---|
| List your weekly earnings (Maximum is $1,666.67) | $ _____ | $ *769.23* |
| Multiply by the premium factor | 0.0240 | *0.0240* |
| Your Estimated Semi-Monthly Premium** | $ _____ | $ *18.46* |

# Voluntary Life Premiums

Mutual of Omaha

| EMPLOYEE PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR) | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Age | $10,000 | $20,000 | $30,000 | $40,000 | $50,000 | $60,000 | $70,000 | $80,000 | $90,000 | $100,000 |
| 0 - 29 | $0.50 | $1.00 | $1.50 | $2.00 | $2.50 | $3.00 | $3.50 | $4.00 | $4.50 | $5.00 |
| 30 - 34 | $0.55 | $1.10 | $1.65 | $2.20 | $2.75 | $3.30 | $3.85 | $4.40 | $4.95 | $5.50 |
| 35 - 39 | $0.60 | $1.20 | $1.80 | $2.40 | $3.00 | $3.60 | $4.20 | $4.80 | $5.40 | $6.00 |
| 40 - 44 | $0.85 | $1.70 | $2.55 | $3.40 | $4.25 | $5.10 | $5.95 | $6.80 | $7.65 | $8.50 |
| 45 - 49 | $1.30 | $2.60 | $3.90 | $5.20 | $6.50 | $7.80 | $9.10 | $10.40 | $11.70 | $13.00 |
| 50 - 54 | $2.00 | $4.00 | $6.00 | $8.00 | $10.00 | $12.00 | $14.00 | $16.00 | $18.00 | $20.00 |
| 55 - 59 | $3.00 | $6.00 | $9.00 | $12.00 | $15.00 | $18.00 | $21.00 | $24.00 | $27.00 | $30.00 |
| 60 - 64 | $4.55 | $9.10 | $13.65 | $18.20 | $22.75 | $27.30 | $31.85 | $36.40 | $40.95 | $45.50 |
| 65 - 69 | $8.00 | $16.00 | $24.00 | $32.00 | $40.00 | $48.00 | $56.00 | $64.00 | $72.00 | $80.00 |
| 70 - 74 | $14.15 | $28.30 | $42.45 | $56.60 | $70.75 | $84.90 | $99.05 | $113.20 | $127.35 | $141.50 |
| 75 - 79 | $23.20 | $46.40 | $69.60 | $92.80 | $116.00 | $139.20 | $162.40 | $185.60 | $208.80 | $232.00 |
| 80+ | $46.75 | $93.50 | $140.25 | $187.00 | $233.75 | $280.50 | $327.25 | $374.00 | $420.75 | $467.50 |

| SPOUSE PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR) | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Age | $5,000 | $10,000 | $15,000 | $20,000 | $25,000 | $30,000 | $35,000 | $40,000 | $45,000 | $50,000 |
| 0 - 29 | $0.25 | $0.50 | $0.75 | $1.00 | $1.25 | $1.50 | $1.75 | $2.00 | $2.25 | $2.50 |
| 30 - 34 | $0.28 | $0.55 | $0.83 | $1.10 | $1.38 | $1.65 | $1.93 | $2.20 | $2.48 | $2.75 |
| 35 - 39 | $0.30 | $0.60 | $0.90 | $1.20 | $1.50 | $1.80 | $2.10 | $2.40 | $2.70 | $3.00 |
| 40 - 44 | $0.43 | $0.85 | $1.28 | $1.70 | $2.13 | $2.55 | $2.98 | $3.40 | $3.83 | $4.25 |
| 45 - 49 | $0.65 | $1.30 | $1.95 | $2.60 | $3.25 | $3.90 | $4.55 | $5.20 | $5.85 | $6.50 |
| 50 - 54 | $1.00 | $2.00 | $3.00 | $4.00 | $5.00 | $6.00 | $7.00 | $8.00 | $9.00 | $10.00 |
| 55 - 59 | $1.50 | $3.00 | $4.50 | $6.00 | $7.50 | $9.00 | $10.50 | $12.00 | $13.50 | $15.00 |
| 60 - 64 | $2.28 | $4.55 | $6.83 | $9.10 | $11.38 | $13.65 | $15.93 | $18.20 | $20.48 | $22.75 |
| 65 - 69 | $4.00 | $8.00 | $12.00 | $16.00 | $20.00 | $24.00 | $28.00 | $32.00 | $36.00 | $40.00 |

***Your spouse's rate is based on employee's age.**

| ALL CHILDREN PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR)* |
|---|
| $10,000 |
| $0.65 |

***Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above.**

# Voluntary Critical Illness

| ELIGIBILITY - ALL ELIGIBLE EMPLOYEES | |
|---|---|
| **Eligibility Requirement** | You must be actively working a minimum of 30 hours per week to be eligible for coverage. |
| **Dependent Eligibility Requirement** | To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself. |
| **Premium Payment** | The premiums for this insurance are paid in full by you. Child insurance is automatic. A separate premium is not required. |

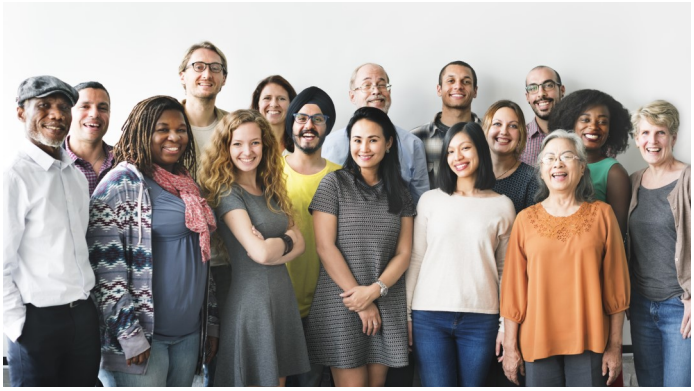
| BENEFIT CATEGORY | CONDITION | % OF CI PRINCIPAL SUM |
|---|---|---|
| **Heart/Circulatory** | Heart Attack, Heart Transplant, Stroke | 100% |
| | Heart Valve Surgery, Coronary Artery Bypass, Aortic Surgery | 25% |
| **Organ** | Major Organ Transplant/Placement on UNOS List, End-Stage Renal Failure | 100% |
| | Acute Respiratory Distress Syndrome (ARDS) | 25% |
| **Childhood/Developmental** *benefits only available to children | Cerebral Palsy, Structural Congenital Defects, Genetic Disorders, Congenital Metabolic Disorders, Type 1 Diabetes | 100% |
| **Cancer** | Cancer (Invasive) | 100% |
| | Bone Marrow Transplant | 50% |
| | Carcinoma in Situ, Benign Brain Tumor | 25% |

| COVERAGE GUIDELINES | MINIMUM | GUARANTEE ISSUE[3] | MAXIMUM |
|---|---|---|---|
| **For You** Elect in $5,000 increments | $10,000 | $10,000 | $10,000 |
| **Spouse** Elect in $5,000 increments | $10,000 | $10,000 | 100% of employee's Principal CI Sum, up to $10,000 |
| **Child(ren)** *benefit for each child | N/A | $3,000 | 25% of employee's Principal CI Sum, up to $3,000 |

| ADDITIONAL BENEFITS | |
|---|---|
| **Policy Benefit Maximum** | The maximum payout amount is 200% of the CI Principal Sum amount for each insured person. If the policy benefit maximum is reached for an insured person, the coverage will terminate. Dependents will remain insured if you continue to satisfy the eligibility requirements of the policy. |
| **Additional Occurrence Benefit** | Once benefits have been paid for a Critical Illness, no additional benefits are payable for that same Critical Illness for each insured person. Benefits are still payable for any other Critical Illness in the same benefit category, for each insured person. |
| **Portability** | When insurance ends, you have the right to continue group Critical Illness insurance for yourself and your dependents. |

| VOLUNTARY CRITICAL ILLNESS EMPLOYEE/SPOUSE PREMIUM RATES (24 PAYROLL DEDUCTIONS PER YEAR) | |
|---|---|
| **Age** | **$10,000** |
| **0 - 29** | $1.15 |
| **30 - 39** | $2.20 |
| **40 - 49** | $5.30 |
| **50 - 59** | $11.35 |
| **60 - 69** | $22.80 |
| **70 - 79** | $41.05 |
| **80+** | $56.15 |

NOTE: Child dependent coverage is offered at no additional cost.
Your Spouse's rate is based on employee's age.



# How Voluntary Accident Insurance Works

*(For Illustration Purposes Only)*

This insurance pays a benefit for each injury, treatment or service included in the policy that occurs as the result of a covered accident. For example, Jeff's son, Jake, was playing soccer during recess at school. He was tripped and falls hard, injures his shoulder, and is transported by ambulance to the ER due to concerns of head trauma. The ER doctor orders a CT scan to check for any facial or head injuries and a shoulder X-ray. Jake was diagnosed with a concussion and a broken collarbone. His arm was set in a sling, and he was released to his pediatrician for follow-up care. Jake visits his pediatrician at two weeks and one month after the accident to make sure he's healing well. In the meantime, Jeff starts receiving bills for the care Jake received. The ambulance bill alone was $556. He's a pretty healthy kid, so a health insurance deductible of $1,500 had to be met before Jeff's health insurance would begin covering Jake's care, and after that, there's a 20% copay. Accident benefits pay in addition to other insurance, and can be used to help cover gaps in health insurance or other expenses if the unexpected happens.

## Voluntary Accident Premium Rates

The amounts shown below are **SEMI-MONTHLY** amounts (24 payments / deductions per year). You may elect insurance for you only, or for your family. Premiums will be automatically deducted from your paychecks as authorized by you during the enrollment process. Premiums must be paid by you to the policyholder.

| COVERAGE TIER | PREMIUM AMOUNT |
|---|---|
| Employee/Member | $4.65 ($0.31 per day) |
| Employee/Member+Spouse | $7.05 ($0.46 per day) |
| Employee/Member+Child(ren) | $8.92 ($0.59 per day) |
| Employee/Member+Family | $12.07 ($0.79 per day) |

| ELIGIBILITY - ALL ELIGIBLE EMPLOYEES | |
|---|---|
| **Eligibility Requirement** | You must be actively working a minimum of 30 hours per week to be eligible for coverage. |
| **Dependent Eligibility Requirement** | To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself. |
| **Premium Payment** | The premiums for this insurance are paid in full by you. |
| **PLAN INFORMATION** | **INFORMATION / AMOUNT(S)** |
| **Plan Type** | Full Plan 1M (TX-NC-CAT-NABM) |
| **Coverage Type** | Non-occupational (Off-job only) |
| **Express Benefit** | $75 |
| **Annual Benefit Maximum (ABM)** | Not Included |
| **Portability** | Included |

| BENEFITS | AMOUNTS |
|---|---|
| **Initial Care & Emergency –** Most treatment / service required within 72 hours of accident; Once per accident per insured person | |
| **Emergency Room** | $150 |
| **Urgent Care Center** | $100 |
| **Initial Physician Office Visit** | $75 |
| **Ambulance** | Up to $1,000 |
| **Specified Injuries** | |
| **Fractures (Surgical / Non-surgical)** | Up to $5,000/Up to $2,500 |
| **Dislocations (Surgical / Non-surgical)** | Up to $6,000/Up to $3,000 |
| **Lacerations** | Up to $600 |
| **Burns** | Up to $10,000 |
| **Dental** | Up to $200 |
| **Hospital, Surgical & Diagnostic** | |
| **Admission** | $1,000 |
| **Daily Confinement (Up to 365 days per accident)** | $200 per day |
| **ICU Confinement (Up to 15 days per accident)** | $400 per day |
| **Rehab. Facility Confinement (Up to 30 days per accident)** | $100 per day |
| **Surgical** | Up to $1,500 |
| **Diagnostic** | Up to $200 |
| **Follow-Up Care –** Treatment / service required within 365 days of accident; Medical device is once per accident per insured person | |
| **Physician Follow-Up Office Visit** | $75; Up to 2 per accident |
| **Therapy Services** | $25; Up to 6 per accident |
| **Medical Device** | $100 |
| **Prosthetic Device(s)** | $750; Up to 2 per accident |

# EAP Services

**www.deeroakseap.com I 866-237-2400 I eap@deeroaks.com**

The Deer Oaks Employee Assistance Program (EAP) is a **free** service provided for you and your dependents by Cameron County This program offers a wide variety of counseling, referral, and consultation services, which are all designed to assist you and your family in resolving work/life issues in order to live happier, healthier, more balanced lives. These services are completely confidential and can be easily accessed by calling the toll-free Helpline listed.

- **Eligibility:** All employees and their household members/dependents are eligible to access the EAP. Retirees and employees who have recently separated from their employer will continue to have access to services for up to six (6) months post-employment.
- **Program Access:** Members may access the EAP by calling the toll-free Helpline number, downloading the iConnectYou Smartphone App, or instant messaging with a Work/LIfe Consultant through LiveCONNECT available on our website. Please contact HR for your organization's iConnectYou login information.
- **Telephonic Assessments & Support:** All clinical EAP cases receive a thorough telephonic clinical assessment. In-the-moment telephonic support and crisis intervention are also available 24/7.
- **In-person Short-term Counseling:** Referrals are made to our network of 54,000+ mental health providers located throughout the United States for in-person assessment and counseling services.
- **Tele-Language Services:** Deer Oaks has the ability to provide therapy in a language other than English if requested. Services are available for telephonic interpretation in 200 of the most commonly spoken languages and dialects.
- **Referrals & Community Resources:** Counselors provide referrals to community resources, member health plans, support groups, legal resources, and child/elder care services.
- **Advantage Legal Assist:** Free 30-minute telephonic or in-person consultation with a plan attorney; 25% discount on hourly attorney fees if representation is required; unlimited online access to a wealth of educational legal resources, links, tools and forms; interactive online Simple Will preparation; access to state agencies to obtain birth certificates and other records.
- **Advantage Financial Assist:** Unlimited telephonic consultation with a financial counselor qualified to advise on a range of financial issues such as bankruptcy prevention, debt reduction and financial planning; supporting educational materials available; objective, pressure-free advice; unlimited online access to a wealth of educational financial resources, links, tools and forms (i.e. tax guides, financial calculators, etc.).
- **ID Recovery:** Free telephonic consultation with an Accredited Financial Counselor; information on steps that should be taken upon discovery of identity theft; referral to full-service credit recovery agencies; free credit monitoring service.
- **Work/Life Services:** Work/Life Consultants are available to assist members with a wide range of daily living resources such as pet sitters, event planners, home repair, tutors and moving services. Simply call the Helpline for resource and referral information.
- **Find-Now Child & Elder Care Program:** This program assists participants caring for children and/or aging parents with the search for licensed, regulated, and inspected child and elder care facilities in their area. Work/Life Consultants assess each member's needs, provide guidance, resources, and referrals within 3 business days for standard cases and within 6 business hours for urgent cases. Searchable databases and other resources are also available on the Deer Oaks website.
- **Critical Incident Stress Management:** Traumatic events can be extremely disruptive to the well-being and productivity of employees. Deer Oaks will respond quickly when asked to provide Critical Incident Stress Management Services for any major company incident.
- **Take the High Road:** Deer Oaks reimburses members for their cab, Lyft and Uber fares in the event that they are incapacitated due to impairment by a substance or extreme emotional condition. This service is available once per year per participant with a maximum reimbursement of $45.00 (excludes tips).
- **Monthly Electronic Newsletters:** Employees and supervisors receive monthly e-newsletters covering a variety of topics including health and wellness, work/life balance issues, conflict resolution, leadership, and more.
- **Online Tools & Resources:** Log on to www.deeroakseap.com to access an extensive topical library containing health and wellness articles, videos, archived webinars, child and elder care resources, and work/life balance resources.

DEER OAKS EAP SERVICES

**Deer Oaks EAP is a Resource You Can Trust.**

# Flexing Spending Account (FSA)

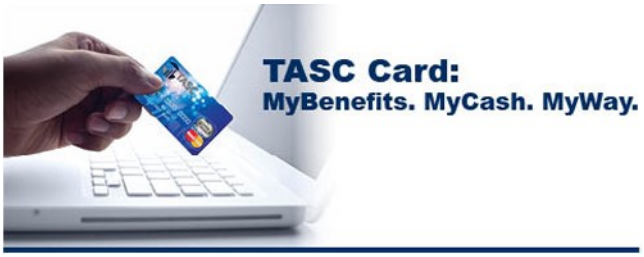
You can pay for eligible health care and dependent care expenses with pre-tax income through a Flexible Spending Account. You do not pay federal income tax on your deposit.

The Flexible Spending Account reimburses you for eligible health care expenses that are not covered by insurance. Expenses may be incurred by you, your spouse, and your dependent children, regardless of whether they are covered by the County's medical, dental or vision plans.

The Flexible Spending Account also reimburses you for certain dependent care expenses incurred while you and/or your spouse work.

**How the Spending Accounts Work**

You choose to contribute part of your earnings into the Medical Flexible Spending Account and/or the Dependent Care Flexible Spending Account. The accounts are maintained separately and you cannot make transfers between them. These accounts will reimburse you for eligible expenses that you submit throughout the year.




## Health Care Flexible Spending Account

- √ Estimate your annual health care expenditures on items not reimbursed by insurance.
- √ Decide how much money you want to contribute to the account from $1 to $2,700 per year. The money is deducted before taxes, so taxes are withheld on a lower amount of your earnings.
- √ The County offers a debit card that allows eligible expenses to be deducted directly from your account.
- √ You may also file a paper or online claim when you have eligible health care expenses.
- √ The grace period allows you to incur expenses until December 14th, 2020. (75 days after plan year ends)
- √ The Rollout period allows you to submit claims for reimbursement until February 12th, 2020. (60 days after grace period ends)

## Dependent Care Flexible Spending Account

- √ Estimate your dependent care expenses for the coming year.
- √ Decide how much money you want to contribute to the account with a $5,000 maximum per year. The money is deducted before taxes are taken out, so taxes are withheld on a lower amount of your earnings (pre-tax basis).
- √ File a claim when you have eligible dependent care expenses.
- √ You will be reimbursed for eligible claims up to the current contributed amount available in your account.

*Note: Dependent care deposits must be received and posted to your individual account before they can be used.*

FlexSystem

# Calculating Flexible Spending Account Contributions

## Medical Care Flexible Spending Account Worksheet

Enter your annual out-of-pocket expenses for each of the following. Do not include any amounts for medical, dental or vision care premiums.

| | |
|---|---|
| Health care | $_____ |
| Dental care | $_____ |
| Vision care | $_____ |
| Prescription drugs | $_____ |
| **Total lines above** | $_____ |

NOTE: Health care tax deduction is available on your federal income tax return for amounts exceeding 7.5% of your adjusted gross income. If you think your expenses will be more than 7.5%, you should consult your tax advisor. You may not use the same expenses for your Medical Care Flexible Spending Account and a tax deduction.

## Dependent Care Flexible Spending Account Worksheet

| | |
|---|---|
| Weekly day care costs | $_____ |
| **Total lines above** | $_____ |
| Number of weeks you will incur expenses | **X**_____ |
| **Multiply total by weeks** (cannot exceed $5,100 married; $2,600 single) | $_____ |



### Example of Tax Savings When You Use an FSA

| Annual Savings Example | With FSA | Without FSA |
|---|---|---|
| Annual Income | $50,000 | $50,000 |
| Annual Pre-Tax FSA Contribution | - $2,000 | - $0 |
| Annual Taxable Income | = $48,000 | = $50,000 |
| Annual Tax Withholdings (approximately 30% of the annual taxable income) | $14,400 | $15,000 |
| **Total Annual Savings** (approximately $300 for every $1,000 withheld in the FSA per year) | $600 | $0 |

TASC®

# Required Notices

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator as identified at the end of these notices.

**Newborn's and Mother's Health Protection Act (NMHPA):** 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).

**Mental Health Parity Act (1996) (MHPA) and Mental Health Parity and Addiction Equity Act (2008) (MHPAEA) :** The Cameron County medical plan complies with the Mental Health Parity Act of 1996 ("MHPA"). Pursuant to such compliance, the annual and lifetime limits on Mental Health Benefits, if any, will not be less than the annual and lifetime plan limits on other types of medical and surgical services (if any limits apply). The plan does utilize cost containment methods, applicable for Mental Health Benefits, including cost-sharing, limits on the number of visits or days of coverage, and other terms and conditions that relate to the amount, duration and scope of Mental Health Benefits.

**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).

To see if any other states have added a premium assistance program since January 31, 2019, or for more information on special enrollment rights, contact either:

**U.S. Department of Labor**

**Employee Benefit 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**

**Coverage After Termination (COBRA) - Health Coverage:** If you or your dependents have coverage at the time of a qualifying event, you may be eligible to elect continuation of coverage under one or more of the following:

- Medical Plan
- Dental
- Vision
- FSA

You have a legal right under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) to purchase a temporary extension of your coverage at group rates. However, you must pay the full cost of the coverage, plus a 2% administrative fee.

**What is COBRA Continuation Coverage?** COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary."

You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect. COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

**Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:**

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

**COBRA & Retirement:** Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to the Cameron County, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

**When is COBRA Continuation of Coverage Available?** The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs.**

**How is COBRA continuation coverage provided?** Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. **There are also ways in which this 18-month period of COBRA continuation coverage can be extended.**

**Disability extension of 18-month period of COBRA continuation coverage:** If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

**Second qualifying event extension of 18-month period of continuation coverage**: If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

**Are there other coverage options besides COBRA Continuation Coverage?** Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

**(HIPAA) Employee Health Plan Summary 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 carefully.

**Uses and Disclosures of Health Information:** Cameron County uses health information about you for treatment, to pay for treatment, and for other allowable healthcare purposes. Health care providers submit claims for payment for treatment that may be covered by the group health plan. Part of payment includes ascertaining the medical necessity of the treatment and the details of the treatment or service to determine if the group health plan is obligated to pay. Information may be shared by paper mail, electronic mail, fax, or other methods. Subject to certain requirements, Cameron County may give out health information without your authorization for public health purposes, for auditing purposes, for research studies, and for emergencies. Cameron County provides information when otherwise required by law, such as for law enforcement in specific circumstances. n any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. f you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures. We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and distribute the new notice. You can also request a copy of our full notice at any time. For more information about our privacy practices, contact the Office of the Privacy Officer or the Human Resources Department listed below.

**Your Health Information Rights:** In most cases, you have the right to look at or get a copy of health information about you that we use to make decisions about you. If you request copies, we will charge you the normal copy fees that reflect the actual costs of producing the copies including such items as labor and materials. You also have the right to receive a list of instances where Cameron County has disclosed health information about you for reasons other than treatment, payment, healthcare operations, related administrative purposes, and when you explicitly authorized it. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that Cameron County correct the existing information or add the missing information. You have the right to request that Cameron County restrict the use and disclosure, then Cameron County must abide by the request and may only reverse the position after you have been appropriately notified. You have the right to request an alternative means of communication with Cameron County and are not required to explain why you want the alternative means of communication.

**Privacy Complaints:** If you are concerned that Cameron County has violated your privacy rights, or you disagree with a decision Cameron County has made about access to your records, you may address them to the Privacy Contact listed in this notice. You also may send a written complaint to the U.S. Department of Health and Human Services. The person listed below can provide you with the appropriate address upon request.

**Cameron County's Responsibilities:** Cameron County is required by law to protect the privacy of your information, provide this notice about the Cameron County' information practices, follow the information practices that are described in this notice, and obtain your acknowledgement of receipt of this notice.

**Detailed Notice of Privacy Practices:** For further details about your rights and the federal Privacy Rule, refer to the detailed statement of this Notice. You can ask for a written copy of the detailed Notice by contacting the Privacy Contact listed in this notice.

**Privacy Contact:** Address any questions about this notice or how to exercise your privacy rights to the Human Resources Department at 956-544-0827

**Notice Of Opportunity To Enroll In Connection With Extension Of Dependent Coverage To Age 26:** Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in **Cameron County**. Individuals may request enrollment for such children for 30 days from the date of notice. Enrollment will be effective retroactively to 10/1/2019. If you would like more information, contact your Plan Administrator.

**Notice Lifetime Limit No Longer Applies/ Enrollment Opportunity:** The lifetime limit on the dollar value of benefits under the Cameron County benefit Plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment. If you would like more information, contact your Plan Administrator.

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

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

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

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

**When Can You Join A Medicare Drug Plan?** You can join a Medicare drug plan when you first become eligible

for Medicare and each year from October 15th to December 7th.

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

**What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?** If you decide to join a Medicare drug plan, your current coverage with Cameron County will not be affected. You and/or your dependents can keep this coverage if you elect Part D and this plan will coordinate with Part D coverage. If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents will be able to get this coverage back.

**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 Cameron County and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

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

**For More Information About Your Options Under Medicare Prescription Drug Coverage:** More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage: Visit www.medicare.gov.

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

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

## New Health Insurance Marketplace Coverage Options and Your Health Coverage

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

**What is the Health Insurance Marketplace?** The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2019 for coverage starting as early as January 1, 2020.

**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 doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

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

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

**How Can I Get More Information?** For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost.

Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

*An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

**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.

**Here is some basic information about health coverage offered by this employer:** Eligible employees are Fulltime employees who work 30 hours per week and have completed the newly eligible 60 day waiting period

Eligible dependents include the employee's spouse and eligible dependent children up to age 26.

This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

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

Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

| 3. Employer name | | 4. Employer Identification Number (EIN) |
|---|---|---|
| Cameron County | | 74-6000420 |
| 5. Employer address | | 6. Employer phone number |
| 1100 E. Monroe St. Ste.118 | | 956-983-5098 |
| 7. City | 8. State | 9. ZIP code |
| Brownsville | TX | 78520 |
| 10. Who can we contact about employee health coverage at this job? | | |
| Human Resources | | |

**Special Enrollment Notice:** If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

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

To request special enrollment or obtain more information, contact the plan administrator listed below:

Human Resources: 956-544-0827

**Notice Informing Individuals About Non Discrimination and Accessibility Requirements**
**Discrimination is against the law:** Cameron County complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cameron County does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cameron County:

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

- Qualified sign language interpreters
- 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:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Human Resources at 956-544-0827. If you believe that Cameron 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:

**Cameron County**
1100 East Monroe Street
Suite 118
Brownsville, Texas 78520

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. 20201 1-800-368-1019, 800-537-7697 (TDD) Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

**Keep your plan informed of address changes:** To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

CAMERONCOUNTY★

**The information in this enrollment guide is intended to help you enroll in your 2019 - 2020 benefits. Not all plan provisions, limitations, or exclusions are described in this publication. In case of a conflict between the information in this summary and the actual plan documents and insurance contracts, the plan documents and insurance contracts will govern.**

**Cameron County reserves the right to change or terminate benefits at any time. Neither the benefits, nor this enrollment guide, should be interpreted as a guarantee of future benefits.**