



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

VICTORIA COUNTY

Employee Benefits

Health

Waiting Period

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

Employees: 30 days - 1st of the month. Eligible for coverage on the first of the month following 30 days from date of hire.

Example: Hire Date = June 15 + 30 days = July 15, coverage effective August 1

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

Contact Information

Benefit	Phone Number	Website
Medical Blue Cross Blue Shield of Texas	855-357-5228	www.bcbstx.com
Prescription Navitus Health Solutions	866-333-2757	www.navitus.com
MD Live Telemedicine Blue Cross Blue Shield of Texas	855-357-5228	www.MDLive.com/BCBSTX
Employee Assistance Program (EAP) Alliance Work Partners	800-343-3822	www.awpnow.com
Wellness Program TAC Healthy County	800-456-5974	www.county.org/Health-Benefits

I	Employee Self Service (ESS) Portal	1
	♦ Online Access to your Benefits.....	2
II	Benefit Highlights	5
	♦ Medical Plan.....	6
	♦ Prescription Drug	10
III	BCBSTX - Medical Plan Resources.....	11
	♦ Your ID Card.....	12
	♦ Preauthorization Checklist	13
	♦ Preventative Services	15
	♦ Where to Go for Health Care	17
	♦ MDLive Telemedicine	19
	♦ 24-7 Nurseline	21
	♦ BlueResource – Learn How to Detect Breast Cancer	22
	♦ Blue Access Website and Mobile App.....	23
	♦ Health Insurance Fraud.....	25
	♦ Your Medicare Checklist.....	26
IV	Navitus - Prescription Drug Resources	27
	♦ Member Portal and Mobile App.....	28
	♦ Prior Authorization and Step Therapy.....	31
V	BCBSTX - Blue365 Discount Programs.....	33
	♦ Blue365 A Discount Program for You.....	34
	♦ Blue365 EyeMed Vision Discount Program.....	36
	♦ Blue365 Davis Vision Discount Program	38
VI	Health & Wellness Resources.....	41
	♦ Healthy County Resources	42
	♦ Employee Assistance Program (EAP)	44
	♦ Well On Target Wellness Portal	46
	♦ Maternity Resources.....	48
	♦ Airrosti-Treatment for Musculoskeletal Injuries and Remote Recovery	49
	♦ Behavioral Health Resources	51
VII	Important Notices	55
	♦ Children’s Health Insurance Program (CHIP)	56
	♦ Health Care Notices	57
	♦ Special Enrollment Rights Notice	58
	♦ Notice of Privacy Practices.....	60

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I. Employee Self Service (ESS) Portal





TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

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

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

WHERE CAN I ACCESS THE ESS PORTAL?

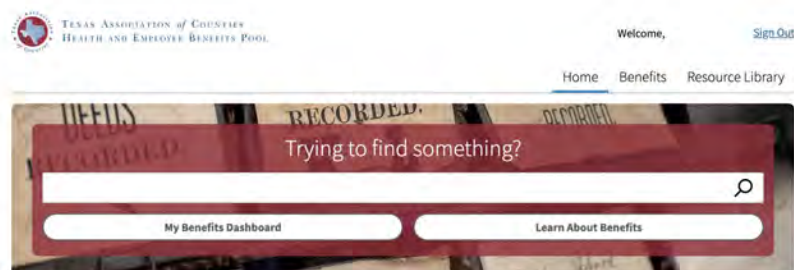
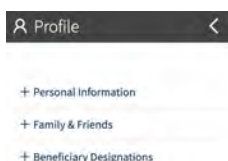
Go to: **mybenefits.county.org**

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

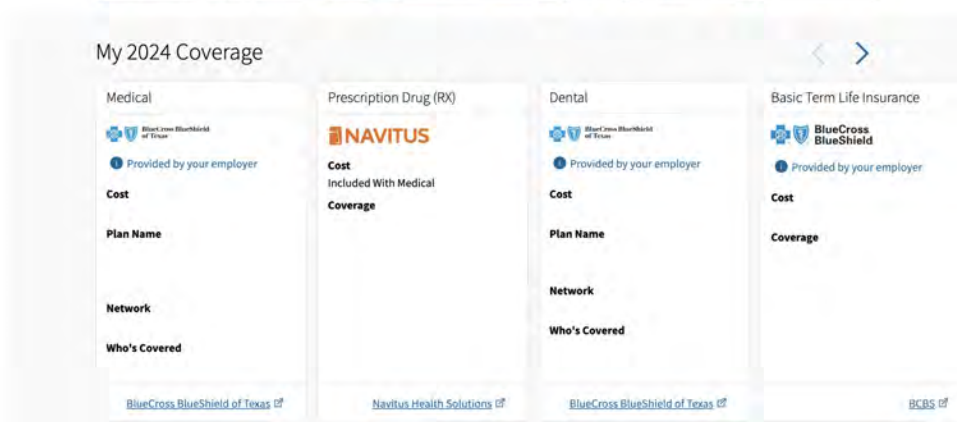
ESS FEATURES:

On the ESS portal, employees can access:

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



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





TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

ESS LOGIN: CREATE AN ESS ACCOUNT AND LOG INTO ESS

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

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

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

1. Enter your **Birth Date**.
2. Click **Find My Account**.
3. Click **First time user?** Create an account.
4. Tell Us **About Yourself** Questions (Two Options):
 - a. Option 1: If you know your UID number:
 - i. Do you know your UID number: Select Yes.
 - ii. Enter your UID.
 - b. Option 2: If you do not know your UID number:
 - i. Do you know your UID number: Select No
 - ii. Do you know your Social Security Number: Select Yes
 - iii. Enter your Social Security Number
5. Click **Next**.
6. Enter the **Last 4 Digits** of Your **SSN**, your **Home Zip Code**, your **Birth Date** (in this format mm/dd/yyyy).
7. Click **Next**.
8. Email: Enter your **Email Address**

Note: Your email address will become your ESS username. If you do not have an email, you can set up a free email account at Gmail, Yahoo, or Outlook.
9. **Confirm Email:** Re-enter your email address.
10. Click **Next**.
11. A **verification code** will be sent to the email address you entered on the previous screen.

The email will be sent from Willis Towers Watson.
12. **Enter Code:** Enter the Verification Code.
13. Enter your **phone Number**.
14. Click **Send Code or Call Me**.
 - a. **Send Code** will send a **text message** to your phone for you to enter the verification code.
 - b. **Call Me** will **call your phone** where an automated message will have you hit # on your phone keypad to verify.
15. Create a **Password**:
 - a. Your password must be at least 8 characters long and contain at least 3 of the following items:
Uppercase letters Numbers
Lowercase letters Symbols
 - b. **New Password:** Enter your password.
 - c. **Confirm New Password:** Re-enter password.
16. Click **Submit**.
17. On the **Online Authorization** page, scroll to the bottom of the page, and click Accept.
18. **You're done!** You are now in your ESS portal!

BlueCross BlueShield Health & Employee Benefits Pool

Subscriber Name: _____

Identification Number: ZGP903000000

Group Number: _____

Coverage Date: _____

Office Visit
Specialist Copay
Emergency Room
MDLive Copay

BCA SINGLE

RxBIN: _____ RxGRP: _____

RxPCN: _____

TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Sign In

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

UID

Tax Id Number/SSN

Birth Date

Find My Account

Sign In

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

Username: _____

Forgot Username?

Next

First time user? Create an account

Create Password

New Password

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

- uppercase letters
- lowercase letters
- numbers
- symbols

Confirm New Password

Cancel Submit

Enhanced Security

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

How would you like to complete this enhanced security step?

Cancel Email Phone

Confirm Your Email

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

Enter Code

Cancel Resend Code

Sign In Online Authorization

Decline Accept

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II. Benefits Highlights





TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

BENEFIT HIGHLIGHTS VICTORIA COUNTY CUSTOM PLAN

(Non-Grandfathered ACA Plan)

BLUECHOICE NETWORK

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

Overall Payment Provisions	In-Network Benefits	Out-of-Network Benefits
Plan Year Deductibles Per-admission Deductible Deductible Applies to all Eligible Expenses except Inpatient Hospital Expenses (unless otherwise indicated)	\$0 \$1,500 Individual / \$3,000 Family	\$0 \$3,000 Individual / \$6,000 Family
Plan Year Out-of-Pocket Maximum Deductibles are applied to the Out-of-Pocket Maximum (OOPM). Copayment Amounts will apply to the OOPM, and they will not be required after the maximum has been satisfied. Excludes Morbid Obesity Copayment. Your benefit booklet will provide more details.	\$5,500 Individual / \$11,000 Family Network Deductible & Out-of-Pocket Maximum will only apply toward Network Deductible & Out-of-Pocket Maximum	\$17,000 Individual / \$32,000 Family Out-of-Network Deductible & Out-of-Pocket Maximum do not apply toward Network Deductible & Out-of-Pocket Maximum
Copayment Amounts Required Physician office visit/consultation Refer to Medical/Surgical Expenses section for more information Citizens Medical Center office visit/consultation MDLIVE (Telemedicine) Urgent Care Urgent Care at Citizens Medical Center Morbid Obesity Surgery Copayment Refer to Medical/Surgical Expense section for benefits Emergency Room: Citizens Medical Center (CMC) Refer to Emergency Room/Treatment Room section for more information All Other Providers - Outpatient Hospital Emergency Room/Treatment Room Refer to Emergency Room/Treatment Room section for more information	80% of Allowable Amount after Plan Year Deductible \$40 Copayment Amount \$0 Copayment Amount 80% of Allowable Amount after Plan Year Deductible \$40 Copayment Amount \$3,500 Copayment Amount \$100 Copayment Amount \$500 Copayment Amount & Plan Year Deductible	30% of Allowable Amount after Plan Year Deductible Not Applicable Not Applicable 30% of Allowable Amount after Plan Year Deductible Not Applicable Not Applicable \$500 Copayment Amount & Plan Year Deductible
Maximum Lifetime Benefits Per Participant	Unlimited	
Hospital Expenses All services must be preauthorized. Penalty for failure to preauthorize services	None	\$250
Inpatient Services -Hospital services (facility) - All usual Hospital services and supplies, including semi-private room, intensive care, and coronary care units Citizens Medical Center All Other Facilities -Physician services	100% of Allowable Amount 80% of Allowable Amount after Plan Year Deductible 80% of Allowable Amount after Plan Year Deductible	Not Applicable 30% of Allowable Amount after Plan Year Deductible 30% of Allowable Amount after Plan Year Deductible



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Outpatient Services -Hospital services (facility)		
Citizens Medical Center	100% of Allowable Amount	Not Applicable
All Other Facilities	80% of Allowable Amount after Plan Year Deductible	30% of Allowable Amount after Plan Year Deductible
-Physician services	80% of Allowable Amount after Plan Year Deductible	30% of Allowable Amount after Plan Year Deductible

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)

80% of Allowable Amount after Plan Year Deductible

30% of Allowable Amount after Plan Year Deductible

Lab & x-ray in other outpatient facilities (excluding Certain Diagnostic Procedures)

80% of Allowable Amount after Plan Year Deductible

30% of Allowable Amount after Plan Year Deductible

Allergy Injections

80% of Allowable Amount after Plan Year Deductible

30% of Allowable Amount after Plan Year Deductible

Colonoscopy (All places of treatment and diagnoses)

100% of Allowable Amount

30% of Allowable Amount after Plan Year Deductible

Physician surgical services performed in any setting

80% of Allowable Amount after Plan Year Deductible

30% of Allowable Amount after Plan Year Deductible

Certain Diagnostic Procedures; such as Bone Scan, Cardiac Stress Test, CT -Scan (with or without contrast), Ultrasound, MRI, Myelogram, PET Scan.

80% of Allowable Amount after Plan Year Deductible

30% of Allowable Amount after Plan Year Deductible

Home Infusion Therapy (Services must be preauthorized)

80% of Allowable Amount after Plan Year Deductible

30% of Allowable Amount after Plan Year Deductible

Organ Transplants

80% of Allowable Amount after Plan Year Deductible

30% of Allowable Amount after Plan Year Deductible

Morbid Obesity Surgery - Citizens Medical Center (CMC)
-Limited to one (1) surgery per lifetime (applies to facility charges billed by CMC).

100% of Allowable Amount after \$3,500 Copayment Amount
(Not subject to Plan Year Deductible)

Not Covered

All other Providers
-Morbid Obesity Surgery - limited to one (1) surgery per lifetime (applies to facility charges billed by all other providers)

80% of Allowable Amount after \$3,500 Copayment Amount & Plan Year Deductible

Not Covered

All other outpatient services and supplies

80% of Allowable Amount after Plan Year Deductible

30% 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 - 90 days

80% of Allowable Amount after Plan Year Deductible

30% of Allowable Amount after Plan Year Deductible

Home Health Care - Unlimited

100% of Allowable Amount

Hospice Care - Unlimited

80% of Allowable Amount after Plan Year Deductible

30% of Allowable Amount after Plan Year Deductible

Special Provisions Expenses

Serious Mental Illness - All services must be preauthorized

Inpatient Services

-Hospital services (facility)

80% of Allowable Amount after Plan Year Deductible

30% of Allowable Amount after Plan Year Deductible

-Physician services

80% of Allowable Amount after Plan Year Deductible

30% of Allowable Amount after Plan Year Deductible



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Outpatient Services

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

80% of Allowable Amount after Plan Year Deductible

80% of Allowable Amount after Plan Year Deductible

30% of Allowable Amount after Plan Year Deductible

30% of Allowable Amount after Plan Year Deductible

Special Provisions Expenses, cont.

In-Network Benefits

Out-of-network Benefits

Mental Health Care/Chemical Dependency

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

Inpatient Services

- Hospital services (facility)
- Physician services

80% of Allowable Amount after Plan Year Deductible

80% of Allowable Amount after Plan Year Deductible

30% of Allowable Amount after Plan Year Deductible

30% of Allowable Amount after Plan Year Deductible

Outpatient Services

- Services performed during Physician office visit/consultation (does not include psychological testing)
- Emergency Room/Treatment Room
Citizens Medical Center

All Other Providers

- Other Outpatient Services and psychological testing

80% of Allowable Amount after Plan Year Deductible

100% of Allowable Amount after \$100 Copayment Amount

80% of Allowable Amount after \$500 Copayment Amount & Plan Year Deductible

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

80% of Allowable Amount after Plan Year Deductible

30% of Allowable Amount after Plan Year Deductible

Not Applicable

80% of Allowable Amount after \$500 Copayment Amount & Plan Year Deductible

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

30% of Allowable Amount after Plan Year Deductible

Emergency Room/Treatment Room

Citizens Medical Center (CMC)

Accidental Injury & Emergency Care

- Facility charges (outpatient Hospital emergency treatment room charges)

All Other Providers

Accidental Injury & Emergency Care

- Facility charges (outpatient Hospital emergency treatment room charges)

- Physician charges

100% of Allowable Amount after \$100 Copayment Amount (Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)

80% of Allowable Amount after \$500 Copayment Amount & Plan Year Deductible (Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)

80% of Allowable Amount after Plan Year Deductible

Non-Emergency Care

- Facility charges (outpatient Hospital emergency treatment room charges)

- Physician charges

50% of Allowable Amount after \$500 Copayment Amount & Plan Year Deductible

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

80% of Allowable Amount after Plan Year Deductible

30% of Allowable Amount after \$500 Copayment Amount & Plan Year Deductible

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

30% of Allowable Amount after Plan Year Deductible

Ground and Air Ambulance Services

80% of Allowable Amount after Plan Year Deductible

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



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Special Provisions Expenses, cont.

In-Network Benefits

Out-of-network Benefits

Preventive Care

Routine annual physical examinations, well-baby care exams, immunizations 6 years of age & over, and any other preventive health services as determined by USPSTF

100% of Allowable Amount

30% of Allowable Amount after Plan Year Deductible

Immunizations for Dependent children through the date of the child's 6th birthday

100% of Allowable Amount

100% of Allowable Amount

Speech and Hearing Services

Services to restore loss of or correct an impaired speech or hearing function without hearing aids

80% of Allowable Amount after Plan Year Deductible

30% of Allowable Amount after Plan Year Deductible

Physical Medicine Services

Chiropractic Care-Office Services

80% of Allowable Amount after Plan Year Deductible

30% of Allowable Amount after Plan Year Deductible

Airrosti Rehab Centers

80% of Allowable Amount after Plan Year Deductible

Not Applicable

All other Physical Medicine Services rendered by any other eligible Provider will be allowed on the same basis as any other sickness.

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

EMPLOYEE INFORMATION

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

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

The following benefits apply to dependent coverage:

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

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

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

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



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

PRESCRIPTION DRUG PLAN VICTORIA COUNTY CUSTOM PLAN

Prescription Drug Program

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

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

Plan Year Deductible	<i>\$1,500 Individual / \$3,000 Family combined with Medical</i>
Tier 1 Drug	<i>Lesser of \$15 Copayment Amount OR Actual Cost</i>
Tier 2 Drug	<i>20% Coinsurance, Subject to Medical Plan Year Deductible</i>
Tier 3 Drug	<i>20% Coinsurance, Subject to Medical Plan Year Deductible</i>

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

- 1) Members electing to purchase brand name drugs when a generic is available will be required to pay the difference between the cost of the Generic drug and Brand Name drug, plus the Brand Name Copayment.
- 2) Specialty and biotech medications are available only through mail order unless purchased and administered through the doctor's office. Specialty medications are limited to a 30-day supply and must be purchased through the specialty pharmacy Lumicera.

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

Tier 1 Drug	<i>\$30 Copayment (2-month supply) / \$45 Copayment (3-month supply)</i>
Tier 2 Drug	<i>20% Coinsurance, Subject to Medical Plan Year Deductible</i>
Tier 3 Drug	<i>20% Coinsurance, Subject to Medical Plan Year Deductible</i>
Specialty Copayment	<i>20% Coinsurance, Subject to Medical Plan Year Deductible</i>

Step Therapy Program

The Victoria County Employees' Primary Healthcare Clinic will provide a Step Therapy Program for asthma, cholesterol, diabetic and high blood pressure medications. After the patient has attempted and failed all viable generic medications, the clinic staff will make the determination to prescribe the more expensive brand name medication (Tier 2 / Tier 3).

All copays in the Step Therapy Program are at a 30-day supply and the copay for Tier 2 / Tier 3 Brands is \$25.

III. Medical Plan Resources





TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Your TAC HEBP Blue Cross Blue Shield Identification Card

The Front of your Medical Card:

- The Identification Number (UID) identifies you and allows providers to verify your benefits.
- The Rx PCN is information used by your pharmacy to fill your prescriptions. This is your Rx Plan Deductible & Out of Pocket Max.

BlueCross BlueShield Health & Employee Benefits Pool

Subscriber Name: _____

Identification Number: **ZGP903000000**

Group Number: _____

Coverage Date: _____

Office Visit
Specialist Copay
Emergency Room
MDLive Copay

BCA SINGLE

RxBIN: _____ RxGRP: _____

RxPCN: _____

The Back of your Medical Card:

- List your Medical Plan Deductible & Out of Network Max.
- You can call the Customer Service number for assistance with:
 - Medical
 - Prescriptions (Navitus)
 - MDLive (Telemedicine)
 - 24/7 Nurseline
 - Dental (if provided through TAC)
 - Vision (if provided through TAC)

www.bcbstx.com

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

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

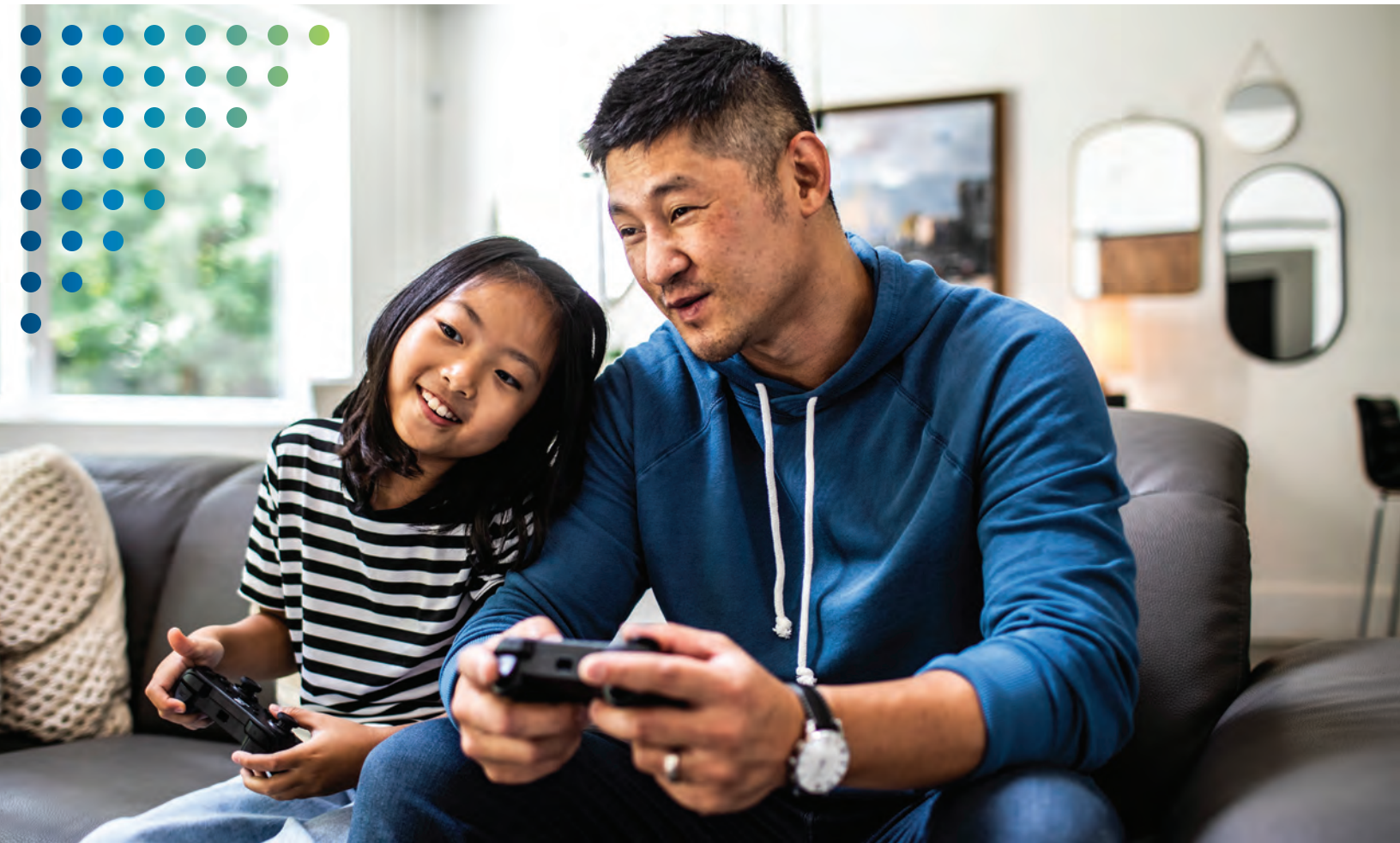
BlueCross BlueShield of Texas

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

www.MDLive.com/BCBSTX

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

Contact Customer Service at 1-855-357-5228 or your County Benefits Administrator if you have any questions.



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

Prior authorization is an approval that is needed from your health plan before you have certain health tests or services. To help make sure your care is appropriate and avoid unexpected costs, it's important that approval is received before you get these services.

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



We want you to get the most out of your health care benefits – let us help! Call the number on your Blue Cross and Blue Shield of Texas member ID card for questions.

Your Prior Authorization Checklist

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



Connect with us

Use the information on your BCBSTX member ID card to create a Blue Access for MembersSM account at mybenefits.county.org. Click on Benefits, then select Links & Contacts and Go to Blue Cross Blue Shield Member Site. And download the BCBSTX App at the Apple or Google Play store. Both tools can help you keep up with your benefits.



Know what your plan requires

Download your benefit booklet in BAMSM to see a more detailed list of services that require approval under your plan. Confirm with your provider that they have gotten approval before your service.



Track your status

You can check whether your prior authorizations have been submitted or approved in BAM or in the BCBSTX App.

Services That May Require Prior Authorization

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

Services¹ that may need prior authorization in advance:

- Inpatient hospital stays²
- Stays in a facility for rehabilitation, long-term care or skilled nursing care
- Behavioral health care, either in or outside of a hospital
- Some high-cost specialty drugs

Some services you get without a stay at the hospital may also require prior authorization, such as:

- Air ambulance (for non-emergencies)
- Breast lift or reduction surgery
- Electrical stimulation of the brain, nerves or stomach
- Home health care
- Home infusion
- Hospice
- Some ear, nose or throat services, such as bone conduction hearing aids, cochlear implants or surgery
- Some surgeries of the face, jaw, mouth or teeth
- Some wound care services, such as high-pressure oxygen treatment



You are responsible for calling BCBSTX if you get out-of-network care. Be sure to notify BCBSTX within two days of an emergency, maternity, mental health or substance abuse hospital admission at an out-of-network facility. For prior authorization or other questions, call the number on your member ID card.

1. Prior authorization requirements vary by plan. Check your benefits booklet or call the Customer Service number on your member ID card for questions about your benefits. A prior authorization is not a guarantee of benefits or payment.

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



Take Advantage of Preventive Services



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

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

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

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

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

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

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



FOR ADULTS

Annual preventive medical history and physical exam



SCREENINGS FOR

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

COUNSELING FOR

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

CERTAIN VACCINES

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



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

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

PREGNANCY



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

FOR CHILDREN

Annual preventive medical history and physical exam



SCREENINGS FOR

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

ASSESSMENTS AND COUNSELING

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

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

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



Where to Go for Care



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

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

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

- Log in to Blue Access for MembersSM at **mybenefits.county.org**. Click on **Benefits**, then select **Links & Contacts** and **Go to Blue Cross Blue Shield Member Site**
- Call Customer Service at the number on your ID card

Doctor

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

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

Wait time: check with office

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



Retail Health Clinic

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

Good for: headache, stomach ache, sinus pain

Wait time: check with clinic

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



Urgent Care Center

Sprain your ankle? Have a monster migraine? Can't stop coughing? These centers offer non-emergency care when your doctor's office isn't open evenings, weekends or holidays. Some may offer online booking.

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

Wait time: often less than ER

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



Hospital ER

Worried you may be having a heart attack? Did you black out after a nasty fall? Are you coughing up blood? ER doctors and staff are trained to treat serious and life-threatening health issues 24/7.

Good for: chest pain, bleeding, broken bones

Wait time: varies

Cost: \$\$\$\$



Know the Difference:

Freestanding ER vs. Urgent Care Center

Freestanding ERs look a lot like urgent care centers, but are not affiliated with a hospital. Nearly all are out of network. You could end up with a hefty bill (or several bills). You might even be sent to a hospital ER for care! Here are ways to spot a freestanding ER:

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

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

Note: Many health care providers offer telehealth appointments. Ask your preferred provider if they do and if it is appropriate for your condition(s).



Virtual Visits: **Get Cost-Effective, 24/7 Care**

With Virtual Visits from MDLIVE®, the doctor is always in. This Blue Cross and Blue Shield of Texas benefit gives you access to 24/7 non-emergency care from a board-certified doctor or therapist by phone, online video or mobile app from almost anywhere.

Skip expensive ER bills and waiting to see a doctor. You can speak with a Virtual Visits doctor within minutes.

Services are available in both English and Spanish with translation services available in other languages.

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

Powered by
MDLIVE

Why Virtual Visits?

- 24/7 access to an independently contracted, board-certified doctor or therapist
- Access via phone, online video or mobile app from almost anywhere
- Average wait time of less than 20 minutes
- Doctors can send e-prescriptions to your local pharmacy

The Virtual Visits benefit is a convenient alternative for treatment of more than 80 health conditions, including:

- Allergies
- Cold/Flu
- Fever
- Headaches
- Nausea
- Sinus infections

Virtual Visits sessions with licensed behavioral health therapists are available by appointment. Get virtual care for:

- Depression
- Eating disorders
- ADHD
- Substance use disorders
- Trauma and PTSD
- Autism spectrum disorder

First, call your doctor's office; they may also offer telehealth consultations by phone or online video. If you have any questions about this or any other BCBSTX benefit, please call the number on your ID card.

Activate your Virtual Visits account today:

- Call **888-676-4204**
- Go to **MDLIVE.com/bcbstx**
- Text **BCBSTX** to **635483**
- Download the app



Virtual Visits may be limited by plan. For providers licensed in New Mexico and the District of Columbia, Urgent Care service is limited to interactive online video; Behavioral Health service requires video for the initial visit but may use video or audio for follow-up visits, based on the provider's clinical judgment. Behavioral Health is not available on all plans.

MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Texas. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.

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



24/7 Nurseline

**Nurses available anytime
you need them.**

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

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

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

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

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

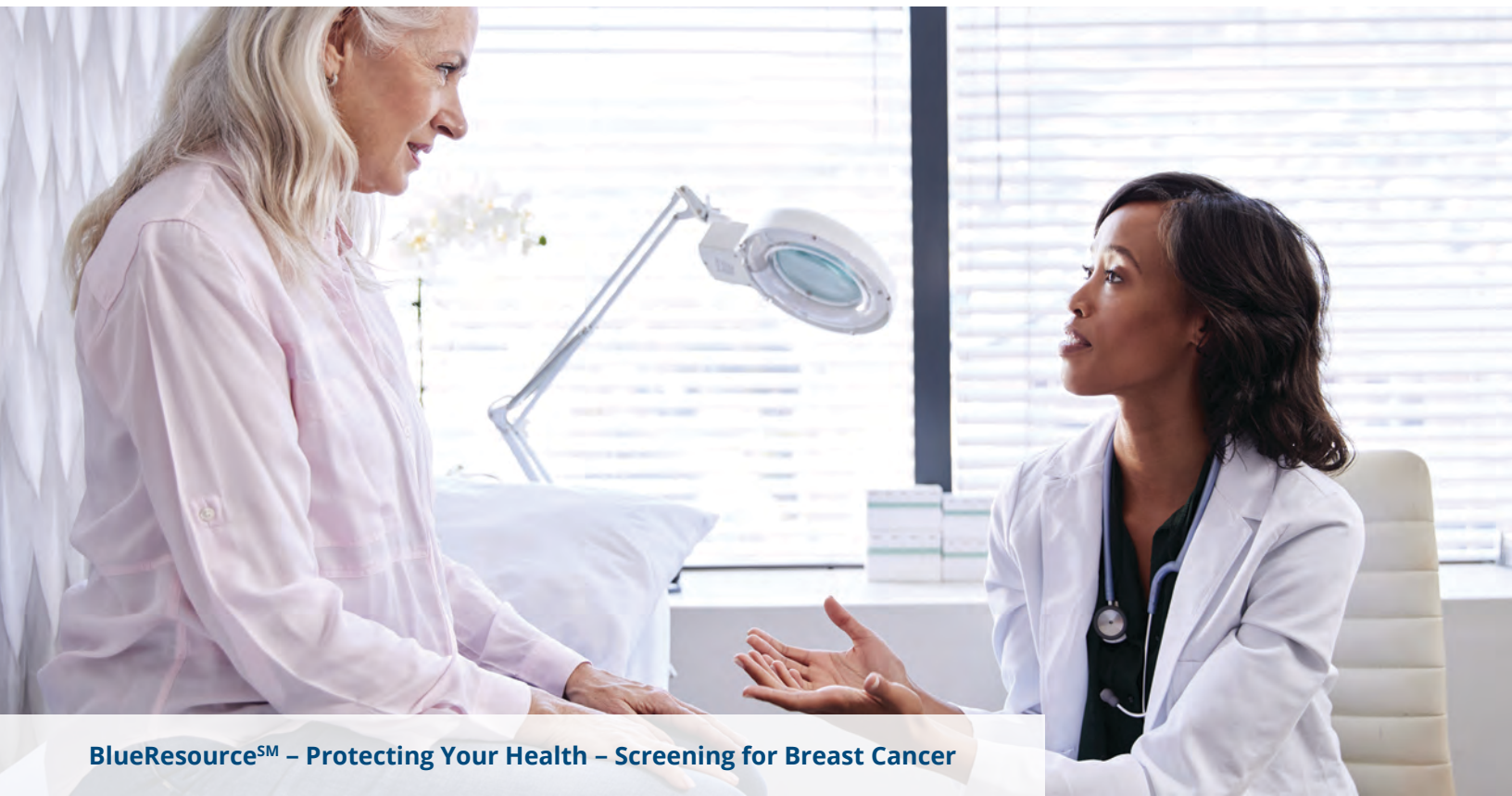


**Call 800-581-0393 to reach the 24/7 Nurseline and talk to
a nurse. Hours of Operation: Anytime**

24/7 Nurseline is not available to HMO members. For medical emergencies, call 911.

* This program is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.

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BlueResourceSM – Protecting Your Health – Screening for Breast Cancer

Learn How to Detect Breast Cancer Early

Nearly every woman worries about breast cancer – and for good reason. Every two minutes a woman in the United States is told she has breast cancer. Here's the good news: When breast cancer is found early, the five-year survival rate is 99 percent. Take these steps to help protect yourself.

Do a self-exam. Know how your breasts normally look and feel. Check them once a month and talk with your doctor if you notice any changes.

Visit your doctor each year. Ask for a breast exam as part of your annual checkup. Discuss other breast screenings you may need based on your age, risk factors and health history.

Make mammograms a must. Talk with your doctor at the age of 40 to see when and how often you should have breast X-rays. Follow recommended screening guidelines.

Focus on healthy living. Watch your weight and stay active. Eat fresh fruits and vegetables. Give up tobacco and limit the amount of alcohol you drink.



Get screened for breast cancer.

Sources: *About Breast Cancer: Early Detection.* National Breast Cancer Foundation. 2019.
What Is Breast Cancer Screening? Centers for Disease Control and Prevention. 2018.

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It's Time to Level-Up Your Benefits with Blue Access for MembersSM

Blue Cross and Blue Shield of Texas has you covered 24/7/365. Now, sign up for BAMSM to start getting the most from your benefits.¹

BAM Gives You Your Benefits Your Way

- Get your digital member ID card
- Find in-network doctors, hospitals and other health care providers
- Check claims or print your Explanation of Benefits
- Get prior authorization status and details
- Sign up for text or email updates²
- Use your wellness tools

Get the App

- **The BCBSTX App** is available in English and Spanish for iPhone and Android users.
- **Text BCBSTXAPP to 33633³** to download it from the App Store or Google Play.



Getting Started Has Never Been Easier

- Scan the QR Code or go to **mybenefits.county.org**. Click on **Benefits**, then select **Links & Contacts** and **Go to Blue Cross Blue Shield Member Site**.
- Create an account using your member ID card or name and date of birth

1. You and your covered dependents age 18 and up can create your own BAM accounts

2. Update your mobile number to make your secure login even faster

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

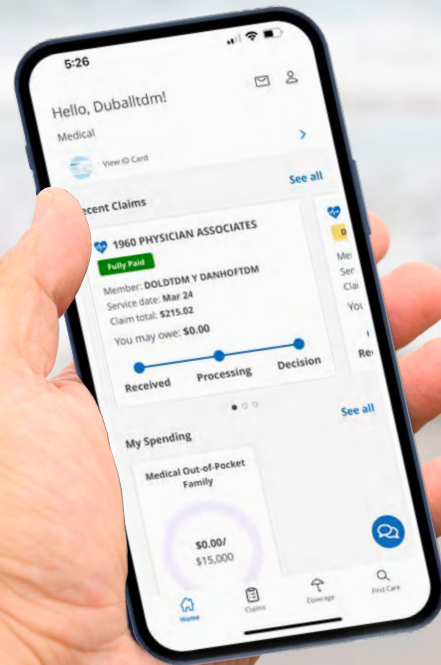


BlueCross BlueShield
of Texas



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

The BCBSTX App Keeps You Covered



Download the BCBSTX App to manage your health.

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

Then, Manage Your Preferences

In the BCBSTX App:

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

Choose the messages and information you want to get:

- View claims, prior authorization or referral updates.
- Get alerts when there are new documents to review.
- Receive secure message notifications.
- Find out about new benefits and services.

**Scan a QR code to
download the free app.**

Use your **Blue Access for
MembersSM** login, or create
an account to get started.



* Availability varies by device.

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



Health Care Fraud Prevention and Reporting



Health Insurance Fraud

Health care fraud, waste and abuse have a negative effect on the health care industry and our nation. Health care fraud costs billions of dollars each year. It impacts all of us in the long run.

Health care fraud leads to:

- Higher health care costs
- Limited health care resources
- Lower consumer confidence in our health care system

Examples of health care fraud include billing for:

- A service that was never performed
- A more expensive service, supply or piece of equipment other than what was really provided
- The same service twice

Blue Cross and Blue Shield of Texas has its own Special Investigations Department to fight fraud. The SID staff includes people from diverse backgrounds such as:

- Medical providers (doctors and nurses)
- Insurance industry experts
- Professional coders
- Law enforcement

SID also has a Data Intelligence Unit to partner with SID investigators to find and stop fraud, waste and abuse. When appropriate, SID refers fraud cases for criminal prosecution.

How do I report fraud?

If you suspect fraud, there are ways to report it.

- **Report by Phone: 1-800-543-0867**

The toll-free Fraud Hotline is available 24 hours a day, 7 days a week. You can remain anonymous or you can let us know if you want to be contacted.

- **Report Online: [Complete a fraud report](#)**

This online fraud reporting form can be completed and sent to the SID.

- **Report by U.S. Mail:** Blue Cross and Blue Shield of Texas
Special Investigations Department
1001 E. Lookout Drive
Richardson, TX 75082



Your Medicare Checklist:

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

7 to 9 Months Before Your 65th Birthday

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

4 to 6 Months Before Your 65th Birthday

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

3 Months Before Your 65th Birthday

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

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

IV. Navitus Prescription Drug Resources





Make the Most of Your Pharmacy Benefits

Welcome to Navitus

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



Member Portal and App

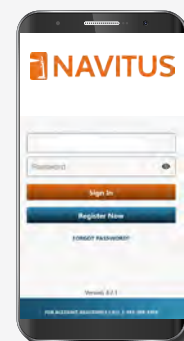
Our member portal helps you access your benefits with tools such as:

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

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

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

Check your benefit information anywhere and at anytime!



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



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

Easily Fill Your Prescriptions

Network Pharmacies

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

Mail Order Pharmacy

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

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

Specialty Pharmacy

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



Lower Your Drug Costs

These strategies can help you save on your prescription drugs:

1. Check Prices Online

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

2. Consider a Generic Drug

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

3. Take Advantage of 90-Day Refills

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

Frequently Asked Questions

How do I fill a prescription when I travel?

If traveling for less than one month

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

If traveling for more than one month inside the United States

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

If traveling for more than one month outside the United States

Please contact Customer Care at 866-333-2757.

What is a formulary?

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

What are tiers?

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

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

Who decides which drugs are covered?

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

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

Prior authorization

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

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

Step therapy

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

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

Quantity limits

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



Questions?

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

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

Contact Information

Customer Care

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

Prescription Claims

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

Mail Order

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

Specialty Pharmacy

Lumicera Health Services
855-847-3553
lumicera.com

Sharing Your Feedback



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

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

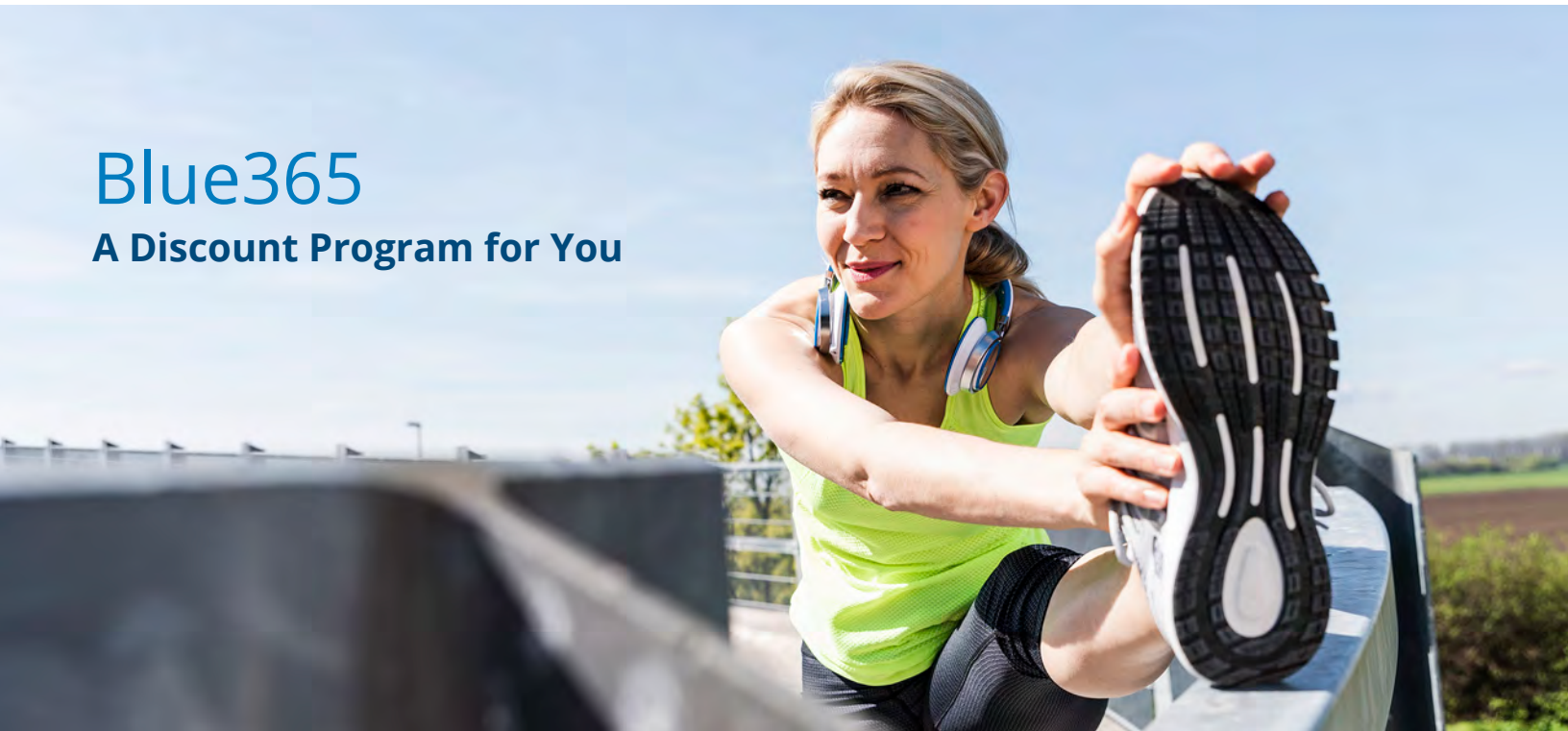
V. Blue365 Discount Programs





Blue365

A Discount Program for You



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

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

Below are some of the ongoing deals offered through Blue365.

Blue365
Because health is a big deal®

EyeMed® | Davis Vision®

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

TruHearing® | Beltone™ | Start Hearing

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

Dental SolutionsSM

You could get dental savings with Dental Solutions. You may receive a dental discount card that provides access to discounts of up to 50% at more than 70,000 dentists and more than 254,000 locations.¹

Sun Basket | Nutrisystem®

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

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



Fitbit®

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

Reebok | SKECHERS®

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

InVite® Health

InVite Health offers quality vitamins and supplements, educational resources and a team of health care experts for guidance to select the correct product at the best value. Get 50% off the retail price of non-genetically modified microorganism (non-GMO) vitamins and supplements.

Livekick

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

eMindful

Get up to a 50% discount on any of eMindful's live streaming or recorded premium courses. Apply mindfulness to your life including stress reduction, mindful eating, chronic pain management, yoga, Qigong movements and more.

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

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

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

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



Blue365[®]



EyeMed Vision Discount Program

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

What?

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

Who?

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

Where?

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

For more information about Blue365, log in to Blue Access for MembersSM at mybenefits.county.org.

Click on **Benefits**, then select **Links & Contacts** and Go to Blue Cross Blue Shield Member Site. Click the **Wellness** tab at the top.

Referral?

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

Program Features

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

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

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

EyeMed Vision Discounts

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

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

Discounts are only available through participating vendors.

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

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

BCBSTX makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them. 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.



Blue365[®] Davis VisionSM Discount Program

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

What is the Davis Vision discount program?

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

How do I locate a Davis Vision provider?

The Davis Vision network consists of major national and regional retail locations, such as Visionworks[®], 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 Client Code field, or call Davis Vision at **888-897-9350**. For more information about Blue365, log in to Blue Access for MembersSM (BAMSM) at **mybenefits.county.org**. Click on **Benefits**, then select **Links & Contacts** and **Go to Blue Cross Blue Shield Member Site**. Click the Wellness tab at the top. Or visit **blue365deals.com/BCBSTX**.

Are there any exclusions?

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

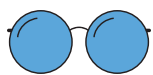
- Medical treatment of eye disease or injury
- Vision therapy
- Special lens designs or coatings, other than those listed on the other side of this flier
- Services performed by a provider who is not in the Davis Vision network
- Replacement of lost eyewear
- Services not performed by licensed personnel

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.

You May Pay:

Examinations	
Comprehensive examination	15% off or \$5 off retail cost
Contact lens examination	15% off or \$10 off retail cost
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



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**, under Member Log In, enter 2295 in the Client Code field.

1. These discounted fees apply at most provider locations. However, fees may vary. Confirm discounts with your selected provider.

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

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

4. Pricing at some retail locations may vary.

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

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 your ID card for specific benefit information under your health plan. Use of Blue365 does not affect your premium, nor do costs of Blue365's services or products count toward any maximums and/or plan deductibles. Discounts are only available through participating vendors.

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

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VI. Health & Wellness Resources



Healthy County Resources

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

Online Access

🍏 **Healthy County** on the TAC website at county.org/healthycounty

🍏 **Employee Self-Service (ESS) Portal** at mybenefits.county.org
Access to Healthy County wellness program information, the WebMD ONE wellness portal, BCBSTX benefits and records, Navitus Health Solutions for prescription benefits, the Texas County & District Retirement System and more.

🍏 **Follow Healthy County on Facebook** at facebook.com/TACHealthyCounty

Lifestyle Resources

Healthy County powered by WebMD ONE

This integrated health and physical activity portal gives you access to Healthy County wellness contests, a fitness device subsidy and the storefront, where you can find activity trackers, free health education courses and more.

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

Blue Points Rewards

Earn points from the Well onTarget program from Blue Cross and Blue Shield of Texas (BCBSTX) by participating in healthy activities. Redeem points for physical gift cards from a variety of merchants.

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

Employee Assistance Program

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

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

Gym Discount Program

Join the BCBSTX Fitness Program for unlimited access to thousands of participating fitness locations nationwide. There is a \$19 one-time enrollment fee + tiered network options with prices ranging from \$19 to \$239 a month with no annual contract.

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

Digital Self-Managed Programs

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

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

Learn to Live

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

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



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Health Management Resources

Blue Access for Members

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

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

Telemedicine with MDLIVE

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

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

24-Hour Nurseline

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

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

Airrosti

Airrosti is a safe, noninvasive and highly effective alternative to surgery, pain management and long-term chiropractic or physical therapy programs. Airrosti is subject to annual deductible and co-insurance.

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

Condition Management

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

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

Quit Tobacco

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

ONLINE: Employee Self-Service (ESS) Portal > My Vendors & Other Sites > Go to Blue Cross Blue Shield Member Site > Wellness Tab > Well onTarget > Courses
PHONE: (877) 806-9380

MEDICATIONS: For questions about covered cessation medications, call Navitus Health Solutions at (866) 333-2757

Women's and Family Health Programs

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

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



Subscribe to the Monthly Healthy Byte E-Newsletter!

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

Sign up at
county.org/HCMonthly



TEXAS ASSOCIATION of COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

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



Alliance Work Partners is
here for you as life happens.

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

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

All benefits can be
accessed by calling:

toll free

1-800-343-3822

TDD

1-800-448-1823

teen line

1-800-334-TEEN (8336)

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



Visit your EAP website at
awpnow.com

and create a
customized account.

Go to

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

Registration Code:

AWP-TACHEBP-4661

Your EAP Benefits:

LawAccess

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

HelpNet

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

WorkLife

Resources and referrals for everyday needs. Available by telephone.

SafeRide

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

1 to 6 Counseling Sessions

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

Newsletters

Webinar Training Series
Tips for Everyday Living

Here for you as life happens ...



Employee Assistance Program (EAP)

Criteria for Benefits Eligibility

Full Benefits:

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

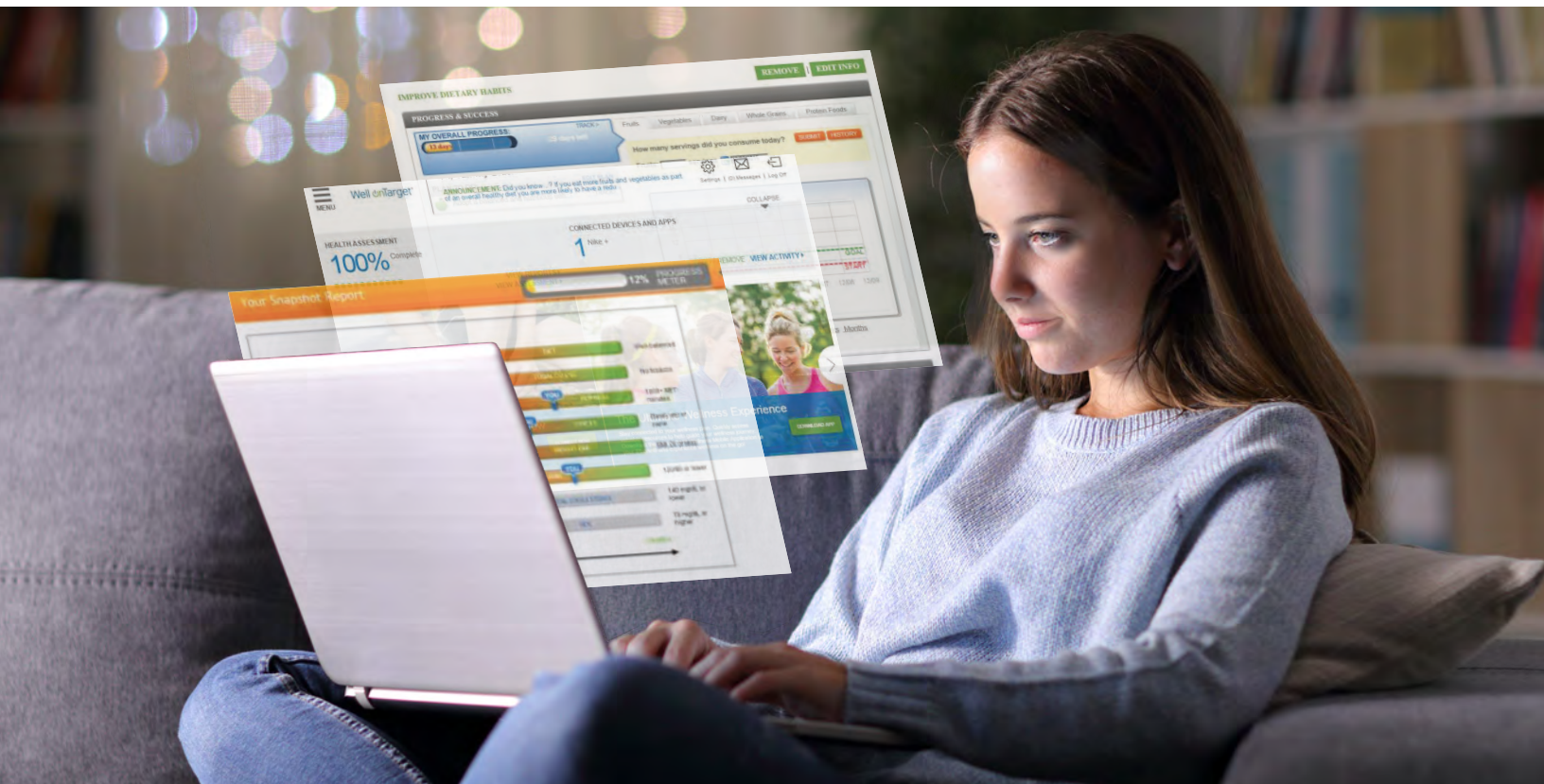
Assessment & Referral:

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

Information & Referral:

- Anyone contacting Alliance Work Partners regardless of contract status

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



Live Well with the Well onTarget Member Wellness Portal

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

Explore Your Wellness World

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

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

See Your Stats in a Flash

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

Take a Snapshot of Your Health

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

Well onTarget®

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

Blue PointsSM Program²

Small rewards may motivate you to make positive changes to meet your wellness goals. With Well onTarget, you can earn Blue Points for making healthy choices. If you enroll in the Fitness Program or take your HA, you earn points.³ You can also earn points when you achieve milestones in the Self-Management Programs. Redeem your Blue Points for gift cards for yourself or family and friends.⁴

Health Tools and Trackers

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

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

Self-Management Programs

These programs consist of:

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

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

Fitness Tracking

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



Take Wellness on the Go

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

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

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

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

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

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

Well onTarget is an informational resource provided to members and is not a substitute for the independent medical judgment of a health care provider. Members are instructed to consult with their health care provider before beginning their journey toward wellness.



Prepare for Your Life-Changing Journey

Women's and Family Health Pregnancy, Parenting and Menopause Support

Wherever you are in your journey, Blue Cross and Blue Shield of Texas is here to support you at no extra cost.

- **Ovia Health™** apps are for tracking your cycle, pregnancy, parenting and menopause support. The apps are available in English and Spanish¹, and provide videos, tips, coaching and more.
 - **Ovia:** Track your cycle, predict when you are more likely to get pregnant or receive menopause support when the time comes.
 - **Ovia Pregnancy:** Monitor your pregnancy and baby's growth week by week leading up to your baby's due date.
 - **Ovia Parenting:** Keep up with your child's growth and milestones.
- **Well onTarget®** has self-guided courses about pregnancy that you can take online, covering topics such as healthy foods, body changes and labor.

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



Download any
of the Ovia Health
apps from the
Apple App Store
or Google Play.

During sign-up, make sure
to choose "I have Ovia
Health as a benefit." Then
select BCBSTX as your
health plan and enter your
employer name (optional).
Also, visit wellontarget.com
to explore our online courses.
Please call 888-421-7781 if
you have questions or want
to learn more.

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

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

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

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

FIX PAIN **FAST!**

HEALTH PLAN BENEFIT

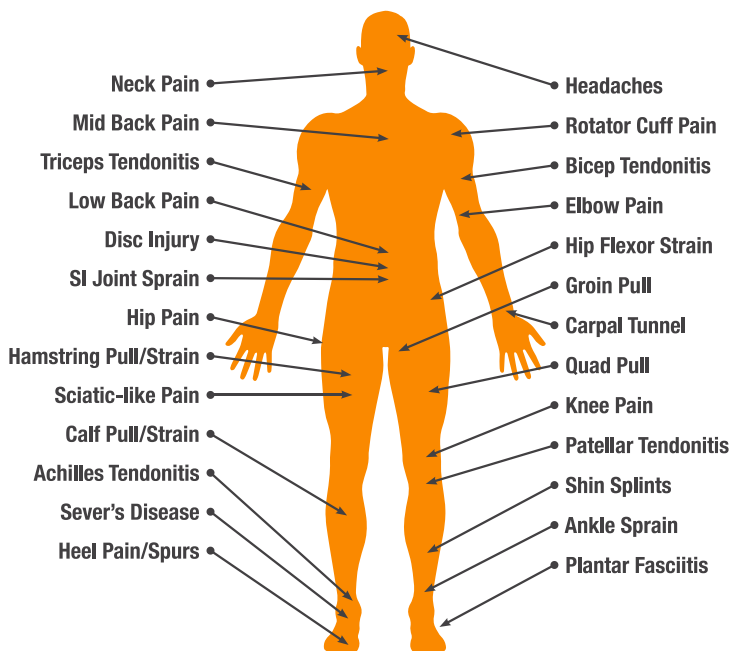
For all employees and dependents on the health plan offered by
Texas Association of Counties

Airrosti visits are subject to annual deductible and co-insurance*

* not subject to annual deductible except on HSA plans

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

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



Schedule Your Appointment Today!



3.2

visits average to complete injury resolution*

*Based on patient reported outcomes



80%
REDUCTION
IN SURGICAL
OCCURRENCE RATE



43%
REDUCTION
IN TOTAL
COST OF CARE



CLINICAL EXPERTISE. CONVENIENT ACCESS.

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

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



Expert Diagnosis and Care

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

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



Personalized Program

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

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



Progress and Support

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

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

AIRROSTI REMOTE RECOVERY IS NOW A COVERED BENEFIT.

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



AIRROSTI.COM/REMOTERECOVERY



(855) 913-0845



It's Okay to Need Help

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

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

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

Mental health is just as important as physical health.

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

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

Your journey is one-of-a-kind.

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

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

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



More Resources for Your Mental Wellbeing

Well onTarget®

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

When you're ready, we're here.

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

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

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

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

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association



Retrain Your Brain



Feel better with Digital Mental Health programs from Learn to Live.

About half of all people in the U.S. will struggle with a mental health concern at some point in their lives.¹ Whether you're facing a challenge or just want to proactively manage your mental health, you can learn new skills and get help in breaking old patterns that may be holding you back. Digital Mental Health programs from Learn to Live can help you get your mental health on track so you can feel better and enjoy your life more fully.

Find out where you may need support

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

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



Get a mental health tune-up — online



Learn to adjust unhelpful thoughts and manage your mood

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



Work with an expert coach to guide you

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



Keep your personal details private

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

Did you know?

Members who worked with a coach from Learn to Live saw 10% greater improvement in symptoms compared to those who did not.²



Check out the programs included at no added cost through your health plan with Blue Cross and Blue Shield of Texas:

1. Log in at mybenefits.county.org. Click on **Benefits**, then select **Links & Contacts** and Go to Blue Cross Blue Shield Member Site.
2. Select **Behavioral Health**
3. Choose **Digital Mental Health**

Register A Minor

Members 13 to 17 years old can also use the programs. To register a minor, complete one of the following options.

- If you previously created a Learn to Live account, log in, go to the **Resources** tab and click **Register a Minor**.
- If you do not have an account, complete the three steps above, click **Get Started** and then select **I want to allow a dependent to register for a Learn to Live account**.

1. U.S. Department of Health and Human Services, 2023

2. Learn to Live Quarterly Business Review Report, Q1 2024

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

VII. Important Notices



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

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

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

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

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

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

Website: [Health Insurance Premium Payment \(HIPP\) Program | Texas Health and Human Services](http://www.healthinsurancetexas.gov)

Phone: 1-800-440-0493

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

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

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

Women's Health and Cancer Rights Act of 1998 Notification

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

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

- Coverage will be provided for the reconstructive surgery of the breast on which a mastectomy has been performed.
 - Coverage will be provided for surgery and reconstruction of the other breast to produce a symmetrical appearance.
 - Coverage will be provided for prostheses and physical complications through all stages of a mastectomy, including swelling associated with the removal of lymph nodes.
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Newborns' and Mothers' Health Protection Act of 1996

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

Genetic Information Nondiscrimination Act of 2008 (GINA)

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



**BlueCross BlueShield
of Texas**

Important Notices

Initial Notice About Special Enrollment Rights in Your Group Health Plan

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

A. SPECIAL ENROLLMENT PROVISIONS

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

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

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

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

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

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

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

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

II. Additional Notices

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

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

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

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

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

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

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



TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

NOTICE OF PRIVACY PRACTICES

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

I. USE AND DISCLOSURE OF HEALTH INFORMATION

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

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

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

A. To Make or Obtain Payment.

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

B. To Conduct Health Care Operations.

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

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

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

C. For Treatment Alternatives.

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

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

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

E. For Disclosure to the Plan Sponsor.

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

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

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

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

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

F. When Legally Required.

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

G. To Conduct Health Oversight Activities.

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

H. In Connection With Judicial and Administrative Proceedings.

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

I. For Law Enforcement Purposes.

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

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

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

K. For Specialized Government Functions.

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

L. For Worker's Compensation.

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

M. Public Health Activities.

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

II. AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

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

III. YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

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

A. Right to Request Restrictions.

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

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

B. Right to Receive Confidential Communications.

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

C. Right to Inspect and Copy Your Health Information.

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

D. Right to Amend Your Health Information.

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

E. Right to an Accounting.

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

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

F. Right to a Paper Copy of this Notice.

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

IV. DUTIES OF TAC HEBP HEALTH PLAN

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

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

CONTACT PERSON

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

EFFECTIVE DATE

This Notice is effective Nov 8, 2013.

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