



RESOURCE GUIDE



TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL





TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Effective October 2016

Gillespie County

Group # 36885

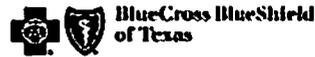


TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

CONTACT INFORMATION:

MEDICAL

Blue Cross Blue Shield Customer Service
(800) 521-2227 / www.bcbstx.com



PRESCRIPTION DRUGS

CVS / Caremark Customer Service
(800) 552-8159 / www.caremark.com



LIFE

VOYA Financial
(800) 369-5303 / www.voya.com



Gillespie County

Effective October 2016

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BENEFIT HIGHLIGHTS

Place holder: Benefit Highlights, 4 pages

Remove mention of Co Insurance credit for new groups on Page 1

Remove Initials/Date and Page x of x boxes from bottom of all 4 pages and insert page numbers



**BlueCross BlueShield
of Texas**



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

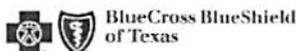
BENEFIT HIGHLIGHTS Plan 500

BlueChoice Network

(HCR Grandfathered)

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

Overall Payment Provisions	In-Network Benefits	Out-of-Network Benefits
<p>Deductibles Per-admission Deductible Deductible Applies to all Eligible Expenses except Inpatient Hospital Expenses (unless otherwise indicated)</p>	<p>\$0 \$250 Individual / \$750 Family</p>	<p>\$0 \$500 Individual / \$1,500 Family</p>
<p>CoShare Stoploss Maximum Deductibles are not applied to the CoShare Stoploss Maximum. Copayment Amounts are applied but will continue to be required after the benefit percentages increase to 100%. Your benefit booklet will provide more details.</p>	<p>\$1,500 Individual / \$4,500 Family Network Deductible & CoShare Stoploss Maximum will only apply toward Network Deductible & CoShare Stoploss Maximum</p>	<p>\$3,500 Individual / \$10,500 Family Out-of-Network Deductible & CoShare Stoploss Maximum will also apply toward Network Deductible & CoShare Stoploss Maximum</p>
<p>Copayment Amounts Required Physician office visit/consultation Refer to Medical/Surgical Expenses section for more information Outpatient Hospital Emergency Room/Treatment Room Refer to Emergency Room/Treatment Room section for more information</p>	<p>\$25 Copayment Amount \$90 Copayment Amount</p>	<p>N/A-Refer to Medical/Surgical Expense section for benefits \$90 Copayment Amount</p>
<p>Maximum Lifetime Benefits Per Participant</p>	<p>Unlimited</p>	
<p>Inpatient Hospital Expenses</p>		
<p>Inpatient Hospital Expenses All services must be preauthorized All usual Hospital services and supplies, including semiprivate room, intensive care, and coronary care units Penalty for failure to preauthorize services</p>	<p>90% of Allowable Amount None</p>	<p>70% of Allowable Amount \$250</p>



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



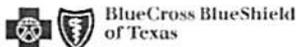
TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Medical/Surgical Expenses	In-Network Benefits	Out-of-Network Benefits
Medical / Surgical Expenses Services performed during the Physician's office visit/consultation, including lab & x-ray (does not include Certain Diagnostic Procedures and surgical services)	100% of Allowable Amount after \$25 Copayment Amount	70% of Allowable Amount after Plan Year Deductible
Lab & x-ray in other outpatient facilities (excluding Certain Diagnostic Procedures)	100% of Allowable Amount	70% of Allowable Amount after Plan Year Deductible
Allergy Injections	100% of Allowable Amount	70% of Allowable Amount after Plan Year Deductible
Colonoscopy (All places of treatment and diagnoses)	100% of Allowable Amount	70% of Allowable Amount after Plan Year Deductible
Physician surgical services performed in any setting	90% of Allowable Amount after Plan Year Deductible	70% of Allowable Amount after Plan Year Deductible
Certain Diagnostic Procedures; such as Bone Scan, Cardiac Stress Test, CT -Scan (with or without contrast), Ultrasound, MRI, Myelogram, PET Scan.	90% of Allowable Amount after Plan Year Deductible	70% of Allowable Amount after Plan Year Deductible
Home Infusion Therapy (Services must be preauthorized)	90% of Allowable Amount after Plan Year Deductible	70% of Allowable Amount after Plan Year Deductible
Organ Transplants	90% of Allowable Amount after Plan Year Deductible	70% of Allowable Amount after Plan Year Deductible
All other outpatient services and supplies	90% of Allowable Amount after Plan Year Deductible	70% of Allowable Amount after Plan Year Deductible
In Vitro Fertilization Services		Declined

Extended Care Expenses		
Extended Care Expenses All services must be preauthorized		
Skilled Nursing Facility	100% of Allowable Amount	70% of Allowable Amount after Plan Year Deductible
Home Health Care	25 day maximum each Plan Year*	60 visit maximum each Plan Year*
Hospice Care	Unlimited	

Special Provisions Expenses		
Serious Mental Illness All services must be preauthorized		
Inpatient Services		
-Hospital services (facility)	90% of Allowable Amount	70% of Allowable Amount
-Physician services	90% of Allowable Amount after Plan Year Deductible	70% of Allowable Amount after Plan Year Deductible
Outpatient Services		
-Services performed during Physician office visit/consultation (does not include psychological testing)	100% of Allowable Amount after \$25 Copayment Amount	70% of Allowable Amount after Plan Year Deductible
-All outpatient services and psychological testing	90% of Allowable Amount after Plan Year Deductible	70% of Allowable Amount after Plan Year Deductible

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



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TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Special Provisions Expenses, cont.

In-Network Benefits

Out-of-network Benefits

Mental Health Care/Chemical Dependency

All services must be preauthorized

Inpatient Services

-Hospital services (facility)

90% of Allowable Amount

70% of Allowable Amount

-Physician services

90% of Allowable Amount after Plan Year Deductible

70% of Allowable Amount after Plan Year Deductible

Plan Year Maximum

30 inpatient days/30 inpatient Physician visits each Plan Year*

30 inpatient days/30 inpatient Physician visits each Plan Year*

Outpatient Services

-Services performed during Physician office visit/consultation (does not include psychological testing)

100% of Allowable Amount after \$25 Copayment Amount

70% of Allowable Amount after Plan Year Deductible

-Emergency Room/Treatment Room

90% of Allowable Amount after \$90 Copayment Amount

70% of Allowable Amount after \$90 Copayment Amount & Plan Year Deductible

(Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)

(Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)

-Other Outpatient Services and psychological testing

90% of Allowable Amount after Plan Year Deductible

70% of Allowable Amount after Plan Year Deductible

Plan Year Maximum

30 outpatient visits each Plan Year*

Chemical Dependency Maximum

(Inpatient treatment must be provided in a Chemical Dependency Treatment Center)

Limited to three separate series of treatments for each covered individual per lifetime *

Emergency Room/Treatment Room

Accidental Injury & Emergency Care

-Facility charges (outpatient Hospital emergency treatment room charges)

90% of Allowable Amount after \$90 Copayment Amount (Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)

-Physician charges

90% of Allowable Amount after Plan Year Deductible

Non-Emergency Care

-Facility charges (outpatient Hospital emergency treatment room charges)

90% of Allowable Amount after \$90 Copayment Amount

70% of Allowable Amount after \$90 Copayment Amount & Plan Year Deductible

(Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)

(Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)

-Physician charges

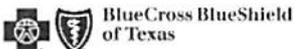
90% of Allowable Amount after Plan Year Deductible

70% of Allowable Amount after Plan Year Deductible

Ground and Air Ambulance Services

90% of Allowable Amount after Plan Year Deductible

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



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Special Provisions Expenses, cont.	In-Network Benefits	Out-of-network Benefits
Preventive Care		
Routine annual physical examinations, well-baby care exams, immunizations for Participants 6 years of age & over, vision exams and hearing exams	100% of Allowable Amount after \$25 Copayment Amount	70% of Allowable Amount after Plan Year Deductible
Immunizations for Dependent children through the date of the child's 6 th birthday	100% of Allowable Amount	100% of Allowable Amount
Speech and Hearing Services		
Services to restore loss of or correct an impaired speech or hearing function without hearing aids	90% of Allowable Amount after Plan Year Deductible	70% of Allowable Amount after Plan Year Deductible
Physical Medicine Services		
Chiropractic Care-Office Services	90% of Allowable Amount after Plan Year Deductible	70% of Allowable Amount after Plan Year Deductible
Plan Year Maximum	35 visit maximum each Plan Year*	
	<i>All other Physical Medicine Services rendered by any other eligible Provider will be allowed on the same basis as any other sickness.</i>	

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

EMPLOYEE INFORMATION

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

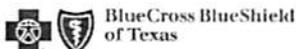
The following benefits apply to dependent coverage:

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

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

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

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



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DO YOU WANT TO SAVE MONEY THIS YEAR?



It pays to be a smart health care shopper.

At the start of each year, your deductible and out-of-pocket limits start again, so it pays to know what those limits are. It is also smart to know about your costs for doctor visits and medical procedures. These can differ greatly even in the same city. Use your money wisely this year.

Terms you should know to get the most from your health plan:

- **Network:** Not all health care professionals are in the same network, so you need to check to make sure your doctor or hospital is in your plan's network. If you use a doctor not in the plan's network, you might have to pay the total bill.
- **Deductible:** Most plans call for you to pay a certain amount before your health plan starts to pay. For instance, if your deductible is \$2,000, your plan may not pay anything until you've paid the first \$2,000.
- **Coinsurance:** Some plans don't cover all your costs. They may include coinsurance - your share of the costs of a covered health care service. Coinsurance is often a percentage of the total cost. For instance, you may pay 20 percent of an allowed service while your plan pays 80 percent.
- **Copayment (or copay):** This is a flat dollar amount you pay when you see a doctor, use medical services or fill a prescription.
- **Out-of-Pocket Maximum:** Your health plan will have a limit on how much you are required to pay in one year. If your out-of-pocket maximum is \$5,000, you won't pay anything once you've paid that \$5,000. That means no more copays or coinsurance.

HEALTHY YOU, HEALTHY BUDGET



Keep your budget and your health on track with these easy steps.

Taking charge of your health care costs is key to keeping your budget on track. In today's economy, who doesn't want to save money? Help keep your costs in check with these quick and easy tips.

- **Take care of yourself** — It sounds straightforward, but exercising and eating right can save you money on health care costs.
- **Get a yearly exam** — Prevention is key to staying on top of your health and steering clear of more serious costs and issues down the line.
- **Review your EOBs** — Any time you get an Explanation of Benefits (EOB) statement, review it. Understand your benefits and make sure you are not being charged for tests that never took place
- **Use Blue365[®]** — Check out savings for health products, health and fitness clubs, weight-loss programs and so much more.
- **Be rewarded** — Take part in any wellness reward program that your employer may offer.
- **Save on prescriptions** — Check to see if you can save money by going to certain pharmacies or using mail order. Using a generic version of a drug may be less costly. Check with your doctor to see what may be available. Treatment is between you and your doctor.
- **Know your network** — It pays to use Provider Finder[®] to make sure that your doctors and hospitals are in your network. Using out-of-network providers may cost you more. You can also get estimates for doctor visits and procedures. For instance, the same test or procedure at one network provider may cost less than one at another provider nearby. As a result, you could end up paying more.

Get started today.

Go to bcbstx.com and log in to Blue Access for MembersSM. Provider Finder is under the **Doctors & Hospital** tab. Click on **Find A Doctor**. You can also access Provider Finder on your mobile device's Web browser.

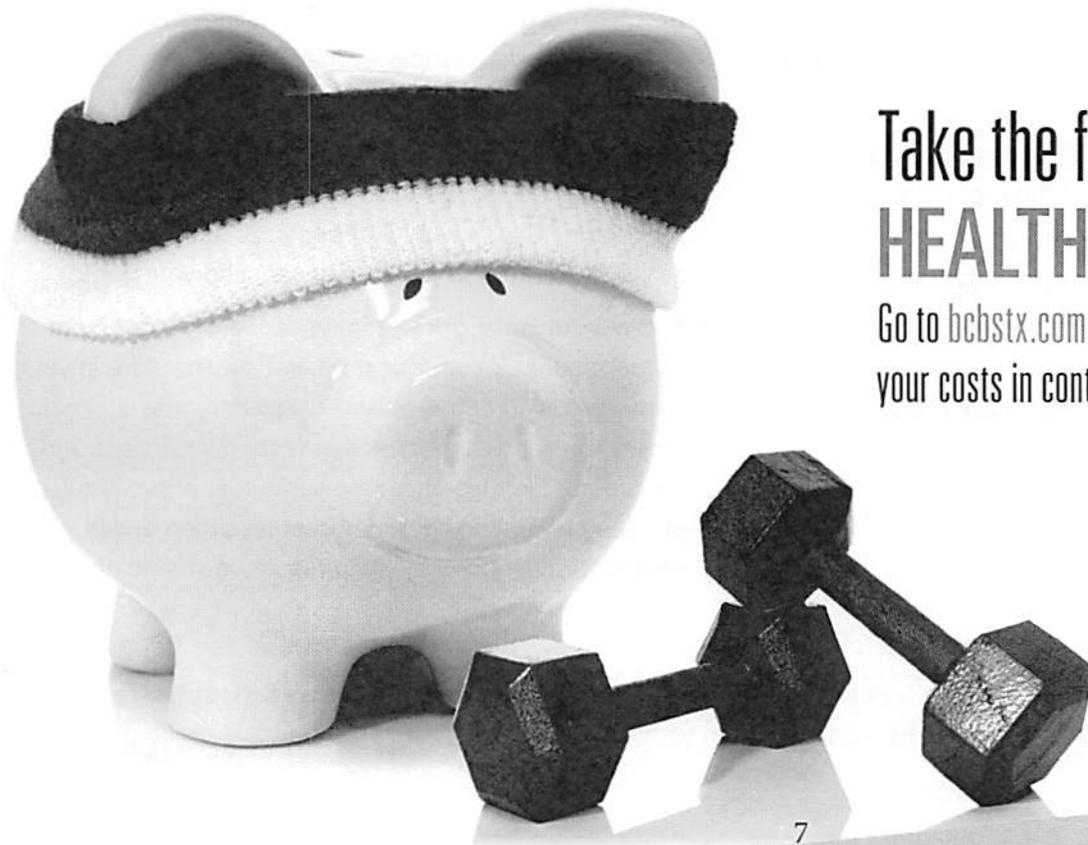
BE A FORWARD THINKER



Get the facts to learn how to help keep your health care costs down.

- **Plan ahead** — Use the right level of care. Emergency room (ER) visits can really add up. If you're not feeling well, try to see your doctor during regular working hours. An urgent care center may cost less than an ER visit for after-hours care.*
- **Budget wisely** — Add in health care costs to your budget as much as you can. For instance, if you're planning to have a baby next year, think about setting up a Health Savings Account or Flexible Spending Account to help with some of the extra costs.
- **Be a smart shopper** — If you have the option to choose a plan, check out your choices before you make a decision. Pick what works best for you and your family. You can also use Provider Finder to help you make more informed health care decisions by viewing clinical quality ratings from Blue Cross and Blue Shield as well as independent third parties.

*In the event of a medical emergency call 911 or your local emergency services.



Take the first step to a
HEALTHY BUDGET.

Go to bcbstx.com to learn ways to keep your costs in control.



SAVE MONEY WITH IN-NETWORK PROVIDERS and Avoid "BALANCE BILLING"



If you receive care from a provider that is outside the PPO network, you may have to pay more for your care or even the full cost. Providers outside the network may "balance bill" you, which means they may charge you an amount that is more than your health plan's fee schedule. Examples of out-of-network providers you may encounter include emergency room and hospital-based physicians. It is possible that a hospital is in the network, but a doctor or other person treating you there may be out of network.

Get the most from your health plan benefits by avoiding out-of-network providers. Use Provider Finder® from Blue Cross and Blue Shield of Texas (BCBSTX) when you need to find a doctor, hospital or other facility and keep your out-of-pocket costs lower.

Knowing how your plan works can help you save. Your benefits are based on your health plan's fee schedule. Doctors, hospitals, clinics and urgent care facilities (these are all called "providers") who contract independently with the PPO network have agreed to accept our negotiated rates as payment in full. When you receive care from a network provider, you will usually pay less out of pocket than at an out-of-network provider.

Before you go for medical care, make sure the doctor or hospital is part of the PPO network. There are several ways to find a PPO network provider:

- Register or log in to Blue Access for MembersSM, our secure member website by logging on at <https://mybenefits.county.org>, select "Get Connected," and click on the Blue Cross and Blue Shield link. Use the information on your BCBSTX ID Card to complete the process. Click the "Doctors & Hospitals" tab to conduct a personalized search based on your health plan and network.
- You can use Provider Finder from your phone or tablet by downloading the free BCBSTX mobile app. Just text **BCBSTXAPP** to **33633**.

In an emergency, call 911 or go to the nearest emergency room.

Call the number on the back of your BCBSTX ID card if you have a question about your benefits or want help using Provider Finder.

*Message and data rates may apply. Terms, conditions and privacy policy can be found at bcbstx.com/mobile/text-messaging.



Deciding Where to Go for Health Care

A Quick Reference Guide

Sometimes it's easy to know when you should go to an emergency room (ER). At other times, it's less clear. Where do you go when you have an ear infection, or are generally not feeling well? The emergency room is always an option, but it can be an expensive one. You have choices for receiving in-network care that will work with your schedule and also give you access to the care you need. Know when to use each for non-emergency treatment.

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



Doctor's Office

- Office hours vary
- Generally the best place to go for non-emergency care *
- Doctor to patient relationship established and therefore able to treat, based on knowledge of medical history

\$



Retail Health Clinic

- Based upon retail store hours
- Usually lower out-of-pocket cost to you than urgent care
- Located in stores and pharmacies to provide convenient, low-cost treatment for minor medical problems
- Wait time is often about an hour

\$



Urgent Care Provider

- Generally includes evenings, weekends and holidays
- Used when your doctor's office is closed, and there is no true emergency
- Wait time is often about an hour
- Most have online and/or telephone check-in

\$\$



Free Standing ER

- 24 hours, 7 days a week
- Wait time may be less than a hospital emergency room
- Could be transferred to an ER based on medical situation*
- Services do not include trauma care
- Multiple bills for services

\$\$\$



Hospital Emergency Room (ER)

- 24 hours, 7 days a week
- Highest out-of-pocket cost to you
- Wait time average 2.5 - 3 hours
- Multiple bills for services

\$\$\$\$

24/7 Nurseline**: 800-581-0353

The 24/7 Nurseline can:

- Help you decide if you should call your doctor, go to the ER or treat the problem yourself

- Answer many of your health-related questions
- Help you understand your condition and are available 24 hours a day, seven days a week; bilingual nurses available

* Please use the list on the reverse side to help you decide the best option for you.

** 24/7 Nurseline is not a substitute for the sound medical advice of your doctor. If you have any questions or concerns regarding your health, you should discuss them with your doctor.

Note: The relative costs described here are for network providers. Your costs for out-of-network providers may be significantly higher.

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

Deciding Where to Go? Doctor, Retail Clinic, Urgent Care or ER.

	Doctor's Office 	Retail Health Clinic 	Urgent Care Center 	Free Standing ER 	Hospital Emergency Room 
Who usually provides care	Primary Care Doctor	Physician Assistant or Nurse Practitioner	Internal Medicine, Family Practice, Pediatric and ER Doctors	ER Doctors, Internal Medicine, Specialist	ER Doctors, Internal Medicine, Specialist
Sprains, strains	■	■	■	<ul style="list-style-type: none"> • Most life-threatening or disabling conditions • Most major injuries • Typically do not accept ambulances • Look like Urgent Care Centers, but can care for emergencies • Open 24-hours a day, seven days a week • Physically separate from a hospital • Subject to the same copay as hospital ER • Staffed by ER physicians 	<ul style="list-style-type: none"> • Any life-threatening or disabling conditions • Sudden or unexplained loss of consciousness • Major injuries • Chest pain; numbness in the face, arm or leg; difficulty speaking • Severe shortness of breath • High fever with stiff neck, mental confusion or difficulty breathing • Coughing up or vomiting blood • Cut or wound that won't stop bleeding • Possible broken bones
Animal bites	■	■	■		
X-rays			■		
Stitches			■		
Mild asthma	■	■	■		
Minor headaches	■	■	■		
Back pain	■	■	■		
Nausea, vomiting, diarrhea	■	■	■		
Minor allergic reactions	■	■	■		
Coughs, sore throat	■	■	■		
Bumps, cuts, scrapes	■	■	■		
Rashes, minor burns	■	■	■		
Minor fevers, colds	■	■	■		
Ear or sinus pain	■	■	■		
Burning with urination	■	■	■		
Eye swelling, irritation, redness or pain	■	■	■		
Vaccinations	■	■	■		

Urgent Care Center or Free Standing ER

Knowing the Difference can Save You Money

Urgent Care Centers and Free Standing Emergency rooms (ERs) can be hard to tell apart. Free Standing ERs often look a lot like Urgent Care Centers, but costs are higher, just as if you went to the ER at a hospital. Here are some ways to know if you are at a Free Standing ER.

Free Standing ERs:

- Look like Urgent Care Centers, but include EMERGENCY in facility names.
- Are open 24-hours a day, seven days a week.
- Are physically separate from a hospital.
- Are subject to the same copay as hospital ER.
- Are staffed by ER physicians.

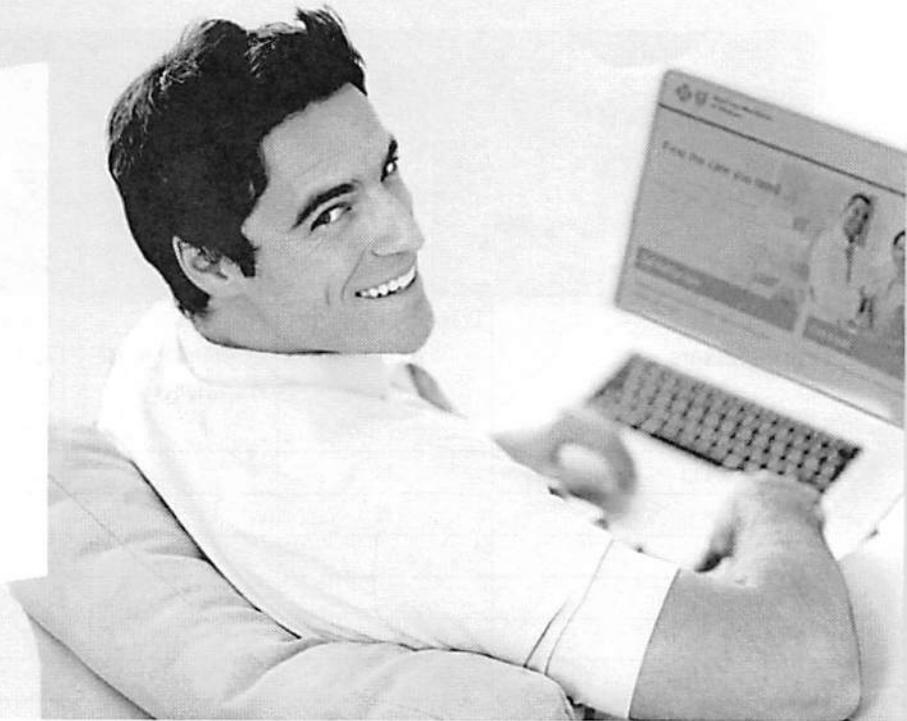
Visit bcbstx.com for more information or to find a provider.





Looking for the right doctor?

Provider Finder[®] is the quick and easy way to make better health care decisions for you and your family.



Provider Finder from Blue Cross and Blue Shield of Texas (BCBSTX) is an innovative tool for helping you choose a provider, plus estimate and manage health care costs.

By logging in to Blue Access for MembersSM (BAM) you can use Provider Finder to:

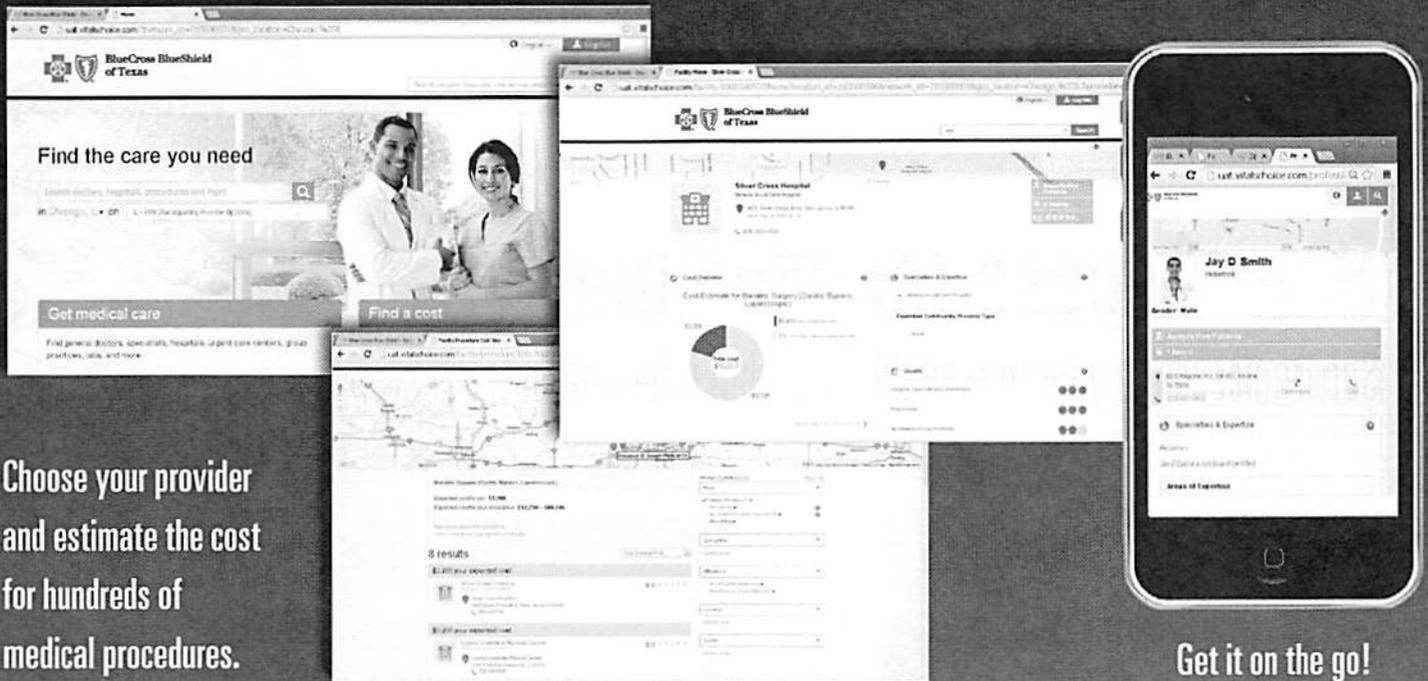
- Find a network primary care physician, specialist or hospital.
- Filter search results by doctor, specialty, ZIP code, language and gender – even get directions from Google MapsTM.
- Estimate the cost of hundreds of procedures, treatments and tests and your out-of-pocket expenses.
- Determine if a Blue Distinction Center[®] is an option for treatment.
- View patient feedback or add your review for a provider.
- Review providers' certifications and recognitions.

It's easy, immediate, secure — and available at bcbstx.com.

You're in charge with more information.

- Do you want to know more about the providers who take care of you or your family?
- Do you need to know the estimated cost of a medical service and your estimated out-of-pocket share of the cost?
- Do you want to find savings by comparing costs?
- How do you choose where to go for medical services?

Informed Choice. Cost Management. More Options.



Choose your provider
and estimate the cost
for hundreds of
medical procedures.

Get it on the go!

Screen shots are for illustrative purpose only.

It's easy to get started with Provider Finder by registering for Blue Access for MembersSM (BAM):

- 1 Go to **bcbstx.com**.
- 2 Click the **Log In** tab, and then click the **Register Now** link.
- 3 Use the information on your BCBSTX ID card to complete the process.
- 4 Then, log in to BAM. Provider Finder is located under the **Doctors & Hospitals** tab.

You can also call a BCBSTX Customer Service Advocate at the toll-free telephone number on the back of your member ID card for help in locating a provider.



Get assistance while you're away from home.

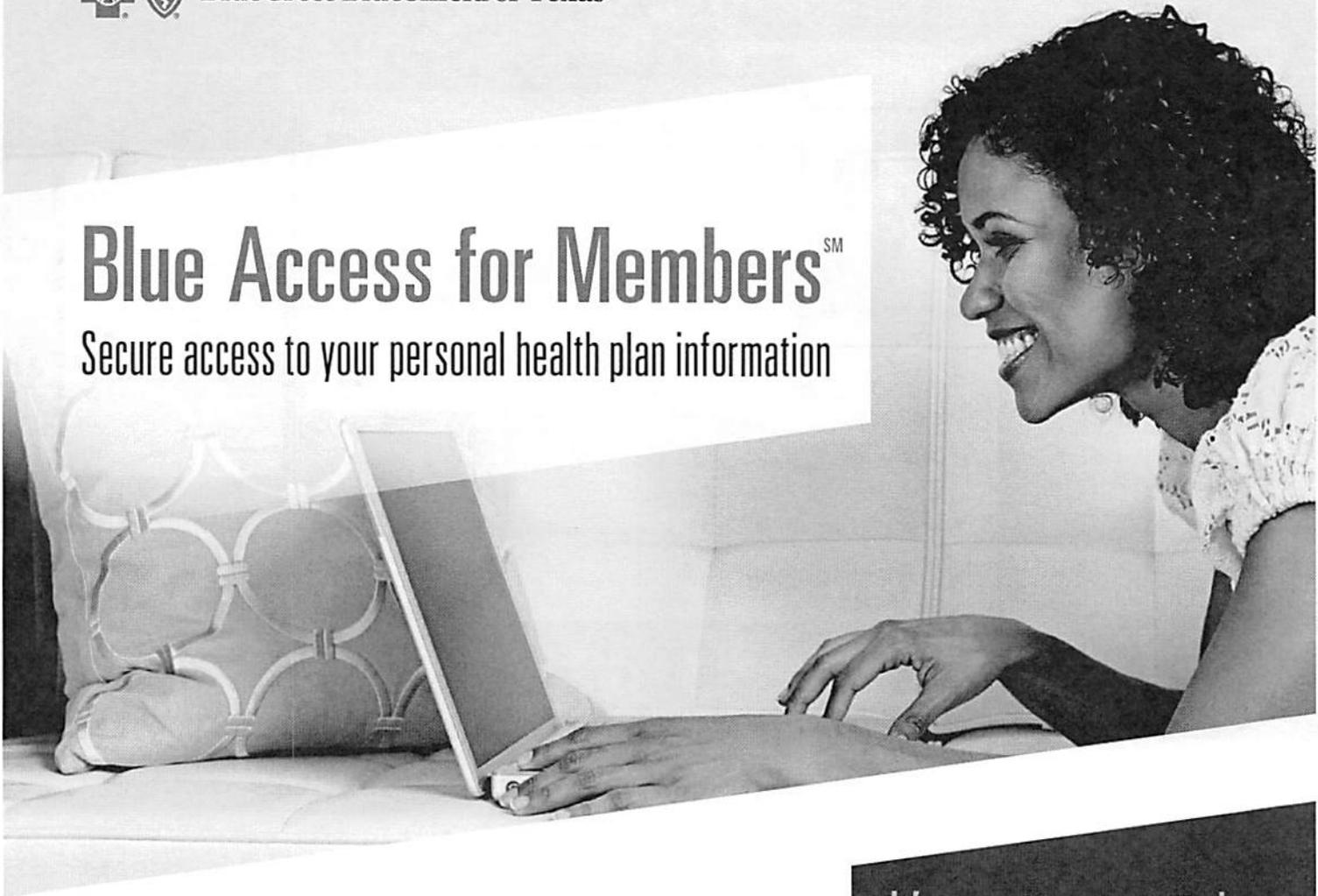
Go to bcbstx.com and register or log in to BAM. You can stay connected to your claims activity, member ID card and coverage details – you can also receive prescription reminders and health tips via text messages.



BlueCross BlueShield of Texas

Blue Access for MembersSM

Secure access to your personal health plan information



Get information about your health benefits, anytime, anywhere. Use your mobile phone, tablet or computer to access the Blue Cross and Blue Shield of Texas (BCBSTX) secure member website, Blue Access for Members (BAM).

With BAM, you can:

- Check the status or history of a claim
- Locate a doctor or hospital in your plan's network
- Find Spanish-speaking providers
- Request a new ID card – or print a temporary one
- Visit Health Care School to see articles and videos to help you make the most of your benefits

Any covered dependent age 18 and older can have his or her own BAM account.

It's easy to get started

From your mobile phone, tablet or computer:

- 1 Go to bcbstx.com/member
- 2 Click Register Now
- 3 Use the information on your BCBSTX ID card to complete the registration process.



Text* BCBSTXAPP to 33633 to get the BCBSTX app that lets you use BAM while you're on the go.

* Message and data rates may apply. Terms and conditions and privacy policy at bcbstx.com/mobile/text-messaging.

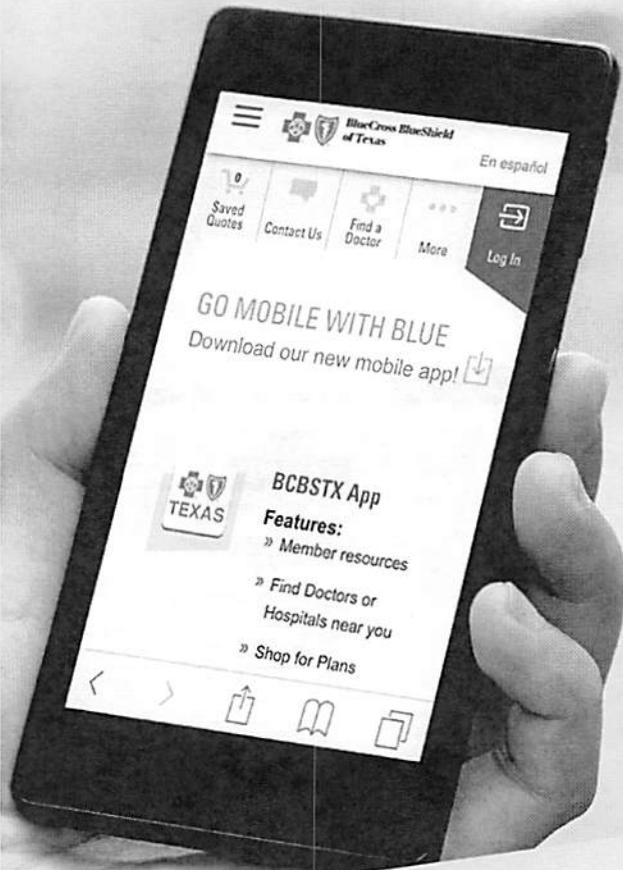
Find what you need with Blue Access for Members

The screenshot shows the Blue Access for Members website interface. At the top, there is a navigation bar with links for 'John Smith', 'Message Center', 'Settings', and 'Log Out'. On the right, there are links for 'Feedback', 'Información en español', 'Help', and 'Contact Us'. Below this is a main navigation menu with tabs for 'Home', 'My Coverage', 'Claims Center', 'My Health', 'Doctors & Hospitals', and 'Forms & Documents'. The 'My Coverage' tab is selected. The main content area displays 'Welcome John Smith' and 'Last login'. On the left, there is a 'Message Center' section with a 'You have no messages' notification and a 'View all messages' link. Below that is a 'Proud to have Blue?' section with a Facebook share button. The central 'MY COVERAGE' section shows 'Plan Type: PPO', 'Group Number: 0000', and 'ID Number: XOF00000DEMO'. Below this is a table of 'In Network Benefits' with columns for the benefit name and the amount. On the right, there is a 'Stay Updated' section with social media icons and a 'Quick Links' section with links to 'Get a Temporary ID Card', 'Member Discount Program', and 'Manage preferences'. Numbered callouts 1 through 10 are overlaid on the image to highlight specific features: 1 points to the 'My Coverage' tab; 2 points to the 'Claims Center' tab; 3 points to the 'My Health' tab; 4 points to the 'Doctors & Hospitals' tab; 5 points to the 'Forms & Documents' tab; 6 points to the 'Message Center' section; 7 points to the 'Quick Links' section; 8 points to the 'Settings' link in the top navigation; 9 points to the 'Help' link; and 10 points to the 'Contact Us' link.

- 1 **My Coverage:** Review your benefit details.
- 2 **Claims Center:** View and organize details such as payments, dates of service, provider names, claims status and more.
- 3 **My Health:** Make more informed health care decisions by reading about health and wellness topics and researching specific conditions.
- 4 **Doctors & Hospitals:** Use Provider Finder® to locate a network doctor, hospital or other health care provider and get driving directions.
- 5 **Forms & Documents:** Use the form finder to get medical, dental, pharmacy and other forms quickly and easily.
- 6 **Message Center:** Learn about updates to your benefit plan and receive promotional information via secure messaging.
- 7 **Quick Links:** Go directly to some of the most popular pages, such as medical coverage, replacement ID cards, manage preferences and more.
- 8 **Settings:** Set up notifications and alerts to receive updates via text and email, review your member information and change your secure password at any time.
- 9 **Help:** Look up definitions of health insurance terms, get answers to frequently asked questions and find Health Care School articles and videos.
- 10 **Contact Us:** Submit a question and a Customer Advocate will respond by phone or through the Message Center.



BlueCross BlueShield of Texas



Blue Access MobileSM allows you to conveniently and securely access your health coverage and wellness information via your mobile devices anywhere, anytime.



BCBSTX App and Mobile Website:

- Find a doctor, hospital or urgent care facility or search for Spanish-speaking providers
- Register or log in to Blue Access for MembersSM
 - View coverage details
 - Check claims status
 - Access ID card information



Centered App for iPhone[®]:

- Promote wellness through mindful meditation and activity
 - Set a daily steps goal and a weekly meditation goal
 - Choose from three meditation sessions - short, mindful or body awareness
 - Record activity automatically



Text Messaging:

- Set up personalized, daily reminders to take your prescriptions, multi-vitamins or check your blood glucose
- Get weekly diet, exercise and fitness tips
- Send texts to BCBSTX when you need instant account information



Learn more about Blue Access Mobile at bcbstx.com/mobile or text* GOTX to 33633.

*Message and data rates may apply. Terms and conditions and privacy policy at bcbstx.com/mobile/text-messaging.



Understanding Your EOB

Explanation of Benefits Statements

An Explanation of Benefits (EOB) Statement is a notification provided to members when a health care benefits claim is processed by Blue Cross and Blue Shield of Texas (BCBSTX). The EOB displays the expenses submitted by the provider and shows how the claim was processed.



The EOB has four sections:

- **Claim Information** includes the member and patient name, the member's group and ID numbers, and the claim number.
- **Summary** highlights the financial information – the amount billed, total benefits approved and the amount you may owe the provider.
- **Service Information** identifies the health care facility or physician, dates of service and charges.
- **Coverage Information** shows what was paid to whom, what discounts and deductions apply, and what part of the total expense was not covered.

The EOB may include additional information:

- **Amounts Not Covered** will show provider discounts, or what benefit limitations or exclusions apply.
- **Out-of-Pocket Expenses** will show an amount when a claim applies toward your deductible or counts toward your out-of-pocket expenses.
- **Appeals** explains your rights regarding review of claim denials.
- **Fraud Hotline** is a toll-free number to call if you think you are being charged for services you did not receive or if you suspect any fraudulent activity.

Your EOBs Are Available Online!

Sign up for Blue Access for MembersSM (BAM) at bcbstx.com for convenient and confidential access to your claim information and history.

Choose to opt out of receiving EOBs by mail to save time and resources. Go to BAM, click on User Profile and change your User Preferences.



BlueCross BlueShield of Texas

P.O. Box 660044
Dallas, TX 75266-0044

- 1 Explanation of Benefits (EOB). This is not a bill.
- 2 HEALTH CARE SERVICE CORP
- 3 Month/Date/Year

4 ANTHONY DOE
100 BLUEBIRD LANE
DALLAS, TX 76205

5 Customer Service: 1-800-XXX-XXXX



6 Check here for BCBSTX messages.

Sample EOB

Summary

11 Total Billed:	\$45.00
Total Benefits Approved:	\$16.20
Amount You May Owe Provider:	\$1.80

Claim Information

6 Member Name:	Anthony Doe
7 Group No.:	12345
8 Identification No.:	ABC123454569
9 Claim No.:	2020000000000X
10 Patient Name:	Anthony Doe

The following shows how this claim was processed.

Service Information

12 Service Description	13 Service Date	14 Amount Billed	15 Not Covered	16 Covered
IMAGING RADIOLOGISTS LLC				
Medical Emerg X-Ray	Month Date Year	45.00	27.00 (1)	18.00
17 Totals		\$45.00	\$27.00	\$18.00

Coverage Information

18 Totals	\$45.00	\$27.00	\$18.00
PARTICIPATING PROVIDER OPTION (PPO REDUCTION)		-\$27.00	
19 Deductions			
Your 10% Coinsurance Amount		1.80	
Total Deductions			-\$1.80
20 Total Benefits Approved			\$16.20
21 Amount You May Owe Provider			\$1.80
22 Total covered benefits approved for this claim: \$16.20 to IMAGING RADIOLOGISTS LLC.			

A Division of Health Care Service Corporation, A Mutual Legal Reserve Company, An Independent Licensee of the Blue Cross and Blue Shield Association

151.247 002573

- 1 Account name (member's company or organization)
- 2 Date claim was finalized
- 3 Toll-free number to call for additional information
- 4 Member's name and mailing address
- 5 BCBSTX messages
- 6 Member's name
- 7 Employer or group identification number*
- 8 Member number that appears on the ID card*
- 9 Claim number*
- 10 Person who received the services*
- 11 Summary box, including the total billed by the provider for the services, the benefits approved and paid by BCBSTX, and the remainder you may owe. (See also 14, 20 and 21).
- 12 Provider name (top line) and description of service (below)
- 13 Beginning and ending service dates
- 14 Amount billed by the provider for each service
- 15 Portion of the billed amount not covered by the plan (a footnote explains the reason, for example, provider discounts)
- 16 Amount covered by the plan*
- 17 Total charges included on this claim
- 18 Plan reductions subtracted from billed amount, such as PPO allowances
- 19 Deductible and copayment or coinsurance amounts ; can also display applicable penalties and/or reductions for failure to preauthorize
- 20 Payment approved before benefits are coordinated with other insurers, such as Medicare
- 21 Amount the member may be responsible for paying
- 22 Total benefit approved for provider

* Please provide this information when contacting us about a claim. Not all EOBs are the same. The format and content of your EOB depends on your benefit plan and the services provided. Deductible and copayment amounts vary.



Health Insurance Fraud

What You Should Know

Fraud Affects Everyone

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

Don't Be a Victim

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

Identifying Fraud

Commonly identified schemes involving providers include:

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

Commonly identified member schemes include:

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

Fraud increases costs
and decreases benefits.





Fighting Fraud

BCBSTX offers these tips:

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

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



Preventing Health Care Fraud

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

Fraud Isn't Fair. Help Us Fight It.

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

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

Three Ways To Report Fraud To BCBSTX

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

1. 800-543-0867

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

2. bcbstx.com/sid/reporting

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

3. U.S. Mail

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

Medical Plan

Frequently Asked Questions

Q. Are my medical records kept confidential?

A. Yes. Blue Cross and Blue Shield of Texas (BCBSTX) is committed to keeping all specific member information confidential. Anyone who may have to review your records is required to keep your information confidential. Your medical records or claims data may have to be reviewed (for example, as part of an appeal that you request). If so, precautions are taken to keep your information confidential. In many cases, your identity will not be associated with this information.

Q. Who do I call with questions about my benefits?

A. Call the toll-free Customer Service number on the back of your ID card.

Q. How do I find a contracting network doctor or hospital?

A. Go to bcbstx.com and use the **Provider Finder**[®], or call Customer Service at the toll-free number on the back of your ID card.

Q. What do I do when I need emergency care?

A. Call 911 or seek help from any doctor or hospital. BCBSTX will coordinate your care with the emergency provider.

Q. What should I bring to my first appointment with a new doctor?

A. Your first appointment is an opportunity to share information about your health with your new doctor. Bring as much medical information as possible, including:

- **Medical records and insurance card** — If you are undergoing treatment at the time you change doctors, your medical records are important to your new doctor. Your insurance card provides information about copayments, billing and customer service phone numbers.
- **Medications** — Give your new doctor information about prescription and over-the-counter medications, including any herbal medications you take. Be sure to include the name of the medication, the dosage, how often you take it and why you take it.

- **Special needs** — Make a list of any equipment or devices you use including wheelchairs, oxygen, glucose monitors and the glucose strips. Be prepared to explain how you use them, not only to make sure you have the equipment you need, but also to make sure that there is no disruption in your care.

Q. What questions should I ask if I am selecting a new doctor?

A. In addition to preliminary questions you might ask a new doctor — such as “Are you accepting new patients?” — here are some questions to help you evaluate whether a doctor is right for you.

- What is the doctor’s experience in treating patients with the same health problems that I have?
- Where is the doctor’s office? Is there convenient and ample parking, or is it close to public transportation?
- What are the regular office hours? Does the office have drop-in hours if I have an urgent problem?
- How long should I expect to wait to see the doctor when I’m in the waiting room?
- Are routine lab tests and X-rays performed in the office, or will I have to go elsewhere?
- Which hospitals does the doctor use?
- If this is a group practice, will I always see my chosen doctor?
- How long does it usually take to get an appointment?
- How do I get in touch with the doctor after office hours?
- Can I get advice about routine medical problems over the phone or by email?
- Does the office send reminders for routine preventive tests like cholesterol checks?

Q. What if I’m already in treatment when I enroll and my provider isn’t in the network?

A. We’ll work with you to provide the most appropriate care for your medical situation, especially if you are pregnant or receiving treatment for a serious illness. You may still be able to see your out-of-network provider for a period of time. Call the toll-free Customer Service number on the back of your ID card for more information.



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Prescription Drug Plan Option 4 - No Deductible

Prescription Drug Program *(Copayments will not apply to Medical Co-Share Stoploss Maximum)*

Participating CVS Caremark Network Retail Pharmacy

Deductible	\$0 Individual / \$0 Family
Non-Preferred Brand Name Drug	\$40 Copayment Amount <i>(When no generic is available or Rx is prescribed Dispense as Written-DAW)</i>
Brand Name Drug	\$25 Copayment Amount <i>(When no generic is available or Rx is prescribed Dispense as Written-DAW)</i>
Generic Drug	Lesser of \$10 Copayment Amount OR Actual Cost

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

- 1) Members who choose to refill prescriptions for maintenance drugs at a non-CVS retail pharmacy will be required to pay 1.5 times the copayment shown above after the second refill of the plan year. Maintenance drugs are prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines.
- 2) Members electing to purchase brand name drugs when "Dispense as Written" (DAW) is not indicated will be required to pay the difference between the cost of the Generic drug and Brand Name drug, plus the Brand Name Copayment.
- 3) Specialty and biotech medications are available only through the Mail Service Pharmacy unless purchased and administered through the doctor's office.

Mail Service Pharmacy or CVS Retail Pharmacy - up to a 90-day supply

Non-Preferred Brand Name Drug	\$80 Copayment Amount
Brand Name Drug	\$50 Copayment Amount
Generic Drug	\$20 Copayment Amount

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

Hello.

Welcome to CVS Caremark®

CVS Caremark manages the prescription benefit portion of your TAC HEBP plan. Whether you need medications every day or once a year, we'll help you get the medications you need, when you need them—safely, conveniently and at the lowest possible cost. We provide you with easy access to pharmacies across the country, delivery by mail for medications you take regularly, plus online benefit tools that can help you stay in control of your health.

At your local pharmacy

Filling your prescriptions is easy: simply present your benefit ID card and prescription at most major drug chain pharmacies, as well as many independent pharmacies. Register at Caremark.com to find network pharmacies nationwide.

The mail service pharmacy—3 for 2

With your TAC HEBP plan, you can have medications you take regularly delivered by mail, anywhere you like.

- Receive a 90-day supply of your medication for only twice the cost of a 30-day supply (three months for the price of two), and there's no cost for shipping
- Registered pharmacists personally inspect prescriptions
- Register at Caremark.com to refill your prescriptions or track your orders

Please allow approximately 10 business days from the day you submit your order for delivery of your medication.

To save money on your prescriptions, ask for generics

With your TAC HEBP plan, your prescriptions will be filled with generic medications whenever they are available and approved by your doctor. If you choose a brand-name medication when a generic is available, you will pay more. Generics are safe and work just as well as brand-name medications, but cost you less.

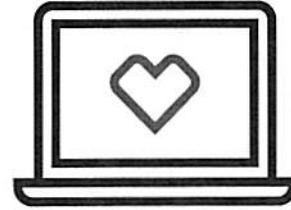
- Ask your doctor to prescribe generics and allow generic substitution at your local pharmacy
- Say "yes" if your pharmacist asks if you would like a generic
- If there is no generic equivalent for the brand-name medication you are prescribed, ask your doctor if a generic alternative is available (a generic that is not the same as the brand, but is FDA-approved for the same use) and if it would be right for you

CVS Specialty™

CVS Specialty specializes in medications that treat certain health conditions, such as Crohn's disease, multiple sclerosis, hemophilia, hepatitis C and rheumatoid arthritis. These medications usually have specific storage requirements and may be taken by injection or infusion.

CVS Specialty makes it easy to get your medications, whether you want to pick them up at any CVS Pharmacy® or have them delivered to your home, doctor's office or other location of your choice*. You'll always have access to your CareTeam, which includes a pharmacist and nurse specially trained in your condition, who you can call with questions any day or time. Your CareTeam can help with managing side effects, injection training, financial assistance, or any question you may have about your condition or medication.

continued



Caremark.com

Once you've registered at Caremark.com, you can:

- Order refills by mail
- Check order status
- Review your coverage
- See your prescription history
- Check drug costs and find opportunities to save money with generics
- Find a network pharmacy
- Access health and medication information

Registering on Caremark.com is easy and only takes a few minutes. Have your prescription ID card handy.



Customer Care Numbers

English: 1-800-552-8159

Spanish: 1-800-378-2399



The Benefits

We Care

Our Customer Care representatives are dedicated to helping you get the most from your prescription benefit.

Safety First

Your CVS Caremark prescription benefit program includes automatic pharmacy safety checks to help prevent potentially harmful interactions. You can also check for potential interactions with other prescription medications, over-the-counter medications, vitamins or herbal supplements at Caremark.com.

Easy Prescription Orders

You can fill your prescriptions at more than 68,000 retail pharmacies nationwide. You can also have 90-day supplies of the medications you take regularly delivered by mail, anywhere you like. You can order refills of your medication at Caremark.com or by calling the number on your prescription ID card.

Save Money

You can save money on your medications by choosing generics whenever they are available and approved by your doctor. If a generic is not available, your plan includes preferred brand medications, which may also save you money.

CVS Caremark is Committed to:

- **Providing you with convenience and value**
 - Through our relationship with more than 68,000 retail pharmacies
 - By delivering the medications you take regularly by mail, anywhere you like
- **Improving your safety**
 - By helping support and educate your doctors and other prescribers so they can make appropriate decisions about your medications
 - By making sure the medications you receive are what your doctor prescribed or agreed to after talking with a CVS Caremark pharmacist
 - By helping to prevent any unintended drug interactions
- **Helping you and your benefit plan sponsor save**
 - By encouraging the use of generic and lower-cost brand medications
 - By offering delivery by mail for the medications you take regularly
- **Giving you enhanced customer care, while protecting your privacy**
 - Our employees follow detailed ethical standards as well as a comprehensive Code of Conduct
 - Our pharmacists follow a professional Code of Ethics



All of our communications about your benefit plan, our online tools, and our health and wellness programs are designed to help you manage your health, become a better informed health care consumer and save you money on your medications. We look forward to supporting your health care needs.

*Where allowed by law.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

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TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Changes to Prescription Plan Coverage Effective October 1, 2016

Two important changes to your prescription plan will take effect at renewal:
Maintenance Choice Phase II and Enhanced Specialty Drug Formulary

Maintenance Choice – Phase II

The Maintenance Choice program has been a part of your prescription plan coverage since 2014. This allows members to save on the cost of refills for maintenance medications by utilizing Caremark's mail order service, or by purchasing refills at a CVS retail pharmacy. Recently, Target pharmacies were added as well. The member saves money because they receive 3 refills (a 90-day supply) for the cost of 2. The plan saves money because this is the most cost-effective method for providing these medications to our members.

Phase II of the Maintenance Choice program will further incentivize the use of mail order and/or CVS/Target pharmacies for refills of maintenance medications. **Members who choose not to utilize the program will pay 1.5 times the retail copay after the second refill.** Some of the most frequent questions about this program are answered below.

How do I sign up for mail order refills?

Option 1. Online. Go to Caremark.com and sign in or register (first visit).

Option 2. By phone. Call the toll-free number for Caremark (listed on the back of your TAC/Blue Cross ID card). Be ready with doctor, medicine, and mailing information, and your payment method.

Option 3. Your Doctor can submit your prescriptions electronically, by fax or over the phone.

How do I order refills?

Option 1. Online. Ordering refills at Caremark.com is convenient, fast and easy! Register online to receive refill reminders and other important updates.

Option 2. By phone. Call the toll-free number on your prescription label for fully automated refill service.

Option 3. By mail. You will receive an order form with every mail service order. Simply fill in the ovals for the refills you want to order. If you need a refill for a prescription not listed on the form, write the prescription number in the space provided. Send the form to CVS Caremark along with your payment.

Is it safe to receive medications in the mail?

Your medicine will be mailed to you in plain, tamper-proof packaging. An order form and a return envelope are included with every delivery. All items in your order typically arrive in one package. If an item is not available, CVS Caremark will contact you to determine if you want the available items shipped or held until all items are ready. NOTE: Controlled substances and orders exceeding \$1,200 in value are shipped via two-day delivery service, and an adult signature is required for delivery.

What if my medication can't get hot (or cold)?

Certain items require special handling and may be shipped by a faster method at no additional cost. In such cases, you may receive a call letting you know your order is being shipped. Temperature-sensitive items will be packaged and sent using special procedures, including ice packs, coolers and/or express delivery when necessary.

Enhanced Specialty Drug Formulary

While many health plans have added a separate cost tier for specialty medications, TAC HEBP plans continue to be offered with 3 tiers: Generic, Brand Name, and non-preferred Brand Name. Specialty drugs that are included in the Pool's prescription plan formulary currently fall within the non-preferred Brand Name tier. We are expanding the formulary for specialty drugs from 5 therapeutic classes to 12 classes. This means that more medications will be included in the Specialty category. The formulary* will be updated quarterly, rather than annually, with day-one control of new drug launches.

Members who are already utilizing a specialty drug as of September 30, 2016 will receive notification in the mail explaining the program, but it will not affect the medications they are already taking. Future prescriptions of specialty medications will be subject to the formulary in place at that time. An exception process will be available for situations where approved medications have been tried but are not successful.

*Caremark Advanced Control Specialty Formulary (ACSF)™



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

EMERGENCY EVACUATION MEDICAL INFORMATION

Special arrangements have been made to assist our members of the Health and Employee Benefits Pool in the event of an official evacuation. If your county has officially been declared by the Governor's office to evacuate, we will notify Blue Cross Blue Shield and Caremark so they are ready to assist those that are faced with emergency medical situations. In the event you have to leave your home and need assistance with getting your prescription refilled or medical care in an unfamiliar community, we are here to assist you. Please keep the following information where it can be referred to in the event of an emergency evacuation.

KEEP YOUR CAREMARK AND BLUE CROSS BLUE SHIELD CARD WITH YOU:

The information on these cards is necessary to get you the care that you need with minimal disruption. Both are nationwide networks and a customer service number is provided on the back of each card.

FOR CUSTOMERS OF CHAIN PHARMACIES:

If you have your prescriptions at a large CHAIN pharmacy (i.e.; Wal-Mart, Walgreens, Brookshire Brothers, HEB, CVS, etc.), you should be able to go to the local branch of that chain pharmacy and have your prescription transferred to your current location for filling. Once you return home, you will need to have it transferred back to your regular pharmacy. If there are no local branches accessible to you, please follow the instructions below.

FOR CUSTOMERS OF LOCAL PHARMACIES:

If you have your prescriptions at a local pharmacy that is closed or is not accessible to you due to the evacuation, you will need to have a doctor call in a new prescription to a pharmacy where you are located, or to the Caremark mail order facility. If you want to use the Caremark mail order pharmacy, please have an address ready where the medicine can be sent.

If you cannot reach your local doctor to call in a prescription, you can see a doctor where you are located. Blue Cross Blue Shield of Texas has made your health care records electronically available to physicians across the state so that you can continue to receive excellent health care while you are away from home.

FOR SPECIALTY PHARMACY CUSTOMERS:

Cold Pack medicines are shipped via Fed Ex. Please call Specialty Pharmacies at 800-237-2767.

IMPORTANT NUMBERS:

Caremark Customer Care: To temporarily change your address if you need mail order prescriptions delivered to your current location, call 800-552-8159.

Caremark Mail Order Pharmacy: For doctor to fax in a prescription 800-378-0323
For doctor to call in a prescription 800-378-5697

Blue Cross Blue Shield of Texas: Customer Service 800-521-2227

Texas Association of Counties: Health and Employee Benefits 800-456-5974



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Gillespie County Life Insurance

Basic Life Coverage

Classification of Employees	Term Life Insurance	Accidental Death and Dismemberment
Any full-time, active employee or elected or appointed official	\$10,000	\$10,000

Benefit drops to \$5,000 at retirement.
Extended Insurance Benefits terminate at age 70.

Group Term Life

Eligible Employees Become Insured

Employees eligible on the effective date of the policy who work a minimum of 120 hours per month will become insured on that date if actively at work, provided a properly completed application is received within 10 days of the effective date. Actively at work, active work, or active service means the active expenditure of time and energy in the services of the employer at the employee's usual and customary place of employment by an employee who is physically and mentally capable of performing on a regular basis all of the usual and customary duties required for his position; provided, however, that an employee shall be deemed to be so actively expending time and energy on each day of a regular paid vacation, or on a regular nonworking day, on which he is not disabled provided he was so actively expending time and energy on the last scheduled working day preceding such vacation or nonworking day.

Employees becoming eligible after the effective date of the policy will become insured according to the option selected, provided a properly completed and acceptable application is received by Voya within 30 days following the date the employee is both eligible and actively at work.

Employer/Employee Contributions

If the employer pays the entire cost of the employee's insurance, then every employee will become automatically insured on the date of his eligibility. If part of the cost of the insurance is paid by the employee, then such employee will become insured on the date he first becomes eligible, provided that he applies for the insurance within 30 days following the date he is both eligible and actively at work and agrees to pay his part of the cost.

Adjustments in Amounts of Insurance

Increases in the amounts of insurance because of changes in salary, position, or classification will become effective on the first of the month following the date of change; provided however, the employee must be actively at work on that date for an increase to be effective.

Decreases in the amounts of insurance because of changes in salary, position, classification or age will become effective on the first of the month following the date of change. Changes in coverage due to retirement status will become effective on the first of the month following retirement.

Extended Insurance Benefit

If the employee, while insured and while under age 60, becomes totally disabled from bodily injury or disease, thereby being prevented for a period of at least 6 months from performing any work or engaging in any occupation for compensation or profit, the employee's term life insurance will be continued without payment of premiums, subject to furnishing proof of continuing disability. Extended Insurance Benefits will terminate at age 70.

Accelerated Benefit

If an insured employee is diagnosed with a Terminal Condition which with reasonable medical certainty will result in his or her death within 6 months, he or she may choose to accelerate up to 50% of his or her term life death benefit, with a minimum of \$5,000 and up to \$100,000. An administrative fee of \$150 and a 6 month interest rate discount based on an annual interest rate of 8% will be deducted from the payment. The amount of the accelerated payment will reduce the death benefit payable to the employee's designated beneficiary under the term life coverage by the requested payment amount. The monthly premium will be the same as if the accelerated payment had not been made. DISCLOSURE: The Accelerated Benefit offered under this group policy is intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986. If the Accelerated Benefit qualifies for such favorable tax treatment, the benefits will be excludable from the employee's income and not subject to federal taxation. Tax laws relating to Accelerated Benefits are complex. The employee is advised to consult with a qualified tax advisor about circumstances under which he or she could receive the Accelerated Benefit excludable from income under federal law.

Receipt of an Accelerated Benefit payment may affect the employee, the employee's spouse or the employee's family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), Supplemental Social Security Income (SSI) and drug assistance programs. The employee is advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect the employee, the employee's spouse or the employee's family's eligibility for public assistance.

Conversions While Group is in Force

When an employee terminates his employment or otherwise becomes ineligible for his group term life insurance while the policy is in force, he will then have the guaranteed right to convert the amount of his group term life insurance so terminated.

The initial premium and written application for insurance must be received by Voya within 31 days after the date of termination of his term life insurance. The premium rate will be the rate for his attained age for the plan of insurance and the amount of insurance so converted.

The effective date of his insurance will be 31 days after the date of the termination of his group insurance. In any event, he will always have 31 days of insurance without cost. *No evidence of insurability will be required.*

AD&D

Provides for an additional payment to the beneficiary in case of accidental death. For example, if the term life amount was \$20,000, and the AD&D amount was \$20,000, the beneficiary would receive a combined payment of \$40,000

Accidental Death/Dismemberment Benefits

If injuries result in death or dismemberment within one year after an accident, the program pays the following benefits:

Loss of life.....the principal sum

Loss of two or more members.....the principal sum

Loss of one member.....one-half the principal sum

Loss of speech or hearing.....one-half the principal sum

Loss of thumb and index finger of the same hand one-quarter the principal sum

Loss of hand means severance at the wrist or above. Loss of foot means severance at the ankle or above. Loss of sight is the total and irrecoverable loss of sight of one eye.

The maximum payable for all consequences of a single accident is the amount of the accidental death benefit, but no payment for dismemberment is deducted from the benefit available in the event of a subsequent accident.

General Exclusions

We will not pay any benefit for any Loss that, directly or indirectly, results in any way from or is contributed to by:

Any disease or infirmity of mind or body, and any medical or surgical treatment thereof; or;

Any infection, except a pus-forming infection of an accidental cut or wound: or

Suicide or attempted suicide, while sane or insane; or

Any intentionally self-inflicted Accident; or

War, declared or undeclared, whether or not the Insured is a member of any armed forces; or

Travel or flight in an aircraft while a member of the crew, or while engaged in the operation of the aircraft, or giving or receiving training or instruction in such aircraft; or

Commission of, participation in, or an attempt to commit an assault or felony; or

Being under the influence of any narcotic, hallucinogen, barbiturate, amphetamine, gas or fumes, poison or any other controlled substance as defined in Title II of the comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by the Insured's licensed physician and used in the manner prescribed. Conviction is not necessary for a determination of being under the influence; or

Intoxication as defined by the laws of the jurisdiction in which the accident occurred. Conviction is not necessary for a determination of being intoxicated; or

Active participation in a riot. "Riot" means all forms of public violence, disorder, or disturbance of the public peace, by three or more persons assembled together, whether with or without a common intent and whether or not damage to person or property or unlawful act is the intent or the consequence of such disorder.

Accidental Death or Loss

This means a death or loss resulting directly from an accident within 90 days from the date of the accident.

Seatbelt Benefit

Pays an additional benefit equal to the employee benefit (up to \$25,000) if an insured employee dies as the result of a covered accident which occurs while the insured was driving or riding in an automobile driven by a licensed driver who was not intoxicated, under the influence of a controlled substance or impaired. The automobile must be equipped with seat belts, and the seat belts must have been in actual use and properly fastened at the time of the accident. The position of the seat belt must be certified in the official accident report or by the investigating officer. If an official police report certifying that the seat belt was being properly worn, is not available at the time the claim is submitted, the benefit amount will be \$1,000.

Air Bag Benefit

An additional benefit amount equal to 5% of the Principal Sum will be payable if the insured dies while driving or riding in an automobile, provided that the insured was positioned in a seat equipped with a factory-installed air bag. The insured must have been properly strapped in the seat belt when the air bag inflated, and the air bag inflated properly upon impact. The maximum benefit payable is \$5,000. If it is unclear whether the seat belt was being properly used and the air bag inflated properly, the benefit will be \$1,000.

Repatriation Benefit

If an insured employee dies as a result of a covered accident at least 75 miles from his principal residence, up to \$5,000 will be paid for the preparation and transportation of the insured employee's body. (Not available in all states)

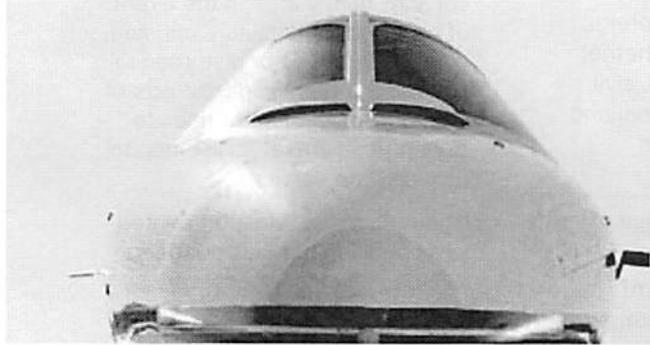
Education Benefit

If the Principal Sum is payable under the AD&D benefit for the employee's loss of life, each insured child who qualifies will receive reimbursement for incurred educational expenses in a school of higher education beyond the 12th grade. The maximum education benefit is equal to the lesser of the employee benefit amount or \$12,000 and will be payable in four equal installments. A benefit of \$1,000 is payable for children in elementary or high school. (Not available in all states)



Voya™ Travel Assistance

Security When You Travel



We live in a highly connected world where frequent domestic and international travel is the norm. Voya Travel Assistance offers you enhanced security for your leisure and business trips. You and your dependents will have toll-free or collect-call access to the Voya Travel Assistance customer service center or access to the services provided on the website 24 hours a day, 365 days a year – from anywhere in the world.

Covered Services

When traveling more than 100 miles from home, Voya Travel Assistance offers you and your dependents four types of services: Pre-Trip Information, Emergency Personal Services, Medical Assistance Services, and Emergency Transportation Services.

▶ Pre-Trip Information

These valuable services help you start your trip the right way. Voya Travel Assistance can provide you with important, up-to-date travel information including:

- Immunization requirements
- Visa & passport requirements
- Foreign exchange rates
- Embassy/consular referral
- Travel/tourist advisories
- Temperature & weather conditions
- Cultural information

▶ Emergency Personal Services

In the event of an unexpected situation of a non-medical nature, Voya Travel Assistance offers access to several valuable services, including:

- Urgent message relay
- Interpretation/translation services
- Emergency travel arrangements
- Recovery of lost or stolen luggage or personal possessions
- Legal assistance and/or bail bond

If You Need Emergency or Pre-Trip Services...

...use the contact information on the reverse and identify yourself as an eligible participant in the Voya Travel Assistance program.

You will be asked to provide some additional information in order to confirm your eligibility under this program. Once your eligibility has been verified, Voya Travel Assistance will arrange and provide the Emergency Transportation Services previously described.

Please note: Covered services are only eligible for payment through Voya Travel Assistance if Voya Travel Assistance was contacted at the time of service and arranged for the service. If costs are incurred for other services, you are responsible for those costs or reimbursement of those costs if initially paid by Voya Travel Assistance; Voya Travel Assistance will ask for your credit card and debit your account for the required amount.



Voya Travel Assistance

Contact Voya Travel Assistance 24 hours a day, 365 days a year for Pre-Trip Information, Emergency Personal Services, Medical Assistance Services, and Emergency Transportation Services.

In the US, Toll Free: 800.859.2821

Worldwide, Collect: 202.296.8355

Email: ops@europassistance-usa.com

Online Portal: <https://eservices.europassistance-usa.com/sites/Voya>

Group ID: N1VOY

Activation Code: 140623

ReliaStar Life Insurance Company, a member of the Voya™ family of companies.

▶ **Medical Assistance Services Include:**

- Medical referrals for local physicians and dentists
- Medical case monitoring
- Prescription assistance and eyeglass replacement
- Arrangement and payment of emergency medical services (up to \$10,000 with a written guarantee of reimbursement from the eligible participant.)

▶ **Emergency Transportation Services***

Should you need medical care or assistance while traveling, Voya Travel Assistance can help. When deemed medically necessary by a Voya Travel Assistance designated physician, evacuation and transportation to the nearest adequate medical facility that can properly treat your condition will be arranged and paid for on your behalf. Additional transportation services include:

- Visit of family member or friend
- Return of traveling companion
- Return of dependent children
- Return of vehicle
- Return of mortal remains

▶ **How It Works**

At any time before or during a trip, you may contact Voya Travel Assistance for assistance services. It is recommended that you keep a copy of this summary with your travel documents. Use the wallet card to have convenient access to the numbers that you need.

* The services listed above are subject to a maximum combined single limit of \$150,000.

▶ **Exclusions and Limitations**

A. Voya Travel Assistance shall not provide services enumerated if the covered service is sought as a result of your or your dependent's:

- Involvement in any act of war, invasion, acts of foreign enemies, hostilities (whether war is declared or not), civil war, rebellion, revolution, and insurrection, military or usurped power;
- Travel against the advice of a physician;
- Travel for the purpose of obtaining medical treatment;
- Travel in any country in which the U.S. State Department issued travel restrictions;
- Commission of or attempt to commit an unlawful act;
- Being under the influence of drugs or intoxicants unless prescribed by a physician;
- Pregnancy and childbirth (except for complications of pregnancy);
- Mental or emotional disorders, unless hospitalized;
- Participation as a professional in athletics;
- Services provided for which no charge is normally made;
- Travel within 100 miles of your permanent residence, unless in a foreign country.

B. The services described above currently are available in every country of the world. Due to political and other situations in certain areas of the world, Voya Travel Assistance may not be able to respond in the usual manner.

It is your responsibility to inquire whether a country is "open" for assistance prior to your departure and during your stay. Voya Travel Assistance also reserves the right to suspend, curtail or limit its services in any area in the event of rebellion, riot, military uprising, war, terrorism, labor disturbance, strikes, nuclear accidents, acts of God or refusal of authorities to permit Voya Travel Assistance to fully provide services.

C. If you request a transport related to a condition that has not been deemed medically necessary by a physician designated by Voya Travel Assistance in consultation with a local attending physician or to any condition excluded hereunder, and the Employer or Plan Sponsor agrees to be financially responsible for all expenses related to that transport, Voya Travel Assistance will arrange but not pay for such transport to a medical facility or to your residence and will make such arrangements using the same degree of care and completeness as if Voya Travel Assistance was providing service under this agreement. A waiver of liability will be required prior to arranging these transportation services.

D. Voya Travel Assistance shall not be responsible for any claim, damage, loss, cost, liability or expense which arises in whole or in part as a result of Voya Travel Assistance's inability to reach the Employer's or Plan Sponsor's authorized Contact person for any reason beyond Voya Travel Assistance's control, or as a result of the failure and/or refusal of the Employer or Plan Sponsor to authorize services proposed by Voya Travel Assistance.

Insurance products are provided by ReliaStar Life Insurance Company, a member of the Voya™ family of companies. Voya Travel Assistance services are provided by Europ Assistance USA, Bethesda, MD. Services are not available in all states.

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DESCRIPTION OF COVERED SERVICES

The following is a detailed Description of Services provided under the Voya Travel Assistance program to ReliaStar Life Insurance Company group policyholders, for the benefit of their employees and eligible dependents.

All services in connection with Emergency Evacuation, Medically Necessary Repatriation, Repatriation of Mortal Remains, Visit by Family Member or Friend, Traveling Companion Transportation, and Return of Dependent Children are subject to a maximum Combined Single Limit of one hundred fifty thousand dollars (\$150,000) per event. Pre-trip and information services are available at any time. Transportation, Medical Assistance and Emergency Personal services are available to you when you or your spouse and dependent children are traveling at least 100 miles away from home for no more than 90 consecutive days for business or pleasure.

All services must be provided by Voya Travel Assistance. No claims for reimbursement will be accepted. Any expenses associated with these services are your responsibility except as provided within this Description of Services.

EMERGENCY TRANSPORTATION SERVICES

Emergency Evacuation: If you or your spouse or dependent suffer an Injury or Sickness and adequate medical facilities are not available locally in the opinion of Voya Travel Assistance's Medical Director, Voya Travel Assistance will provide emergency evacuation (under medical supervision) by whatever means necessary to the nearest facility capable of providing adequate care. Services include arranging and paying for transportation and related medical services (including cost of medical escort) and medical supplies necessarily incurred in connection with the emergency evacuation.

Medically Necessary Repatriation: After initial treatment and stabilization for an Injury or Sickness, if the attending Physician and Voya Travel Assistance's Medical Director deem it medically necessary, Voya Travel Assistance will transport you back to your permanent place of residence for further medical treatment or to recover. Services include arranging and paying for transportation and related medical services (including escort if necessary) and medical supplies necessarily incurred in connection with the repatriation.

Repatriation of Mortal Remains: In the event of your death, Voya Travel Assistance will render assistance and provide for the return of mortal remains. Services include arranging and paying for the following: location of a sending funeral home; transportation of the body from the site of death to the sending funeral home to the airport; minimally necessary casket or air tray for transport; coordination of consular services (in the case of death overseas); procuring death certificates; and transport of the remains from the airport to the receiving funeral home. Other services that might be performed in conjunction with those listed above include making travel arrangements for any traveling companions and identification and/or notification of next-of-kin. Repatriation of Mortal Remains services are subject to a maximum coverage limit of \$15,000.

Visit by Family Member or Friend: If you are hospitalized for more than seven (7) days and are traveling alone, Voya Travel Assistance will arrange and provide your family member or friend with transportation to visit you. Visit by Family Member or Friend services are subject to a maximum coverage limit of \$7,500, to include meals and accommodations subject to a daily maximum of \$175, up to a maximum of 7 days.

Traveling Companion Transportation: If your travel companion loses previously made travel arrangements due to your medical emergency, Voya Travel Assistance will arrange and pay for your traveling companion's return home by the most direct and economical route, up to a maximum coverage limit of \$7,500.

Return of Dependent Children: If you are hospitalized for more than seven (7) days, Voya Travel Assistance will arrange and pay for the return of your minor children who are under nineteen (19) years of age, and if necessary, accompany him/her with an attendant, up to a maximum coverage limit of \$7,500.

Vehicle Return: In the event of an emergency evacuation, medically necessary repatriation, or repatriation of remains, Voya Travel Assistance will arrange to return your non-commercial vehicle that is left behind unattended, up to the maximum coverage limit of \$2,500.

MEDICAL ASSISTANCE SERVICES

Medical Referrals: Voya Travel Assistance will assist you in finding Physicians, dentists, and medical facilities.

Medical Monitoring: During the course of a medical emergency, Voya Travel Assistance's professional case managers, including Physicians and nurses, will make sure the appropriate level of care is maintained or determine if further intervention, medical transportation, or possibly repatriation (return to U.S.) is needed. If authorized, Voya Travel Assistance will provide case notification, both foreign and domestic, between the patient, family, Physician, employer, travel company, and consulate as needed. Voya Travel Assistance will continue to provide all necessary international claim coordination, to include hospital bill translation and interpretation, as needed.

Emergency Medical Payments: When it is necessary for you to obtain needed medical services, upon request, Voya Travel Assistance will advance up to \$10,000, in local currency if needed, to cover on-site medical expenses. The advance of funds will be made to the medical provider after you, your family or any other associate have provided a credit card guarantee to Voya Travel Assistance to secure the necessary funds.

Replacement of Medication and Eyeglasses: Voya Travel Assistance will arrange to fill a prescription that has been lost, stolen, or requires a refill, subject to local law, whenever possible. Voya Travel Assistance will also arrange for shipment of replacement eyeglasses. Costs for shipping of medication or eyeglasses, or a prescription refill, etc., are your responsibility.

Hotel Convalescence Arrangements: Voya Travel Assistance can assist you with hotel arrangements if you or your companion needs to convalesce in a hotel prior to or following medical treatment.

Medical Insurance Assistance: Voya Travel Assistance can assist you by coordinating notifications to medical insurers or managed care organizations, verifying policy enrollment, confirming medical benefits coverage, guaranteeing medical payments, assisting in the coordination of multiple insurance benefits, and handling claims paperwork flow.

Prescription Drug Assistance: When permitted by law and approved by the patient's Physicians, Voya Travel Assistance will assist you in obtaining prescription drugs and other necessary personal medical items that may have been forgotten, lost or depleted while traveling.

PRE-TRIP INFORMATION

Pre-trip information is available at any time, not subject to 100 mile travel requirement.

Passport and Visa Information: Voya Travel Assistance can advise you of the required documentation to enter and depart foreign destinations.

Health Hazards Advisory: Voya Travel Assistance can provide you with up-to-date travel advisories.

Inoculation Requirements: Medical entry requirements can be provided to you prior to your departure.

Weather Information: Voya Travel Assistance maintains current information regarding weather conditions for both domestic and international travel destinations. This information will be provided to you through the Voya Travel Assistance Center.

Currency Exchange Information: Voya Travel Assistance can provide you with the daily currency exchange rate for a specified country.

Consulate and Embassy Locations: Voya Travel Assistance maintains a complete listing of consulates and embassies. These locations are accessible to you by calling the Voya Travel Assistance Center.

Translation and Interpreter Services: Professional translators and interpreters can be reached 24 hours a day to obtain translation or interpreter assistance services during emergency situations while traveling internationally.

Travel Locator Service: You can contact the Voya Travel Assistance Center 24 hours a day, seven (7) days a week, for assistance in locating hotels, airports, sports facilities, campgrounds, and tourist attractions.

EMERGENCY PERSONAL SERVICES

Emergency Message Assistance: Voya Travel Assistance can record emergency messages from you or emergency messages for you for 24-hour periods. These messages may be retrieved at any time by you, your family, or business Associates.

Emergency Cash Assistance: Voya Travel Assistance can assist you with emergency cash up to \$500. You, your family or other associate must provide a credit card guarantee to Voya Travel Assistance to cover the advance. Any fees associated with the transfer, such as credit card or Western Union fees are also your responsibility.

Emergency Ticket Replacement: Voya Travel Assistance can assist you in replacing lost or stolen airline tickets.

Emergency Card Replacement: Voya Travel Assistance can assist you with emergency card replacement if you should experience a loss, theft, or damage to your credit card or membership card.

Emergency Pet Return: In the event of an emergency evacuation, medically necessary repatriation, or repatriation of remains, and your pet is left unattended, Voya Travel Assistance will assist in the arrangements to have your pet transported to your place of residence.

Emergency Payment Assistance: Voya Travel Assistance can assist you in obtaining an advance of funds for non-medical or other travel emergencies by coordinating directly with your family, or your credit card company, bank, employer, plan sponsor or other sources of credit.

Locating Legal Services: Voya Travel Assistance can assist in contacting a local attorney or the appropriate consular officer if you are arrested or detained, involved in an automobile accident, or otherwise need legal help. Voya Travel Assistance will maintain communications with you, your family, and employer until legal counsel has been retained by you.

Bail Bond Services: Voya Travel Assistance can assist in securing bail bond services in all available locations.

Baggage Assistance: Voya Travel Assistance can assist you if your baggage is lost, stolen, or delayed while traveling on a common carrier. Voya Travel Assistance will advise you of the proper reporting procedures and will help you maintain contact with the appropriate companies or authorities to help resolve the problem.

EXCLUSIONS AND LIMITATIONS

- A. Voya Travel Assistance shall not provide benefits and/or services enumerated if the coverage is sought as a result of your or your dependent's involvement in any act of war, invasion, acts of foreign enemies, hostilities (whether war is declared or not), civil war, rebellion, revolution, and insurrection, military or usurped power; traveling against the advice of a Physician; traveling for the purpose of obtaining medical treatment; traveling in any country in which the U.S. State Department issued travel restrictions; commission of or attempt to commit an unlawful act; being under the influence of drugs or intoxicants unless prescribed by a Physician; pregnancy and childbirth (except for complications of pregnancy); mental or emotional disorders, unless hospitalized; participation as a professional in athletics; services provided for you for which no charge is normally made; travel within 100 miles of your permanent residence, unless in a foreign country, or up to a maximum trip duration of 90 days.
- B. The services described above currently are available in every country of the world. Due to political and other situations in certain areas of the world, Voya Travel Assistance may not be able to respond in the usual manner. It is your responsibility to inquire whether a country is "open" for assistance prior to your departure and during your stay. Voya Travel Assistance also reserves the right to suspend, curtail or limit its services in any area in the event of rebellion, riot, military uprising, war, terrorism, labor disturbance, strikes, nuclear accidents, acts of God or refusal of authorities to permit Voya Travel Assistance to fully provide services.
- C. If you request a transport related to a condition that has not been deemed medically necessary by a Physician designated by Voya Travel Assistance in consultation with a local attending Physician or to any condition excluded hereunder, and you agree to be financially responsible for all expenses related to that transport, Voya Travel Assistance will arrange but not pay for such transport to a medical facility or to your residence and will make such arrangements using the same degree of care and completeness as if Voya Travel Assistance was providing service under this agreement. A waiver of liability will be required prior to arranging these transportation services.
- D. Voya Travel Assistance shall not be responsible for any claim, damage, loss, cost, liability or expense which arises in whole or in part as a result of Voya Travel Assistance's inability to reach the authorized Employer or Plan Sponsor Contact person for any reason beyond Voya Travel Assistance's control, or as a result of the failure and/or refusal of the Employer or Plan Sponsor to authorize services proposed by Voya Travel Assistance.

All transportation benefits provided hereunder must be by the most direct and economical route possible.

For the purposes of this Agreement, the following definitions shall apply: "Injury" means identifiable injury caused by an Accident; "Accident" means a sudden, unexpected, unusual, specific event which occurs at an identifiable time and place; "Sickness" means a sickness of the Participant which declares itself during the period when services are available under this Agreement.

Voya Travel Assistance is not responsible and cannot be held liable for any malpractice performed by a local Physician or attorney who is not an employee of Voya Travel Assistance or for any loss or damage to your vehicle during the return of the vehicle, or for any loss or damage to any personal belongings.

Insurance products are provided by ReliaStar Life Insurance Company, a member of the Voya™ family of companies. Voya Travel Assistance services are provided by Europ Assistance USA, Bethesda, MD. Services are not available in all states. LG11656 7/28/2014

Peace of mind when it's needed the most

Funeral Planning Services

A value-added service offered with your Group Life Insurance offered by Voya™ Employee Benefits, a division of ReliaStar Life Insurance Company. Funeral planning services provided by Everest Funeral Package, LLC.

Everest is pleased to provide a value-added service that empowers individuals who are dealing with funeral related issues.

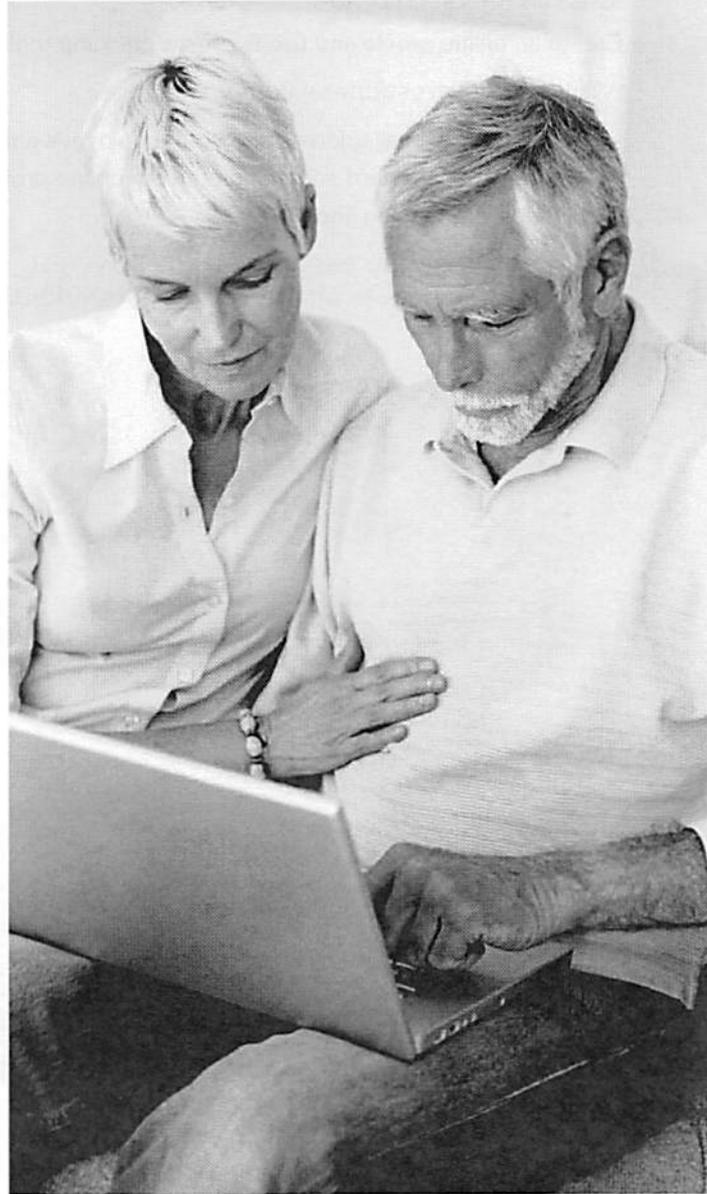
Who is Everest?

Everest, the first nationwide funeral planning and concierge service, is an independent consumer advocate who works on your behalf. Everest's sole purpose is to provide the information you need to make the most informed decisions about all funeral related issues, and then put those wishes into action.

You're never locked into a decision because Everest's funeral advisory services can be used at any funeral home across North America.

Everest is an impartial consumer advocate, not a funeral home. Everest does not sell funeral goods or services, nor does Everest receive any commissions from funeral homes or other service providers in the funeral industry. With Everest, you are removed from a sales-focused environment allowing you and your family to make well-informed and confident decisions during a stressful time.

Everest offers both pre-planning and at-need services at or near the time of need. Everest's online planning tools help you prepare for the future. At-need services include price negotiation assistance and communicating the family's wishes to the funeral home. Everest Advisors are available by phone 24/7 and can determine eligibility for the expedited life insurance claim process.



While you can't predict
life's outcome,
you can prepare for it...



Who is Eligible?

Everest can be used to plan a funeral for an employee; a spouse or domestic partner; or an employee's dependents up to age 26.*

Getting Started

Create an online profile and use Everest's planning tools:

Visit: www.everestfuneral.com/voya

- Enter your email address and your employer's name
- Create a password and complete your online profile
- Access "Planning Tools"

If you do not have access to a computer, Everest Advisors are available 24/7 by calling 1-800-913-8318.

Everest's services include:

Pre-planning services

24/7 Advisor Assistance

- ⦿ To discuss funeral planning issues

PriceFinderSM Research Reports

- ⦿ The only nationwide database of funeral home prices
- ⦿ Detailed, local funeral home price comparisons

Online Planning Tools

- ⦿ Include:
 - Personal Profile
 - 10 Key Decisions Planner
 - "My Wishes" Planning Guide
 - Reference Guide
- ⦿ Information stored and maintained in a secure data warehouse

At-need services

At-Need Family Support

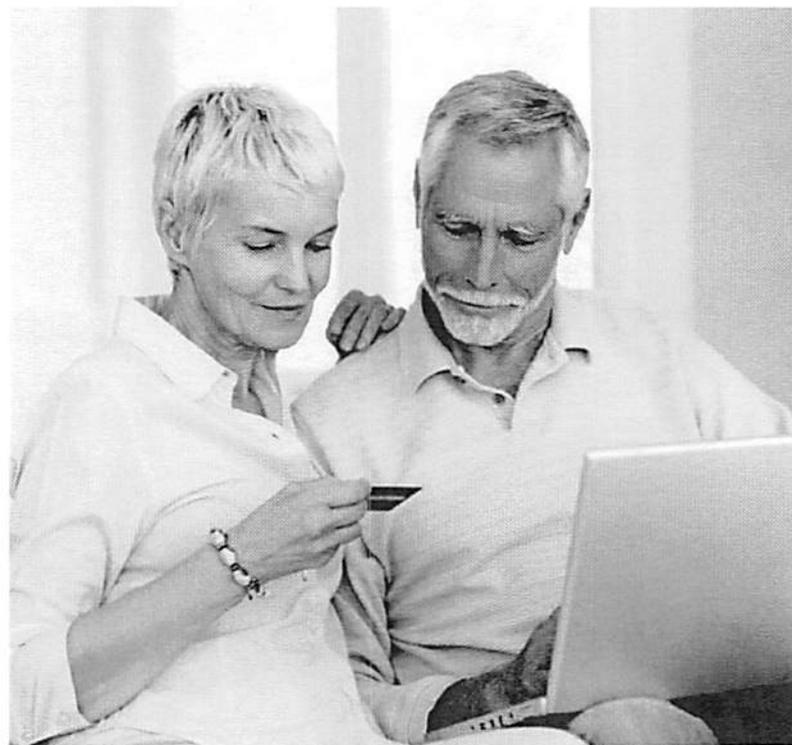
- ⦿ Family assistance and plan implementation
- ⦿ Communicate the Personal Funeral Plan to the funeral home; removing the family from a sales-focused environment
- ⦿ Provide 24-hour assistance throughout the funeral process
- ⦿ Expedited life insurance claim process. Eligible beneficiaries may have access to a portion of the life insurance funds in as little as two business days following receipt of the claim form.**

New!

Negotiation Assistance

- ⦿ Gather pricing information and present it to the family in an easy-to-read format
- ⦿ Negotiate funeral service pricing with local funeral homes
- ⦿ Help the family compare prices of caskets and other products

**Availability may vary by state.



For more information, please visit: www.everestfuneral.com/voya



* Spouse or domestic partner coverage varies depending on the terms of your employer's group life insurance coverage. Contact your employer for more information.

Funeral Planning and Concierge Services provided by Everest Funeral Package, LLC, Houston, TX 77056. Product availability may vary by state.

Insurance products are issued by ReliaStar Life Insurance Company, a member of the Voya family of companies. ReliaStar Life Insurance Company Home and Administrative Office: Minneapolis, MN. Products and services may not be available in all states.

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RETIREMENT | INVESTMENTS | INSURANCE

Voya.com

VOYA
FINANCIAL™

Discover What is Happening with Texas County Health!

Sign up for your monthly Healthy Byte Wellness E-Newsletter today at www.county.org/HCMonthly

Inside each monthly edition you will find:

- Practical health and lifestyle information you can use today;
- The latest Healthy County challenges and events;
- Tools and programs available to you;
- Inspiring success stories from counties and employees who have embraced wellness and radically changed their health.



Sign up today to stay informed and maximize your health at www.county.org/HCMonthly



Together.
Better.
Stronger.

TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Medicine Match

Get 50 Percent Off Prescriptions!

Healthy County, the Texas Association of Counties Health and Employee Benefits Pool's (TAC HEBP) wellness program, encourages covered members to take advantage of Medicine Match by enrolling in a condition management program. Medicine Match is designed to make treating **asthma, diabetes, cholesterol and high blood pressure** more affordable.

When enrolled in a condition management program for these conditions, members and covered spouses automatically receive a 50 percent reduction in co-pays for the medications filled through the pharmacy or by mail order that treat these conditions.

Condition management participants get:

- 50 percent reduction in co-pays for covered medications and supplies that treat **asthma, diabetes, high blood pressure, and high cholesterol**;
- Deductibles waived on applicable prescription plans;
- Information and tools to control symptoms; and
- A personal advisor to walk through each step and help participants learn to live better with a chronic condition.

How to enroll in a condition management program:

TAC HEBP members and covered spouses can sign up for a condition management program in three easy steps:

1. Call (866) 412-8795;
2. Select Condition Management option; and
3. Enter your BCBS ID number to enroll.



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

For more information, visit our website www.county.org/healthycounty

Blue Care Connection[®] can help you:

- Learn your health status
- Make a plan
- Take charge



**BlueCross BlueShield
of Texas**

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

bcbstx.com

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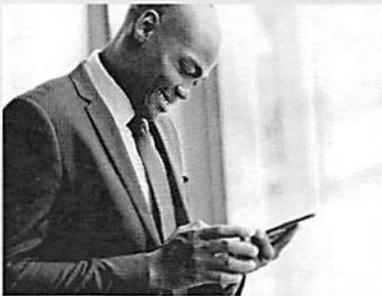
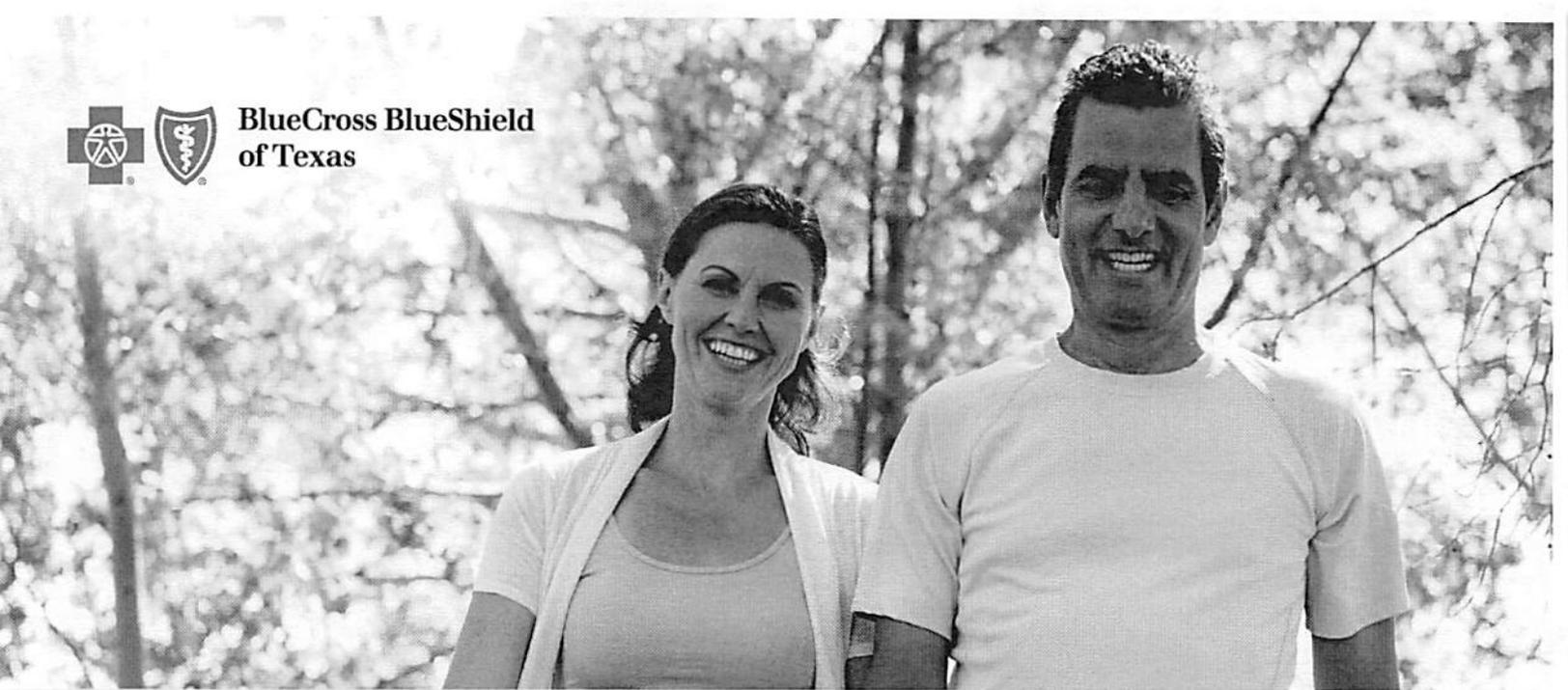
We all have health challenges. Many of us are trying to lose those extra 10 pounds or keep our cholesterol under control. Some of us are dealing with a chronic or serious illness.

No matter what your health challenge, the Blue Care Connection (BCC) program may help. BCC offers support and resources to you and your covered family members.

Take the first step and learn your health status.

Take the online **Health Assessment**. It's confidential, and you will get a personal report that helps you understand your current health. Just visit **wellontarget.com** to get started.





Blue Access for MembersSM

With Blue Access for Members (BAM), our secure member website, you can:

- Locate a doctor or hospital in your plan's network.
- Find Spanish-speaking providers.
- Sign up for Blue Access MobileSM through your BAM user profile to access these services via your mobile phone or tablet.

Do you have health issues that need extra attention?	Are you dealing with a chronic illness?
Join Lifestyle Management to try to lose weight or quit smoking. You will work with a Lifestyle Management Specialist to set a plan and reach your health goals. Call 866-412-8795 and select "Lifestyle Management."	Talk to registered nurses from our Condition Management program. They can offer support, education and coaching to try to help you manage your condition. Call 866-412-8795 and select "Blue Care Connection."
If you are pregnant, join Special Beginnings[®] to receive education about your pregnancy, access to our helpful website, a book and access to a nurse whenever you have questions. Call 888-421-7781 to join.	Get help from a licensed Behavioral Health professional if you are dealing with depression, substance abuse, anxiety or other mental health issues. Call 866-412-8795 and select "Blue Care Connection."

Whether you're running a fever or training to run a marathon, here are some other BCC services available to you!

- Call the toll-free 24/7 Nurseline at **800-581-0393** anytime you have a health question for a registered nurse.
- Take advantage of the Fitness Program and get a discounted membership to a nationwide network of fitness centers. Just visit the Blue Access for Members site.

All BCC programs and services are confidential and available at no additional cost to you.

NOTE: These programs are not a substitute for the medical advice of your doctor. If you have any questions or concerns regarding your health, you should discuss them with your doctor. To get the most out of the Blue Care Connection program, discuss the health information you receive with your doctor.





24/7 Nurseline

Around-the-Clock, Toll-Free Support

Health concerns don't always follow a 9-to-5 schedule. Fortunately, registered nurses are on call at **(866) 412-8795** to answer your health questions, wherever you may be, 24 hours a day, seven days a week.

The 24/7 Nurseline's registered nurses can understand your health concerns and give general health tips. Get trusted guidance on possible emergency care, urgent care, family care and more.

Could your child's fever or sore throat turn into something more serious?

Is your 1 a.m. asthma attack cause for a trip to the ER?

The **24/7 Nurseline** can help you figure out if you should call your doctor, go to the ER or treat the problem yourself.

When should you call?

The toll-free Nurseline can help you or a covered family member get answers to health problem questions, such as:

- Asthma, back pain or chronic health issues
- Dizziness or severe headaches
- High fever
- A baby's nonstop crying
- Cuts or burns
- Sore throat

Plus, when you call, you can access an audio library of more than 1,000 health topics—from allergies to women's health—with more than 600 topics available in Spanish.

Get the information you need, just when you need it.

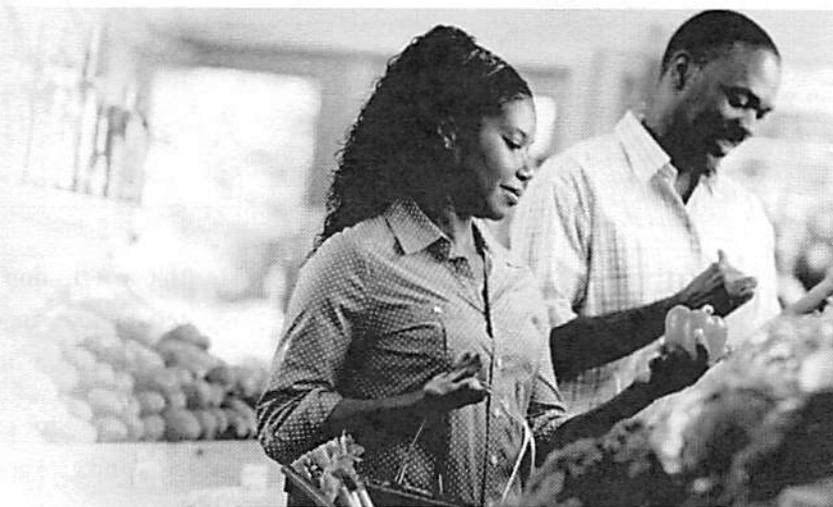


Note: For medical emergencies, call 911 or your local emergency services first. This program is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.

bcbstx.com

Blue365®

Discounts to Make
Health and Wellness
More Affordable



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

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

Below are some of the ongoing deals offered to Blue365 members.

Davis Vision™ | TruVision®

You may save on eyeglasses as well as contact lenses, exams and accessories. Davis Vision is made up of national and regional retail stores as well as local eye doctors. You may get possible savings on laser vision correction through the TLC/TruVision group.

TruHearing® | Beltone™

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

Procter & Gamble (P&G) Dental Products

You may get savings on dental packages with Oral B® power toothbrushes and Crest® products. Packages may include items such as an electric toothbrush, mouth rinse, teeth whiteners and floss.

Dental Solutions™

You may get dental savings with Dental Solutions. You may receive a dental discount card that provides access to discounts of up to 50 percent at more than 61,000 dentists and more than 185,000 locations.*

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

CORD:USE® | CorCell®

You can protect your family's cord blood at a state-of-the-art laboratory using high-quality cord blood banking practices and technologies. Cord blood contains stem cells (like those in bone marrow) that have the ability to develop into additional cells and can be used to treat possible life-threatening diseases in the future. You may save on cord blood processing and storage fees.

Jenny Craig® | Seattle Sutton's® | Nutrisystem®

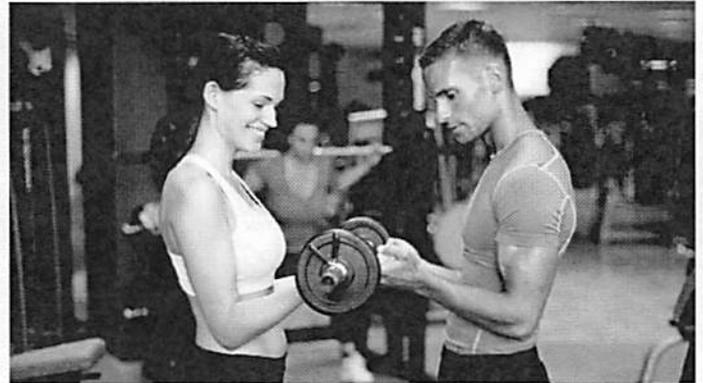
You may reach your weight loss goals with savings from leading programs. You may save on healthy meals, membership fees (where applicable), nutritional products and services.

RetrofitSM

Receive 15 percent off Retrofit's online, private weight loss coaching sessions. Retrofit includes the use of a wireless Fitbit® device and smart scale, one-on-one videoconferencing with a personal team of experts and unlimited online support. You will enjoy flexibility in scheduling and the ability to meet with coaches anywhere there is an Internet connection.

Reebok | SKECHERS®

Reebok, a trusted brand for more than 100 years, makes top athletic equipment for all people, from professional athletes to kids playing soccer. SKECHERS, an award-winning leader in the footwear industry, offers exclusive pricing on select Performance, Sport, Work and Corporate Casual styles. You will enjoy 20 percent off plus free shipping for your online orders.



Life Time Fitness®

Life Time Fitness offers total health fitness to fit your level, interests, schedule and budget. For new members, Life Time Fitness offers a \$0 online signup fee.**

SeniorLink Care™

With SeniorLink Care, you may find support to help your aging family members or friends lead fulfilling and comfortable lives. From planning care to helping caregivers, SeniorLink Care assists older adults and their loved ones in finding the programs and services they may need most. You can save on a three- or 12-month membership.

Handstand Kids

Handstand Kids brings the family together in the kitchen, spending more time cooking and eating healthy, delicious meals. The Handstand Kids Cookbook series features the languages and cuisines of Italy, Mexico, China and many other countries. Every book also introduces the language and culture of each country. You may save up to 25 percent on cooking accessories and Cookbook Kits.

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

The relationship between these vendors and Blue Cross and Blue Shield of Texas (BCBSTX) is that of independent contractors. BCBSTX makes no endorsement, representations or warranties regarding any products or services offered by the above-mentioned vendors.
* Dental Solutions requires a \$9.95 signup and \$6 monthly fee.

** Proof of Blue Cross and Blue Shield of Texas coverage is needed. The \$0 enrollment fee offer is only for new Life Time Fitness members who enroll online at blue365deals.com/BCBSTX. A \$35 administrative fee applies to all memberships. Monthly dues and taxes may also apply. Members' prices, dues and fees may change at any time. Other rules may apply. Always check with the Life Time Fitness club in your area for the most up-to-date offer.

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

Blue365[®] Vision Discount Program



Blue Cross and Blue Shield of Texas (BCBSTX), a division of Health Care Service Corporation, is pleased to offer BCBSTX members a vision discount program through Davis VisionSM, a national provider of vision care programs.

What is the vision discount program?

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

How do I locate a Davis Vision provider?

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

For a list of Davis Vision providers near you, go to davisvision.com, click *Member* and enter Client Code 2295 in the *Open Enrollment* section, or call Davis Vision at 888-897-9350. For more information about Blue365, log in to Blue Access for MembersSM (BAM) at bcbstx.com. Click the *My Coverage* tab at the top, and then click the *Discount* link on the left.

Are there any exclusions?

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

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

What discounts are available in the vision program?¹

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

In addition to the discounted rates below, there are other value-added features that may be available to you, including:

- Discounts on laser vision correction services for you and your eligible dependents through the TLC/TruVision network. To schedule an appointment, call TLC/TruVision directly at 866-484-2020. For more information, call Davis Vision at 888-897-9350.
- Discounts on disposable contact lenses through Davis Vision's mail-order contact lens replacement program. For more information, contact Davis Vision at 888-897-9350 or visit davisvisioncontacts.com.

You May Pay:

Examinations	
Comprehensive examination	15% off or \$5 off retail cost
Contact lens examination	15% off or \$10 off retail cost ¹
Frames ²	
Priced up to \$70 retail	\$40
Priced over \$70 retail	\$40 plus 10% off the amount over \$70
Spectacle Lenses (Uncoated Plastic) ²	
Single vision	\$35
Bifocal	\$55
Trifocal	\$65
Lenticular	\$110
Contact Lenses	
Conventional ³	20% off
Disposable/planned replacement ³	10% off
Spectacle Lens Options (Add to Lens Prices) ²	
Standard progressive ⁴	\$60
Premium progressive ⁴	\$110
Glass lenses	\$18
Polycarbonate lenses	\$30
Blended invisible bifocals	\$20
Intermediate vision lenses	\$30
Photogrey Extra [®] lenses	\$35
Scratch-resistant coating	\$15
Anti-reflective coating	\$45
Ultraviolet coating	\$15
Solid tint	\$10
Gradient tint	\$12
Hi-index lenses	\$55
Photochromic lenses (e.g., Transitions [®])	\$65
Polarized lenses	\$75

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

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

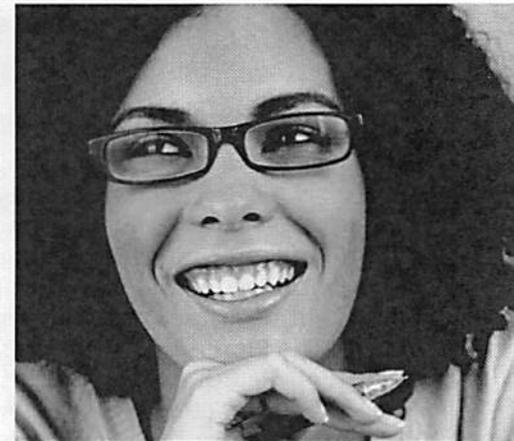
³ Discount will be applied to the provider's usual and customary price for services.

⁴ Pricing at some retail locations may vary.

The relationships between Blue Cross and Blue Shield of Texas (BCBSTX) and Davis Vision, Inc., and Davis Vision, Inc., on behalf of TLC/TruVision are that of independent contractors.

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

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



For more information:

Call Davis Vision at
888-897-9350

(Monday through Friday,
7 a.m. to 10 p.m.,
Saturday, 8 a.m. to 3 p.m.,
Sunday, 11 a.m. to 3 p.m.,
Central Time).

Visit davisvision.com,
click *Member* and
enter Client Code
2295 in the *Open
Enrollment* section.



TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

NOTICE OF PRIVACY PRACTICES

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

I. USE AND DISCLOSURE OF HEALTH INFORMATION

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

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

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

A. To Make or Obtain Payment.

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

B. To Conduct Health Care Operations.

The Plan may use or disclose health information for its own health care operations, to facilitate the administration of the Plan, and as necessary to provide coverage and services to all of the Plan's participants. If the Plan needs to use your information, but does not need to disclose it to

third parties, it will be used but will not be disclosed. Health care operations includes such activities as:

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

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

C. For Treatment Alternatives.

The Plan may use and disclose your health information to tell you about or recommend

possible treatment options or alternatives that may be of interest to you.

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

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

E. For Disclosure to the Plan Sponsor.

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

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

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

Any PHI disclosed by the Plan will be disclosed to the Pool Coordinator designated by the Plan Sponsor. The Plan Sponsor will restrict access to and use of PHI to those individuals who need it to perform plan administration functions or to obtain bids for health coverage. The plan sponsor will provide an effective mechanism for resolving any issues if such persons use or disclose your PHI inappropriately.

F. When Legally Required.

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

G. To Conduct Health Oversight Activities.

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

H. In Connection With Judicial and Administrative Proceedings.

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

I. For Law Enforcement Purposes.

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

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

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

K. For Specialized Government Functions.

We may be required to disclose your information to federal authorities. Federal regulations require the Plan to use or disclose your health information to facilitate specified government functions related to the military and veterans, national security and

intelligence activities, protective services for the president and others, and correctional institutions and inmates.

L. For Worker's Compensation.

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

M. Public Health Activities.

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

II. AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

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

III. YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

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

A. Right to Request Restrictions.

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

operations and is not otherwise required by law and the information pertains solely to a health care item or service for which you or someone acting on your behalf paid the provider in full. If you wish to make a request for restrictions, please contact TAC HEBP Program Manager at 800-456-5974.

B. Right to Receive Confidential Communications.

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

C. Right to Inspect and Copy Your Health Information.

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

D. Right to Amend Your Health Information.

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

E. Right to an Accounting.

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

F. Right to a Paper Copy of this Notice.

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

IV. DUTIES OF TAC HEBP HEALTH PLAN

The Plan is required by law to maintain the privacy of your health information as set forth in this Notice and to provide to you this Notice of its duties and privacy practices. The Plan is also required by law to notify any affected individuals following a breach of their unsecured protected health information. The Plan is required to abide by the terms of this Notice, which may be amended from time to time. The Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains. If the Plan changes its policies and procedures, the Plan will revise the Notice and will provide a copy of the revised Notice to you within 60 days of the change. The Plan will also post the revised Notice on its website by the effective date of the Notice. You have the right to express complaints to the Plan and to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. Any complaints to the Plan should be made in writing to TAC HEBP Privacy Official, Robert Ressler, P.O. Box 2131, Austin, Texas 78768, Fax: 512-478-0519. The Plan encourages you to express any concerns you may have regarding the privacy of your information. You

will not be retaliated against in any way for filing a complaint.

CONTACT PERSON

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

EFFECTIVE DATE

This Notice is effective November 8, 2013.

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

Grandfathered Health Plan Notice

Your employer believes this health plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your health plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to your employer's benefits administrator.



P.O. Box 2131 • Austin, Texas 78768
512-478-8753 • 800-456-5974 • www.county.org