



HARRIS COUNTY
EMERGENCY SERVICES DISTRICT NO.11



2023

EMPLOYEE BENEFIT BOOKLET



Welcome to Your Employee Benefits

At Harris County ESD #11 our greatest asset is people like you. We value your hard work and like to do what we can to reward your efforts. That's why we are pleased to offer you these valuable employee benefits.

Please review the information in this booklet to learn about the plans being offered and determine what coverage is right for you.

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For Ancillary Plans for AFLAC and Standard - see 2023 Voluntary Plans Booklet

HARRIS COUNTY

EMERGENCY SERVICES DISTRICT NO.11



2023 COST SHARES

NEW OPTION #1 BASE PLAN - TML (BCBS, NAVITUS & NEXT LEVEL)	
EE 26 PP cost	
Employee Only	\$ -
Employee + Spouse	\$ -
Employee + Child(ren)	\$ -
Employee + Family	\$ 115.91
OPTION #2 BUY-UP - TML (BCBS AND NAVITUS)	
EE 26 PP cost	
Employee Only	\$ 74.91
Employee + Spouse	\$ 156.49
Employee + Child(ren)	\$ 136.14
Employee + Family	\$ 225.85

BEAM DENTAL	
EE 26 PP cost	
Employee Only	\$ -
Employee + Spouse	\$ -
Employee + Child(ren)	\$ -
Employee + Family	\$ 6.26
BEAM VISION (VSP)	
EE 26 PP cost	
Employee Only	\$ -
Employee + Spouse	\$ -
Employee + Child(ren)	\$ -
Employee + Family	\$ 0.96

TML (BCBS, NAVITUS & NEXT LEVEL) Option #1, Base Plan				
Carrier Name:				
Network Name	Next Level Prime	Blue Choice PPO		
	Inured pays \$0 for the following services:	In	Out	
Individual Deductible	Primary Care, Preventative Care & Chronic Care Services 1. Annual Wellness Exams 2. Preventative Screenings 3. Blood Counts 4. Vaccinations & Immunizations 5. Colon Cancer Screenings 6. Diabetes 7. Hypertension 8. High Cholesterol 9. Thyroid Conditions 10. Chronic Disease Management 11. Depression 12. Anxiaty 13. Specialist Referrals Urgent Care Health & Wellness Coaching & Programs: 1. Nutrition 2. Exercise 3. Dieting 4. Behavior Modifications 5. Body Image Labs (see attached description for details)	\$2,500	\$3,000	
Family Deductible		\$5,000	\$8,000	
Coinurance		80%	50%	
Individual Out of Pocket Maximum		\$6,000	Unlimited	
Family Out of Pocket Maximum		\$12,000	Unlimited	
PC Copay		\$30	50% after ded	
Specialist Copay		\$60	50% after ded	
Lab and X-Ray		20% after ded	50% after ded	
Advanced Imaging		20% after ded	50% after ded	
In Network Prescription Drug Card		\$0/\$10/\$45/\$90 **		
In Network Specialty Medication		\$150/\$175 **		
Mail Order Benefit		\$3	-	
Urgent Care Copay		\$75	50% after ded	
Emergency Room Copay	\$500 copay, then 20% after ded			
Inpatient Hospitalization	20% after ded	50% after ded		
Outpatient Surgery	20% after ded	50% after ded		
Telehealth	\$0			

** For additional information on Rx coverage, i.e., Formulary lists, Rx Co-Pays, Step Therapy, Prior Authorization, In-network pharmacies and much more refer to the Navitus Prescription Drug Plan Sobliet.

Lab



All CLIA-waived labs (Rapid Strep, Flu, RSV, Mono, Covid, Urinalysis, trichomonas, urine pregnancy)

- Amylase
- CMP
- Lipid panel
- TSH
- Free T4
- Total T3
- HIV screen
- Hemoglobin A1c
- Microalbumin, Urine (w/ creatinine)
- Vitamin D
- Hepatitis B Antibody Titer
- Hepatitis B Surface Antigen
- Uric Acid
- PSA
- Vitamin B12/Folate
- Testosterone, male
- Hepatitis C Ab
- Hepatitis panel
- Vitamin B12
- Lipase
- Folic Acid

- Magnesium
- Iron, total
- Estradiol
- FSH
- Thyroid Panel with TSH
- LH
- HCG Quantitative
- Liver Panel
- Sedimentation Rate
- CBC
- Urine Culture
- Throat Culture
- Wound Culture

****Labs not on the list above will need to be sent to an outside laboratory. Next Level utilizes Quest Laboratories. Labs sent to Quest will be billed as either a self-pay cost to the employee/patient billed from Quest Laboratory to the employee/patient OR the employee/patient may submit their insurance information to Quest for processing.*

Option Plan #2, Buy-Up

Carrier Name

TML

Network Name

Blue Choice PPO

	In	Out
Individual Deductible	\$1,000	\$3,000
Family Deductible	\$2,000	\$6,000
Coinsurance	50%	50%
Individual Out of Pocket Maximum	\$5,000	Unlimited
Family Out of Pocket Maximum	\$10,000	Unlimited
PCP Copay	\$30	50% after ded
Specialist Copay	\$60	50% after ded
Lab and X-ray	20% after ded	50% after ded
Advanced Imaging	20% after ded	50% after ded
In Network Prescription Drug Card	\$0/\$10/\$45/\$90 **	
In Network Specialty Medication	\$150/\$175 **	
Mail Order Benefit	50%	--
Urgent Care Copay	\$75	50% after ded
Emergency Room Copay	\$500 copay, then 20% after ded	
Inpatient Hospitalization	20% after ded	50% after ded
Outpatient Surgery	20% after ded	50% after ded
Telehealth	\$0	

** For additional information on Rx coverage, (i.e., Formulary lists, Rx Co-Pay, Step Therapy, Prior Authorization, In-network pharmacies and much more) refer to the Navitus Prescription Drug Plan Booklet.

Health Care at Your Fingertips



BLUE ACCESS FOR MEMBERSSM

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

With BAM, you can:

- Use our Provider FinderSM tool to search for a health care provider, hospital or pharmacy
- Request or print your ID card
- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Download our app
- Sign up for text or email alerts

It's Easy to Get Started!

1. Go to bcbs.tx.com
2. Click Log Into My Account
3. Use the information on your BCBSTX ID card to sign in. Or textSM BCBSTXAPP to 33633 to get the BCBSTX App that lets you use BAM while you're on the go.

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Blue Cross and Blue Shield of Texas is a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Equal Opportunity Employer of the Blue Cross and Blue Shield Association

 TML Health
81.11773.0411



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 plan 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 cdc.gov/vaccines

WELCOME TO YOUR TML HEALTH \$150 Incentive Program!

Because making healthy new habits is always better with a little cash.

Earn your \$150 Incentive check by completing the Wellbeing Survey and ONE of the following.

1 PREVENTATIVE CARE SCREENING

Bring yourself in for a tune up.

- A. Visit your primary care provider for a preventative exam and lab work, then enter your results online at TML Well (glucose, cholesterol, HDL, LDL, triglyceride levels, height, weight, blood pressure).
- B. Or participate in a Virtual Checkup or Onsite Screening from Caballero Health through our TML Well Dashboard.

2 WELLNESS YOUR WAY

What does better health look like to you?

- A. Complete ONE of the approved Video Online Learning Courses. (We have courses on "Heart Health," "Weight Management," "Tobacco Cessation," and more!)
- B. Power through 3 Sessions in the Naturally Slim program.
- C. Or design your own six-week health program! Have an idea to promote a healthier lifestyle for your employees? Email us at tmlwell@tmb.org and request an approval form.

3 GROUP CHALLENGES

Everything's better with friends!

Hustle and Bustle (October 25 - November 11)

This four-week challenge is for you if you're looking to balance your mind, body, and schedule to reduce stress and make time for yourself. Meditation is key for this group challenge.

Registration: October 11 - 11

4 2 APPROVED PERSONAL CHALLENGES

Prove it to yourself!

- 20 in 20 Challenge
- Mini Family Challenge
- Greater Streak Challenge
- Get Fit Challenge
- Daily Victory Nutrition Challenge
- Every Step to 10K Challenge
- 1000 in 90 Challenge
- Daily Victory Physical Challenge
- Flexibility and Stretching Challenge
- The Best of You Challenge



NON-INCENTIVE CHALLENGES

Looking for even more to do?

Minute of Mindfulness (July 5 - August 1)

From self-care to self-manage, this four-week challenge brings you weekly holistic techniques: meditation, stress reduction, and daily tips for self-care! Registration: June 21 - July 11



MORE RESOURCES

Looking to fail the Wellbeing Survey, personal challenges, and mental health resources? All of this and more can be found on the TML Well website once you log in at tmlwell.tmb.org



Frequently Asked Questions on the Incentive Program



Q1

How can I earn the \$150 incentive check?

To earn your reward, complete one of the following four options and Wellbeing Survey.

Option 1	• Preventative Care Screening (biometric)
Option 2	• Wellness Your Way Activity
Option 3	• Group Challenge: Get Physical or Huddle and Boodle
Option 4	• Two (2) Personal Challenges (must be in nutrition or physical activity)

Q2

Who is eligible for the \$150 Incentive?

Employees and spouses that are covered on TML Health's medical plan.

Q3

Will TML Health assist with scheduling the mammogram bus or the Heart Health Screenings?

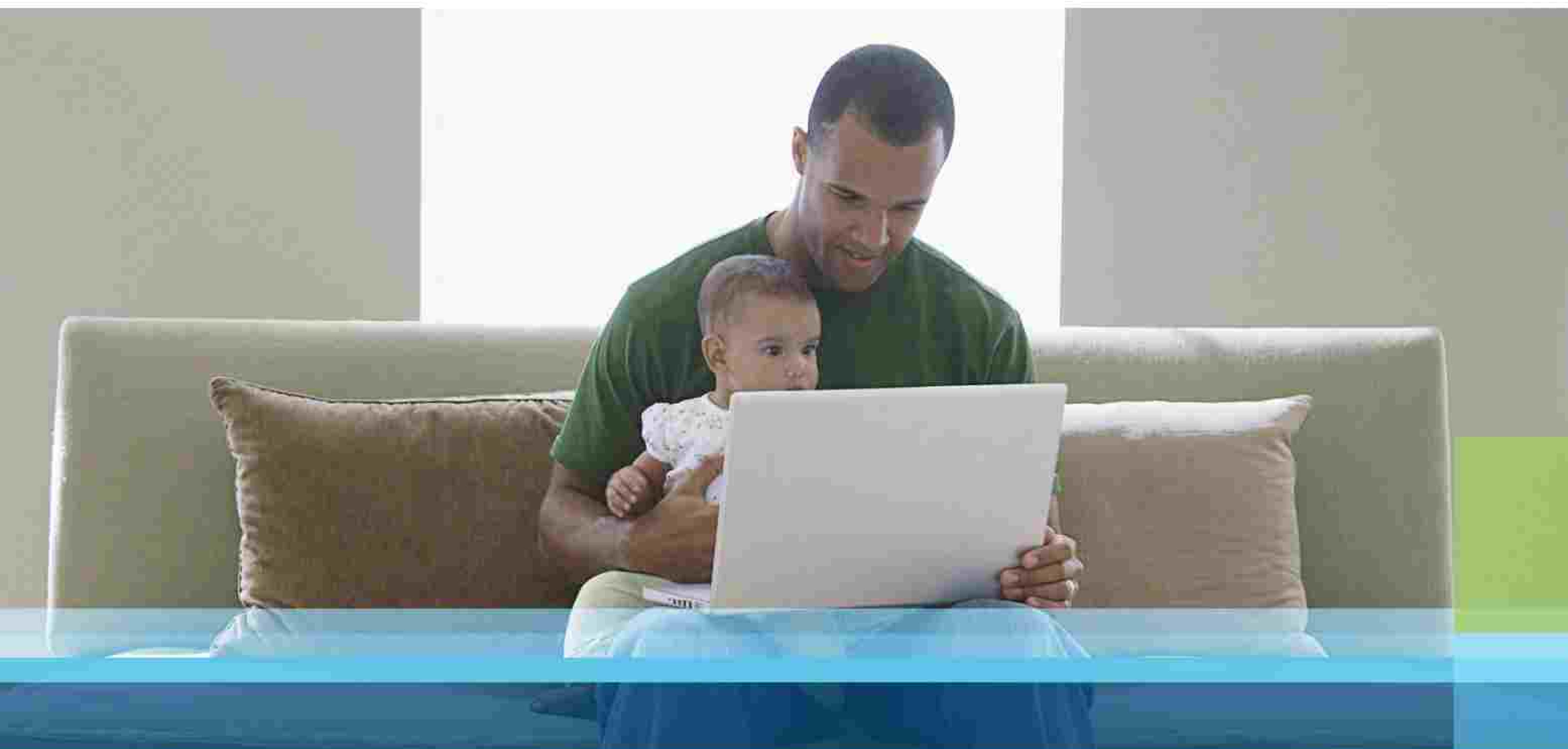
Rather than schedule you for one-size-fits-all tests, TML Health follows evidence-based guidelines from the U.S. Preventive Services Task Force. For this reason, we recommend that your primary care provider (PCP) order the appropriate tests based on your health history, age, gender, and guidelines. Ask your doctor to help you order or schedule tests.

Q4

What tests are *required* for the preventative screening?

- Preventive exam
- Vitals: height, weight, and blood pressure
- Labs: Glucose, Cholesterol (total, HDL, LDL, and triglycerides), and for members with diabetes, HgbA1c

Note: Biometrics must be entered online to receive credit unless you attended a Comput Biometric screening.



Virtual Visits: speak with a doctor — anytime, anywhere

Getting sick after hours or on weekends used to mean a long, costly trip to the emergency room or urgent care center. But with your Virtual Visits benefit, provided by Blue Cross and Blue Shield of Texas (BCBSTX) and powered by MDLIVE[®], the doctor is in 24/7. And you don't have to leave the comfort of your own home.

Virtual Visits allows you to consult a doctor for non-emergency situations by phone, mobile app or online video anytime, anywhere. Speak to a doctor or schedule an appointment at a time that works best for you.

Virtual Visits doctors can treat a variety of health conditions, including:

- Allergies
- Asthma
- Cold/flu
- Ear infections (age 12+)
- Fever (age 3+)
- Headache
- Insect bites
- Nausea
- Pink eye
- Rash
- Sinus Infections

Prepare for the Unexpected— Activate Your MDLIVE Account Now!

There is no charge to set up your account, but you may have a charge for your visit depending on your benefit plan.

Activate your account - pick the way that is easiest for you:

- Call MDLIVE at 888-680-8646
- Go to MDLIVE.com/bcbstx
- Text BCBSTX to 635-483
- Download the MDLIVE app

Virtual Visits doctors may also send an e-prescription to your local pharmacy if necessary.

Powered by
MDLIVE[®]

Virtual Visits may not be available on all plans. Non-emergency medical service in Montana and New Mexico is limited to interactive audio/video (video only). Non-emergency medical service in Arkansas and Idaho is limited to interactive audio/video (video only) for initial consultation.

MDLIVE is a separate company that operates and administers the Virtual Visits program 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 written permission.

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The Simpler Way To a Healthier You

An advanced blood glucose meter and blood pressure monitor, plus the support you need, 100% paid for. Enroll as part of the open enrollment period.



COST-FREE PROGRAMS



ADVANCED TECHNOLOGY



ENCOURAGING COACHING



Diabetes Management

- Unlimited strips & lancets
- Connected blood sugar meter
- Personalized insights & more

Blood Pressure Management

- One-on-one coaching
- Connected monitor
- Real-time tips & more

**GET
STARTED**



Text **"GO TMLHEALTH"** to **85240** to learn more & join

You can also join by visiting getlivongo.com/TMLHEALTH/hi or call **(800) 945-4355** and use registration code: **TMLHEALTH**

The program is provided to you and your dependent family members with diabetes and/or high blood pressure and coverage through Blue Cross and Blue Shield of Texas (BCTX).

Statement of program: Livongo para Diabetes está disponible en Español

All insurance, policy configuration or terms, que aplican para los participantes inscritos en el médico y del programa. Para información en español, llame al **(800) 945-4355** o visite beneficios.livongo.com/TMLHEALTH

Members must have primary insurance coverage through the Blue Cross and Blue Shield of Texas (BCTX) plan offering the Livongo program. For non-qualified members only, please call **(800) 945-4355** and visit beneficios.livongo.com/TMLHEALTH

Program includes health and support at your service. Livongo, internet and mobile app for data collection is used to share

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Group Basic Life and Accidental Death and Dismemberment Insurance

Group Basic Life Insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

Eligibility

Definition of a Member	You are a member if you are an active employee of Harris County ESD #11 and regularly working at least 30 hours each week. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Class Definition	All Full Time Employees
Eligibility Waiting Period	You are eligible on the first of the month that follows date of hire.

Benefits

Basic Life Coverage Amount	Your Basic Life coverage amount is \$50,000.
Basic AD&D Coverage Amount	For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.
Life Age Reductions	Basic Life and AD&D insurance coverage amount reduces to 65 percent at age 65, to 45 percent at age 70, to 30 percent at age 75, to 20 percent at age 80 and to 15 percent at age 85.

Other Basic Life Features and Services

- Accelerated Benefit
- Life Services Toolkit
- Portability of Insurance Provision
- Reimbursement Benefit
- Right to Consent Provision
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium

Other Basic AD&D Features

- Air Bag Benefit
- Family Benefits Package
- Seat Belt Benefit

This information is only a brief description of the group Basic Life/AD&D insurance policy sponsored by HSDIS County ESD #1. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and HSDIS County ESD #1 may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

Standard Insurance Company
1100 Main Street
Providence, RI 02904

www.standard.com

RI 1000-D-TX | HSDIS-02 (0/18)

Family Benefits Package



Keeping Dreams Alive

The plans for a child's higher education shouldn't end with the death of a parent. Employers can help keep those and other dreams alive with the Family Benefits Package from Standard Insurance Company (The Standard).

The Family Benefits Package provides financial assistance to eligible family members in the event of a covered employee's accidental death for which Accidental Death and Dismemberment (AD&D) insurance benefits are payable. All benefits are subject to maximum amounts and policy limitations.

Helping Them Succeed

This comprehensive package of family-oriented benefits includes:

Higher Education Benefit. Pays for qualifying tuition expenses incurred by an employee's eligible children. The benefit is paid annually per child, for a maximum of four consecutive years beginning on the date of the employee's death. The benefit will not exceed \$5,000 per year, or the cumulative total of \$20,000 or 25 percent of the employee's AD&D insurance benefit – whichever is less.

Career Adjustment Benefit. Pays for qualifying tuition expenses incurred by an employee's eligible spouse for training aimed at obtaining employment or increasing earnings within 36 months of the date of the insured's death. The benefit will not exceed \$5,000 per year, or the cumulative total of \$10,000 or 25 percent of the employee's AD&D insurance benefit – whichever is less.

Child Care Benefit. Pays for qualifying child care costs incurred by an employee's spouse in order to work or obtain training aimed at securing employment or increasing earnings within 36 months after the date of the employee's death. The benefit will not exceed \$5,000 per year, or the cumulative total of \$10,000 or 25 percent of the employee's AD&D insurance benefit – whichever is less.

The Standard provides the Family Benefits Package at no additional premium to employers with Group Life and AD&D insurance from The Standard. It offers them a caring and practical way to show support for their employees, while providing opportunities to surviving family members as they adjust to a new life.

* The Family Benefits Package is not available in all states.

The Standard is a marketing name for SunCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

This policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or terminated. Please contact The Standard for additional information, including costs and complete details of coverage.



For more information about the Family Benefits Package and Group Life and AD&D insurance available from The Standard, contact your insurance advisor or the Employee Benefits Sales and Service Office for your area today at 800.633.8575.

Standard Insurance Company
1100 SW Sixth Avenue
Portland, OR 97204

www.standard.com

QP130-1117-0208, QP100-1111,
QP130-1117-040308, QP111-1115

Family Benefits Package
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The Life Services Toolkit

Resources and Tools to Support You and Your Beneficiary



Group Life insurance through your employer gives you assurance that your family will receive some financial assistance in the event of a death. But coverage under a group Life policy from Standard Insurance Company (The Standard) does more than help protect your family from financial hardship after a loss. We have partnered with Morrison Shepell to offer a lineup of additional services that can make a difference now and in the future.

Online tools and services can help you create a will, make advance funeral plans and put your finances in order. After a loss, your beneficiary can consult experts by phone or in person, and obtain other helpful information online.

The Life Services Toolkit is automatically available to those insured under a group Life insurance policy from The Standard.

Services to Help You Now

Visit the Life Services Toolkit website at standard.com/mytoolkit and enter user name "assurance" for information and tools to help you make important life decisions.

- **Estate Planning Assistance:** Online tools walk you through the steps to prepare a will and create other documents, such as living wills, powers of attorney and health care agent forms.
- **Financial Planning:** Consult online services to help you manage debt, calculate mortgage and loan payments, and take care of other financial matters with confidence.
- **Health and Wellness:** Timely articles about nutrition, stress management and wellness help employees and their families lead healthy lives.
- **Identity Theft Prevention:** Check the website for ways to thwart identity thieves and resolve issues if identity theft occurs.
- **Funeral Arrangements:** Use the website to calculate funeral costs, find funeral-related services and make decisions about funeral arrangements in advance.

If you are a recipient of an Accelerated Benefit,¹ you may access the services for beneficiaries outlined on the next page.

continued on reverse



The Standard is a marketing name for Standard Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

1. An Accelerated Benefit allows a covered individual who becomes terminally ill to receive a portion of the Life insurance proceeds while living, if all other eligibility requirements are met.

Standard Insurance Company
1100 SW Sixth Avenue
Portland, OR 97204

standard.com

Life Services Toolkit
or 1-828-521-1111

Services for Your Beneficiary

Life insurance beneficiaries² can access services for 12 months after the date of death. Recipients of an Accelerated Benefit can access services for 12 months after the date of payment.

These supportive services can help your beneficiary cope after a loss:

- **Grief Support:** Clinicians with master's degrees are on call to provide confidential grief sessions by phone or in person. Your beneficiaries are eligible for up to six face-to-face sessions and unlimited phone contact. Our clinicians may offer your beneficiaries additional grief support through books sent to their home, based on each individual's needs. As part of this program, age-appropriate books can be sent for children and teens.
- **Legal Services:** Your beneficiaries can obtain legal assistance from experienced attorneys. They can:
 - Schedule an initial 30-minute office and a telephone consultation with a network attorney. Beneficiaries who wish to retain a participating attorney after the initial consultation receive a 25 percent rate reduction from the attorney's normal hourly or fixed-fee rates.
 - Obtain an estate-planning package (that consists of a simple will, a living will, a health care agent form and a durable power of attorney).
- **Financial Assistance:** Your beneficiaries have unlimited phone access to financial counselors who can help with issues such as budgeting strategies, and credit and debt management, including hour-long sessions on topics requiring more in-depth discussion.
- **Support Services:** During an emotional time, your beneficiaries can receive help planning a funeral or memorial service. Work-life advisors can guide them to resources to help manage household repairs and chores; find child care and elder care providers; or organize a move or relocation.
- **Online Resources:** Your beneficiaries can easily access additional services and features on the Life Services Toolkit website for beneficiaries, including online resources to calculate funeral costs, find funeral-related services and make decisions about funeral arrangements.



Beneficiaries can participate in phone consultations or in-person meetings with trained grief counselors.

For beneficiary services, visit standard.com/mytoolkit (user name = support) or call the assistance line at [800.378.5742](tel:800.378.5742).

² The Life Services Toolkit is not available to Life insurance beneficiaries who are minors or to non-individual entities such as trusts, estates, or families.



Group Additional Life and AD&D Insurance

Help protect your loved ones from financial hardship.

Life insurance coverage is designed to help provide financial support and stability to your family should you pass away. Accidental Death & Dismemberment (AD&D) insurance provides an extra layer of protection if you die or become dismembered in an accident. You can also cover your eligible spouse and child(ren).



This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits if you are dismembered, become terminally ill or die

Ⓜ About This Coverage

If you take no action you'll be covered under Basic Life insurance provided you meet the eligibility requirements. Consider whether that would be enough to help your family meet daily expenses, maintain their standard of living, pay off debt and fund your children's education. If not, you may want to apply for additional coverage now.

Life Insurance

How Much Can I Apply For?

Your combined Basic Life and Additional Life amounts cannot exceed a maximum of 3 times your annual earnings. The coverage amount for your spouse cannot exceed 50 percent of your Additional Life coverage. The coverage amount for your child(ren) cannot exceed 100 percent of your Additional Life coverage.

For You:	\$10,000 – \$250,000 in increments of \$10,000
For Your Spouse:	\$5,000 – \$150,000 in increments of \$5,000
For Your Child(ren):	\$5,000 – \$10,000 in increments of \$5,000

What is the Guarantee Issue Maximum?

Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions.

For You:	Up to \$250,000
For Your Spouse:	Up to \$25,000

AD&D Insurance

The benefit is paid if you or your dependent(s) are seriously injured or pass away as a result of a covered accident.

What Does My AD&D Benefit Provide?

Note: You cannot buy more coverage for your spouse or child(ren) than you buy for yourself.

For You:

The AD&D insurance coverage amount matches what you elect for Additional Life insurance.

For Your Spouse:

The AD&D insurance coverage amount matches what you elect for Dependents Life insurance.

For Your Child(ren):

The AD&D insurance coverage amount matches what you elect for Dependents Life insurance.

Keep in mind that the amount payable for certain losses is less than 100 percent of the AD&D insurance benefit.

See the Important Details section for more information, including requirements, exclusions, age reductions and definitions.

Additional Feature

Life Insurance

Accelerated Benefit

If you become terminally ill, you may be eligible to receive up to 75 percent of your combined Basic and Additional Life benefit to a maximum of \$500,000.

How Much Life Insurance Do You Need?

After a serious accident or death in the family, there are many unexpected expenses. Your benefits could help your family pay for:

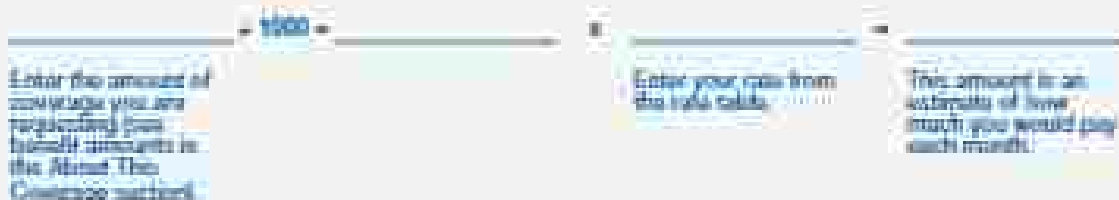
- Outstanding debt
- Burial expenses
- Medical bills
- Your children's education
- Daily expenses

To estimate your insurance needs, you'll need to consider your unique circumstances. Use our online calculator at www.standard.com/life/needs.

⑤ How Much Your Coverage Costs

Your Basic Life insurance is paid for by Harris County ESD 11. If you choose to purchase Additional Life coverage, you'll have access to competitive group rates, which may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and the benefit amount.

Use this formula to calculate your premium payment:



If you buy coverage for your spouse, your monthly rate is shown in the table below. Use the same formula to calculate the premium that you used for yourself, but use your spouse's age and your spouse's rate.

If you buy Dependents Life with AD&D coverage for your child(ren), your monthly rate is \$0.23 per \$1,000, no matter how many children you're covering. Your monthly AD&D rate of \$0.03 per \$1,000 is included.

Your Age (as of December 31)	Your Rate* Per \$1,000 of Total Coverage
<20	\$0.07
20-24	\$0.08
25-29	\$0.09
30-34	\$0.10
35-39	\$0.11
40-44	\$0.12
45-49	\$0.13
50-54	\$0.14
55-59	\$0.15
60-64	\$0.16
65-69	\$0.17
70+	\$0.18

Spouse's Age (as of December 31)	Spouse's Rate* Per \$1,000 of Total Coverage
<20	\$0.07
20-24	\$0.08
25-29	\$0.09
30-34	\$0.10
35-39	\$0.11
40-44	\$0.12
45-49	\$0.13
50-54	\$0.14
55-59	\$0.15
60-64	\$0.16
65-69	\$0.17
70+	\$0.18

*Includes a monthly AD&D rate of \$0.04 per \$1,000 of AD&D benefit.

**Includes a monthly AD&D rate of \$0.04 per \$1,000 of AD&D benefit for your spouse.

Important Details

Here's where you'll find the nitty-gritty details about the plan.

Life and AD&D Insurance Eligibility Requirements

A minimum number of eligible employees must apply and qualify for the proposed plan before coverage can become effective. If this requirement is not met, this plan will not become effective. To be eligible for coverage, you must be:

- An active employee of Harris County ESS 11
- Regularly working at least 30 hours per week
- Insured for Basic Life Insurance through The Standard

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

If you buy Additional Life and AD&D insurance for yourself, you may also buy Life and AD&D coverage for your eligible children and/or spouse. This is called Dependents Life and AD&D insurance. You can choose to cover your spouse, meaning a person to whom you are legally married. You may also choose to cover your child. Child means your child from live birth through age 25. Your child cannot be insured by more than one employee. Your spouse or child(ren) must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

Medical Underwriting Approval for Life Coverage

Required for:

- Coverage amounts higher than the guarantee issue maximum amount
- All late applications (applying 31 days after becoming eligible)
- Requests for coverage increases
- Reinstatements
- Eligible but not insured under the prior life insurance plan

Visit www.standard.com/mhs to submit a medical history statement online.

Coverage Effective Date for Life Coverage:

To become insured, you must

- Meet the eligibility requirements listed in the previous sections.
- Serve an eligibility waiting period¹.
- Receive medical underwriting approval (if applicable).
- Apply for coverage and agree to pay premium, and

- Be actively at work (able to perform all normal duties of your job) on the day before the insurance is scheduled to be effective.

If you are not actively at work on the day before the scheduled effective date of your insurance, including any optional coverages, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee. Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your coverage, including any optional coverages.

¹Default as first of the month that follows or coincides with 30 consecutive days as a member.

Life and AD&D Age Reductions

Under this plan, your coverage amount reduces to 65 percent at age 65, to 50 percent at age 70 and to 35 percent at age 75. Your spouse's coverage amount reduces by your spouse's age as follows: to 65 percent at age 65, to 50 percent at age 70 and to 35 percent at age 75. If you or your spouse are age 65 or over, ask your human resources representative or plan administrator for the amount of coverage available.

Life Insurance Waiver of Premium

Your Life premiums may be waived if you:

- Become totally disabled while insured under this plan;
- Are under age 60, and
- Complete a waiting period of 180 days.

If these conditions are met, your Life insurance coverage may continue without cost until age 65, provided you give us satisfactory proof that you remain totally disabled.

Life and AD&D Insurance Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage from The Standard.

Life Insurance Conversion

If your insurance reduces or ends, you may be eligible to convert your existing Life insurance to an individual life insurance policy without submitting proof of good health.

Life Insurance Exclusions

Subject to state variations, you and your dependents are not covered for death resulting from suicide or other intentionally self-inflicted injury, while sane or insane. The amount payable will exclude amounts that have not been

Group Additional Life and AD&D Insurance

continuously in effect for at least two years on the date of death.

AD&D Benefits

The amount of the AD&D benefit is equal to the amount payable for your or your spouse's or child(ren)'s Life benefit on the date of the accident. For all other covered losses, the amount is shown as a percentage of the amount payable for the benefit on the date of the accident. No more than 100 percent of the AD&D benefit will be paid for all losses resulting from one accident.

Any loss must be caused solely and directly by an accident within 365 days of the accident. A certified copy of the death certificate is needed to prove loss of life.

All other losses must be certified by a physician in the appropriate specialty determined by The Standard.

Covered loss:	Percentage of AD&D benefit payable:
Life	100%
One hand or one foot	50%
Sight in one eye	50%
Two or more of the losses listed above	100%

AD&D Insurance Exclusions

You are not covered for death or dismemberment caused or contributed to by any of the following:

- Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot
- Suicide or other intentionally self-inflicted injury, while sane or insane
- War or any act of war (declared or undeclared), and any substantial armed conflict between organized forces of a military nature
- Voluntary consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a physician
- Sickness or pregnancy existing at the time of the accident
- Heart attack or stroke
- Medical or surgical treatment for any of the above

When Your Insurance Ends:

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- The date your employment terminates:

- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date the group policy, or your employer's coverage under the group policy, terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy
- The date your Life coverage ends; your AD&D coverage will end as well

In addition to the above requirements, your Dependents Life and AD&D coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent.

For more details on when your insurance ends, contact your human resources representative or plan administrator.

Group Insurance Certificate

If coverage becomes effective and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

About Standard Insurance Company

For more than 110 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at www.standard.com.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

GP190-LIFE/S399, GP200-LIFE/TRUST, GP199-LIFE, GP190-LIFE/A997/S399, GP411-LIFE

Standard Insurance Company
1100 SW Sixth Avenue
Portland, OR 97204
www.standard.com

SI 1208-D-NA-TX 02/21 (6/15)
www.epln.com



DENTAL BENEFITS SUMMARY
Harris ESD 11

PLAN: SmartPremium Plus 100/80/50/50-1500-1000-MAC

GROUP # 7016204

WHY BEAM

Beam is the future of group dental insurance for employers large and small. We're pairing innovative tech with personal service to deliver an insurance experience unlike any other.

- PPO Fee
- Digital implementation and admin
- Nationwide network (Over 300,000 access points)
- Beam Perks Included

BEAM PERKS INCLUDED

Essentials for great dental care delivered right to member's doors.

- **Beam Brush**
Smart electric toothbrush
- **Beam Paste**
High-quality, custom-formulated toothpaste



Remember, visit an in-network dentist to save the most money!

QUESTIONS?

If you have questions, call us at (800) 646-3179. We'd love to help! Or visit app.beam-dental and login to view more info. Please check your Certificate of Insurance for a description of coverage, limitations, and exclusions under the plan. Some services require prior authorization.



Visit Us Online
dental.beam-dental



Get Support
support@beam-dental



Check Your Coverage
<https://providers.beam-dental>



PLAN COVERAGE

IN-NETWORK
(PPO Fee)

OUT-OF-NETWORK
(PPO Fee)

PREVENTIVE & DIAGNOSTIC

Diagnostic and preventive exams, cleanings, fluoride, space maintainers, x-rays, and sealants

100%

Plan pays 100% of the
In-Network negotiated rate

100%

Plan pays 100% of the
In-Network negotiated rate

BASIC

Minor restorative: fillings
Prophylactic maintenance, relines and repairs to bridges, implants,
and dentures
Emergency palliative treatments to temporarily relieve pain
Endodontics: root canals
Periodontics: to treat gum disease
Oral surgery: extractions and dental surgery

80%

Plan pays 80% of the
In-Network negotiated rate

80%

Plan pays 80% of the
In-Network negotiated rate

MAJOR

Major restorative: crowns, inlays, and onlays
Prosthetics: dentures
Prosthetics: bridges
Implants

50%

Plan pays 50% of the
In-Network negotiated rate

50%

Plan pays 50% of the
In-Network negotiated rate

ORTHODONTIA

Child Orthodontics: braces with age limit of 18

50%

Plan pays 50% of the
In-Network negotiated rate

50%

Plan pays 50% of the
In-Network negotiated rate

PLAN MAXES

Annual maximum applies to diagnostic & preventive, basic services, and major services. Lifetime maximum applies to orthodontic services.

Annual Max based on Calendar Year.

ANNUAL MAX

HealthPlan: \$1,500/yr

\$1,500 /yr

ORTHO LIFETIME MAX

\$1,000 /lifetime

PLAN DEDUCTIBLE

The deductible is waived for diagnostic & preventive services.

INDIVIDUAL

\$50.00 /yr

FAMILY

\$150.00 /yr

Dental and vision insurance products underwritten by National Guardian Life Insurance Company (NGL) Vision Service Plan (VSP) in WA and by Wellpoint Life Insurance Company, maintained by Beam Insurance Services, LLC, and administered by Beam Insurance Administrators, LLC (Beam Dental Insurance Administrators, LLC in Texas). Life insurance products underwritten by National Life Insurance Company.

CLAIMS INFORMATION

Beam Insurance Administrators
PO Box 38333
Chicago, IL 60678

Electronic paper ID
88MM1

BEA ID
88MM1

Edgewater
(844) 688-4833

Phone number
(833) 646-1170

Claim form download
ACA Form 2025-01 (8/24)

Visit www.beam.com for more information.

Visit us online
dental.beam.com

Get help
support@beam.com

Connect with your provider
<https://providers.beam.com>

beam



VISION BENEFITS SUMMARY

VSP Choice Plan #2



CHOICE NETWORK: 31,066 preferred providers | 57,800 access points

GROUP #: D06264

FREQUENCY

EXAMS	12 months
LENSES	12 months
FRAMES	12 months
CONTACTS (IN LIEU OF GLASSES)	12 months

COPAYMENTS

MATERIALS	\$10
EXAM	\$10
CONTACT LENS FITTING & EVALUATION	15% discount (not to exceed \$50)

IN NETWORK ALLOWANCES

RETAIL FRAME VALUE (14)	\$150 (20% off coverage)
ELECTIVE CONTACT LENSES	\$150
COVERED LENS OPTIONS	low Vision and Polycarbonate for Children



VSP Customer Care
(800) 877-7195

VSP part of services administered by:
PO BOX 385016, Birmingham, AL 35238-5016



VALUE ADDED PROGRAMS

DIABETIC EYECARE PLUS PROGRAM	Included
HEARING AID DISCOUNTS	Included
EYE HEALTH MANAGEMENT	Included
DIABETIC DDM REMINDER LETTERS	Included

OUT-OF-NETWORK ALLOWANCES

EXAMINATION (up to)	\$45
SINGLES VISION LENSES (up to)	\$30
BIFOCAL LENSES (up to)	\$50
TRIFOCAL LENSES (up to)	\$65
LENTICULAR LENSES (up to)	\$100
FRAME (up to)	\$70
ELECTIVE CONTACT LENSES (up to)	\$105
NECESSARY CONTACT LENSES (up to)	\$210

EXTRA DISCOUNTS & SAVINGS

LENS ENHANCEMENTS	Most popular are covered with a capex, adding 25-35% avg.
ADDITIONAL PAIRS OF GLASSES	20% off
SINGLE GLASSES	20% off
LASER VISION CORRECTION (LVC)	Average 15% discount

Dental and Vision Insurance products underwritten by National Guardian Life Insurance Company (NGLIC). Health Insurance Plan (HIP) in VA, administered by Nationwide Life Insurance Company, provided by Beam Insurance Services LLC and administered by Beam Insurance Administrators LLC/Beam Central Insurance Administrators LLC. All other Life Insurance products underwritten by Nationwide Life Insurance Company.



FOR QUESTIONS
(800) 877-7195

FOR OUT-OF-NETWORK ALLOWANCE CLAIMS:
PO BOX 385018, Birmingham, AL 35238-5018



Beam App

Everything members need is just a tap away—view insurance card, find a dentist, control brush settings and more. Available for iOS and Android!

VIEW INSURANCE CARD

- Get your ID number & member ID
- Confirm coverage
- Show your card & email

FIND A DENTIST

- Find the dentist closest to you
- Search for orthodontists, pediatric dentists, & more
- View by ratings
- Get directions & phone numbers

BRUSH SETTINGS

- Control brush speed
- View learning data for you and your family
- Turn on Quietest Buzz & Auto Off



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Beam is a service of Liberty Mutual Life Insurance Company, a member of Liberty Mutual Life Insurance Company.



Group Short Term Disability Insurance

Group Short Term Disability Insurance from Standard Insurance Company helps provide financial protection for insured members by promising to pay a weekly benefit in the event of a covered disability.

Eligibility

Definition of a Member	You are a member if you are a regular employee of Harris County BSD #11, actively working at least 30 hours per week, and a citizen or resident of the United States or Canada. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Eligibility Waiting Period	You are eligible on the first of the month that follows date of hire.

Benefits

Weekly Benefit	60 percent of the first \$1,551 of weekly pre-disability earnings as of the date of disability, reduced by deductible income (e.g., work earnings, workers' compensation, state disability, etc.)
Maximum Weekly Benefit	\$1,200
Minimum Weekly Benefit	\$15
Benefit Waiting Period	Your weekly benefit becomes payable after you have been continuously disabled for 1 day for disability caused by accidental injury and after 3 days for disability caused by physical disease, pregnancy or mental disorder.

Group Short-Term Disability Insurance

Definition of Disability

For the benefit waiting period and while the Short-Term Disability benefits are payable, you are considered disabled if you:

- Are unable – as a result of physical disease, injury, pregnancy or mental disorder – to perform with reasonable continuity the material duties of your own occupation, and
- Suffer a loss of at least 20 percent of your pre-disability earnings when working in your own occupation.

You are not considered disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

You will no longer be considered disabled when your earnings from any occupation meet or exceed 80 percent of your pre-disability earnings.

Maximum Benefit Period

90 days

Other Features and Services

- Reasonable Accommodation Expense Benefit
- Return to Work Incentive
- Temporary Recovery Provision

This information is only a brief description of the group Short-Term Disability insurance policy sponsored by The Standard Group ESI#1. The complete provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reduction in benefits, exclusions and when The Standard and Harris County ESI#1 may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

Standard Insurance Company
1100 Oak Sixth Avenue
Portland, OR 97204

www.standard.com

(800) 223-0773 (outside OR)



Group Long Term Disability Insurance

Group Long Term Disability insurance from Standard Insurance Company helps provide financial protection for insured members by promising to pay a monthly benefit in the event of a covered disability.

Eligibility

Definition of a Member	You are a member if you are a regular employee of Harza County ESD #11, actively working at least 30 hours per week, and a citizen or resident of the United States or Canada. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Eligibility Waiting Period	You are eligible on the first of the month that follows date of hire.

Benefits

Monthly Benefit	60 percent of the first \$10,000 of monthly pre-disability earnings, reduced by deductible income (e.g., work earnings, workers' compensation, state disability, etc.)
Maximum Monthly Benefit	\$6,000
Minimum Monthly Benefit	\$100
Benefit Waiting Period	90 days

Definition of Disability

For the benefit waiting period and the first 24 months that Long Term Disability benefits are payable, you will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:

- You are unable to perform with reasonable continuity the material duties of your own occupation, and
- You suffer a loss of at least 20 percent of your pre-disability earnings when working in your own occupation.

You are not considered disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

After the own occupation period of disability, you will be considered disabled if, as a result of a physical disease, injury, pregnancy or mental disorder, you are unable to perform with reasonable continuity the material duties of any occupation.

Maximum Benefit Period

If you become disabled before age 62, Long Term Disability benefits may continue during disability until age 65. If you become disabled at age 62 or older, the benefit duration is determined by the age when disability begins:

Age	Maximum Benefit Period
62	3 years 6 months
63	3 years
64	2 years 6 months
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

Other Features and Services

- 24 hour coverage, including coverage for work-related disabilities
- Employee Assistance Program
- Reasonable Accommodation Expense Benefit
- Rehabilitation Incentive Benefit
- Rehabilitation Plan Provision
- Return to Work Incentive
- Survivors Benefit
- Temporary Recovery Provision
- Waiver of Premium while Long Term Disability benefits are payable

This information is only a brief description of the group Long Term Disability insurance policy sponsored by Harms County ESD #1. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and Harms County ESD #1 may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

Standard Insurance Company
 2100 SW Sixth Avenue
 Portland OR 97204

www.standard.com

81 1271-0-1X (06/15 print)

As a public safety responder, you face unique challenges...

Police, firefighters, and other public safety responders are different. You put your life in jeopardy every day. And nothing has shown the varied risks you face more than during the pandemic. But even under ordinary circumstances, you face complex workplace stressors, all while juggling the challenges of your own personal and family issues.

Usually, we can handle problems on our own, but sometimes it makes sense to reach out for help.

That's why your employer provides you and your family with a confidential Employee Assistance Program or EAP, a benefit offering resources and solutions for the problems you encounter. Just as health insurance addresses your physical health, your EAP benefits help with your emotional and mental well-being. And your EAP benefits also include much more than just help for problems - we have a host of benefits and opportunities to help you grow professionally, save money, improve your health, and enhance your personal life. Public Safety EAP is the only EAP specifically designed to address unique challenges faced by public safety responders. And because your employer has covered the cost of services, there is no cost to you.

GETTING THE HELP YOU NEED

Call anytime for confidential assistance. To reach a counselor for any of your EAP needs, call toll free.

**1-888-327-1060 OR VISIT
www.PublicSafetyEAP.com**

COUNSELING BENEFITS

Help with personal issues from relationships to stress and substance abuse.

WORK/LIFE BENEFITS

Assistance for other personal, financial and legal issues.

SELF-HELP RESOURCE BENEFITS

Access a vast collection of self-help tools and articles.

PEAK PERFORMANCE COACHING

One-to-one telephonic personal & professional coaching.

LIFESTYLE SAVINGS BENEFITS

Get negotiated discounts and deals for wellness, shopping, travel & more.

PERSONAL DEVELOPMENT & TRAINING BENEFITS

Over 8,000 eLearning opportunities to grow in your work, life, and career.

WELLNESS BENEFITS

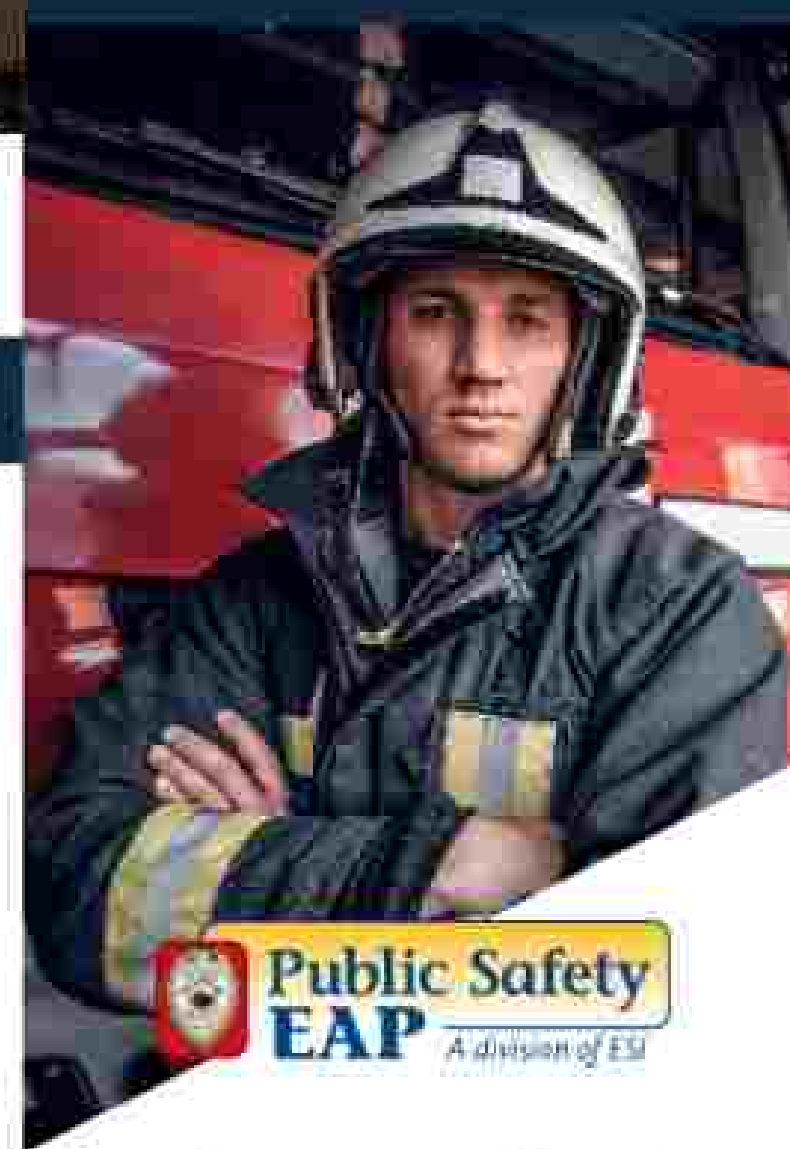
Coaching, information, and resources to improve your overall wellness.



©2011 ESI Employee Assistance Group

GETTING HELP IS SIMPLE

Just call 1-888-327-1060 24/7 to reach a professional counselor.



**Public Safety
EAP** A Division of ESI

Introducing your Public Safety Employee Assistance Program

Get help for problems, grow personally, develop professionally, save money & enhance your life!

HOW DOES THE EAP WORK?

Getting the help you need is simple. Call the EAP 24 hours a day, 7 days a week to reach a professional counselor via our toll-free number or log on to our website to access other benefits.

1-888-327-1060

www.PublicSafetyEAP.com

MORE BENEFITS FOR YOU

Your EAP provides access to more problem-solving solutions and life enhancement benefits than any other EAP. And nearly 90% of those who use the EAP are satisfied with the experience.

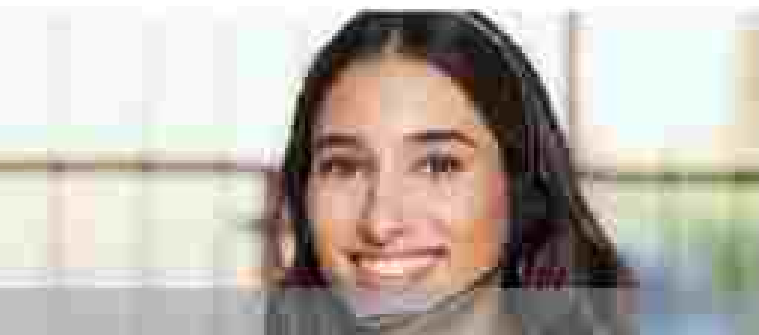


COUNSELING BENEFITS

Many complex issues are best resolved with counseling assistance from a behavioral health professional. You will want to consider calling for help if you encounter problems such as:

- Relationship and family issues
- Depression, stress, or anxiety
- Grief or loss of a loved one
- Eating disorders or substance abuse
- Workplace difficulties

When you call, you connect immediately with a counselor. Each of our experienced counselors has a Masters or Ph.D. level of training. Should you need to be referred to a local counselor for personal visits, we have more than 40,000 providers available to ensure that you will have a counselor near your home or workplace.



WORK/LIFE BENEFITS

Help for personal, family, financial, and legal issues is available for your everyday work/life problems, including:

- Debt counseling and restructuring
- Legal problems not related to employment or medical concerns
- Childcare and elder care assistance
- Financial information
- Caregiver help and resources
- Real estate and tenant/landlord concerns
- Interpersonal skills with family and co-workers
- Pet Help Center

SELF-HELP RESOURCES

Access thousands of tools and informative articles covering virtually every problem you might face. You can call or log on to the website to access these benefits. Resources include:

- Behavioral Health - information on everything from alcohol abuse to personal stress
- Financial - articles and tools to help answer your questions and learn money management
- Legal Information - topics ranging from adoption to wills
- Tools for Tough Times - resources to help you do more with less in difficult financial times

PEAK PERFORMANCE COACHING

Personal and professional coaching is available from senior-level ESI coaches. Get one-to-one telephonic coaching and support, as well as online self-help resources and trainings.

Coaching is available for:

- Certified Financial Coaching
- Balancing Life at Work and Home
- Resilience
- Effective Communication
- Home Purchasing
- Student Debt
- Yoga & Relaxation for Beginners
- Workplace Conflict
- Retirement (Practical & Emotional Aspects)
- Succeeding as a Supervisor

PUBLIC SAFETY RESOURCE CENTERS

Public Safety EAP addresses specific stresses and issues that public safety personnel and their families face every day:

- Challenges of military deployment and homecoming
- Budget helpers for public safety personnel
- Mental health issues for first responders
- Social media for first responders
- Public safety family matters

LIFESTYLE SAVINGS BENEFITS

Your Lifestyle Savings Benefits include thousands of specially negotiated ways to shop, travel, entertain, and improve your health and your quality of life. Explore deals, discounts, and perks from your favorite national brands.

PERSONAL DEVELOPMENT AND TRAINING BENEFITS

Our online training includes more than 8,000 eLearning courses, trainings, and videos to help you boost your personal and professional growth. Balance your work, life, and career objectives with the help of tutorials, exercises, and worksheets.

WELLNESS BENEFITS

The EAP wellness benefit allows you to access information and resources to improve you and your family's overall wellness including stress reduction, fitness, diet and smoking cessation:

- Online Wellness Center
- One-to-One Wellness Coaching from certified coaches for nutrition, weight loss, fitness, reducing stress and quitting tobacco.



Employee Assistance Program

Deer Oaks EAP Services



EAP Services

- Six (6) counseling sessions per separate issue
- Aware, a research-based mindfulness stress reduction program, is an alternative to traditional counseling that is designed to support individuals to counteract stress
- Life coaching, you and your coach collaborate in a thought-provoking, creative process to navigate life transitions and maximize your personal and professional potential.
- Patients have unlimited access for the life of the contract
- Unlimited On Demand Webinar training
- Work-life services such as child care, elder care, and daily living consultation
- Legal and financial consultation
- reimbursement for transportation services through the High Roads Program
- iConnectYou Smartphone application, which allows staff to connect to a counselor via phone, video, instant messaging or SMS text
- And more!

Toll-free: 888-993-7650

Website: www.deeroakseap.com

Member: TMLPOOL

Contract: Premium Code: 213209

Email: esp@deeroaks.com

FAQs

How do I access these services?

- Contact Deer Oaks at 888-993-7650
- LiveCONNECT Instant Messaging via the Deer Oaks website
- iConnectYou Smartphone App (contact HR for registration code)

Can my family access these services?

Yes! These services are available for employees and household members.

What kind of problems do you help with?

Counseling can be provided for most issues that are affecting your work, family or personal wellbeing. The EAP does not cover issues that require physician-psychiatric evaluation, psychological testing, chronic mental health illness, long-term psychotherapy treatment, or inpatient or residential treatment services. In these cases, we will provide you with an appropriate referral to either your health plan or to other community resources.

Are EAP Services really confidential?

Yes! All information, assessments, and referrals through the EAP are held highly confidential and protected by the HIPAA Privacy rule.





OFFICE FOR CIVIL RIGHTS

YOUR HEALTH INFORMATION PRIVACY RIGHTS

Most of us feel that our health information is private and should be protected. That is why there is a federal law that sets rules for health care providers and health insurance companies about who can look at and receive our health information. This law, called the Health Insurance Portability and Accountability Act of 1996 (HIPAA), gives you rights over your health information, including the right to get a copy of your information, make sure it is correct, and know who has seen it.

Get It.

You can ask to see or get a copy of your medical record and other health information. If you want a copy, you may have to put your request in writing and pay for the cost of copying and mailing. In most cases, your copies must be given to you within 30 days.

Check It.

You can ask to change any wrong information in your file or add information to your file if you think something is missing or incomplete. For example, if you and your hospital agree that your file has the wrong result for a test, the hospital must change it. Even if the hospital believes the test result is correct, you still have the right to have your disagreement noted in your file. In most cases, the file should be updated within 60 days.

Know Who Has Seen It.

By law, your health information can be used and shared for specific reasons not directly related to your care, like making sure doctors give good care, making sure nursing homes are clean and safe, reporting when the flu is in your area, or reporting as required by state or federal law. In many of these cases, you can find out who has seen your health information. You can:

- **Learn how your health information is used and shared by your doctor or health insurer.** Generally, your health information cannot be used for purposes not directly related to your care without your permission. For example, your doctor cannot give it to your employer or use it for things like marketing and advertising, without your written authorization. You probably received a notice telling you how your health information may be used on your first visit to a new health care provider or when you got new health insurance, but you can ask for another copy anytime.
- **Let your providers or health insurance companies know if there is information you do not want to share.** You can ask that your health information not be shared with certain people, groups, or companies. If you go to a clinic, for example, you can ask the doctor not to share your medical records with other doctors or nurses at the clinic. You can ask for other kinds of restrictions, but they do not always have to agree to do what you ask, particularly if it could affect your care. Finally, you can also ask your health care provider or pharmacy not to tell your health insurance company about care you receive or drugs you take, if you pay for the care or drugs in full and the provider or pharmacy does not need to get paid by your insurance company.

- **Ask to be reached somewhere other than home.** You can make reasonable requests to be contacted at different places or in a different way. For example, you can ask to have a nurse call you at your office instead of your home or to send mail to you in an envelope instead of on a postcard.

If you think your rights are being denied or your health information is not being protected, you have the right to file a complaint with your provider, health insurer, or the U.S. Department of Health and Human Services.

To learn more, visit www.hhs.gov/ocr/privacy/.



For more information, visit www.hhs.gov/ocr/.

U.S. Department of Health & Human Services
Office for Civil Rights

Fact Sheet



U.S. Department of Labor
Employees Benefits Security Administration

Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act of 1998 (WHCRA) provides protections for individuals who elect breast reconstruction after a mastectomy. Under WHCRA, group health plans offering mastectomy coverage must provide coverage for certain services relating to the mastectomy, in a manner determined in consultation with the attending physician and the patient.

The required coverage includes:

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

Under WHCRA, mastectomy benefits may be subject to annual deductibles and coinsurance consistent with those established for other benefits under the plan or coverage.

Group health plans, health insurance companies and HMOs covered by the law must provide written notification to individuals of the coverage required by WHCRA upon enrollment and annually thereafter.

Additional consumer information on WHCRA is available in the publication **Your Rights After A Mastectomy**.

Information for group health plans and employers on WHCRA and other health benefit law requirements is available in the publication **Compliance Assistance Guide – Health Benefits Coverage Under Federal Law**.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Plan Approved:
OMB No. 1210-0046
Version 4-10-2013

PART A: General Information

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

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

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

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standards set by the Affordable Care Act, you may be eligible for a tax credit.¹

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact _____.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value" standard if the plan's share of the total allowed benefit costs covered by the plan is no less than 80 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name ALBERT COUNTY BIDDERS		4. Employer Identification Number (EIN) 20-1234560	
5. Employer address 1234 FURNER HIGH RD		6. Employer phone number 201-524-7892	
7. City EPPING	8. State TX	9. ZIP code 75828	
10. Who can we contact about employee health coverage at this job? BRANDYOND			
11. Phone number (if different from above)		12. Email address BRANDYOND@ALBERTTX.COM	

Here is some basic information about health coverage offered by this employer:

13a. For your employer, we offer a health plan to:

All employees. Eligible employees are:

ALL FULL-TIME W-2 EMPLOYEES WHO WORK AN AVERAGE OF 30 HOURS A WEEK

Some employees. Eligible employees are:

13b. With respect to dependents:

We do offer coverage. Eligible dependents are:

LEGAL DEPENDENTS OF ELIGIBLE EMPLOYEES

We do not offer coverage.

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

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

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

Yes (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____, (mm/dd/yyyy) (Continue)

No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard?

Yes (Go to question 15) No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard offered only to the employee (don't include family plans). If the employer has wellness programs, provide the premium that the employee would pay, if he/she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ 0.00

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the next plan year? _____

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefits costs covered by the plan is no less than 80 percent of such costs (Section 9601(c)(2)(C) of the Internal Revenue Code of 1986).

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you 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-ERSA (3772).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2018. Contact your State for more information on eligibility -

<p>ALABAMA – Medicaid</p> <p>Website: http://myalnhpp.com/ Phone: 1-855-692-5447</p>	<p>FLORIDA – Medicaid</p> <p>Website: http://flmehicaidprecovery.com/hpp/ Phone: 1-877-357-5288</p>
<p>ALASKA – Medicaid</p> <p>The AK Health Insurance Premium Payment Program Website: http://myalnhpp.com/ Phone: 1-866-231-4861 Email: CustomerService@myAKHPP.com Medicaid Eligibility: http://dhs.alaska.gov/dpa/Pages/mehicaid_default.aspx</p>	<p>GEORGIA – Medicaid</p> <p>Website: http://doh.georgia.gov/mehicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-657-4507</p>
<p>ARKANSAS – Medicaid</p> <p>Website: http://myarkhpp.com/ Phone: 1-855-MYARKHPP (855-692-7447)</p>	<p>INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/ehp/hpp/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone: 1-800-403-0864</p>
<p>COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHIP+)</p> <p>Health First Colorado Website: http://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-5943 / State Relay 711 CHIP+ Colorado.gov/HCPP/Child-Health-Plan-Plus CHIP+ Customer Service: 1-800-357-3991 / State Relay 711</p>	<p>IOWA – Medicaid</p> <p>Website: http://dhs.iowa.gov/hmedicaid Phone: 1-800-237-8563</p>

<p align="center">KANSAS – Medicaid</p> <p>Website: http://www.kdheks.gov/hcf/ Phone: 1-800-395-3322</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/omb/mb/mb.htm Phone: 603-271-5228 Hotline: NH Medicaid Service Center at 1-888-901-6999</p>
<p align="center">KENTUCKY – Medicaid</p> <p>Website: https://chfa.ky.gov/ Phone: 1-800-499-2379</p>	<p align="center">NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmaha/clients/medicaid/ Medicaid Phone: 609-693-2332 CHIP Website: http://www.nifamilycare.org/index.html CHIP Phone: 1-800-765-6766</p>
<p align="center">LOUISIANA – Medicaid</p> <p>Website: http://dhhs.louisiana.gov/index.cfm?usabbhome.h.tn.asp Phone: 1-888-699-2447</p>	<p align="center">NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-8371</p>
<p align="center">MAINE – Medicaid</p> <p>Website: http://www.maine.gov/dhhs/oh/assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711</p>	<p align="center">NORTH CAROLINA – Medicaid</p> <p>Website: https://www.ncdhhs.gov/ Phone: 919-899-4000</p>
<p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: http://www.mass.gov/eohhs/gov_departments/maahhs/health/ Phone: 1-800-362-4842</p>	<p align="center">NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/hrs-services/medicaiders/medicaid/ Phone: 1-844-554-2859</p>
<p align="center">MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.tsp Phone: 1-800-697-3776</p>	<p align="center">OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.okdhsoklahoma.org Phone: 1-888-969-3544</p>
<p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dhs.mo.gov/child-participants/pages/childp.htm Phone: 672-791-2003</p>	<p align="center">OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthtrusts.gov/index-es.html Phone: 1-800-699-9073</p>
<p align="center">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaRespiteCarePrograms/RR Phone: 1-800-624-3024</p>	<p align="center">PENNSYLVANIA – Medicaid</p> <p>Website: http://www.dhs.pa.gov/providers/medicalassistancefortheelderly/advancepaymentinquiryprogram/index.htm Phone: 1-800-692-7483</p>
<p align="center">NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSnebraska.ne.gov/ Phone: (855) 693-7633 Lincoln: (402) 473-7000 Omaha: (402) 693-1272</p>	<p align="center">RHODE ISLAND – Medicaid</p> <p>Website: http://www.eohhsrli.gov/ Phone: 855-697-4347</p>
<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: http://dncip.nv.gov/ Medicaid Phone: 1-800-992-0900</p>	<p align="center">SOUTH CAROLINA – Medicaid</p> <p>Website: http://www.scdhhs.gov/ Phone: 1-888-545-0800</p>

SOUTH DAKOTA – Medicaid	WASHINGTON – Medicaid
Website: http://dhs.sd.gov Phone: 1-888-828-9699	Website: http://www.dhs.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-962-3022 Ext. 1547
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethelp.texas.com/ Phone: 1-800-440-1495	Website: http://www.wvhipp.com/ Toll-free phone: 1-855-10/WVHIPP (1-855-696-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: http://www.dhs.wisconsin.gov/publications/p1/p1009.pdf Phone: 1-800-962-3000
VERMONT – Medicaid	WYOMING – Medicaid
Website: http://www.covermywvmtmountaincare.org Phone: 1-800-295-5427	Website: https://www.wyosocialcare.co-nc.com/ Phone: 307-777-7887
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5044 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-247-8431	

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-19) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3501.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 100 Constitution Avenue, N.W., Room N-5715, Washington, DC 20330 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0037.

OMB Control Number 1210-0037 (expired 12/31/2015)

MEMBER CARE CONTACTS

Harris ESD 11 - Heather Voss, Benefits Specialist, 281-524-7684 or heather.voss@esd11.com

VFISTX/Winstar (General Claim Issues) - benefits@winstarins.com

VOLUNTARY PLANS - Logan Mangold, 979-540-7736, lmangold@winstarins.com

TML Customer Service - 800-282-5385

BCBS Customer Service - 855-972-7565

Navitus Customer Service - 855-673-6504

Next Level Prime Customer Service - 832-957-6200

Beam Dental and Vision Customer Service - 800-648-1179

Standard Life and Disability -

Life Insurance Claims - 800-628-8600

Disability Claims - 800-368-2859

Accident Claims - 866-851-5505



1. Go to www.tmlhealthbenefits.org
2. Click on Login then click on Login as a Member or Login as a Dependent
3. Click on Register
4. Read the License Agreement and click Agree
5. Create a username, password, and enter answers to your security questions

MDLIVE

To access your MDLIVE benefit:

1. Log in to TML Health Online at www.tmlhealthbenefits.org
2. Go to the Benefits Center tab
3. Click on Blue Access for Members (EAM)
4. Log in to your EAM account to schedule a remote checkup
5. When registering within the MDLIVE portal you must select TML from the pull down
6. The Primary Insured must register first before any dependents



1. Log in to TML Health Online at www.tmlhealthbenefits.org
2. Go to the Benefits Center tab
3. Select Navitus from the list of benefits

24/7 NURSELINE

Get your health questions answered with the 24/7 Nurseline:

1. Call 877-351-3392 to reach a nurse who can speak with you in your language of choice
2. If you have hearing or speech loss, you can call 800-386-4424