2015-2016 Employee Annual Enrollment

FYI

This presentation contains information regarding ***CURRENT*** Harris County benefits.

In accordance with the Harris County Personnel Regulations, Group Health and Related Benefits are subject to amendment or discontinuance at any time.

Commissioners Court reserves the right to make benefit modifications on the County's behalf as needed.

Changes as a Result of the Affordable Care Act (ACA)

(Page 1)

- Maximum Out-of-Pocket for in-network services for Individual/Family. Base: $6,600/$13,200; HAMP: $6,100/$12,200; and Plus: $5,600/$11,200
- Maximum Out-of-Pocket for out-of-network services for Individual/Family - $9,000/$27,000 all plans.
- The deductible, coinsurance, medical and prescription drug copays will be applied to the maximum out of pocket.

Plan Changes (Page 1)

- Step Therapy precertification is required for certain angiotensin receptor blocker (ARB drugs), angiotensin converting enzyme inhibitor (ACE inhibitors), statin (cholesterol), and diabetic prescriptions.
- Block Vision is now Superior Vision of Texas. Only the name changed. Vision benefits remain the same.

Summary of Benefits Coverage & Glossary of Health Coverage (Page 1)

Summary of Benefits Coverage (SBC) - Summarizes the key features of our medical plans including covered benefits, cost sharing, coverage limitations and exceptions.

Glossary of Health Coverage and Medical Terms - will help you understand some of the most commonly used language in health insurance documents.

- Reference inside cover of the Resource Guide to access the document online
- English and Spanish versions available
- Printed copy available upon request

Options During Open Enrollment (Page 2)

- Select a Medical and Dental Plan
  - Base/HAMP or Plus
  - DHMO or Dental PPO
- Purchase or discontinue Optional Life Insurance and/or Long-Term disability
- Add or drop dependents
- Flexible Spending Account(s) enrollment or disenrollment

Open Enrollment is January 1st through January 31st

Changes will be effective March 1st.

Eligibility

(Page 3)

- Legal Spouse (filed copy of a marriage license or certificate of informal marriage)

- Children (up to age 26). This includes:
  - Biological or Adopted Children;
  - Stepchildren; and
  - Grandchildren (must be claimed on tax return)

- Children (up to age 18). This includes:
  - Foster Children (placed through State of TX)
  - Any other Child w/Permanent Legal Guardianship or Custody to Employee

Qualified Status Change

(Page 3)

These are in accordance with IRS Section 125 – Cafeteria Plan regulations:

- **Birth of your child**
- **Adoption or foster child placement**
- **Marriage, divorce or death**
- **Spouse and/or dependent gains or loses coverage through employment**
- **Significant change in the coverage offered through spouse's employer or another carrier**
- **Unpaid leave of absence (FMLA) taken by employee or spouse**
- **Gain or loss of eligibility for Medicare or Medicaid**
- **<u>Loss</u> of State Children's Health Insurance Program, but <u>not</u> gain**

Annual Grandchild Audit

- *Grandchildren must be claimed as a dependent on employee or retiree's federal income tax return every year they are covered in order to remain eligible.*

- To add a grandchild an employee must submit a Certificate of Financial Dependency (obtained from your department benefit coordinator), their child's and grandchild's birth certificates.

- *Audit letters are sent in May for grandchildren added during the previous calendar year and each May thereafter. Grandparents must complete IRS Form 8821 and return it to HRRM.*

No Changes . . .

- **Medical Plans (except out-of-pocket max)**
- **Dental Plans**
- **Vision Plan (except the name)**
- **LTD**
- **Life Insurance**
- **Employee Premiums**

Definitions

(Page 4)

- **Copayment**: the predetermined dollar amount you will pay for a service (*Examples: physician office visits, urgent care, emergency room, hospitalization, counseling)*

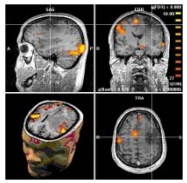
- **Coinsurance**: percentage employee is responsible for paying up to a specific dollar amount per calendar year *(Services will be covered at 50-100%)*

- **Deductible**: initial out of pocket costs that must be paid before the plan begins to pay benefits *(Base Plan In-Network $500; HAMP In-Network $250; Plus Plan In-Network $0)*

The out of pocket maximum will include deductibles, coinsurance, medical and prescription copays paid by the member.

Reminders

- High tech radiology such as CT scans, MRI, PET scan, etc. must be pre-certified or these tests are NOT covered.



- Plus Plan has a $100 copay for high tech radiology.

- Bulk chemicals used for compounded drugs are NOT covered.

- Dialysis is available in-network *ONLY.*

  Precertification is required.

  Outpatient: Handled by designated staff:

  - 1-866-503-0857 (phone)
  - 1-888-267-3277 (fax)

NO Dialyspa

NO to North Cypress Medical Center

There are no out-of-network benefits for health care services provided at North Cypress Medical Center unless it is a life-threatening emergency!

Healthy Actions Medical Plan (page 6)

The Healthy Actions Medical Plan (HAMP) will give you a higher level of insurance benefits with lower out-of-pocket costs – all for the same rate as the Base Plan. You get better coverage for the same monthly cost, simply by taking a few actions to benefit your health!

To be eligible for the 2016-2017 Healthy Actions Medical Plan, you must complete the 3 steps between October 1, 2014 and September 30, 2015.

Find information and a quick overview video online at wellathctx.com

Healthy Actions
HARRIS COUNTY TEXAS
MEDICAL PLAN

Fitness Discounts

(Page 7)

GlobalFit: To find a participating gym in your area visit www.globalfit.com/fitness or call GlobalFit toll free at 800-298-7800. Gyms in the metro Houston area include 24-Hour Fitness, Jazzercise, Curves, Anytime Fitness and many other independent local gyms.

YMCA: Corporate Membership available. Joining fee will be waived and your first month will be free!

IT'S NEVER TOO LATE TO START AN EXERCISE PROGRAM!

Aetna Programs

(Pages 8-10)

- Health Connections Condition Management
- Simple Steps To A Healthier Life
- Compassionate Care
- Case Management
- Healthy Lifestyle Coaching Tobacco Free Program
- Diabetes America
- Beginning Right Maternity Program

What is Aexcel?

(Page 10)

Aexcel is a designation for specialists in Aetna's performance network that have met certain standards for clinical performance and efficiency. The specialties are:

Cardiology
Cardiothoracic Surgery
Gastroenterology
NeurologyPlastic
Neurosurgery
General Surgery
Obstetrics/Gynecology
Orthopedic Surgery
Otolaryngology (ENT)
Surgery
Urology
Vascular Surgery

For example, if you obtain specialty services from a dermatologist or other non-Aexcel specialty you will have a **$40 copay on the Base Plan, a $35 copay on the HAMP and a $40 copay on the Plus Plan**. However, if you seek specialty services through an Aexcel specialty category such as cardiology and do not see an Aexcel designated cardiologist, **your copay on the Base Plan is $50, on the HAMP is $45 and on the Plus Plan is $40**.

Professional Care Management

(thru Aetna Resources For Living) (page 11)

- Provides employees up to six hours of free guidance from highly trained Professional Care Managers (PCMs) to help a care recipient you're responsible for. Here's what the PCM can do for you:
  - Home Assessment
  - Facility Reviews
  - Hospital Visits and Aftercare Assessments
  - Ongoing Care Coordination

1-866-849-8229 www.MyLifeValues.Com

ID: EAP4HCTX Password: EAP4HCTX

Aetna Resources For Living (EAP)

(Page 12)

Some days it can be tough to manage the competing priorities in our lives and keep them running smoothly. **Confidential assistance** is available 24 hours a day, 7 days a week when using the Aetna ***Resources For Living*** program.

Benefits of Resources For Living:

- **8 FREE counseling sessions *per issue*, per year**
- **Refresh Your Mind and Reenergize your life!**
- **Free initial legal consultation, discounts on continuing legal consultation services**
- **Free initial financial consultation**

MOST IMPORTANTLY, ALL INFORMATION IS CONFIDENTIAL BETWEEN AETNA RESOURCES FOR LIVING AND YOU!

Aetna Navigator

(Page 13)

- Secure member website
- *Easy-to-use online resource for benefits and health information, 24 hours/7 days*
- Look up a claim status
- *Find a doctor*
- Find costs of tests and doctor visits

Using Aetna Navigator (Page 13)

- County employees using a County computer can log on to the employee information page for the Aetna Navigator Tutorial.
  - 1. Type www.hcintranet.net
  - 2. Select “Employee Information”
  - 3. Select “Helpful Employee Links”
  - 4. Select the “Aetna Navigator Tutorial” and become the expert!

Interested in obtaining a complete listing of Aetna participating providers? Log on to www.aetna.com and select “Find Health Care in DocFind, then select your provider category. You can search by city, state, zip, specialty, hospital affiliation, provider name, gender, language and education.

aetna

The Mobile app is available for Android™smartphones, iPhone®, iPod touch®, iPad™, and BlackBerry® Curve™ models that allows members to:

- Search for a doctor or facility based on their current location and get turn-by-turn directions with the built-in Global Positioning System (GPS)
- View Aetna ID card information
- Check the status of recent claims
- Access their Personal Health Record to view items like "Alerts & Reminders, Emergency Information, Medications and Tests & Procedures" while on the go
- Get a drug cost estimate before a prescription is filled
- View their coverage

RECOMMENDED PREVENTIVE HEALTH/SCREENING/VACCINE

Hepatitis B (HepB)	3-4 doses—1 dose at birth; 1 dose 1-2 months later; 1 dose at 4 months of age; and 1 dose between 16-18 months
Hepatitis A (HepA)	2 doses—1 dose between 12 and 23 months of age and 1 dose at least 6 months later
Rotavirus	2-3 doses—1 dose each at 2, 4 and 6 months of age
Diphtheria-Tetanus-Pertussis (DTaP)	5 doses—1 dose each at 2, 4 and 6 months of age; 1 dose between 15 and 18 months of age; and 1 dose between 4 and 6 years of age
Inactivated Polio (IPV)	4 doses—1 dose each at 2 and 4 months of age; 1 dose between 6 and 18 months of age; and 1 dose between 4 and 6 years of age
H. Influenza Type B (Hib) (may be combined with DTaP) & Pneumococcal Conjugate (PCV)	4 doses—1 dose each at 2, 4 and 6 months of age; and 1 dose between 12 and 15 months of age
Measles-Mumps-Rubella (MMR) & Chicken Pox (Varicella)	2 doses—1 dose between 12 and 15 months of age; and 1 dose between 4 and 6 years of age
Influenza	Every flu season—beginning at 6 months of age
Meningococcal	1 dose between 11 and 12 years of age
Tetanus-Diphtheria-Pertussis (Tdap)	1 dose between 11 and 12 if the childhood DTP/DTap series is complete and has not received Td booster
Human Papillomavirus (HPV)	3 doses (females) between 11 and 12 years; second dose 2 months later, third dose 6 months after 1st dose
Blood Pressure	Every 2 years—18 years of age and older
Body Mass Index (BMI)	Periodically—18 years of age and older

Cholesterol	Government guidelines state that healthy adults who are age 20 years or older should have a cholesterol test done once every 5 years.
Glucose (diabetes blood sugar test)	Beginning at age 45, then every 3 years unless you have other risk factors, then testing should occur every year
Mammogram	Every 1-2 years—women 40 years of age and older
Cervical Cancer	Every 1-2 years—Beginning at 21 years of age or earlier if sexually active; if 30 years of age and older, either a Pap Smear every 2-3 years after 3 consecutive normal results or HPV DNA test plus a Pap smear every 3 years if results of both tests are negative. Women 70 years of age and older may stop screening.
Chlamydia	Routinely—women 24 years of age and younger if sexually active
Osteoporosis (Bone Density Test)	Routinely—women 65 years of age and older
Prostate Cancer	Between 50-75 years of age—yearly screening with high-sensitivity fecal occult blood testing, or sigmoidoscopy every 5 years with high-sensitivity fecal occult blood testing every 3 years
Colonoscopy	Men and women beginning at age 50, once every 10 years
Depression/Alcohol Misuse/ Tobacco Use	Routinely—18 years of age and older
Tetanus-Diphtheria-Pertussis (Td/Tdap)	1 dose Td booster every 10 years
Pneumococcal	1 dose—65 years of age and older
Zoster (shingles)	1 dose—60 years of age and older

NOTE: Preventive health, screening and vaccines are a covered benefit on our plans based on frequency and age specific guidelines indicated.

Urgent Care Centers & Walk-In Clinics

(Pages 15-18)

Urgent care facilities generally result in shorter wait times, lower expenses and less out-of-pocket cost.

- *$20/$25 copay for contracted Walk-in Clinics*
- *$50 copay for contracted Urgent Care Centers*
- *$300 copay for Emergency Rooms*

Aetna Choice POS II Plan

- Two medical plan options – Base/HAMP or Plus Plan.
- Network of providers is the same for both plans.
- Both plans are open access – No referrals necessary.
- You do not need to select a Primary Care Physician (PCP)
- Your choice of provider dictates the amount you will pay in copayment, coinsurance, and/or deductibles.
- County funds Base Plan for employee *only* at 100%; employees may “buy up” to the Plus Plan and pay $67.13/month for their own coverage
- County pays 50% of incremental cost for dependents in both plans.

MEDICAL BENEFITS COMPARISON—BASE PLAN/HAMP VS. PLUS PLAN

PLAN FEATURES/SERVICES	BASE PLAN/HAMP PREFERRED BENEFITS (In-Network)	BASE PLAN/HAMP NON-PREFERRED BENEFITS (Out-of-Network)	BASE PLUS PLAN PREFERRED BENEFITS (In-Network)	BASE PLUS PLAN NON-PREFERRED BENEFITS (Out-of-Network)
Plan Deductible per Individual /Family (Per Calendar Year)	**BASE:** $500 / $1,500 **HAMP:** $250/ $750	$1,000 Individual $3,000 Family	None	$1,000 Individual $3,000 Family
Maximum Out-of-Pocket—includes deductible, coinsurance and medical copays (Per Individual/Family Per Calendar Year)	**BASE:** $6,600/$13,200 **HAMP:** $6,100/$12,200	$9,000 Individual $27,000 Family	$5,600 Individual $11,200 Family	$9,000 Individual $27,000 Family
Lifetime Maximum	Unlimited except where otherwise indicated	$1,000,000	Unlimited except where otherwise indicated	$1,000,000
Acupuncture	Up to $500 per calendar year (no deductible or coinsurance applies)	Up to $500 per calendar year (no deductible or coinsurance applies)	Up to $500 per calendar year (no deductible or coinsurance applies)	Up to $500 per calendar year (no deductible or coinsurance applies)
Alcohol & Drug Abuse Services—Inpatient	80% after deductible	50% after deductible	$500 per confinement copay	60% after deductible
Alcohol & Drug Abuse Services—Outpatient	100% after $40 copay	50% after deductible	100% after $40 copay	60% after deductible
Allergy Testing—includes serum, injections and injectable drugs (Allergy Specialist only)	100% after $40 office visit copay (waived for injection if no office visit charge)	50% after deductible	100% after $40 office visit copay (waived for injection if no office visit charge)	60% after deductible
Ambulance	90% after deductible	90% after deductible	100% coverage	100% coverage
Basic Infertility Services—Diagnosis & Treatment	Payable as any other covered expense; 50% coverage for insemination; fertility drugs excluded	Payable as any other covered expense; 50% coverage for insemination; fertility drugs excluded	Payable as any other covered expense; 50% coverage for insemination; fertility drugs excluded	Payable as any other covered expense; 50% coverage for insemination; fertility drugs excluded
Chiropractic	$40 copay, up to $600 per calendar year (no deductible or coinsurance applies)	50% after deductible; up to $600 per calendar year	$30 copay, up to $600 per calendar year (no deductible or coinsurance applies)	60% after deductible; up to $600 per calendar year
Complex Imaging—MRI, PET, CT scan, etc. (pre-certification required)	90% after deductible	50% after deductible	$100 copay	60% after deductible
Diagnostic X-ray and Laboratory	100% coverage	50% after deductible	100% coverage	60% after deductible
Durable Medical Equipment	90% after deductible	50% after deductible	100% coverage	60% after deductible

PLAN FEATURES/SERVICES	BASE PLAN/HAMP PREFERRED BENEFITS (In-Network)	BASE PLAN/HAMP NON-PREFERRED BENEFITS (Out-of-Network)	BASE PLUS PLAN PREFERRED BENEFITS (In-Network)	BASE PLUS PLAN NON-PREFERRED BENEFITS (Out-of-Network)
Emergency Room	**$300 copay**, waived if admitted	**$300 copay,** waived if admitted	**$300 copay**, waived if admitted	**$300 copay**, waived if admitted
Hearing Aids—one pair every 36 months with a maximum benefit of $1,500	80% coverage, no deductible	80% after deductible	80% coverage, no deductible	80% after deductible
Home Health Care (100 visits per calendar year)	90% after deductible	50% after deductible	100% coverage	60% after deductible
Hospice Care—Inpatient & Outpatient	90% after deductible	50% after deductible	90% after $250 deductible	60% after deductible
Hospital Services—Inpatient	80% after deductible	50% after deductible	$500 per confinement copay*	60% after deductible
Hospital Services—Outpatient	80% after deductible	50% after deductible	100% after $300 copay for surgical procedures, 100% coverage for non-surgical	60% after deductible
Maternity (coverage includes voluntary sterilization)	Payable as any other covered expense	Payable as any other covered expense	Payable as any other covered expense	Payable as any other covered expense
Mental Health—Inpatient coverage	80% after deductible	50% after deductible	100% after $500 per confinement copay	60% after deductible
Mental Health—Outpatient coverage	100% after $30 copay	50% after deductible	100% after $30 copay	60% after deductible
Outpatient surgery (facility) - (Except in physician's office when office visit copay applies)	80% after deductible	50% after deductible	100% after $300 copay	60% after deductible
Physician Hospital Services	80% after deductible	50% after deductible	100% coverage	60% after deductible
Preventive Care** (Routine physicals, immunizations and tests)	100% coverage	50% after deductible	100% coverage	60% after deductible

PLAN FEATURES/SERVICES	BASE PLAN/HAMP PREFERRED BENEFITS (In-Network)	BASE PLAN/HAMP NON-PREFERRED BENEFITS (Out-of-Network)	BASE PLUS PLAN PREFERRED BENEFITS (In-Network)	BASE PLUS PLAN NON-PREFERRED BENEFITS (Out-of-Network)
Primary Care Physician Visits (excludes Mental Health/Alcohol/Drug)	**BASE:** $25 copay **HAMP:** $20 copay	50% after deductible	100% after $20 copay	60% after deductible
Specialist Office Visits Participating Aexcel providers Non-Aexcel participating providers	**BASE:** $40 copay **HAMP:** $35 copay **BASE:** $50 copay **HAMP:** $45 copay	50% after deductible	100% after $30 copay 100% after $40 copay	60% after deductible
Private Duty Nursing—Outpatient (70 shifts per calendar year— **requires precertification**)*	90% after deductible	50% after deductible	100% coverage	50% after deductible
Residential Treatment Facility	80% after deductible	50% after deductible	$500 copay	60% after deductible
Routine Gynecological Care Exam Coverage is limited to one routine OB/Gyn exam per calendar year including charges for one pap smear and related fees.	100% coverage	50% after deductible	100% coverage	60% after deductible
Routine Mammography—Ages 35-40 one baseline; age 40+, one every calendar year	100% coverage	50% after deductible	100% coverage	60% after deductible
Short-Term Rehabilitation—physical, speech & occupational therapy (60 visits per calendar year)	100% after $25 copay	50% after deductible	100% after $20 copay	60% after deductible
Skilled Nursing Facility (up to 100 days per calendar year and **requires precertification**)*	90% after deductible	50% after deductible	100% coverage	60% after deductible
Urgent Care Provider	100% after $50 copay	50% after deductible	100% after $50 copay	60% after deductible
Walk-in Clinics	100% after $25 copay	50% after deductible	100% after $20 copay	60% after deductible
Women's Health—includes well woman exam, screening, testing , contraceptives, breast feeding supplies/support*	100% coverage	50% after deductible	100% coverage	60% after deductible

Prescription Drugs

(Page 22)

3-Tier Copayment – Generic, Brand or Specialty

	% You Pay	Min. Copay	Max. Copay
Retail (30 day supply)			
Generic	25%	$5	$35
Brand	30%	$25	$100
Specialty	30%	$50	$200
Mail Order (31-90 days)			
Generic	25%	$10	$70
Brand	30%	$50	$200
Specialty	n/a		

Prescriptions

(Pages 22-23)

- Importance of using medication correctly
- Coverage for compound drugs
- Pharmacy benefit
- Mandatory generic continues
- Price-A-Drug
- Prescription facts
- Prescription refill for traveling

Durable Medical Equipment (Page 24)

DME is a covered benefit, as long as it meets several requirements:

- made to withstand prolonged use
- made for and mainly used in the treatment of a disease or injury
- suited for use in the home
- not normally of use to a person who does not have a disease or injury
- not for exercise or training

Deferred Comp/457 Plans (Page 24)

Identifies what you should know about a 457 plan before investing and how to better plan for retirement

Nationwide

Valic

Voya (ING/AETNA)

Deferred Comp/457 Plans (Page 24)

- Voluntary retirement plan
- Minimum contribution of $25/month
- Loans are available through Valic and Nationwide, not Voya (ING)
- Contact representative for assistance.
- Roth 457accounts also available. Contribute post-tax dollars and earnings are tax-free if certain conditions are met.

Flexible Spending Accounts (Pages 25-26)

Two reimbursement accounts are available to employees. Participation increases take-home pay due to pre-tax savings.

- **Health Care Reimbursement**
- **Dependent Care Reimbursement**

Health Care Reimbursement (Page 26)

- Flexible spending accounts for the 2015-2016 plan year will not be available for your use until your first paycheck of the plan year. For bi-weekly employees, that date is **March 13, 2015.** Employees paid monthly will have their accounts available on **March 31, 2015**.

Health Care Reimbursement (Page 25)

- Minimum contribution of $25/month
- Maximum contribution of $212/month
- Must spend all dollars contributed during the period of 3/1/15 – 5/15/16
- Any unclaimed dollars are forfeited

Health Care Reimbursement (Page 25)

- New this year – PayFlex debit card
- The card will be used at a pharmacy for prescription drug purchases *only.*
- You will not receive your card until 10 business days after your account is set up. At that time, you can order more cards online for your spouse or dependents.

Health Care Reimbursement (Page 26)

- Co-payments are automatically reimbursed to the participant when Aetna receives the claim if funds are available in the participant's account.
- Participant may opt-out of automatic processing
- Participants may request direct deposit
- Account status can be viewed online

Dependent Care

(Page 26)

- Minimum contribution of $25/month
- Maximum contribution of $416/month
- For children age 12 or less, or a dependent physically or mentally incapable of self care
- Must spend all dollars contributed during the period of 3/1/15 – 5/15/16
- Any unclaimed dollars are forfeited
- Not a “pre-funded” account, claims are paid based on the account balance

Dependent Care

(Page 26)

- To be used for day care, pre-school, babysitting or day camp – not for private school, swim lessons, tae kwon do, dance, etc.
- Caregiver must have a tax ID number
- Participants may request direct deposit
- Account status can be viewed online

UnitedHealthcare Dental®
A UnitedHealth Group Company

DHMO (Pages 27-28)

- No Deductible
- No Annual Maximums
- No Pre-Existing Exclusions

- Orthodontic Coverage
- Must use a participating provider
- Each family member can select their own provider

Specialty referrals require a call to Customer Service at 1-866-528-6072

UnitedHealthcare Dental®
A UnitedHealth Group Company

Dental PPO (Pages 27-28)

- Fixed Schedule Reimbursement Plan
- 100% Preventive / 80% Basic / 50% Major
- Freedom of Choice for Out-of-Network
- Reimbursed at Scheduled Plan Costs (MAC)

- $50 Deductible per Person, $150/Family
- $1,750 Annual Maximum per Person
- In-Network Benefit
- Pre-Existing Exclusions
- No Orthodontic Coverage

SUPERIOR VISION

Vision Plan Benefits (Page 31)

Annual Exam Co-pay $10

Annual Materials Co-pay $25

Frame Retail Allowance $130

(materials allowance covers frames up to $130 and standard clear glass or plastic lenses)

Contact Retail Allowance $130

(included daily wear, extended wear, toric, gas permeable and bifocal)

Laser Vision Correction $300 in or out of network

Once every 12 months you may receive an eye exam, frames and lenses OR contact lenses. Laser vision correction is in lieu of other benefits

Life Insurance & AD&D

(Page 32)

- All covered employees have a basic life insurance benefit of $25,000
- If you cover your dependents on your medical plan you will receive $5,000/spouse and $2,000/children at no cost
- Keep your beneficiary designation updated!
- AD&D Coverage up to $5,000

Optional Life Monthly Rates (Page 32)

Up to 3x's annual salary – max $375K

(Employee Paid) Age	Rate per $1,000
<30	.047
30-34	.063
35-39	.075
40-44	.098
45-49	.15
50-54	.23
55-59	.43
60-64	.60
65-69	1.10
70-74	1.90
75+	2.06

Employees who do not elect life insurance when first eligible will be required to complete Evidence of Insurability (EOI) if elected in the future.

Long-Term Disability - CIGNA (Pages 33-34)

Basic

- Monthly benefit up to 50% of pre-disability earnings
- Minimum Benefit of $100/month
- 180-day Waiting period
- 2-year Maximum Benefit

Optional

- Monthly benefit up to 60% of pre-disability earnings
- Minimum Benefit of $200/month
- 90-day Waiting period
- Maximum Benefit up to Age 65

Medicare and COBRA (Page 35)

- Identifies the requirement to elect Medicare Parts A & B upon retirement
- Advises not to enroll in Medicare Part D
- Information regarding continuing your insurance under the COBRA law if you leave the County

Monthly Rates

(Page 36)

Harris County pays a significant portion of the cost of your health care coverage

For example, if you select coverage for yourself only, you pay no monthly premium for the Base Medical/HAMP Plan and $67.13 for the Base Plus Plan

Harris County pays 50% of the cost of your dependent premium in the Base/HAMP and Plus Plans.

Who Do I Call?

Harris County has member advocates on site at 1310 Prairie to assist employees, in addition to our toll-free dedicated service units.

Aetna	**(800) 279-2401**
UnitedHealthcare Dental	**(866) 528-6072**
Superior Vision	**(800) 507-3800**

Many services regarding doctors, bills, Rx issues, services, etc. are available online. Please reference the inside cover of your Resource Guide for each vendor's respective web address.

Harris County Benefits staff will continue to assist employees with enrollment, eligibility, retirement, COBRA, but we cannot discuss anything containing medical specifics.

Questions?

- Your Resource Guide provides a comprehensive review of your benefits, eligibility and the open enrollment process.
- If you have additional questions, please contact the vendor directly. All telephone numbers and web addresses are listed inside the front cover of the Resource Guide.
- All documents can be obtained from your Benefit Coordinator/Payroll Clerk.