



2020 Your Guide to Benefits



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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 28 for more details.



Welcome

At Williamson County it's our employees who make the difference in our success. That's why you have the opportunity to choose from a variety of benefits that can make a real difference in your life. We offer a broad range of benefits, including health insurance, dental insurance, vision insurance, life insurance, disability insurance, and much more. You can customize a benefits program that's exactly right for your personal situation.

This guide provides a summary of your benefit options. Please review it carefully and make your elections before the deadline.

If you have any questions about your benefits choices or about how to enroll, contact the Benefits Team at BenefitsTeam@wilco.org. Then you'll be sure to have the benefits you need for the year ahead.



Eligibility

Full time employees are eligible for benefits. Most of your benefits are effective on the first day of the month following your 60-day waiting period. New employees have twenty (20) days from your date of hire to complete your new hire election in the Benefits Portal.

All full time employees must complete Open Enrollment elections to continue elected coverage (or change your elected coverage) during the Open Enrollment Period. Benefit elections are completed in the Benefits Portal each benefit plan year. You may also enroll your eligible dependents for coverage. This includes the following:

- Your legal spouse or qualified domestic partner
- Children under the age of 26, regardless of student, dependency or marital status
- Children who are past the age of 26 and are fully dependent on you for support due to a mental or physical disability, and who are indicated as such on your federal tax return

Qualified Life Events

Generally, you may only change your benefit elections during the Open Enrollment Period. However, since life happens, changes to your benefit elections during the year are allowed for Qualified Life Events.

Below are examples of Qualified Life Events:

Qualifying Life Event		Documentation Needed
Change in marital status	Marriage	Copy of marriage certificate
	Divorce/Legal Separation	Copy of divorce decree
	Death	Copy of death certificate
Change in number of dependents	Birth or adoption	Copy of birth certificate or copy of legal adoption papers
	Step-child	Copy of birth certificate plus a copy of the marriage certificate between employee and spouse
	Death	Copy of death certificate
Change in employment	Change in your eligibility status (i.e., full-time to part-time)	Notification of increase or reduction of hours that changes coverage status
	Change in spouse's benefits or employment status	Notification of spouse's employment status that results in a loss or gain of coverage

If you experience a Qualified Life Event, you must contact the Benefits Team at BenefitsTeam@wilco.org within thirty one (31) days of the Qualified Life Event. Failure to notify the Benefits Team will require you to wait until the next Open Enrollment Period to change your benefit elections.

Benefit Costs

Williamson County pays the full cost of many of your benefits. For others, Williamson County and you share the cost or you pay the full cost. Pretax means the cost comes out of your pay before taxes are deducted. After-tax means your cost comes out of your pay after taxes are deducted. The chart below shows who pays for each benefit and the related tax treatment.

Benefit	Who Pays	Tax Treatment
Medical and Prescription	Williamson County/You	Pretax
Vision	You	Pretax
Dental	You	Pretax
Basic Life and Accidental Death & Dismemberment (AD&D) Insurance	Williamson County	N/A
Voluntary Life and Accidental Death & Dismemberment (AD&D) Insurance	You	Post Tax
Voluntary Short Term Disability Coverage	You	Post Tax
Voluntary Long Term Disability	You	Post Tax
Flexible Spending Accounts	You	Pretax
TCDRS Retirement Plan	Williamson County/You	Pretax
457B Deferred Compensation Plan	You	Pretax
Employee Assistance Plan	Williamson County	N/A
Additional Voluntary Benefits	You	Post Tax





Medical Plan

Our medical coverage provides you and your family the protection you need for everyday health issues or when the unexpected happens.

Each medical plan offers:

- Comprehensive health care benefits
- In-network preventative care covered at 100%
- Coverage for eligible children up to age 26
- Prescription drug coverage

Key Plan Differences

The key difference between the plans is the amount of money you'll pay each pay period. The plans have different:

- **Network** – Nexus has a smaller network and lower cost share, Choice Plus has a larger network and therefore a higher cost share
- **Annual deductible amount** – the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay
- **Out-of-pocket maximums** – the most you will pay each year for eligible network services including prescriptions
- **Copay and coinsurance** – money you pay toward the cost of covered services

Save when you use in-network providers

In-network providers offer the highest level of benefits and lower out-of-pocket costs.

Medical Plan Comparison

	UHC Nexus ACO OA		UHC Choice Plus	
	ACO TIER 1	UHC NETWORK NON-TIER 1	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible				
Individual	\$1,750	\$1,750	\$1,750	\$3,500
Family	\$3,500	\$3,500	\$3,500	\$7,000
Calendar Year Out-of-Pocket Maximum (Includes Deductible)				
Individual	\$5,500	\$5,500	\$5,500	Unlimited
Family	\$11,000	\$11,000	\$11,000	Unlimited
Coinsurance	20%	50%	20%	50%
	You Pay		You Pay	
Preventive Care	\$0	\$0	\$0	\$0
Primary Care Physician	\$30 copay	50%*	\$30 copay	50%*
Specialist	\$55 copay	50%*	\$55 copay	50%*
Urgent Care	\$45 copay	\$45 copay	\$45 copay	\$45 then 50%
Emergency Room	\$300 copay	\$300 copay	\$300 copay	\$300 copay
Pharmacy				
Retail Rx (up to 30-day supply)				
Tier 1	35%, \$10 minimum, not to exceed \$100	N/A	35%, \$10 minimum, not to exceed \$100	N/A
Tier 2	35%, \$40 minimum, not to exceed \$100	N/A	35%, \$40 minimum, not to exceed \$100	N/A
Tier 3	35%, \$75 minimum, not to exceed \$100	N/A	35%, \$75 minimum, not to exceed \$100	N/A
Specialty Pharmacy	\$125	N/A	\$125	N/A
Mail Order Rx (up to 90-day supply)				
Tier 1	\$20	N/A	\$20	N/A
Tier 2	\$80	N/A	\$80	N/A
Tier 3	\$100	N/A	\$100	N/A

* After deductible



UnitedHealthcare Extras

There is more to the UnitedHealthcare plans than great coverage. If you enroll in the UHC medical plan, you have access to a variety of wellness resources.

myuhc.com

Get the answers you need, when you need them, on myuhc.com®, your member website. Personalized service, round-the-clock support and high-tech tools are designed to provide you with a better health care experience.

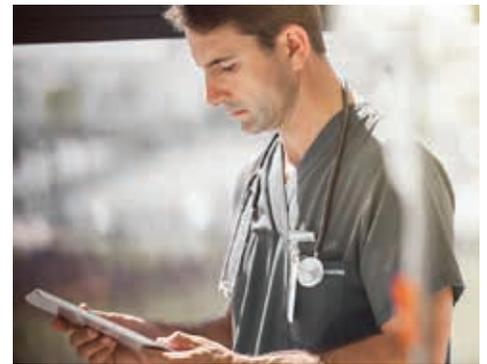
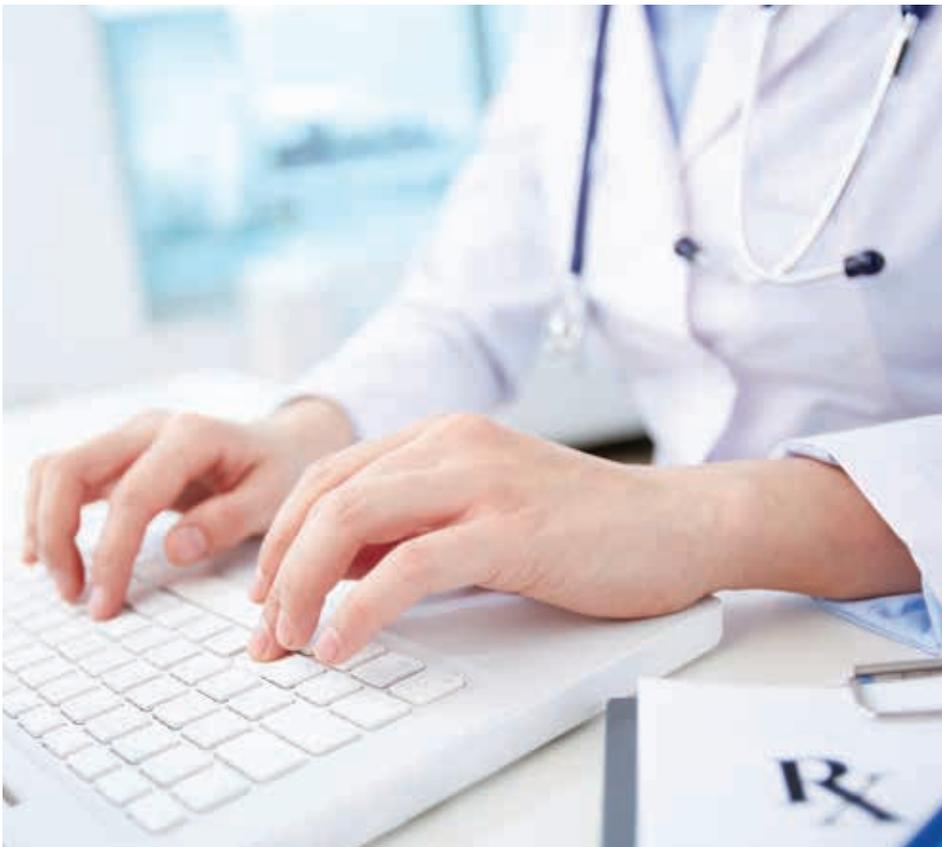
- View and manage your claims and accounts
- Know your health care costs
- Find the care you need
- Get and stay healthy with innovative wellness tools

Rally®

Rally offers personalized recommendations to help you move more, eat better, and feel great. Rally recommends customized Missions, which are simple activities to help improve your diet, fitness, and mood every day. As you make progress, you'll earn Rally Coins, good for a chance to win rewards.

UnitedHealthcare Health4Me® Mobile Application

The Health4Me app is available as a free download from the Apple® iTunes® App Store® and the Android® Market. Get instant access to your health information, find a physician near you, check the status of a claim or get advice from a nurse.



Virtual Visits – Medical

Connect with a doctor for non-emergency care right from your mobile device or computer without an appointment. You can even get a prescription sent to your local pharmacy. Virtual Visits are offered at **no cost**, appointments are available 24/7 and take about 15 minutes. Log in to myuhc.com to learn more and schedule appointments. Virtual Visits are a convenient way to get care for:

- Bladder infection/Urinary tract infection
- Fever
- Bronchitis
- Migraine/headaches
- Cold/flu
- Pink eye
- Diarrhea
- Rash

Virtual Visits – Behavioral Health

Behavioral health virtual visits provide quick and easy access to behavioral health professionals from your mobile device, tablet or computer. You can connect with a provider from the comfort of home, with convenient appointment times to accommodate busy schedules. They're part of your behavioral health benefit through UnitedHealthcare.

The cost is \$55 per visit. Use a behavioral health virtual visit for needs such as depression, anxiety, ADD/ADHD, addiction, mental health disorders and counseling.

UHC – Real Appeal

UHC's Real Appeal™ provides you with a plan for lasting weight loss. If you are enrolled in one of our medical plans, this program is provided to you at no additional cost.

Real Appeal includes:

- A personalized transformation coach for an entire year who will guide you through the program, customizing it to fit your needs, personal preferences, goals and medical history.
- Staying accountable to goals is easier than ever with 24/7 online support and the mobile app, where you can access:
 - Customizable food, activity, weight and goal trackers
 - Unlimited digital content including streaming workout videos
 - Success group support which lets you chat with others who are participating in the program
 - Weekly Real Appeal All-Star Show featuring healthy tips from celebrities, athletes and health experts
 - Weekly analysis, feedback and goal reporting
- A Success Kit with all the gadgets you need to kick-start your weight loss and keep you going strong:
 - Personal blender
 - Digital food scale
 - Measuring cups and spoons
 - "Perfect" portion plate
 - Resistance band
 - Pedometer
 - Real Appeal water bottle
 - Electronic body weight scale
 - Body tape measure
 - Exercise DVDs

And more delivered to your door after you attend your first group coaching session.



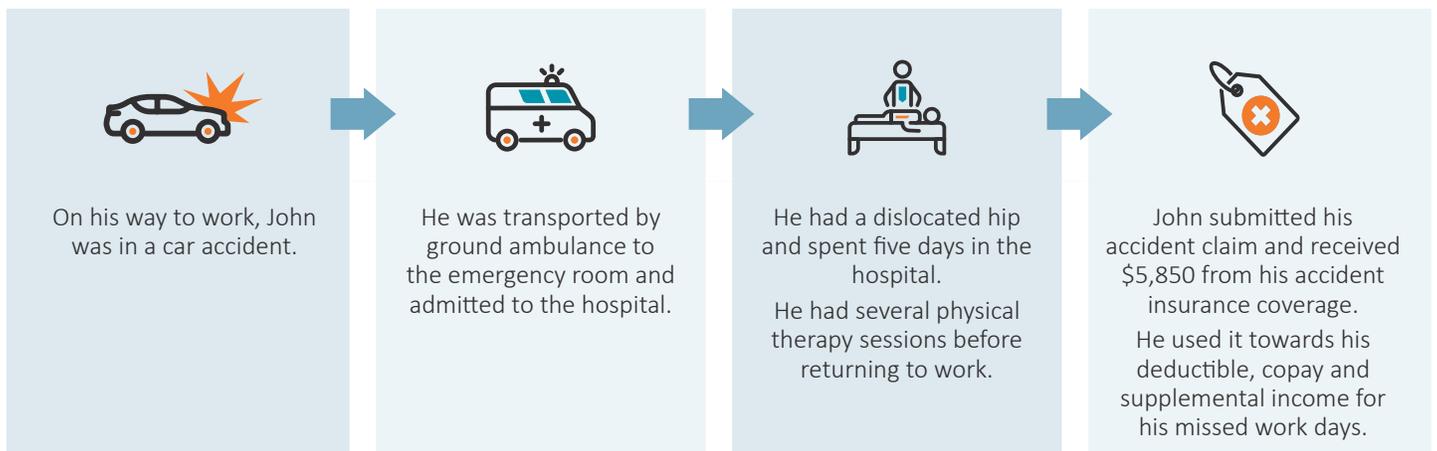
Accident Insurance

Just as it sounds, Accident insurance can help you pay for costs you may incur after an accidental injury. This type of injury includes things such as a car accident, a fall while skiing or even a fall down the stairs at home. This benefit is paid regardless of any other insurance coverage you might have (including your medical coverage).

	Emergency Room Visits		Medical Exams – including major diagnostic exams
	Hospital Stays		Physical Therapy
	Fractures and Dislocations		Transportation and Lodging – if you are away from home when the accident happens

How the Plan Works

Again, these benefits are in addition to any health insurance benefits you may receive. The benefit amount is paid directly to you. You can use this money in any way you like, including deductibles, child care, housecleaning, groceries, utilities, or any purpose that can help you meet your personal, financial or household needs. Below is an example.



John's Accident Insurance Benefits Paid a Total of \$5,850

Ground Ambulance	\$300	MRI	\$150	Dislocated Hip	\$3,000
Emergency Room	\$150	Hospital Stay – Admission	\$1,000	Appliances	\$100
X-ray	\$50	Hospital Stay – Daily (5 days)	\$1,000	Physical Therapy (4 sessions)	\$100

Please refer to the benefit summary for details of this coverage.

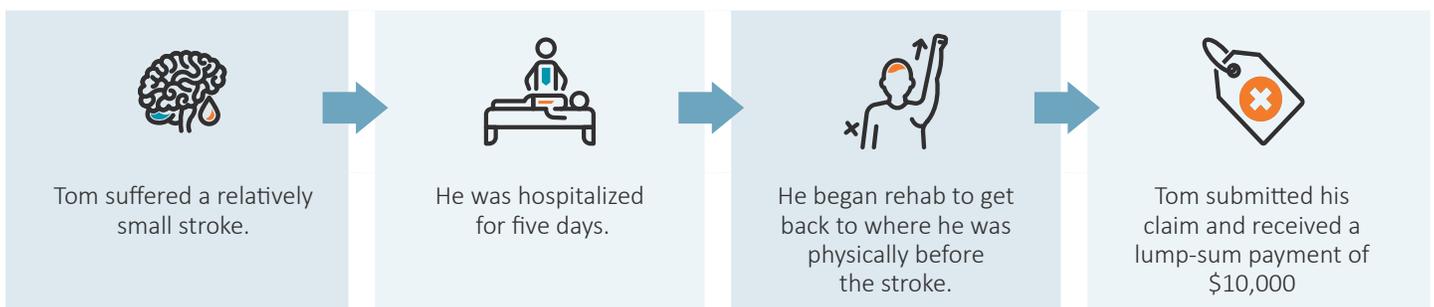
Critical Illness Insurance

Critical illnesses can have a huge impact on your life. A critical illness can keep you from working and can make it difficult to do simple, everyday things. Critical Illness insurance can help reduce your stress — financially and mentally — while you recover from your illness. These illnesses can include, but are not limited to, the following:

 Heart Attack	 Alzheimer's Disease
 Multiple Sclerosis	 Parkinson's Disease
 Stroke	 Major Organ Failure

How the Plan Works

Critical Illness insurance pays a fixed one-time benefit amount if you are diagnosed with a covered disease or illness after your coverage effective date. You can use this money for any purpose you like. It can help pay for expenses not covered by your health care plan (such as your deductible or copays), lost income, child care, travel to and from treatment, home health care costs or any of your regular household expenses. Below is an example.



Total Critical Illness Benefit Paid: \$10,000

	BENEFIT AMOUNT	GUARANTEED ISSUE AMOUNT
Employee	\$5,000, \$10,000, \$20,000	Up to \$20,000
Spouse	50% of employee amount	Up to \$10,000
Children	25% of employee amount	All Guaranteed Issue

Please refer to the benefit summary for details of this coverage.

Dental Plan

Your dental health is an important part of your overall wellness. Dental insurance gives you a reason to smile — it's affordable and may cover preventative care (including regular checkups) as well as fillings, bridges, crowns and other dental services.

Below are examples of covered services:

	UHC Dental Low Plan	UHC Dental High Plan
	IN-NETWORK	IN-NETWORK
Calendar Year Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Calendar Year Out-of-Pocket Maximum		
Per Individual	\$750 per individual (Basic and Major Services combined)	\$1,500 per individual (Basic and Major Services combined)
	You Pay	You Pay
Preventative Care		
Exams, Cleanings, X-rays, Fluoride Treatments	\$0	\$0
Basic Services		
Fillings, Space Maintainers, Sealants, Extractions, Oral Surgery, Endodontics, Periodontics, Emergency Exams	10%	10%
Major Procedures		
Crowns, Inlays/Outlays, Dentures and Bridgework, Repairs	Not covered	35%
Orthodontia		
24-Month Treatment Fee — Additional fees will apply for pre-ortho visits and treatment, records and retention, and banding		
Adults	Not covered	50% up to a lifetime maximum benefit of \$2,000 per individual; deductible waived
Children (up to 19th birthday)	Not covered	

When you enroll in the Dental Plan, you may visit any dentist you choose, but in-network providers offer larger discounts and can file your claims for you. If you prefer to see an out-of-network provider, keep in mind, since they are not under a contract, they may charge you for any amount billed in excess of the negotiated discounted rate.

The amount you pay for your coverage is based on who you cover and which plan you choose.



Vision Plan

You may elect vision care coverage, which provides affordable, quality vision care nationwide. Although vision care services and supplies are covered in- and out-of-network, your benefits are generally greater when you use Spectera network providers. Your costs are based on the family members you choose to cover.

	UHC Vision Plan	
	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
	You Pay	Reimbursement
Cost		
Exam	\$0	Up to \$40
Materials	\$0	N/A
Covered Services – Lenses		
Single Lenses	\$0	Up to \$40
Bifocals	\$0	Up to \$60
Trifocals	\$0	Up to \$80
Frames	\$250 allowance	Up to \$45
Covered Services – Contacts in lieu of Frames/Lenses		
Contacts – Medically Necessary	\$0	Up to \$210
Contacts - Elective	\$250 allowance*	Up to \$250*
Benefit Frequency		
Exams	Once per plan year	Once per plan year
Lenses	Once per plan year	Once per plan year
Frames	Once per plan year	Once per plan year
Contacts	Once per plan year	Once per plan year

*Members choose glasses or contacts to receive \$250 allowance.



Flexible Spending Accounts

Flexible Spending Accounts (FSAs) allow you to pay for eligible health care and dependent care expenses using tax-free dollars. **There are two types of FSAs — the Health Care FSA and the Dependent Care FSA:**



Health Care FSA

Used to pay for services not covered by your medical, dental or vision plan such as copays, coinsurance, deductibles, prescription expenses, lab exams and tests, contact lenses and eyeglasses.



Dependent Care FSA

Used to pay for day care expenses associated with caring for elder or child dependents that are necessary for you or your spouse to work or attend school full-time. You cannot use your Health Care FSA to pay for Dependent Care expenses.

Health Care FSA

VS

Dependent Care FSA

Contribute up to \$2,700 per year, pretax.

Receive a debit card to pay for eligible medical expenses (funds must be available in your account).

Eligible expenses include medical copays, coinsurance, deductibles, eyeglasses, over-the-counter medications prescribed by your doctor.

Submit claims up to **March 31** of the following year for expenses from January 1 to December 31.

If you do not spend all the money in this FSA by **March 31**, unused dollars will be forfeited per IRS regulations for pretax contributions.



Contribute up to \$5,000 per year, pretax, or \$2,500 if married and filing separate tax returns.

You must submit claims and be reimbursed if you enroll in this FSA; no debit cards are provided.

Can only be used to pay for eligible dependent care expenses including day care, after-school programs and elder care programs.

Submit claims up to **March 31** of the following year for expenses from January 1 to December 31.

If you do not spend all the money in this FSA by **March 31**, unused dollars will be forfeited per IRS regulations for pretax contributions.



Life and Accidental Death & Dismemberment (AD&D) Insurance

It's important to give some serious thought to what expenses and income needs your dependents would have if something happened to you. To make sure you have financial protection, the Company offers several different types of Life and AD&D insurance.

Basic Life insurance. This coverage is provided at no cost to you, and you are automatically enrolled even if you don't elect medical. If you purchase additional Life insurance for yourself, you may also purchase coverage for your spouse and dependent children.

AD&D is provided as part of your Basic Life coverage and provides you specified benefits for a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that death occurs from an accident, 100% of the AD&D benefit would be payable to your beneficiary(ies).

Basic Life and AD&D Coverage

Coverage Level	Coverage Amount
Employee	\$20,000
Spouse	\$5,000
Child	\$2,000

Voluntary Life and AD&D Coverage

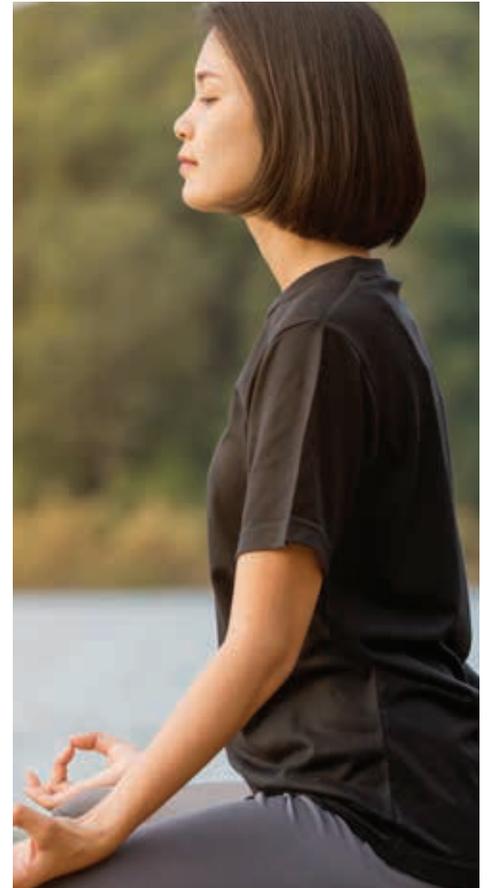
Voluntary Life insurance for you, your spouse and children can help protect your family during difficult times. Eligible employees may purchase Voluntary Life and AD&D for themselves and their family.

Voluntary Life Coverage Options

Coverage For	Coverage Available
Employee	Increments of \$10,000, minimum of \$100,000, up to 6 times your basic annual earnings, coverage maximum of \$300,000.
Spouse	Increments of \$5,000 up to \$300,000 – not to exceed 100% of employee coverage.
Child(ren)	Birth to 6 months, \$1,000; 6 months to age 19, \$10,000 (age 26 if full-time student).

Voluntary Life and AD&D Rates

AGE	Bi-weekly Employee Rate per \$1,000	Bi-weekly Spouse Rate per \$1,000
<35	\$0.043	\$0.028
35–39	\$0.054	\$0.039
40–44	\$0.076	\$0.061
45–49	\$0.109	\$0.094
50–54	\$0.162	\$0.147
55–59	\$0.271	\$0.256
60–64	\$0.300	\$0.285
65–69	\$0.499	\$0.484
70–74	\$0.874	N/A
75–79	\$3.273	N/A
Employee AD&D Bi-weekly Rate		\$0.01
Child Bi-weekly Rate		\$0.027



Guaranteed Issue and Evidence of Insurability

When you are first eligible for Voluntary Life and AD&D, you may purchase up to \$100,000 of employee coverage and up to \$25,000 of spouse coverage. These are the Guaranteed Issue (GI) amounts which you can elect without Evidence of Insurability (EOI). If the amount requested is more than GI for you or your spouse, you will need to provide EOI for the elected coverage amount and the insurance carrier must approve your application before the amount over GI becomes effective.

Sample Rate Calculation

For example: A 36-year-old employee elects \$100,000 of coverage

$$\frac{\$100,000}{\text{Elected Benefit Amount}} \div \$1,000 = 100 \times \frac{\$0.054}{\text{Rate Above}} = \underline{\underline{\$5.40}} \text{ Your Bi-weekly Cost}$$

Voluntary Disability Insurance

If you have a serious injury or illness that keeps you from working, how would you pay your bills? Disability insurance replaces a portion of your income when you are unable to work due to a qualified illness or non-work-related injury.

Short-Term Disability (STD)

Pregnancy, a scheduled surgery or an unplanned illness or injury could keep you off the job and without income for an extended period of time. STD can protect part of your paycheck should you become disabled.

STD is 100% employee paid. Elections made during Open Enrollment will be effective January 1, 2020.

Coverage	Benefit
Short-Term Disability	<ul style="list-style-type: none"> 60% of your weekly earnings to a \$1,500 per week maximum for 12 weeks Benefit begins after 7 days of disability per week.

Any sickness or injury for which the employee received treatment, care or prescribed medication within 3 months prior to his/her effective date of coverage will not be covered for the first 12 months of the policy.

Age Rated Premiums	Cost per \$10 (of Bi-weekly Covered Earnings)	Age Rated Premiums	Cost per \$10 (of Bi-weekly Covered Earnings)
Under 30	\$0.280	55-59	\$0.265
30-34	\$0.320	60-64	\$0.320
35-39	\$0.300	65-69	\$0.355
40-44	\$0.235	70-74	\$0.465
45-49	\$0.220	75+	\$0.465
50-54	\$0.240		



Sample Rate Calculation

For example: A 36-year-old employee elects \$30,000 of coverage

$$\frac{\$30,000}{\text{Annual Salary Amount}} \div 52 \text{ weeks} = \frac{\$576.92}{\text{Weekly Salary}} \times \frac{.60}{\text{60\% Benefit}} = \$346.15 \div \$10 \times \frac{\$0.30}{\text{Rate Above}} = \frac{\$10.38}{\text{Your Bi-weekly Cost}}$$

Long-Term Disability (LTD)

LTD makes sure you have a portion of your income replaced if you can't work for an extended period of time due to a non-work-related illness or injury. This coverage is coordinated with other benefits you may receive while disabled, such as Social Security and Worker's Compensation. LTD payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever comes first. Certain exclusions and pre-existing condition limitations may apply.

LTD is 100% employee paid. Elections made during Open Enrollment will be effective January 1, 2020.

Coverage	Benefit
Long-Term Disability	<ul style="list-style-type: none"> 60% of your monthly earnings to a \$6,000 maximum Benefit begins after 90 days of disability and payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner

For the first 24 months of a disability, you are considered totally disabled if you are unable to perform the material duties of your regular occupation due to a covered injury or sickness. After 24 months, you are considered disabled if you are unable to perform the material duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

Age Rated Premiums	Cost per \$100 (of Bi-weekly Covered Earnings)
Under 30	\$0.055
30-34	\$0.070
35-39	\$0.097
40-44	\$0.139
45-49	\$0.218
50-54	\$0.297
55-59	\$0.324
60-64	\$0.347
65-69	\$0.398
70+	\$0.519



Sample Rate Calculation

For example: A 36-year-old employee elects \$30,000 of coverage

$$\begin{array}{ccccccc}
 \frac{\$30,000}{\text{Annual Salary Amount}} & \div 12 \text{ months} = & \frac{\$2,500}{\text{Monthly Salary}} & \div \$100 \times & \frac{\$0.097}{\text{Rate Above}} & = & \frac{\$2.43}{\text{Your Bi-weekly Cost}}
 \end{array}$$

An Example: How STD and LTD Can Work Together

Let's say you have an accident on the ski slopes and you must be away from work due to your injuries. Here's how your disability benefits would work:

- All accrued Leave Time must be exhausted.
- For the first 7 days away from work — You would use your Paid Time Off (PTO) time and receive your regular pay.
- You may receive STD benefits equal to 60% of your pay, up to \$1,500 per week, for 12 weeks.
- If you are out longer than 12 weeks and cannot perform your job, LTD benefits would begin and would replace 60% of your pay, up to a maximum of \$6,000 per month. These benefits would continue until you no longer meet the definition of disabled as defined by the insurance company.

After 7 days of sickness or injury approved STD may begin to pay benefits



Next 12 weeks
Approved STD may replace 60% of your base pay



After 12 weeks
LTD begins if approved





Planning for Retirement

What does retirement look like for you? Maybe you plan to travel the world. Or maybe you'd like to take up some hobbies closer to home. Whatever your goal, it's important to take responsibility for your own finances so you have the income you need in the future.

Retirement savings with the TCDRS Retirement Plan

- 7% is deposited into your account and earns 7% compound interest annually
- You receive a lifetime monthly benefit when you become eligible to retire
- Current employer match is 250%
- You can designate/update beneficiaries at www.tcdrs.org if no beneficiary is on file, the benefit is paid to a spouse (if married) or estate
- With four or more years of TCDRS service, your beneficiary is eligible for the Survivor Benefit

Vesting

Vesting occurs after 8 years of service. Once vested, you have a right to a lifetime monthly benefit that will include employer matching when you reach retirement eligibility. Even if you leave your job, you can choose to get a lifetime monthly benefit when you become eligible to retire as long as you haven't taken your money out of your account.

Retirement Eligibility

Your retirement eligibility is based on any of the following combinations:

- Age 60 + 8 years of service
- Your age + your years of service (must be vested) = 75
- Any Age + 30 years of service

Retirement savings with a 457(b) through Nationwide

One of the best ways to ensure a secure retirement is to start saving as early as possible. Williamson County has partnered with Nationwide to offer an optional 457(b) deferred compensation plan to employees.

You can begin contributing to the plan at any time once you become eligible and make contributions to your account through convenient payroll deductions.

- Increase, decrease or stop deferrals, according to your needs
- No coordination of contributions with other qualified plan types
- Contribute up to the maximum to your 457(b) and a 403(b) or 401(k) account
- No-penalty withdrawals after separation from service, regardless of age Enroll at <http://retirementspecialists.myretirementappt.com/> or by calling 877-677-3678



Additional Benefits

Employee Assistance Program

Deer Oaks EAP is our Employee Assistance Program which provides services for all benefit eligible employees and dependents of Williamson County. Through the EAP, you and your family can receive immediate support and guidance, as well as assessments and referrals for further services. You can contact the EAP 24/7 and the EAP covers up to 6 confidential short-term counseling visits. EAP Services are available to you whether or not you elect other benefit coverages through Williamson County.

EAP Services

The EAP can assist with many different types of problems. Among these are stress, depression, anxiety, work/life balance, substance abuse, marital problems, family or parenting conflicts, grief, violence and unhealthy lifestyles. The EAP can also assist in identifying local resources and providing referral information for:

- Pet Care
- Child/Elder Care facilities
- Maintenance and repair providers
- Financial Issues
- Legal advice consultation
- Community volunteer opportunities

It is important to note that all EAP conversations are voluntary and strictly confidential. In addition, there is never a cost to you when you contact an EAP counselor; Williamson County pays the full cost. However, if you and your counselor determine that additional assistance is needed, you will be referred to the most appropriate and affordable resource available. Although you are responsible for the cost of referrals, these costs are often covered under your medical plan by utilizing an in-network provider.

Sick Leave Pool

To be eligible and to participate in the Sick Leave Pool for the next Benefit Plan Year. You must have one year of employment at the time of Open Enrollment and a minimum of eight hours (max of 40 hours) of sick leave available to donate. Participation is voluntary.

The Sick Leave Pool provides eligible employees with sick leave once the employee has exhausted all accrued/banked paid leave while on approved FMLA. Hours will not be granted beyond the end of the FMLA period.

Pet Insurance

Let's not forget about our furry friends! Veterinary Pet Insurance (VPI) helps offset the cost of caring for your pet with more than 6,400 covered medical treatments. VPI covers everything from preventative care to accidents and illness, as well as the costs of x-rays, office visits, medications, surgeries and hospital stays. You can either choose your own vet or use a licensed vet in the VPI network. The cost of coverage depends on your pet's age, species, and the coverage level that you select. **This voluntary benefit is not sponsored or endorsed by Williamson County.**



Focus on Wellness

We are committed to helping you prevent illnesses and achieve wellness. Did you know that your medical plans pay 100% of the cost for preventive care? This means you and your dependents receive recommended preventive services like immunizations and screenings at no cost to you.

What Is Preventive Care?

Preventive care includes services that help you stay healthy, including:

- Vaccines that protect your health by preventing diseases and other problems
- Screenings to check for diseases early when they may be easier to treat
- Education and counseling to help you make health decisions

Take Action!

Participating in our Wellness Program not only benefits you physically, mentally and emotionally, it also benefits you financially.

Complete the required wellness actions to avoid wellness surcharges (increased premiums) in the 2021 Benefit Plan Year:

All current employees and spouses who are enrolled in a Williamson County Medical Plan must complete the following wellness actions between January 1, 2020 and November 30, 2020 to avoid the wellness surcharges (increased medical premiums) that will be applied in the 2021 Benefit Plan Year as noted below:

Surcharge (Increased Medical Premium)	Wellness Actions
\$100 Monthly Nicotine Usage Surcharge	<ul style="list-style-type: none"> • Complete during benefits enrollment through the portal.
\$100 Monthly HRA/Wellness Exam/Biometric Screening Surcharge	<ul style="list-style-type: none"> • Complete the Health Questionnaire by logging into myuhc.com through the Rally Program. Both the employee and covered spouse will each complete: <ul style="list-style-type: none"> • Wellness Exam • Biometric Screening • Physician Certification on Medical Form <p>Note: New Hires or new Williamson County Medical Plan members must complete these actions within 90 days of their benefit effective date.</p>



Employee Contributions

We Are in This Together

- Wilco is self-funded for medical, vision, dental and pharmacy coverage. This means all actual costs of claims and administrative fees are shared between the county and you, the employee. UHC processes claims according to plan provisions.
- Costs continue to rise each year due to market trends and increased plan usage and claims. Still, Wilco employee benefit premiums, deductibles and copays remain competitive and are among the lowest in the market. Let's keep it that way!
- Although the County pays the majority of the costs, you, as the employee, play an important role. By maintaining a healthy lifestyle and choosing economical resources for your care, you are minimizing rising costs and premiums.

	Employee Base Rate* Per 24 Pay Periods	Employee Base Rate* Per Month	Employer Monthly Contribution	Total Monthly Medical Cost (Employee + Employer Contribution)
Nexus ACO Medical Plan				
Employee Only	\$27.04	\$54.08	\$519.01	\$573.09
Employee + Spouse	\$108.16	\$216.32	\$1,339.89	\$1,556.21
Employee + Children	\$56.68	\$113.36	\$1,244.05	\$1,357.41
Employee + Family	\$113.36	\$226.72	\$2,113.14	\$2,339.86
Choice Plus Medical Plan				
Employee Only	\$105.56	\$211.12	\$498.71	\$709.83
Employee + Spouse	\$175.24	\$350.48	\$1,507.47	\$1,857.95
Employee + Children	\$134.68	\$269.36	\$1,357.64	\$1,627.00
Employee + Family	\$202.28	\$404.56	\$2,371.69	\$2,776.25
Wellness Actions				
Failure to Complete:	Per Pay Period Surcharges**		Monthly Surcharges**	
Nicotine User	\$50 (Increase)		\$100 (Increase)	
Health Risk Assessment, Annual Wellness Exam, Biometric Screening	\$50 (Increase)		\$100 (Increase)	
Dental Rates	Employee Per 24 Benefit Pay Period		Employee Base Rate* Per Month	
Dental Low Plan				
Employee Only	\$17.00		\$34.00	
Employee + Spouse	\$31.50		\$63.00	
Employee + Children	\$35.00		\$70.00	
Employee + Family	\$38.50		\$77.00	
Dental High Plan				
Employee Only	\$23.50		\$47.00	
Employee + Spouse	\$43.50		\$87.00	
Employee + Children	\$47.50		\$95.00	
Employee + Family	\$53.00		\$106.00	
Vision Rates	Employee Per 24 Benefit Pay Period		Employee Base Rate* Per Month	
Employee Only	\$6.35		\$12.69	
Employee + Spouse	\$12.04		\$24.07	
Employee + Children	\$14.12		\$28.23	
Employee + Family	\$19.86		\$39.71	

*Base Rates are full discounted rate

**Surcharges will apply for failure to complete wellness actions

Important Notices

FOR YOUR FILES

This guide contains legal notices for participants in group health plan(s) sponsored by Williamson County. The notices included in this guide are:

- **Health Insurance Marketplace Coverage Options and Your Health Coverage** that describes the Health Insurance Marketplace and eligibility and tax credit information.
- **Notice of Privacy Practices** that explains how the health care plan(s) protect your personal medical information.
- **Medicare Part D Notice** that provides information about how your current prescription drug coverage under the health care plan(s) is affected—and your options for coverage—when you become eligible for Medicare.
- **COBRA Rights Notice** that explains when you and your family may be able to temporarily continue coverage under the health care plan(s) if coverage would otherwise end for you.
- **Newborn & Mothers Health Protection Notice** that describes federal laws that govern benefits for hospital stays for mothers following the birth of child.
- **Women's Health and Cancer Rights Act** that summarizes the benefits available under your medical plan if you have had or are going to have a mastectomy.
- **Patient Protection Disclosure** that explains who you and your family can designate as a primary care provider under the health care plans and rules around access to obstetrical/gynecological care.
- **Notice of Special Enrollment Rights** that explains when you can enroll in the health care plan(s) due to special circumstances.
- **60-Day Special Enrollment Period** that describes a special 60-day timeframe to elect or discontinue coverage.
- **CHIP Notice**

IMPORTANT: If you or your dependents have Medicare or will become eligible for Medicare in the next 12 months, the Medicare Prescription Drug program gives you more choices about your prescription drug coverage.

PART A: General Information

Since key parts of the health care law took effect in 2014, there is another 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 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 tax credit that lowers your monthly premium right away. Typically, you can enroll in a Marketplace health plan during the Marketplace’s annual Open Enrollment period or if you experience a qualifying life event.

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 9.86% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Williamson County Benefits Team, at benefitsteam@wilco.org or 512-943-1533.

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.

Important Notices

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 Williamson County	4. Employer Identification Number (EIN) 74-6000978	
5. Employer address 100 Wilco Way Suite HR 101	6. Employer phone number 512-943-1533	
7. City Georgetown	8. State Texas	9. ZIP code 78626
10. Who can we contact about employee health coverage at this job? Shelley M. Loughrey, PHR, Director of Benefits Administration		
11. Phone number (if different from above)	12. E-mail address sloughrey@wilco.org	

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

As your employer, we offer a health plan to all Full-time employees.

Eligible employees are:

Employees that are full time and work regularly scheduled 30+ hours per week

With respect to dependents, we do offer coverage.

Eligible dependents are:

- Spouses
- Children up to the age of 26
- Grandchildren (which legal guardianship and/or financial support is provided)

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.

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

If you decide to shop for coverage in the Marketplace, www.healthcare.gov will guide you through the process.

Notice of HIPAA Privacy Practice

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.

Williamson County's Pledge to You

This notice is intended to inform you of the privacy practices followed by the The Plan (the Plan) and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective on 9/23/2014.

The Plan often needs access to your protected health information to provide payment for health services and perform plan administrative functions. We want to assure the participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. Williamson County requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

Protected Health Information

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

Important Notices

How We May Use Your Protected Health Information

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

Payment. We use or disclose your protected health information without your written authorization to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information to determine whether those services are eligible for payment under our group health plan.

Health Care Operations. We use and disclose your protected health information to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience to understand participant utilization and to make plan design changes that are intended to control health care costs.

However, we are prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes.

Treatment. Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

As permitted or Required by Law. We may also use or disclose your protected health information without your written authorization for other reasons as permitted by law. We are permitted by law to share information, subject to certain requirements, to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when required by law, for example, to prevent serious harm to you or others.

Pursuant to Your Authorization. When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use or disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

To Business Associates. We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

To the Plan Sponsor. We may disclose protected health information to certain employees of Williamson County for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Your Rights

Right to Inspect and Copy. In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

Right to Amend. If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

Right to an Accounting of Disclosures. You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

Important Notices

Right to Request Restrictions. You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases, are not legally obligated to agree to those restrictions.

Right to Request Confidential Communications. You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

Right to be Notified of a Breach. You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

Right to Receive a Paper Copy of this Notice. If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

Our Legal Responsibilities

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.

We may change our policies at any time and reserve the right to make the change effective for all protective health information that we maintain. If we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions or complaints, please contact:

Human Resources Department
Williamson County
301 S/E Inner Loop, Suite 108
Georgetown, TX 78626
512-943-1533

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit www.hhs.gov/ocr for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.

Medicare Part D Notice

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

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

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

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

When Can You Join a Medicare Drug Plan?

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

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

Important Notices

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

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

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

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

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

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

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

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

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

For more information about Medicare Prescription drug coverage:

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

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

Remember: Keep this creditable coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether you have maintained creditable coverage and, therefore, whether you are required to pay a higher premium (a penalty)

Date: 9/1/2018

Name of Entity/Sender: Williamson County

Contact/Office: HR Benefits Team

Address: 301 S/E Inner Loop, Suite 108
Georgetown, TX 78626

Phone Number: 512-943-1604

General Notice of COBRA Continuation

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What Is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

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

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

Important Notices

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

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

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

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

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

When Is COBRA Coverage Available?

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

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer;] or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: HR Benefits Team

How Is COBRA Continuation Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability Extension of 18-Month Period of Continuation Coverage

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

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

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

Important Notices

Are There Other Coverage Options Besides COBRA Continuation Coverage?

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

If You Have Questions

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

Keep Your Plan Informed of Address Changes

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

Plan Contact Information

Date: 9/1/2018

Name of Entity/Sender: Williamson County

Contact/Office: HR Benefits Team

Address: 301 S/E Inner Loop, Suite 108, Georgetown, TX 78626

Phone Number: 512-943-1533

Other Notices

Patient Protection Disclosure

Williamson County generally 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, contact HR Benefits Team at 512-943-1533.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Williamson County or from any other person (including a primary care provider) 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 obstetrics or gynecology, contact HR Benefits Team at 512-943-1533.

60-Day Special Enrollment Period

In addition to the qualifying events listed in the enrollment guide and/or this document, you and your dependents will have a special 60-day period to elect or discontinue coverage if:

- You or your dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage is terminated as a result of loss of eligibility; or
- You or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

Notice of Special Enrollment Rights

If you decline enrollment in medical coverage for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself or your dependents in Williamson County medical coverage if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment no more than 30 days after your or your dependent's other coverage ends (or after the employer stops contributing to the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you can enroll yourself and your dependents in Williamson County medical coverage as long as you request enrollment by contacting the benefits

manager no more than 30 days after the marriage, birth, adoption or placement for adoption. For more information, contact Williamson County, HR Benefits Team at 512-943-1533.

Newborn & Mothers Health Protection Notice

For maternity hospital stays, in accordance with federal law, the Plan does not 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 delivery.

However, federal law generally does not prevent the mother's or newborn's attending care provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). The plan cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a Cesarean delivery).

Important Notices

Women's Health and Cancer Rights Act of 1998

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

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

These benefits will be provided subject to the same deductibles, copays and coinsurance applicable to other medical and surgical benefits provided under your medical plan. For more information on WHCRA benefits, contact the HR Benefits Team or your medical plan administrator

CHIP Notice

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 Williamson County 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-EBSA (3272).

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

To see if any more states have added a premium assistance program since July 31, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/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. 6156

Important Notices

State	Website/E-mail	Phone
Alabama (Medicaid)	http://www.myalhipp.com	1-855-692-5447
Alaska (Medicaid)	<i>Premium Payment Program:</i> http://myakhipp.com <i>Medicaid Eligibility:</i> http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx <i>E-mail:</i> CustomerService@MyAKHIPP.com	1-866-251-4861
Arkansas (Medicaid)	http://myarhipp.com/	1-855-692-7447
Colorado (Medicaid and CHP+)	<i>Medicaid:</i> https://www.healthfirstcolorado.com/ <i>CHP+:</i> Colorado.gov/HCPF/Child-Health-Plan-Plus	<i>Medicaid:</i> 1-800-221-3943 <i>CHP+:</i> 1-800-359-1991 State Relay 711
Florida (Medicaid)	http://www.flmedicaidtplrecovery.com/hipp/	1-877-357-3268
Georgia (Medicaid)	http://dch.georgia.gov/medicaid (click on <i>Health Insurance Premium Payment (HIPP)</i>)	404-656-4507
Indiana (Medicaid)	<i>Healthy Indiana Plan for low-income adults 19-64:</i> http://www.in.gov/fssa/hip/ <i>All other Medicaid:</i> http://www.indianamedicaid.com	1-877-438-4479 1-800-403-0864
Iowa (Medicaid)	http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp	1-888-346-9562
Kansas (Medicaid)	http://www.kdheks.gov/hcf/	1-785-296-3512
Kentucky (Medicaid)	http://chfs.ky.gov/dms/default.htm	1-800-635-2570
Louisiana (Medicaid)	http://dhh.louisiana.gov/index.cfm/subhome/1/n/331	1-888-695-2447
Maine (Medicaid)	http://www.maine.gov/dhhs/ofi/public-assistance/index.html	1-800-442-6003 TTY: Maine relay 711
Massachusetts (Medicaid and CHIP)	http://www.mass.gov/eohhs/gov/departments/masshealth/	1-800-862-4840
Minnesota (Medicaid)	http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp	1-800-657-3739
Missouri (Medicaid)	https://www.dss.mo.gov/mhd/participants/pages/hipp.htm	573-751-2005
Montana (Medicaid)	http://dphs.mt.gov/MontanaHealthcarePrograms/HIPP	1-800-694-3084
Nebraska (Medicaid)	http://www.ACCESSNebraska.ne.gov	1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
Nevada (Medicaid)	https://dhcfp.nv.gov/	1-800-992-0900
New Hampshire (Medicaid)	https://www.dhhs.nh.gov/ombp/nhhipp/	603-271-5218 <i>Hotline:</i> 1-888-901-4999
New Jersey (Medicaid and CHIP)	<i>Medicaid:</i> http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ <i>CHIP:</i> http://www.njfamilycare.org/index.html	<i>Medicaid:</i> 609-631-2392 <i>CHIP:</i> 1-800-701-0710
New York (Medicaid)	https://www.health.ny.gov/health_care/medicaid/	1-800-541-2831
North Carolina (Medicaid)	https://dma.ncdhhs.gov/	919-855-4100
North Dakota (Medicaid)	http://www.nd.gov/dhs/services/medicalserv/medicaid/	1-844-854-4825
Oklahoma (Medicaid and CHIP)	http://www.insureoklahoma.org	1-888-365-3742
Oregon (Medicaid)	http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html	1-800-699-9075

Important Notices

State	Website/E-mail	Phone
Pennsylvania (Medicaid)	http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm	1-800-692-7462
Rhode Island (Medicaid)	http://www.eohhs.ri.gov/	1-855-697-4347
South Carolina (Medicaid)	https://www.scdhhs.gov	1-888-549-0820
South Dakota (Medicaid)	http://dss.sd.gov	1-888-828-0059
Texas (Medicaid)	http://gethipptexas.com/	1-800-440-0493
Utah (Medicaid and CHIP)	Medicaid: https://medicaid.utah.gov/ CHIP: http://health.utah.gov/chip	1-877-543-7669
Vermont (Medicaid)	http://www.greenmountaincare.org/	1-800-250-8427
Virginia (Medicaid and CHIP)	<i>Medicaid:</i> http://www.coverva.org/programs_premium_assistance.cfm <i>CHIP:</i> http://www.coverva.org/programs_premium_assistance.cfm	Medicaid: 1-800-432-5924 CHIP: 1-855-242-8282
Washington (Medicaid)	http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program	1-800-562-3022, Ext. 15473
West Virginia (Medicaid)	http://mywhipp.com/	1-855-699-8447
Wisconsin (Medicaid and CHIP)	https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf	1-800-362-3002
Wyoming (Medicaid)	https://wyequalitycare.acs-inc.com/	307-777-7531

Important Contacts

Coverage	Contact	Phone	Website
Medical	UnitedHealthcare Group #911463 Network: UHC Nexus ACO OA and Choice Plus	UHC Nexus ACO OA: 888-331-3408 Choice Plus: 844-234-1211	www.myuhc.com
Dental	UnitedHealthcare Group #911463 Network: UHC National PPO 30	Nexus ACO OA: 888-331-3408 Choice Plus: 844-234-1211	www.myuhc.com
Vision	UnitedHealthcare Group #911463	800-638-3120	www.myuhcvision.com
Flexible Spending Accounts	UnitedHealthcare	866-755-2648	www.welcometouhc.com/fsa
Life and AD&D	Symetra Group #01-016850-000	800-796-3872	www.symetra.com
Disability	Symetra Group #01-016850-000	800-796-3872	www.symetra.com
457(b) Retirement	Nationwide	Sarita Null: 512-497-1666 or Michael Blair: 877-677-3678	http://retirementspecialists.myretirementappt.com/
Pet Insurance	Nationwide	877-738-7874	www.PetsNationwide.com



This brochure highlights the main features of the Williamson County Employee Benefits Program. It does not include all plan rules, details, limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. Williamson County reserves the right to change or discontinue its employee benefits plans at any time.

