

**E  
V  
O  
L  
U  
T  
I  
O  
N  
O  
F  
W  
E  
L  
L  
N  
E  
S  
S**



HARRIS COUNTY

2011- 2012  
RESOURCE GUIDE  
*for Retirees*

Achieve  
Wellness

**H**  
*Engage* **e** *Yourself*

Establish a Physician  
Relationship

Get Annual  
Exams

Healthy Eating

Physical Activity

Improve Quality of Life

Knowledge & Awareness

**a  
i  
t  
h**

# IMPORTANT INFORMATION FOR YOU!

This guide briefly describes, in non-technical language, the benefits offered to you and your family. It is not intended to modify the Group Policies and/or contracts between the carriers and the County. You may obtain a detailed description of coverage provisions from HRRM Retiree Benefits or from the HRRM web page at <http://www.co.harris.tx.us/hrrm/> under the Plan Documents tab.

**NOTE: If there is any variation between the information provided in this Guide, the Plan Document or the Group contracts, the Plan Document and Group contracts will prevail.**

This guide is provided for you to have access to necessary information regarding your benefits. We encourage you to read it and keep it as a convenient resource document for use throughout the year! The Guide is available online at <http://www.co.harris.tx.us/hrrm/> under the 2011 Benefit Resource Guide tab.

## HUMAN RESOURCES & RISK MANAGEMENT

### WEB ADDRESS

Retiree Benefits.....(713) 755-5117  
Toll Free (out of area only).....(866) 474-7475

[www.hctx.net/hrrm](http://www.hctx.net/hrrm)

## MEDICAL COVERAGE

Aetna Member Services.....(800) 279-2401  
Aetna Rx – Mail Order Delivery.....(866) 612-3862  
On-site Representative.....(713) 755-5604

[www.aetna.com](http://www.aetna.com)

## RETIREE ASSISTANCE PROGRAM (EAP)

Aetna EAP.....(866) 849-8229

[www.AetnaEAP.com](http://www.AetnaEAP.com)

## DENTAL HEALTH MAINTENANCE ORGANIZATION (DHMO) and PPO

UnitedHealthcare DHMO and PPO.....(866) 528-6072  
On-site Representative.....(713) 755-4157

[www.yourdentalplan.com/harriscounty](http://www.yourdentalplan.com/harriscounty)

## VISION COVERAGE

Block Vision.....(866) 265-0517

[www.blockvision.com](http://www.blockvision.com)

## LIFE INSURANCE

Prudential Insurance Company.....(800) 524-0542

## DEFERRED COMPENSATION / 457 PLANS

VALIC Retirement.....(800) 448-2542  
ING/Aetna Financial Services.....(800) 525-4225  
Nationwide (PEBSCO).....(877) 677-3678

[www.valic.com](http://www.valic.com)

[www.ingretirementplans.com](http://www.ingretirementplans.com)

[www.nrsforu.com](http://www.nrsforu.com)

## RETIREMENT

Texas County & District Retirement System (TCDRS).....(800) 823-7782

[www.tcdrs.org](http://www.tcdrs.org)

**REMEMBER, we are here to help and encourage you to contact us should you need assistance. It's important to have the correct information to enable you to make educated decisions regarding your benefits.**

## TABLE OF CONTENTS

<b>Annual Enrollment Options</b>	<b>1–2</b>
<b>Plan Changes and Choosing A Plan</b>	<b>2</b>
<b>Health Care Reform</b>	<b>3</b>
<b>Out-of-Network Service Costs</b>	<b>4</b>
<b>What is Aexcel?</b>	<b>5</b>
<b>Wellness Programs</b>	<b>5–8</b>
<b>Retiree Assistance Program (EAP)</b>	<b>8</b>
<b>Prescription Drug Plan &amp; Medication Facts</b>	<b>9</b>
<b>Prescription Facts Reminders &amp; Durable Medical Equipment (DME)</b>	<b>10</b>
<b>Medical Benefits Summary – Base Plan</b>	<b>11 &amp; 13</b>
<b>Medical Benefits Summary –Base Plus Plan</b>	<b>12 &amp; 14</b>
<b>Dental Plans</b>	<b>15–17</b>
<b>Vision Plan</b>	<b>18</b>
<b>Recommended Preventive Health Screening/Vaccine Schedule</b>	<b>19</b>
<b>Medicare Direct</b>	<b>20</b>
<b>Participating Urgent Care Centers &amp; Walk-In Clinics</b>	<b>21–25</b>
<b>Life Insurance</b>	<b>25</b>
<b>Medicare Information &amp; COBRA Notification Obligations</b>	<b>26</b>
<b>MONTHLY RATES</b>	<b>27 &amp; 28</b>

# ANNUAL ENROLLMENT INFORMATION

Harris County is committed to providing you with a comprehensive benefits program. Our program allows you to customize your benefits package to best suit your needs and the needs of your family. Annual enrollment is your opportunity to make allowable changes in your benefits. This Resource Guide is designed to help you through the enrollment process.

Annual enrollment for the 2011/2012 plan year will be conducted from **December 1 through December 31, 2010**. Changes become effective **March 1, 2011**. You should **carefully consider the insurance plans available to you and your dependents**. You may be able to add dependents to your insurance plan following a qualified change in family status. However, you will be responsible for absorbing the entire cost for your existing and newly added dependents.

**If you are not making any changes please DO NOT return your enrollment form.**

## MEDICAL/DENTAL/VISION

All Retirees eligible for insurance are automatically enrolled in the Base medical, DHMO dental and vision plans. Medical and dental plans each offer two options. Reference pages 11–18 for plan details. Everyone in the family must choose the same plan. (For information on Medicare and Medicare Direct reference pages 20 and 26.)

**Harris County determines benefits, eligibility and contributions for retirees and their dependents subject to amendment and discontinuance at any time.** This Guide is provided for you to have access to necessary information regarding your benefits. We encourage you to read it and keep it as a convenient resource document for use throughout the year! The Office of Human Resources & Risk Management is ready to assist you if you have any questions.

## REQUIRED DOCUMENTATION FOR DEPENDENTS

No benefit election changes may be made after open enrollment; however, you may still be able to add or drop dependents to your plan following a qualified change in family status provided the request is on account of, and consistent with, the qualified change in family status. Open enrollment forms, as well as insurance enrollment forms for new Retirees that enroll dependents, must be accompanied by the appropriate documentation for dependent eligibility. Any enrollment forms received without the appropriate documentation will be rejected.

**Appropriate documentation is:**

**Spouse:** A filed copy of your Formal Marriage License or Certificate of Informal Marriage from the County Clerk's office.

**Children:** A birth certificate or other court document listing employee as parent of the child. Coverage is available up to age 26.

**Stepchildren:** A birth certificate or other court document listing the employee's spouse as parent of the child as well as the marriage license of employee and parent. Coverage is available up to age 26.

**Grandchildren:** Certification of Financial Dependency form (obtain from HRRM), birth certificate on the unmarried grandchild, and a birth certificate on the grandchild's mother or father indicating that the employee is the biological or adoptive parent. The grandchild must be claimed on the employee's Federal Tax return every year to remain on the plan.

**Adopted Children:** Documents from the adoption agency, court or State identifying date of possession/placement.

**Foster Children:** Documents from the State of Texas indicating date of possession/placement by the State.

### QUALIFIED STATUS CHANGE

**Employees may experience life changes during the benefit year. "Qualifying Events" include:**

- ◆ Birth of your child
- ◆ Adoption or placement of a foster child
- ◆ Child loses coverage and is under 26
- ◆ Marriage, divorce or death
- ◆ Spouse gains or loses coverage through employment
- ◆ Significant change in the financial terms of health benefits provided through a spouse's employer or another carrier
- ◆ Changing a provider or having a significant increase or decrease in provider payment
- ◆ Gain or loss of eligibility for Medicare or Medicaid
- ◆ Loss of State Children's Health Insurance Program (SCHIP), but not gain of SCHIP

**Changes must be requested within the same calendar year in which they occurred. Failure to drop dependents when required will result in the retiree reimbursing the County for claims activity.**

*Choices made during open enrollment will remain in place until the following enrollment period.*



## 2011-2012 CHANGES

**NEW Vendors for dental and vision. See details on pages 15-17.**

### **Eligibility:**

Coverage of adult children to age 26 if they are not offered employer-based medical coverage.

### **Medical plan modifications:**

#### **Bariatric surgery in-network benefit only**

- Bariatric surgery is a covered benefit in-network only and members are required to utilize the Aetna Bariatric Institute of Quality (IOQ) physician and facility network . This procedure is only a covered benefit when utilizing this Bariatric IOQ network—no benefits are available out-of-network. For a complete listing of approved providers go to [www.aetna.com](http://www.aetna.com) and search “Doc Find”.

### **Pharmacy:**

- Pharmacy claim update on page 10.
- Smoking cessation prescription drugs are now covered up to 180 days.

### **Other:**

A smoking cessation program is now available. For more information contact 713.755.5117.

## CHOOSING A PLAN



Making the right plan choice can be a difficult decision. This decision should be based on several things such as your personal medical condition and usage of services, financial situation, and your level of comfort with coinsurance vs. copayments. The following definitions may assist you in the decision-making process. Copayments do not apply to coinsurance, out-of-pocket maximums or annual deductible.

**Co-payment:** the predetermined dollar amount you will pay for a service (Examples: physician office visits, urgent care, emergency room, physical therapy, counseling).

**Coinsurance:** percentage employee is responsible for paying up to a specific dollar amount per calendar year (Covered services paid from 50-100% depending on the plan selected and service rendered).

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

The **Base** plan has set copayments for some services, but requires coinsurance for inpatient hospitalization, physician hospital services and outpatient surgery. The Base plan also has a \$250 per individual deductible with an individual maximum out-of-pocket coinsurance limit of \$1,750 per calendar year. The deductible and coinsurance only apply where services are not indicated as set copayments.

The **Plus** plan has set copayments for almost all in-network services; however, this plan has a higher monthly premium contribution.

Your Aetna Choice POS II Plans do not require you to select a network primary care physician (PCP), although selecting a PCP is encouraged. These plans also allow you to self-refer to a specialist. Your choice of provider dictates the amount you will pay in copayments, coinsurance and/or deductibles.



## HEALTH CARE REFORM AND HOW IT AFFECTS YOU



***On March 23, 2010, the Patient Protection & Affordable Care Act (PPACA) and Health Care and Education Reconciliation Act (HCERA) was signed into law. The following benefit modifications are implemented to comply with the Act.***

- ◆ **Retirees now may provide coverage for their dependents up to the age of 26.** Individuals whose coverage ended, or who were denied coverage, (or were not eligible for coverage) because the availability of dependent coverage of children ended before the attainment of age 26 are now eligible to enroll in Harris County's benefit plans. Enrollment will be effective beginning March 1, 2011 or thereafter depending on when coverage is lost. If this dependent has another offer of employer-based coverage aside from coverage through the parent, you may not add the dependent at this time. An affidavit (declaration of eligibility) signed by the retiree and this dependent will be required.
- ◆ **Aetna generally allows, but does not require 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 and/or your family members. For children, you may select a pediatrician as the primary care provider.

Harris County believes the medical plan coverage on the Base and Base Plus plans qualify as “**grandfathered health plans**” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that our plans may not include certain consumer protections in the Affordable Care Act, for example no lifetime limits on in network benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at 713.755.5117.

### **NOTICE ABOUT THE EARLY RETIREE REINSURANCE PROGRAM (ERRP)**

You are a plan participant, or are being offered the opportunity to enroll as a plan participant, in an employment-based health plan that is certified for participation in the Early Retiree Reinsurance Program. The Early Retiree Reinsurance Program is a Federal program that was established under the Affordable Care Act. Under the Early Retiree Reinsurance Program, the Federal government reimburses a plan sponsor of an employment-based health plan for some of the costs of health care benefits paid on behalf of, or by, early retirees and certain family members of early retirees participating in the employment-based plan. By law, the program expires on January 1, 2014.

Under the Early Retiree Reinsurance Program, your plan sponsor may choose to use any reimbursements it receives from this program to reduce or offset increases in plan participants' premium contributions, co-payments, deductibles, co-insurance, or other out-of-pocket costs. If the plan sponsor chooses to use the Early Retiree Reinsurance Program reimbursements in this way, you, as a plan participant, may experience changes that may be advantageous to you, in your health plan coverage terms and conditions, for so long as the reimbursements under this program are available and this plan sponsor chooses to use the reimbursements for this purpose. A plan sponsor may also use the Early Retiree Reinsurance Program reimbursements to reduce or offset increases in its own costs for maintaining your health benefits coverage, which may increase the likelihood that it will continue to offer health benefits coverage to its retirees and employees and their families.

Harris County has a **Limited Out-of-Network benefit payment schedule**. When you need medical care, your Aetna health benefits plan gives you and your participating physician a choice. Advise your participating physician that it is important to you that the highest level of benefit coverage is desired by ensuring that they refer you to only in network facilities and providers with Aetna.

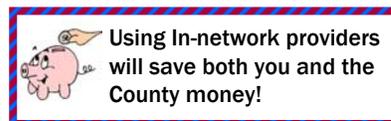
There are limits on authorized costs associated with Out-of-Network facilities/providers. To help curb excessive out-of-network facility/provider costs, the County has established a Limited Out-of-Network fee schedule that limits the Plan's exposure to the unreasonable cost for non-emergency services and procedures. If you use an out-of-network facility or provider, you will be responsible for paying the difference between the covered amount (which is based on established rates for our geographic area) and the amount the facility charges. If you incur non-covered expenses, they will not apply to your coinsurance maximum.

When you use a Network provider, you are protected from charges that are greater than the "allowed" amount. However, when you use an out-of-network provider, you may have to pay for any of the charges that are greater than the "allowed" amount in addition to your coinsurance and deductible.

All out-of-network provider and facility types will be included in the Limited Out-of Network benefit reimbursement. Examples include, but are not limited to: hospitals, ambulatory surgery centers, physicians, pathology laboratories, radiology centers, psychologists, master social workers, physical therapists, certified nurse anesthetists, outpatient dialysis, radiology, laboratory, sleep lab, MRI/CT etc.

**For example, if you are enrolled in the Base Plan, assume you have surgery and have already met your deductible or paid any co-payment required:**

	<u>Network Hospital</u>	<u>Out-of-Network Hospital</u>
Charges	\$8,000	\$8,000
Allowed	\$4,200*	\$4,500**
Plan Pays	80% or \$3,360	60% or \$2,700
You Pay	20% or \$840	40% or \$1,800
Hospital Write Off	\$3,800	\$0
Not Covered	\$0	\$3,500***
Your net cost	\$840	\$5,300



- \* Example of a contracted rate of \$1,400/day
- \*\* Out-of-Network payment example \$1,500/day
- \*\*\* This is part of your total obligation but will not apply to your maximum coinsurance limit.

**NOTE: It is YOUR responsibility to make sure your physician, facility or hospital is in-network or you will pay out-of-network costs. You can help keep costs down by using in-network providers.**



**Searching for a provider? Use DocFind® Online Directory!**

To obtain a complete listing of participating providers, log on to [www.aetna.com](http://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.



### What Is Aexcel®?

Aexcel is a designation for specialists in Aetna’s performance network that have met certain standards for clinical performance and efficiency. These standards include managing Aetna patient volume, adhering to clinical guidelines, external recognition and board certification information specific to the physicians’ Aexcel specialty and demonstrating overall effectiveness in the delivery of care.

Aexcel specialists are available in the following categories of care:

- |                        |                       |
|------------------------|-----------------------|
| Cardiology             | Obstetrics/Gynecology |
| Cardiothoracic Surgery | Orthopedic Surgery    |
| Gastroenterology       | Otolaryngology (ENT)  |
| Neurology              | Urology               |
| Neurosurgery           | Vascular Surgery      |
| General Surgery        | Plastic Surgery       |

 Using Aexcel-designated providers will save you money on co-payments. To find an Aexcel specialist login to [www.aetna.com](http://www.aetna.com) and select “Find Healthcare in DocFind”. Aexcel specialists are indicated with a blue star.

Since Aexcel only applies to twelve specialties, if you are enrolled in the BASE PLAN and you see a specialist that is not in one of the categories you will pay the lower specialist office visit copay. In the PLUS PLAN, only the providers in the twelve specialties that are Aexcel designated are subject to the lower copay.

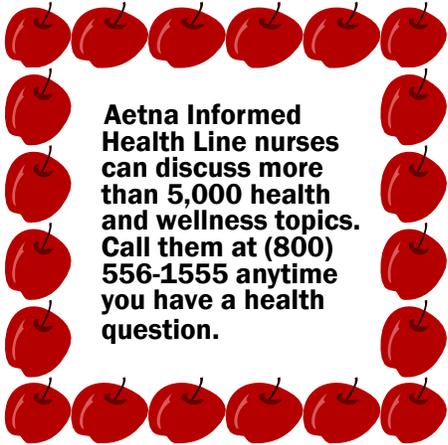
## Aetna Health Connections<sup>SM</sup> Disease Management

This program is designed to help you or your eligible family member(s) learn more about your condition and work closely with your doctor to improve your health and quality of life. Educational information is provided and for high risk members, access to a registered nurse “Health Coach” is offered. The adjacent list includes a few of the 35 conditions managed by this program. To learn more about Disease Management, login to [www.aetna.com](http://www.aetna.com).

If you receive a call or letter from Aetna please return their call or contact them as requested. **All information is confidential with Aetna and is not shared with Harris County.**

**No computer...no problem! Just call (713) 755-5604 to learn about any Aetna health programs.**

- |   |                              |
|---|------------------------------|
| • Asthma                                | • Digestive                  |
| • Back pain                             | • HIV                        |
| • Cancer                                | • Hepatitis                  |
| • Cerebrovascular Disease               | • Hypertension               |
| • Chronic Heart Failure                 | • Inflammatory Bowel Disease |
| • Chronic Obstructive Pulmonary Disease | • Kidney Failure             |
| • Coronary Artery Disease               | • Peripheral Artery Disease  |
| • Cystic Fibrosis                       | • Rheumatoid Arthritis       |
| • Depression                            | • Sickle Cell Anemia         |
| • Diabetes                              | • Weight Management          |



**DO YOU KNOW THAT ROUTINE COLONOSCOPY** is covered at 100% when using an in-network provider? If additional diagnostic procedures are needed you will be responsible for applicable copayment, coinsurance and/or deductible.

## Simple Steps To A Healthier Life® Program

When you feel good, it's easier to enjoy the people and things you love most. Simple Steps To A Healthier Life is an interactive online health and wellness program that can help you improve or maintain your health in ways that fit your lifestyle.

- You start by taking an online Health Assessment that will help identify some of your health needs. Questions focus on health habits and family health history and all answers are kept secure and confidential. You will need your current lab and biometric results to input into the assessment (Blood pressure, BM, cardiac CRP, total cholesterol, LDL and HDL cholesterol, triglycerides, and fasting glucose, and even if you don't have all of these results you can still complete your health assessment and fill these results in at a later date).
- Once your health needs are identified, you'll receive easy-to-understand Health Reports and a personal invite to join the program most likely to help meet your needs and an Action Plan that's just for you, suggesting a combination of Healthy Living Programs.
  - ⇒ *Balance (weight management & physical activity), Nourish (nutrition and diet), Relax (stress management), Breathe (smoking cessation), Overcoming Insomnia (sleep deprivation), Overcoming Depression (depression management).*
- Choose the programs, tools and information that are right for you. Each program includes interactive tools to help you reach your health goals in a fun and interesting way. You can use an online Fitness Planner, a Healthy Shopping List and more.

Take the first step to healthier living. Visit [www.simplestepslife.com](http://www.simplestepslife.com). **Be sure to complete or update your health assessment at [www.aetna.com](http://www.aetna.com)! ALL information is confidential!**



### STEP 1

Assess your health by completing the health assessment at [www.aetna.com](http://www.aetna.com)

### STEP 2

Take action using a personalized Healthy Living Program.

### STEP 3

Learn to make informed health decisions.

## Join the Harris County wellness community and start the journey to a healthier, happier you.

**Get active** with walking and wellness challenges and community events.

**Stay well** with programs that help you manage diabetes, have a healthier pregnancy, quit smoking and more.

**Know your health risks** by getting a yearly no-cost health screening or free onsite mammogram and taking an online health assessment.

**Be informed** on healthy eating, fitness, pregnancy and other important topics. While you're there, get your monthly health tip and check the Wellness Calendar.

**Celebrate success!** Celebrate with others. Read success stories to get inspired.

Be a part of the Harris County wellness community.

Visit [www.wellathctx](http://www.wellathctx)

For the Active and Retiree site, simply enter the password: **WELL4HCTX**



### Five Tips for Planning & Losing Weight

If motivation is the spark that lights the weight-loss fire, then smart planning is the timber that will keep your desire burning. Here's a rundown of the factors that most weight-loss experts agree will help you succeed.

**Draw on internal motivation.** Write down your reasons for wanting to lose weight. Be honest with yourself and play to your strongest internal motivation.

**Seek support.** Support makes the job easier and more pleasant. Tell the people closest to you about your plans and that you're serious and committed to your new lifestyle.

**Make gradual change.** Make a list of your long-term goals and break this into manageable chunks, or short-term goals. Make a plan on how you can meet each of these goals through decreasing the calories you eat and increasing the activity you do.

**Schedule regular activity.** Make exercise an automatic part of your day by squeezing in short bouts of activity like walking during lunch, parking further away or taking the stairs.

Eat smaller, more frequent meals. Smaller meals help to keep you feeling less hungry. It's also an easy way to get fruits and vegetables into your diet. When you wait too long to eat this generally leads to binge eating.



### Aetna IntelliHealth®



To access, login to [www.aetna.com](http://www.aetna.com)

Aetna IntelliHealth® is an exclusive resource that can be accessed online to find up-to-date health information and resources including:

- Information on diseases & conditions
- Articles on lifestyle improvement
- Gender and age specific health issues
- Medication information
- Health assessments
- Quizzes
- Medical dictionary
- Health calculators (BMI, etc.)
- Current health research news
- "How-to" slide shows
- Email health updates

### Informed Health® Line

Aetna's Informed Health® Line gives you easy access to credible health information. All Informed Health Line services are available 24 hours a day, 365 days a year on demand from your touch-tone phone.

If you prefer to view health information online, simply login to [www.aetna.com](http://www.aetna.com) and click on the link for the *Healthwise® Knowledgebase*.

<b>24-Hour Nurse Line</b>	Speak with a registered nurse who has experience in a variety of health topics at any time of the day*.
<b>Audio Health Library</b>	Phone in to choose from thousands of common health topics to listen to. Easily transfer to the Nurse Line for questions.
<b>Healthwise® Knowledgebase</b>	Search for detailed information about health conditions, medical tests and procedures, medications and treatment options.

*\*Informed Health Line Nurses cannot diagnose, prescribe or give any medical advice. Contact your physician with any questions or concerns regarding your health care needs.*

To reach the 24-Hour Nurse Line or Audio Health Library call 1-800-556-1555.

**Aetna Compassionate Care<sup>SM</sup>**

A comprehensive program to provide expanded benefits, nurse support and information to employees and their families who are facing end-of-life and palliative care issues. Case management and bereavement services are covered up to 12 months.

Palliative care aims to relieve physical symptoms of disease and provides emotional and spiritual support to patients and family members while respite care provides short-term services to seriously ill individuals and relieves primary care givers of some of the burden.

For more information visit :  
[www.aetnacompassionatecareprogram.com](http://www.aetnacompassionatecareprogram.com)



Newly arrived for 2011!

**EosHealth**

With the touch of a button send your blood glucose/ steps securely from your Global wireless glucometer/health coach to your personal health record and/or doctor.

- ☑ 24/7 On Call Nurse support where and when you need it.
- ☑ Full access to your personalized program from your cell or our website.

To learn more about any aspect of this new program go to [www.EosHealth.com/partners/HarrisCounty](http://www.EosHealth.com/partners/HarrisCounty) or simply call 1-800-945-4355.



**Harris County Benefits**

- No office visit co-pays
- Annual retinal exam

For locations, information and appointments, call 1-888-877-8427 or visit [www.diabetesamerica.com](http://www.diabetesamerica.com).

DiabetesAmerica is your "one-stop-shop" for diabetes care. It provides comprehensive diabetes care, management and education services at a single location. **Diabetes America services include:**

- Physician care
- Certified diabetes education
- Certified diabetes nutritional counseling
- Exercise and lifestyle counseling and support
- Case management and monitoring
- Telephonic support/website access
- Eye, foot and cardiovascular screenings
- On-site labs
- Free glucose monitor



**Retiree Assistance Program**

**Confidential assistance** is available 24 hours a day, 7 days week when using the Aetna EAP program. This is a service provided as part of your benefits to you or any member of your household at no additional cost. You can turn to the EAP for help with anything that interferes with your job or personal life. Among other things, your EAP can help you with:

- |                        |                               |
|------------------------|-------------------------------|
| Stress management      | Family or parenting issues    |
| Substance abuse/misuse | Work/life balance             |
| Burnout                | Marital/relationship problems |
| Child and elder care   | Anxiety                       |
| Depression             | Anger management              |
| Legal concerns         | Financial issues              |
| Coping with change     | Self-esteem                   |

(ALL INFORMATION IS CONFIDENTIAL BETWEEN AETNA EAP AND YOU.)

Visit [www.AetnaEAP.com](http://www.AetnaEAP.com)

(Company ID: [EAP4HCTX](http://www.AetnaEAP.com)) or call 1-866-849-8229

**Benefits of the EAP:**

- ⇒ 5 counseling sessions per issue, per year
- ⇒ Free initial legal consultation
- ⇒ Discounts on continuing legal consultation services
- ⇒ Free initial financial consultation

**MEDICATION—THE IMPORTANCE OF USING IT CORRECTLY...**

If you do not take your medicines as prescribed, your medicines will not work the way they should. Your condition could get worse. You might feel worse instead of better. Talk to your doctor about problems you are having taking your medicines. Use these tips to help you get and stay on track.

**UNDERSTAND WHY YOU ARE TAKING A DRUG.** For example, say you go to the doctor with a painful ear infection. The doctor prescribes an antibiotic. You take it for a few days and feel better. So, you stop taking the antibiotic. Bad idea. You need to take all the antibiotic your doctor gave you. When you stop taking it too soon, you give the infection a chance to "come back to life." Only now the infection may be stronger, and you'll need a new antibiotic. Now you paid for one or two doctor visits and two prescription drugs. (And the pain in your ear came back.) Not tak-

ing your medicine can be dangerous and costly.

- Understand why and when you should take your medicines.
- Take your medicines at the same time each day. Make it part of your daily routine.
- **Set a watch or cell phone alarm to remind you when to take your medicines.**

*Prevent forgetting to take your meds*



- Keep your medicines in a place where you will see them. For example, next to or inside your favorite tea or coffee mug.
- Use pill boxes marked with the days of the week. This will help you

remember when you have taken them last and will help to make sure you are not missing doses or taking too many doses.

- Remember to refill your prescription. Make a note on your calendar. Order and pick up the next refill before you are finished with your current supply.
- Get your medicines by mail order if you take a maintenance medication.
- Tell your doctor if cost is a concern. There may be other medicines that cost less and work the same.
- Tell your doctor if you think your medicines are making you feel bad. You may be having side effects your doctor should know about. There may be other medicines you can try that do the same thing but do not make you feel bad.
- Tell your doctor if you have trouble taking medicines several times a day. Your doctor may be able to order medicines you have to take less often.

<b>Harris County Prescription Drug Benefits</b>		
	<b>Percentage You Pay</b>	<b>Minimum/Maximum Copay</b>
<b>Retail (30 day supply)</b>	<b>25% Generic 25% Brand</b>	<b>\$5 min/\$20 max \$20 min/\$75 max</b>
<b>Specialty Drugs/Self-Injectables - through Aetna Specialty Pharmacy (30 day supply, only)</b>	<b>25% Generic 25% Brand</b>	<b>\$25 min/\$100 max \$25 min/\$100 max</b>
<b>Mail Order - 31-90 day supply (not available for specialty drugs/self-injectables)</b>	<b>25% Generic 25% Brand</b>	<b>\$10 min/\$40 max \$40 min/\$150 max</b>



**WHEN TRAVELING:** If you know you will run out of your prescription medication, and it is too soon to refill prior to your departure, call Aetna Pharmacy Management (APM) for a "Vacation Override" at (800) 238-6279. You will need to provide your departure date and return date to the representative. Medication can be picked up as early as 3 days prior to your vacation departure date.

**Mandatory Generic Plan continues...**

Prescriptions written for a brand medication will be dispensed as a generic, if available (or becomes available while the Rx is active). If a brand medication is necessary, the doctor must write/sign DAW (dispense as written) or brand necessary on the prescription. If this is not on the script and a generic is available, the member will receive the generic medication.

This is a mandatory generic prescription drug plan. If the member or physician request brand name when a generic is available, the member pays the brand copay plus the difference between the generic price and the brand price.

- ◆ Drug pricing information should be obtained from the Aetna Customer Service number listed on your Aetna ID Card. Aetna Rx Home Delivery (ARxHD) does not have pricing and/or benefit information - check **Price-A-Drug** at [www.aetna.com](http://www.aetna.com).
- ◆ Physicians can fax prescriptions for mail order processing. The prescription must be submitted on the physician's office letterhead and must include the member's name and Aetna identification number. Prior to processing faxed prescription(s), the member must have completed and submitted an ARxHD registration form. Members cannot fax prescriptions for filling via mail order.
- ◆ You may contact your Aetna Customer Service department to obtain information regarding the availability of generics for brand prescriptions and present this information to your doctor.
- ◆ If you recently filled a maintenance prescription, and your physician changes/increases your dosage, or if you are just reordering the maintenance medication and you are sending in a new prescription, you must have depleted the amount based on your individual plan's utilization percentage (mail order is usually 60%) prior to mailing in your new prescription.
- ◆ If you submit new prescriptions all on one script, and not all are available at one time, the order could be delayed by 24-48 hours. If the remaining prescription(s) are not available within the 7-10 day processing period, the order will then be split into 2 separate orders in an effort to avoid further delay.
- ◆ Some Level II drugs (narcotics) can be filled via mail order (ARxHD). They must be mailed in on the prescribing physician's letterhead and must include the *member's name, Aetna identification number, and the medical diagnosis*.

**REMINDERS:**

- ◆ **Specialty medications/self-injectable drugs (30 day supply) are available only through the Aetna Specialty Pharmacy OR an Aetna designated and approved provider after the third refill at a retail pharmacy.**
- ◆ **PRICE-A-DRUG® - Use this online feature to obtain information about drug costs and less expensive bioequivalent or therapeutic alternatives.**
- ◆ **Retirees without Internet access may contact Aetna member services at 1-800-279-2401 for pricing information to determine whether local or mail order pharmacy is the most cost efficient method for filling your prescription.**
- ◆ **Are you filing prescription drug paper claims? Talk to your pharmacist about calling Aetna Pharmacy Management for assistance in submitting your claim electronically, especially if you have two insurance carriers.**



Smart consumers go online to [www.aetna.com](http://www.aetna.com) to check prescription drug pricing and therapeutic alternatives before filling a prescription.

**DURABLE MEDICAL EQUIPMENT**

The accessories needed to operate your **Durable Medical Equipment** are covered under your DME benefit at 90% after deductible for Base Plan members and at 100% for Plus Plan members when using in-network providers. You can order your diabetic supplies via the following Aetna DME providers: Sterling Medical Services (800) 216-5500 and Medical Plus Supplies (713) 440-6700.

**DEFINITION of Durable Medical and Surgical Equipment (DME) - No more than one item of equipment for the same or similar purpose, and the accessories needed to operate it, that is:**

- 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 person who does not have a disease or injury;
- not for exercise or training.

<b>PLAN FEATURES/SERVICES</b>	<b>BASE PLAN PREFERRED BENEFITS (In-Network)</b>	<b>BASE PLAN NON-PREFERRED BENEFITS (Based on Out-of-Network fee schedule)</b>
Plan Deductible (per calendar year)	\$250 Individual, \$750 Family	\$600 Individual, \$1,800 Family
Deductible Carryover	None	None
Coinsurance Limit (excludes deductible; once family coinsurance is met, all family members will be considered having met the deductible)	\$1,750 Individual, \$5,250 Family	\$6,000 Individual, \$18,000 Family
Lifetime Maximum	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)
Alcohol & Drug Abuse Services—Inpatient	80% after deductible	60% after deductible
Alcohol & Drug Abuse Services—Outpatient	100% after \$30 copay	60% after deductible
Allergy Testing—serum, injections and injectable drugs (Allergy Specialist only)	100% after \$30 office visit copay (waived for injection if no office visit charge)	60% after deductible
Ambulance	90% after deductible	90% after deductible
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
Chiropractic	\$30 copay, up to \$600 per calendar year (no deductible or coinsurance applies)	60% after deductible; up to \$600 per calendar year
Diagnostic X-ray and Laboratory	100% coverage	60% after deductible
Durable Medical Equipment	90% after deductible	60% after deductible
Emergency Room	\$150 copay, waived if admitted	\$150 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
High Tech Radiology— Complex imaging, MRI, PET, CT scan, etc. (precertification required)	90% after deductible	60% after deductible
Home Health Care	90% after deductible (limit 100 visits per calendar year)	60% after deductible (limit 100 visits per calendar year)
Hospice Care—Inpatient & Outpatient	90% after deductible	60% after deductible
Hospital Services—Inpatient & Outpatient	80% after deductible	60% after deductible

**NOTE: Limits for the Base and Base Plus Plans are combined for both preferred and non-preferred benefits. Please reference your Plan Document for a complete listing of covered services, reimbursement amounts, limitations and exclusions.**

# MEDICAL BENEFITS SUMMARY—BASE PLUS PLAN

PLAN FEATURES/SERVICES	BASE PLUS PLAN PREFERRED BENEFITS (In-Network)	BASE PLUS PLAN NON-PREFERRED BENEFITS (Based on Out-of-Network fee schedule)
Plan Deductible (per calendar year)	None	\$600 Individual, \$1,800 Family
Deductible Carryover	None	None
Coinsurance Limit (excludes deductible; once family coinsurance is met, all family members will be considered having met the deductible)	None	\$6,000 Individual, \$18,000 Family
Lifetime Maximum	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)
Alcohol & Drug Abuse Services—Inpatient	\$400 per confinement copay	70% after deductible
Alcohol & Drug Abuse Services—Outpatient	100% after \$30 copay,	70% after deductible
Allergy Testing—serum, injections and injectable drugs (Allergy Specialist only)	100% after \$30 office visit copay (waived for injection if no office visit charge)	70% after deductible
Ambulance	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
Chiropractic	\$30 copay, up to \$600 per calendar year (no deductible or coinsurance applies)	70% after deductible; up to \$600 per calendar year
Diagnostic X-ray and Laboratory	100% coverage	70% after deductible
Durable Medical Equipment	100% coverage	70% after deductible
Emergency Room	\$150 copay, waived if admitted	\$150 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
High Tech Radiology— Complex imaging, MRI, PET, CT scan, etc. (precertification required)	100% coverage	70% after deductible
Home Health Care	100% coverage (limit 100 visits per calendar year)	70% after deductible (limit 100 visits per calendar year)
Hospice Care—Inpatient & Outpatient	90% after deductible	60% after deductible
Hospital Services—Inpatient	\$400 per confinement copay	70% after deductible
Hospital Services—Outpatient	100% after \$250 copay for surgical procedures, 100% coverage for non-surgical	70% after deductible

PLAN FEATURES/SERVICES	BASE PLAN PREFERRED BENEFITS (In-Network)	BASE PLAN NON-PREFERRED BENEFITS (Based on Out-of-Network fee schedule)
Maternity (coverage includes voluntary sterilization)	Payable as any other covered expense	Payable as any other covered expense
Mental Health—Inpatient coverage	80% after deductible	60% after deductible
Mental Health—Outpatient coverage	100% after \$30 copay	60% after deductible
Non-Emergency Use of the Emergency Room	Not covered	Not covered
Outpatient surgery (facility) - (Except in physician's office when office visit copay applies)	80% after deductible	60% after deductible
Physician Hospital Services	80% after deductible	60% after deductible
Physician Services (excl. Mental Health/Alc/Drug) Office Visits to Primary Care Physician	100% after \$20 copay	60% after deductible
Specialist Office Visits Participating Aexcel providers Non-Aexcel participating providers	<div data-bbox="513 894 656 961" style="border: 1px solid green; padding: 2px; display: inline-block;">For more info reference pg. 5</div> 100% after \$30 copay 100% after \$50 copay	60% after deductible
Private Duty Nursing—Outpatient	90% after deductible (70 shifts per calendar yr)	50% after deductible (70 shifts per calendar year)
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% after \$30 copay (participating Aexcel provider) 100% after \$50 copay (non-Aexcel participating provider)	60% after deductible
Routine Physicals/Immunizations Children: 7 exams in the first 12 months of life, 2 exams in the 13th-24th months of life, 1 exam every 12 months of life thereafter up to age 18. Adults: 1 exam every calendar year Includes coverage for immunizations for children & adults.	100% after \$20 copay Copay waived for immunizations when an office visit charge is not made	60% after deductible
Routine Mammography—Ages 35-40 one baseline; age 40+, one every calendar year	100% coverage	60% after deductible
Short-Term Rehabilitation—coverage for physical, speech and occupational therapy	100% after \$25 copay, up to 60 visits per year	60% after deductible up to 60 visits per year
Skilled Nursing Facility	90% after deductible, 100 days per calendar year	60% after deductible, 100 days per calendar year
Urgent Care Provider	100% after \$40 copay	60% after deductible
Walk-in Clinics	100% after \$20 copay	60% after deductible

**NOTE: Limits for the Base and Base Plus Plans are combined for both preferred and non-preferred benefits. Please reference your Plan Document for a complete listing of covered services, reimbursement amounts, limitations and exclusions.**

# MEDICAL BENEFITS SUMMARY – BASE PLUS PLAN

PLAN FEATURES/SERVICES	BASE PLUS PLAN PREFERRED BENEFITS (In-Network)	BASE PLUS PLAN NON-PREFERRED BENEFITS (Based on Out-of-Network fee schedule)
Maternity (coverage includes voluntary sterilization)	Payable as any other covered expense	Payable as any other covered expense
Mental Health—Inpatient coverage	100% after \$400 per confinement copay	70% after deductible
Mental Health—Outpatient coverage	100% after \$30 copay	70% after deductible
Non-Emergency Use of the Emergency Room	Not covered	Not covered
Outpatient surgery (facility) - (Except in physician's office when office visit copay applies)	100% after \$250 copay	70% after deductible
Physician Hospital Services	100% covered	70% after deductible
Physician Services (excl. Mental Health/Alc/Drug) Office Visits to Primary Care Physician	100% after \$20 copay	70% after deductible
Specialist Office Visits Participating Aexcel providers Non-Aexcel participating providers	<div data-bbox="513 869 656 940" style="border: 1px solid green; padding: 2px; display: inline-block;">For more info reference pg. 5</div> 100% after \$20 copay 100% after \$40 copay	70% after deductible
Private Duty Nursing—Outpatient	100% covered (70 shifts per calendar year)	50% after deductible (70 shifts per calendar year)
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% after \$20 copay (participating Aexcel provider) 100% after \$40 copay (non-Aexcel participating provider)	70% after deductible
Routine Physicals/Immunizations Children: 7 exams in the first 12 months of life, 2 exams in the 13th-24th months of life, 1 exam every 12 months of life thereafter up to age 18. Adults: 1 exam every calendar year Includes coverage for immunizations for children & adults.	100% after \$20 copay Copay waived for immunizations when an office visit charge is not made	70% after deductible
Routine Mammography—Ages 35-40 one baseline; age 40+, one every calendar year	100% coverage	70% after deductible
Short-Term Rehabilitation—coverage for physical, speech and occupational therapy	100% after \$20 copay, up to 60 visits per year	70% after deductible up to 60 visits per year
Skilled Nursing Facility	100% covered, 100 days per calendar year	70% after deductible, 100 days per calendar year
Urgent Care Provider	100% after \$40 copay	70% after deductible
Walk-in Clinics	100% after \$20 copay	70% after deductible



Harris County is now offering your dental benefits through UnitedHealthcare Specialty Benefits and continues to provide two dental options:

A Dental Health Maintenance Organization (DHMO) and a Dental Preferred Provider Organization (PPO) plan. Either plan is available to retirees at no cost. However, if you choose to enroll your dependents, you will be responsible for their portion of the monthly fees.

The DHMO plan provides comprehensive dental care with defined copayments for each covered procedure. You select a participating DHMO dentist from a network of providers and follow the plan rules/guidelines for services provided.

The PPO plan offers a choice of dentists; network or non-network. The plan includes an annual deductible and a calendar year maximum. With this plan you pay a higher percentage of costs for services.



**Choose the plan that best suits your needs for the upcoming benefit year.**

<b>UnitedHealthcare Dental HMO*</b>	<b>UnitedHealthcare Dental PPO**</b>
<b>No calendar year maximums; no yearly deductibles</b>	<b>\$1,750 calendar year maximum; \$50 yearly individual deductible (\$150 for family)</b>
<b>Basic care provided by network general dentists selected at enrollment. Members may change their designated dentist by contacting UnitedHealthcare Dental customer service by the 20<sup>th</sup> of the month. Requested changes will be effective the first of the following month.</b>	<b>You may receive care from any licensed dentist; network dentists have agreed to accept negotiated fees as payment in full with no "balanced billing".</b>
<b>Each family member may select a different UnitedHealthcare Dental network general dentist (remember to include the Practice ID number when enrolling).</b>	<b>Non-network dentists could "balance bill", which may result in higher out-of-pocket costs (see the Benefit Summary or determine out-of-pocket costs by using the online Treatment Cost Calculator for more information).</b>
<b>Covered procedures and copayments are listed on the Schedule of Benefits and may be found on <a href="http://www.yourdentalplan.com/harriscounty">www.yourdentalplan.com/harriscounty</a> by clicking 'Plan Information'.</b>	<b>Network claims are paid based on the percentages of the Maximum Allowable Charge. Non-network claims are paid based on UCR (Usual, Customary &amp; Reasonable charges)</b>
<b>When specialty care is required, your selected general dentist and UnitedHealthcare Dental Customer Service Representative will assist in managing your referral.</b>	<b>If you require specialty care, you may see any specialty care dentist you choose. When you receive care from a network dentist, you may save on your cost of care.</b>
<b>No waiting periods.</b>	<b>New enrollees: 6 month waiting period on endodontic procedures &amp; all major services for newly added dependents</b>
<b>Adult &amp; child orthodontics is included.</b>	<b>Orthodontia is not a covered benefit in the PPO plan.</b>
<b>No claim forms are required.</b>	<b>Claim forms may be required when a non-network dentist is used.</b>

\*Benefits for the UnitedHealthcare Dental DHMO plans are provided by the following UnitedHealth Group company: National Pacific Dental, Inc.

\*\*Benefits for the UnitedHealthcare Dental PPO plans are provided by UnitedHealthcare Insurance Company, located in Hartford, Connecticut



**CUSTOMER SERVICE OPTIONS**

**UnitedHealthcare Dental assistance is available 24 hours a day, 7 days a week. You can check eligibility, claims, determine out-of-pocket costs using the Treatment Cost Calculator and print or request your plan information... either online or through advanced telephone technology. Register for online access at [www.yourdentalplan.com/harriscounty](http://www.yourdentalplan.com/harriscounty) (registration and login button at the bottom center of the home page) or call the toll-free number on your member ID card and follow the prompts for IVR (Interactive Voice Recognition) assistance.**

**Proper Use and Benefits of the DHMO**

**United Healthcare DHMO Plan\***— Remember to select a dentist from the UnitedHealthcare Dental Directory (or Dentist Locator on [www.yourdentalplan.com/harriscounty](http://www.yourdentalplan.com/harriscounty)) for yourself and each of your enrolled dependents. Indicate the Practice ID Number in the space on your enrollment form for each person enrolled.

A complete Schedule of Benefits with covered procedures and copayments along with Exclusions & Limitations are available online at [www.yourdentalplan.com/harriscounty](http://www.yourdentalplan.com/harriscounty) or request a copy by calling customer service at the number located on your member ID card.

An Evidence of Coverage document may also be requested or viewed online and provides additional information about how to get the most from your UnitedHealthcare Dental HMO plan. Please take time to review this information before making dental benefit decisions.

DHMO members: check out the dental health and wellness link at [www.yourdentalplan.com/harriscounty](http://www.yourdentalplan.com/harriscounty).



**Included with your Dental HMO:**

The UnitedHealthcare Dental HMO Wellness plan, through its six (6) Centers of Excellence, created a program that makes wellness a priority by performing a variety of unique services. By simply visiting the dentist, individuals might find that they may save more than their teeth and gums, it may just lead to early diagnosis, referral for and treatment of a variety of diseases.

- The Centers of Excellence offer free, possibly life-saving, wellness screening services. Members set an appointment and complete a questionnaire. The dentist makes and assessment and provides appropriate screening(s) for any or all of four conditions.
- Screenings may help determine if a member is ‘at-risk’ for oral cancer, diabetes, or cardiovascular disease, and may lead to a referral for these conditions.
- Attending dentists include as part of the wellness visit, counseling and materials about the impact of tobacco use, obesity and oral piercings as well as information about oral disease and other medical conditions.

**Ortho Takeover** is available for UnitedHealthcare Dental HMO plan members. If you are currently in orthodontic treatment with Harris County’s plan, please obtain an Ortho Takeover Form from your benefit coordinator/payroll clerk or from [www.yourdentalplan.com/harriscounty](http://www.yourdentalplan.com/harriscounty). You will need to complete the upper portion of the form and bring it with you to your orthodontic appointment. The orthodontist will complete the balance of the form and submit it to UnitedHealthcare Dental.

**PPO**

**UnitedHealthcare PPO Plan**—There is no need to pre-select a dentist - you can receive treatment from any dentist – network or non-network. If you opt for a network dentist, the Dental Directory (or Dentist Locator on [www.yourdentalplan.com/harriscounty](http://www.yourdentalplan.com/harriscounty)) can help you find a dentist. When choosing a dentist, if you choose to receive care from a UnitedHealthcare Dental network dentist, you could save on your out-of-pocket costs. Network dentists have agreed to negotiated fees as payment in full with no balance billing.



**Your PPO Costs**

Payment of claims is based on a Maximum Allowable Charge (MAC). The Maximum Allowable Charge is set by *UnitedHealthcare Dental* and uses negotiated rates with network dentists. This MAC is the most that *UnitedHealthcare Dental* pays for a plan’s covered dental procedure.

A Summary of Benefits includes the information about percentage of coverage by procedure category along with Exclusions & Limitations and is included in your enrollment kit. After reviewing the plan documents, if you have any questions, a customer service representative will be happy to help you.

**Included with your PPO dental plan:**

**Prenatal Dental Care Program:** Women in their second and third trimester are eligible for this program. When visiting your dentist you need to supply the name and contact number of your OB/GYN. You will then receive additional cleanings or periodontal maintenance, at little or no cost, if the need is determined by your dentist.

**Oral Cancer Screening:** Individuals who are determined at-risk by their dentist who are 30 years of age or older may be eligible for this once-yearly, light-contrast screening.



### “Quick Facts” About Some Dental Procedures

“**Routine Cleaning**” (prophylaxis) is the removal of normal tartar build-up and polishing teeth to remove stains. If you see your dentist regularly and have your teeth cleaned twice a year, a routine cleaning will likely be your dentist’s prescription.

“**Deep Cleaning**” is a term used to describe scaling and root planing, a procedure that removes plaque and tartar build-up on teeth below the gums. Usually, when you need a deep cleaning, it is a sign that your oral health has changed, typically due to gingival (gum) inflammation. There could be several reasons for the change...periodontal disease, stress, pregnancy, tobacco use, or a change of medication – even a simple change in brushing or flossing habits.

“**Fillings**” - Amalgam is the silver filling that dentists have been using for many years to fill cavities; resin-based composite fillings are white (tooth colored). You may have heard about the safety concern of using amalgams because mercury is part of the filling material. However, the American Dental Association, the National Institutes of Health, and the U.S. Public Health Service, among others, have stated that, when combined with other metals, as it is in amalgam, it is an acceptable standard of treatment. Because some dentists have a concern about using amalgam material, they choose to provide only composite fillings for their patients. We suggest you discuss with your dentist his or her practice policies.

“**Crowns**” - A crown is a metal cap that covers and strengthens a tooth. It is along with a root canal or when a standard filling is not enough support for the tooth structure. Crowns are made of different materials; metal only or a porcelain (“tooth-colored”). A crown is not just the cap that sits over the tooth...there can be other procedures and materials required, such as a gold post, a core build up or a pin...each one adds to the total cost. Crown costs vary depending on the materials used – your dentist can provide an itemized treatment plan. For the DHMO plan, each covered crown is listed on your Schedule of Benefits. Check the copayment and any additional fees that are indicated (i.e. porcelain on back teeth and additional lab fees for noble (low gold) and high noble (high gold) metals). Other procedures may be required during your treatment, such as a root canal - this adds to the cost of restoration. Under the PPO plan your benefit allowance is 50%, whether your dentist is in- or out-of-network. The out-of-network dentist may balance bill for services above the maximum allowable charge fee schedule. You have greater savings when you choose a network dentist.



### When Visiting Your Dentist—Knowledge is Power!

It’s been said that people typically visit their dentist more often than they visit other doctors. It’s important to know that as health care becomes more integrated and dentists increasingly focus on more than just teeth, they are becoming indispensable members of the larger health care team.

The bacteria that inhabit the mouth, causing tooth decay and gum disease, may be found elsewhere in the body. Though there may be no pain or noticeable symptoms, this bacteria can lead to far more serious conditions. We are continuing to learn that gum disease may heighten the risk for heart disease, diabetes, pregnancy complications and other conditions.

- Chronic diseases – such as **heart disease**, stroke, **cancer**, **diabetes**, and arthritis – are among the most common, **costly**, and **pre-ventable** of all health problems in the U.S.
- The presence of bacteria in active periodontal disease leads to inflammation, which can reduce **diabetic control**
- Experimental models have linked the bacteria found in the plaque of the **arterial walls** to those found in the **periodontal pockets**
- Bacteria contributes to inflammation that increases plaque build-up in the **small arteries of the heart**, restricting blood flow to the heart muscle, which can lead to a **heart attack**
- The bacteria present in **periodontal disease** has been found in **amniotic fluid and the mothers placenta**
- Mothers with **periodontal disease** have a **higher incidence of pregnancy complications**



Here's Looking at You

The Harris County Vision Care Program is offered through **Block Vision**. Remember, vision coverage is provided automatically for you and each dependent you enroll in the medical plan. With the vision plan, when you use participating providers you will pay lower out-of-pocket expenses and receive a higher level of benefits. You may also use out of network benefits, however your benefit level is reduced, you will pay for the services and you must file a claim with Block Vision for reimbursement.

**HOW THE VISION CARE PROGRAM WORKS**

Each time you need vision care, you may seek care through the Block Vision benefit plan: Select a **Block Vision** participating provider by calling the provider locator at (866) 265-0517, or from [www.blockvision.com](http://www.blockvision.com). When you make your appointment, identify yourself as a Harris County **Block Vision** Plan member. A vision examination is provided by a network optometrist or ophthalmologist once every twelve months. At an in-network provider, members will receive a \$130 retail allowance towards the cost of the frame. The Block Vision benefit plan provides \$130 toward your contact lens /evaluation and fitting fee as well and the cost of contact lenses. A \$300 Lasik benefits reimbursement is also available either in or out of network.

**COVERED SERVICES**

Highlights of your vision care benefits are shown below. For the complete schedule of benefits, reference the Vision Plan Benefit Certificate of Coverage.

<u>Service/Product</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Complete Visual Exam*	\$10 copay	Up to \$35
Materials (when purchasing eyeglasses, lenses, frames OR contacts in lieu of eyeglasses)	\$25 copay	
<b><u>Frames</u></b>		
	\$130 retail allowance after \$25 materials copay	Up to \$70
<b><u>Lenses</u></b>		
Single Vision Lenses**	Standard basic lens covered at 100% after \$25 Materials copay	Up to \$25
Lined Bifocal Vision Lenses**	Standard basic lens covered at 100% after \$25 Materials copay	Up to \$40
Lined Trifocal Vision Lenses**	Standard basic lens covered at 100% after \$25 Materials copay	Up to \$45
<b><u>Contact Lenses</u></b>		
Elective	\$130 retail allowance after \$25 Materials copay	Up to \$80
Necessary***	100% after \$25 Materials copay	Up to \$150
<b><u>Laser Correction</u></b>		
Lasik Vision Correction****	\$300 benefit	\$300 retail benefit

\*Limited to one exam and set of lenses or contacts every 12 months from the last date of service.

\*\* Standard basic lens coverage included in your \$25 copay for glasses lenses or frames and lenses. Lens cost that exceeds the basic coverage is the member's responsibility. Members may receive a discount of up to 20% from a participating provider's usual and customary fees for eyewear purchases which exceed the benefit coverage.

\*\*\* Necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: Following cataract surgery without intraocular lens implant; to correct extreme vision problems that cannot be corrected with spectacle lenses; with certain conditions of anisometropia; with certain conditions of keratoconus. If your provider considers your contacts necessary, you should ask your provider to contact Block Vision concerning the reimbursement that Block vision will make before you purchase such contacts.

\*\*\*\***Lasik Vision Correction:** Block Vision provides each member a \$300 allowance available both in and out of network.

**Block Vision** has partnered with the LCA . In network providers may offer additional savings and financing. Call 877-557-7609 for assistance in coordinating your care.

<b>Vision Screening</b>	Periodically
<b>Hepatitis B (HepB)</b>	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
<b>Hepatitis A (HepA)</b>	2 doses—1 dose between 12 and 23 months of age; and 1 dose at least 6 months later
<b>Rotavirus</b>	2-3 doses—1 dose each at 2, 4 and 6 months of age
<b>Diphtheria-Tetanus-Pertussis (DTaP)</b>	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
<b>Inactivated Polio (IPV)</b>	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
<b>H. Influenzae Type B (Hib) (may be combined with DTaP) &amp; Pneumococcal Conjugate (PCV)</b>	4 doses—1 dose each at 2, 4 and 6 months of age; and 1 dose between 12 and 15 months of age
<b>Measles-Mumps-Rubella (MMR) &amp; Chicken Pox (Varicella)</b>	2 doses—1 dose between 12 and 15 months of age; and 1 dose between 4 and 6 years of age
<b>Influenza</b>	Every flu season—beginning at 6 months of age
<b>Meningococcal</b>	1 dose between 11 and 12 years of age
<b>Tetanus-Diphtheria-Pertussis (Tdap)</b>	1 dose between 11 and 12 if the childhood DTP/DTap series is complete and has not received Td booster
<b>Human Papillomavirus (HPV)</b>	3 doses (females ) between 11 & 12 yrs; second dose 2 months later, third dose 6 months after 1st dose
<b>Blood Pressure</b>	Every 2 years—18 years of age and older
<b>Body Mass Index (BMI)</b>	Periodically—18 years of age and older
<b>Cholesterol</b>	Government guidelines state that healthy adults who are aged 20 years or older should have a cholesterol test done once every 5 years.
<b>Glucose (diabetes blood sugar test)</b>	Beginning at age 45, then every 3 years unless you have other risk factors, then testing should occur every year
<b>Mammogram</b>	Every 1-2 years—women 40 years of age and older
<b>Cervical Cancer</b>	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.
<b>Chlamydia</b>	Routinely—women 24 years of age and younger if sexually active
<b>Osteoporosis (Bone Density Test)</b>	Routinely—women 65 years of age and older
<b>Prostate Cancer</b>	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
<b>Colonoscopy</b>	Men and women beginning at age 50, once every 10 years
<b>Depression/Alcohol Misuse/Tobacco Use</b>	Routinely—18 years of age and older
<b>Tetanus-Diphtheria-Pertussis (Td/Tdap)</b>	1 dose Td booster every 10 years
<b>Pneumococcal</b>	1 dose—65 years of age and older
<b>Zoster (shingles)</b>	1 dose—60 years of age and older

**Enjoy effortless claim filing for your Medicare Part B supplemental expenses!** How can you simplify filing your supplemental claims? If you are currently enrolled in Medicare Part B and Aetna is your secondary carrier, the answer is Medicare Direct! Medicare Direct is an electronic service that eliminates your need to file claims for supplemental benefits! Medicare pays its share of the expenses, and then automatically forwards any remaining expenses directly to Aetna. All you have to do is wait for your supplemental reimbursement from Aetna — no more time-consuming paperwork to fill out.

**Medicare Direct offers the following advantages for you and your eligible dependents (if also covered under Medicare Part B):**

**An end to paperwork** - Once you are enrolled in Medicare Direct, you won't have to send forms or Explanation of Medicare Benefits (EOMB) statements to Aetna in order to get your supplemental benefit (as long as you've filed a Medicare Part B claim within the last year.)

**Quicker turnaround** - The Medicare Part B carrier sends your claims straight to Aetna with no time wasting middle steps and **no postage** - Medicare Direct connects Medicare and Aetna electronically, eliminating postage.

#### HERE'S HOW MEDICARE DIRECT WORKS FOR YOU

- **Visit your provider**
- **Provider submits the claim to Medicare**
- **Medicare pays its portion of the claim and sends it directly to Aetna for processing**
- **Aetna pays covered expenses and notifies you**



Once your provider files a claim for your Medicare Part B expenses with your Medicare Part B carrier, Medicare Direct takes care of the rest. It does just what the name suggests. After Medicare has paid its share of the expenses, Medicare forwards your remaining expenses **directly** to Aetna. There's no waiting for EOMB statements. There are no claim forms to fill out — no EOMB forms to copy — no postage costs. And there's no cost to you!

**How will I know if my claim has been forwarded to Aetna?** Check each Explanation of Medicare Benefits (EOMB) statement to be sure it includes a remark similar to "unpaid charges have been forwarded to your complementary insurer." Your complementary insurer is Aetna. If the remark is not there, you will need to file the claim yourself, as you do today.

**Does my doctor need to know?** YES. You should tell your doctor you are enrolled in Medicare Direct. With Medicare Direct, it's important that your doctor not submit claims to Aetna for supplemental benefits. Medicare will file claims automatically to Aetna.

**Getting started is easy.** As the retiree, you have been automatically enrolled in Medicare Direct if your Medicare Number is your Social Security number, followed by the letter "A". If your Medicare Number is not your Social Security number followed by the letter "A", you are not enrolled in Medicare Direct. We are unable to automatically enroll your spouse/eligible dependent. To do so, contact Aetna directly at 1-800-279-2401. Please do not mail claim forms, as it will delay the processing of your claim. If you have a claim that needs to be filed before your enrollment in Medicare Direct, you will need to send it to the address on your medical ID card. There is no charge to you for this service. So, be sure to register as soon as you are eligible. **That's all there is to it!**

Urgent care facilities are traditionally used to treat the sudden onset of illness or unexpected injury. Overcrowding of our emergency rooms for non-emergent services is an epidemic and unnecessary expense in many cases for the patient, the employer and the health plan. Urgent care facilities generally result in shorter wait times, lower expenses and less out-of-pocket cost for our employees since the copayment is \$40 per visit vs. the hospital emergency room cost of \$150.

Urgent care facilities fill a critical need for patients when they are seeking immediate care that is not life threatening and their general practitioner is unavailable. For example, a patient with a sprain, fracture, minor burns, skin rashes, possible infection, illness with nausea, vomiting and/or diarrhea, sore throat, fever, earache or minor laceration(s) may go to an urgent care facility if their doctor's office has already closed. If a patient feels like their situation is life threatening, then they should seek help in the appropriate setting or call 9-1-1. Employees should continue to coordinate their care with the advice of their primary care physicians. Most urgent care centers are independent facilities. If they are connected to a hospital, the copayment is generally \$150 per visit.

Some of the facilities listed are considered "walk-in clinics" and they are marked with an asterisk (\*) and 🏠. These clinics generally offer similar services to urgent care centers and are staffed by nurse practitioners. Your copay at the walk-in clinics is only \$20!

This summary is intended for reference purposes only, and medical conditions vary by individual. Always use your best judgment when seeking treatment for you and your family.

The urgent care centers and walk-in clinics listed are current providers and may be subject to change. It is your responsibility to check their status at time of service.

## URGENT CARE CENTERS & WALK-IN CLINICS in the Greater Houston area

North (Montgomery Co.) - includes :	Conroe, The Woodlands, Montgomery, Spring, Kingwood, Houston		
First Choice Emergency Room	10333 Kuykendahl Rd., Suite B The Woodlands	(832) 381-1999	Mon–Sun, 10 am –10 pm
Lake Area Urgent Care	15320 Hwy. 105 West, Suite 120 Montgomery	(936) 582-5660	M-F, 10 am-8 pm; Sat, 9 am-6 pm; Sun., 10 am-5 pm
MinuteClinic* (CVS) 🏠	25110 Grogans Mill Rd., Spring	(866) 389-2727	M-F, 9 am–8 pm; Sat 9 am-5:30
RediClinic* (H-E-B) 🏠	2108 North Frazier, Conroe	(936) 494-4350	M-F, 8-8; Sat., 9-5; Sun 10-5
RediClinic* (H-E-B) 🏠	130 Sawdust Road, Spring	(281) 419-3162	M-F, 8-8; Sat., 9-5; Sun 10-5
RediClinic* (H-E-B) 🏠	10777 Kuykendahl Road, The Woodlands	(281) 907-4104	M-F, 8am-8 pm; Sat., 9 am-5pm, Sun. 10 am-5 pm
Take Care* (Walgreens) 🏠	24917 FM 1314 Road, Porter	(866) 825-3227	M-F, 8 am-7:30 pm Sat & Sun, 9:30 am–5 pm
Take Care* (Walgreens) 🏠	8000 Research Forest Drive, The Woodlands	(866) 825-3227	M-F, 8 am-7:30 pm; Sat & Sun, 9:30 am–5 pm
Texas Family Medical & Minor Emer. Ctr	1331 Northpark Drive, Kingwood	(281) 359-5330	M-Th, 8:30 am–6 pm; Fri, 8:30- am-5 pm; Sat, 9 am-3 pm
East/NE (Liberty County)			
Quality Care Plus	2718A North Main Street, Liberty	(936) 336-3616	Mon-Sat, 10 am-7:30 pm; Sun, 1 pm-7:30 pm

## URGENT CARE CENTERS & WALK-IN CLINICS

North/NW/NE (Harris Co.) - includes:	Cypress, Humble, Kingwood, N/NW Houston, Tomball		
Concentra Health Services, Inc.	401 Greens Road	(281) 873-0111	M-F, 8 am-5 pm
Concentra Health Services, Inc.	6360 W. Sam Houston Pkwy. North, Suite 200	(713) 280-0400	M-F, 8 am-5 pm
Concentra Health Services, Inc.	8799 North Loop East, Suite 110	(713) 674-1114	M-F, 8 am-5 pm
CyFair Urgent Care	9110 Barker Cypress Road, Cypress	(281) 517-9900	M-F, 12 pm–9pm Sat-Sun, 9 am-9pm
Excel Immediate Medical Care	25801 U.S. Hwy. 290, Cypress	(281) 304-1100	Mon-Sun, 9 am-9 pm
Family Health Associates	16125 Cairway	(281) 855-1600	M-F, 9 am-5 pm
First Choice Emergency Room	21301 Kuykendahl Road, Suite A Spring	(281) 803-1000	Mon-Sun, 12 pm-10 pm
First Choice Emergency Room	10130 Louetta Road, Suite L	(281) 301-3130	Mon-Sun, 12 pm-10 pm
First Choice Emergency Room	15881A FM 529	(281) 220-3500	Mon-Sun, 12 pm–10 pm
First Choice Emergency Room	5324 Atascocita Rd., Suite T, Humble	(832) 644-3400	Mon-Sun, 8 am -12 am
Kingwood Urgent Care & Special Clinic	2601 W. Lake Houston Pkwy. Kingwood	(281) 360-7502	Mon-Sun, 7 am-7 pm
MinuteClinic* (CVS) 	8000 N. Sam Houston Pkwy East Humble	(866) 389-2727	M-F, 9 am-8 pm; Sat, 9 am-5:30 pm; Sun, 10 am-5:30 pm
MinuteClinic* (CVS) 	24802 Aldine Westfield Spring	(866) 389-2727	M-F, 9 am-8 pm; Sat, 9 am-5:30 pm; Sun, 10 am-5:30 pm
MinuteClinic* (CVS) 	8754 Spring Cypress Road Spring	(866) 389-2727	M-F, 9 am-8 pm; Sat, 9 am-5:30 pm; Sun, 10 am-5:30 pm
RediClinic* (H-E-B) 	28520 Tomball Pkwy. Tomball	(281) 255-3085	M-F, 8 am-8 pm; Sat, 9am-5 pm; Sun, 10 am-5 pm
Night Light Pediatric Urgent Care	19708 Northwest Freeway	(713) 957-2020	M-F, 5 pm-11 pm Sat-Sun, 12 pm-7 pm
RediClinic* (H-E-B) 	10919 Louetta	(281) 758-2282	M-F, 8 am-8 pm; Sat, 9am-5 pm; Sun, 10 am-5 pm
RediClinic* (H-E-B) 	24224 Northwest Freeway, Cypress	(866) 607-7334	M-F, 8 am-8 pm; Sat, 9am-5 pm; Sun, 10 am-5 pm
Take Care* (Walgreens) 	1215 West 43rd Street	(866) 825-3227	M-F, 8 am-7:30 pm Sat & Sun, 9:30 am–5 pm
Take Care* (Walgreens) 	7440 FM 1960 Road East Humble	(866) 825-3227	M-F, 8 am-7:30 pm Sat & Sun, 9:30 am–5 pm
Take Care* (Walgreens) 	19710 Holzwarth Road, Spring	(866) 825-3227	M-F, 8 am-7:30 pm Sat & Sun, 9:30 am–5 pm
Take Care* (Walgreens) 	16211 Spring Cypress Road, Cypress	(866) 825-3227	M-F, 8 am-7:30 pm Sat & Sun, 9:30 am–5 pm
Texas Urgent Care	10906 FM 1960 Road West @ Jones Road	(281) 477-7490	M-F, 9 am-9 pm; Sat, 9 am-5 pm; Sun, 11 am-5 pm
The Clinic at Walmart* 	3450 FM 1960 West, Houston	(281) 444-1738	M-Sat, 8 am-7 pm Sun, 11 am-7 pm



\* denotes medical walk-in clinic—you pay a copayment of \$20

# URGENT CARE CENTERS & WALK-IN CLINICS

<b>North/NW (Harris County) - Includes:</b>	<b>Cypress, Humble , Kingwood, N/NW Houston, Tomball</b>		
The Clinic at Walmart* 	155 Louetta Crossing, Spring	(281) 528-0278	M-Sat, 8 am-7 pm Sun, 11 am-7 pm
Westfield Urgent Care	2010 FM 1960 East	(281) 821-8200	M-F, 8 am-5 pm; Sat-Sun 11 am-5 pm
<b>East (Jefferson County) - Includes:</b>	<b>Beaumont &amp; Nederland</b>		
Doctors Express of the Beaumont Area, P.A.	3195 Dowlen Road, Suite 105 Beaumont	(409) 860-1888	M-Sat, 8am-8 pm Sun, 8 am-5 pm
<b>East/SE/South (Harris County) - Includes :</b>	<b>E. Houston, Pasadena, Deer Park, Clear Lake Area &amp; Central Houston</b>		
Bay Side Clinic	4001 Preston Avenue, Suite 110 Pasadena	(281) 249-2203	M-F, 8 am-10 pm Sat-Sun, 9 am- 9 pm
Baytown Urgent Care Limited	2800 Garth Road, Baytown	(281) 425-3835	M-F, 5 pm-9:30 pm; Sat., 9 am-5 pm; Sun, 1 pm-6 pm
Beamer Urgent Care	10851 Scarsdale Blvd., Ste 130	(281) 481-9595	M-F, 9 am-8 pm Sat & Sun, 10 am-4pm
Concentra Health Services, Inc.	10909 I-10 East Frwy.	(713) 675-4777	M-F, 8 am-5 pm
Concentra Health Services, Inc.	8505 Gulf Freeway, Suite F	(713) 944-4442	M-F, 8 am-5 pm
Concentra Health Services, Inc.	125 East 8th Street, Deer Park	(281) 930-8555	M-F, 8 am-5 pm
East Houston Urgent Care	11410 1-10 East, Suite 168	(713) 453-9800	M-F, 9 am-6:30 pm Sat, 9 am-2 pm
Immediate Medical Care	1202 Nasa Parkway, Nassau Bay	(281) 335-0606	M-F, 9 am-9 pm; Sat & Sun, 9 am-5 pm
Occupational & Family Medicine	4001 Preston Ave., Stes. 100 & 105 Pasadena	(281) 249-2273	M-F, 8 am-10 pm Sat-Sun, 9 am-9 pm
RediClinic* (H-E-B) 	6210 Fairmont Parkway, Pasadena	(832) 775-0165	M-F 8 am-8 pm; Sat 9-5; Sun 10-5
RediClinic* (H-E-B) 	9828 Blackhawk Blvd.	(713) 991-0497	M-F 8 am-8 pm; Sat 9-5; Sun 10-5
<b>SE/South (Galveston County) - Includes:</b>	<b>Friendswood, League City &amp; Galveston</b>		
Calder Urgent Care	1100 Gulf Freeway, Suite 230 League City	(281) 557-4404	M-F, 9 am-7 pm; Sat, 9 am-3 pm; Sun, 10 am-2 pm
First Choice Emergency Room	3033 Marina Bay Dr., Suite 100 League City	(281) 549-9400	Mon-Sun, 12 pm-10 pm
RediClinic* (H-E-B) 	701 West Parkwood, Friendswood	(281) 947-0018	M-F 8 am-8 pm; Sat 9-5; Sun 10-5
RediClinic * (H-E-B) 	2955 South Gulf Frwy., League City	(281) 337-7351	M-F 8 am-8 pm; Sat 9-5; Sun 10-5
The Clinic at Walmart* 	150 W. El Dorado Blvd., Friendswood	(281) 280-0986	M-Sat, 8 am-7 pm Sun, 11 am-7 pm
The Clinic at WalMart* 	255 FM 518, Kemah	(281) 535-2439	M-Sat, 8 am-7 pm Sun, 11 am-7 pm



\* denotes medical walk-in clinic—you pay a copayment of \$20

# URGENT CARE CENTERS & WALK-IN CLINICS

<b>SE/South (Galveston County) - Includes:</b>	<b>Friendswood, League City &amp; Galveston</b>		
The Clinic at Walmart* 🏪	1701 W. FM 646, League City	(281) 337-5430	M-Sat, 8 am-7 pm Sun, 11 am-7 pm
West Isle Urgent Care	2027 61st Street, Suite B Galveston	(409) 744-9800	M-Sun, 9 am-10 pm
<b>South/SW (Brazoria County) - Includes:</b>	<b>Angleton, Lake Jackson &amp; Pearland</b>		
Angleton Urgent Care	2327 East Hwy. 35, Angleton	(979) 848-8070	M-F, 1 pm-5 pm Sat, 12 pm-7 pm
First Choice Emergency Room	1851 Pearland Pkwy, Suite Z Pearland	(713) 474-9800	Mon-Sun, 12 pm-10 pm
Pearland Healthcare Center	1801 Country Place Pkwy, Suite 109, Pearland	(713) 436-4333	M-Th, 9 am-6 pm; Fri, 9 am-5 pm; Sat, 9 am-3 pm
Minute Clinic* (CVS) 🏪	2900 E. Broadway St., Pearland	(866) 389-2727	M-F, 9 am-8 pm; Sat, 9 am-5:30 pm; Sun, 10 am-5:30 pm
Options Urgent Care & Wellness Ctr.	208 Oak Dr., Ste. 502, Lake Jackson	(979) 285-2273	Mon-Sun, 11 am-8 pm
RediClinic* (H-E-B) 🏪	2805 Business Ctr. Dr., Pearland	(713) 436-5208	M-F 8 am-8 pm; Sat 9-5; Sun 10-5
Take Care* (Walgreens) 🏪	8430 Broadway St., Pearland	(866) 825-3227	M-F, 8 am-7:30 pm Sat-Sun, 9:30 am-5 pm
The Clinic at Walmart* 🏪	1710 Broadway St., Pearland	(281) 648-1296	M-Sat, 8 am-7 pm Sun, 11 am-7 pm
<b>Central /SW (Harris County) - Houston</b>			
Concentra Health Services, Inc.	9321 Kirby	(713) 797-0991	M-F, 8 am-5 pm
Concentra Health Services, Inc.	6545 Southwest Frwy.	(713) 995-6998	M-F, 8 am-5 pm
Concentra Health Services, Inc.	2004 Leeland	(713) 223-0838	M-F, 8 am-5 pm
Minute Clinic* (CVS) 🏪	5402 Westheimer Rd, Suite K	(866) 389-2727	M-F, 9 am-8 pm; Sat, 9 am-5:30 pm; Sun, 10 am-5:30 pm
RediClinic* (H-E-B) 🏪	2660 Fountainview	(866) 607-7334	M-F 8 am-8 pm; Sat 9-5; Sun 10-5
Salazi Medical Center	1826 Wirt Road	(832)428-4546	Mon 9-9 pm; Tu, Wed, F, 9-6 pm; Th 9-8 pm, Sat, Sun, 10-2 pm
Take Care* (Walgreens) 🏪	1919 West Gray Street	(866) 825-3227	M-F 8 am-7:30 pm Sat-Sun, 9:30 am-5 pm
Take Care* (Walgreens) 🏪	5200 Westheimer Road	(866) 825-3227	M-F 8 am-7:30 pm Sat-Sun, 9:30 am-5 pm
Take Care* (Walgreens) 🏪	2808 N. Gessner Road	(866) 825-3227	M-F 8 am-7:30 pm Sat-Sun, 9:30 am-5 pm
Take Care* (Walgreens) 🏪	6768 Hwy. 6 South	(866) 825-3227	M-F 8 am-7:30 pm Sat-Sun, 9:30 am-5 pm
<b>West/SW (Ford Bend Co.) - includes:</b>	<b>Katy, Missouri City, Stafford and Sugar Land</b>		
Excel Immediate Medical Care	6840 Hwy. 6, Missouri City	(281) 403-3660	9 am-9 pm/7 days a week
Minute Clinic* (CVS) 🏪	6220 Sienna Pkwy., Missouri City	(866) 389-2727	M-F, 9 am-8 pm; Sat, 9 am-5:30 pm; Sun, 10 am-5:30 pm

<b>West/SW (Ford Bend Co.) - includes:</b>	<b>Katy, Missouri City, Stafford and Sugar</b>	<b>Land</b>	
Night Light After Hours Pediatrics	15551 Southwest Frwy., Sugar Land	(281) 325-1010	M-F, 5 pm-11 pm; Sat-Sun, 12 pm-7pm
Physicians at Sugar Creek	14023 Southwest Frwy., Sugar Land	(281) 276-2000	M-F, 7 am- 7pm
RediClinic* (H-E-B) 	6711 South Fry Road, Katy	(281) 395-5080	M-F 8 am-8 pm; Sat, 9-5; Sun 10-5
RediClinic* (H-E-B) 	8900 Highway 6, Missouri City	(866) 607-7334	M-F 8 am-8 pm; Sat, 9-5; Sun 10-5
RediClinic* (H-E-B) 	19900 Hwy. 59, Sugar Land	(281) 341-8330	M-F 8 am-8 pm; Sat, 9-5; Sun 10-5
Stafford Medical	3832 Greenbriar Dr., Stafford	(281) 980-1901	M-F, 8 am-5 pm; Sat, 9 am- 12 pm
The Clinic at Walmart* 	5660 Grand Parkway West Richmond	(281) 342-1624	M-Sat, 8 am-7 pm Sun, 11 am-7 pm
<b>West (Harris County) includes: Katy</b>			
Concentra Health Services, Inc.	1000 N. Post Oak Road, Bldg. G #100	(713) 686-4868	Mon-Fri, 8 am-5 pm
Concentra Health Services, Inc.	12345 Katy Freeway	(281) 679-5600	M-F, 7 am-9 pm; Sat-Sun, 8 am-6 pm
Katy Urgent Care Partners	21700 Kingsland Blvd., Ste. 104 Katy	(281)829-6570	Mon-Sun, 9 am-9 pm
Minute Clinic* (CVS) 	3103 N. Fry Road, Katy	(866) 389-2727	M-F, 9 am-8 pm; Sat, 9 am-5:30 pm; Sun, 10 am-5:30 pm
Take Care* (Walgreens) 	411 South Mason Rd., Katy	(866) 825-3227	M-F, 8 am-7:30 pm; Sat-Sun, 9:30 am-5 pm
West Oaks Urgent Care	2150 South Hwy. 6, Suite 100	(281) 496-4948	M-10-9; Tu-Closed; W-F, 10 am-9 pm; Sat, 10 am-9 pm; Sun, 1 pm-
<b>West (Austin County) - Sealy</b>			
Sealy Urgent Care	526 5th Street, Sealy	(979) 877-0022	M-F, 7 am-7:30 pm;

**LIFE INSURANCE**



Life Insurance provided by: **Prudential Financial**  
Growing and Protecting Your Wealth®

**1. BASIC LIFE INSURANCE FOR RETIREES**

Life Insurance provides protection for your family in the event of your death.

**Annual Rate of Basic Earnings at retirement was:**

\$20,000 or more	<b>Life</b> \$12,500
\$15,000 but less than \$20,000	\$10,000
\$10,000 but less than \$15,000	\$ 7,500
Less than \$10,000	\$ 5,000



(Some retirees may have less than \$5,000 coverage depending on their salary upon retirement)

**2. BASIC SUPPLEMENTAL DEATH BENEFITS (TCDRS) FOR RETIREES**

Subject to the County's participation in the Texas County and District Retirement System (TCDRS) life insurance program, you are provided a supplemental death benefit policy through the Retirement System. The value of this policy is \$5,000.



**NOTE:** If you are actively at work upon attaining the age of 65 you do not need to purchase Medicare Part B. If your spouse's primary insurance is the Harris County plan, they do not have to purchase Medicare Part B until you retire.



Medicare Part D

Medicare Parts A & B

Medicare becomes the primary insurer when a retiree, or a dependent of a retiree turns 65 or becomes eligible due to disability. Harris County medical benefits then become secondary to Medicare.

The Harris County Medical Plan coordinates its benefits with Medicare parts A & B. Since Medicare is the primary insurance, it must pay benefits first then Harris County Medical Plan will pay benefits. The Harris County Medical Plan will pay benefits as if Medicare part B paid first even if you are not enrolled in Medicare part B. This will cause a gap in your coverage if you do not enroll in Medicare part B as a retiree.

**Retirees and their covered dependents that are eligible for Medicare may postpone enrolling in Medicare until the Retiree retires.** Each Retiree and/or their dependent should make this decision based on their individual situation. Medicare will pay secondary to the Harris County Medical Plan for covered services if you do choose to enroll while actively employed.

You should contact the Social Security Administration at 1-800-772-1213 if you have any questions concerning coordination of benefits between the Harris County Medical Plan and Medicare.

Harris County Medicare eligible Retirees and retirees should NOT enroll in Part D— Medicare Prescription Drug Plan. Enrollment in a Medicare Prescription Drug Plan is voluntary, but in most cases it is **unnecessary** because the Harris County medical plan administered through Aetna provides more comprehensive prescription drug coverage. In addition, there is **no** coordination of benefits between Harris County's medical plan and the Medicare Prescription Drug Plan; however, there will continue to be coordination with Medicare Parts A and B.

**Under certain circumstances, you may be eligible for financial assistance if you enroll in a Medicare Prescription Drug Plan.**

- ⇒ You have Medicare Part A (Hospital Insurance) and/or Medicare Part B (Medical Insurance); and
- ⇒ You live in one of the 50 states or the District of Columbia; and
- ⇒ Your combined savings, investments, and real estate are not worth more than \$25,010, if you are married and living with your spouse, or \$12,510 if you are not currently married or not living with your spouse. (**DO NOT include** the home you live in, vehicles, personal possessions, burial plots or irrevocable burial contracts.)

For more information about getting help with your prescription drug costs, call Social Security at 1-800-772-1213 or visit [www.socialsecurity.gov](http://www.socialsecurity.gov). If you or any of your covered dependents are eligible for additional coverage through **Medicaid**, you should contact 1-800-MEDICARE (1-800-633-4227) or visit [www.medicare.gov](http://www.medicare.gov) to determine the best prescription drug option for you.

**COBRA NOTIFICATION OBLIGATIONS**

The federal **Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)** provides group health insurance continuation rights to Retirees, spouses, and dependent children if they lose group health insurance due to certain qualifying events. Two qualifying events under COBRA require you, your spouse, or dependent children to follow certain notification rules.

**You are required to notify Harris County of a Divorce or if a Dependent Child ceases to be a Dependent Child Under the Terms of the Group Health Insurance Plan.**

Each covered Retiree, spouse, or dependent child is responsible for notifying Harris County within 60 days after the date of the divorce or the date the dependent child ceased to be a dependent, as defined under the terms of the group health insurance plan. Failure to properly notify Harris County within the required 60 days will forfeit all COBRA rights that may have arisen from these two qualifying events!

**TOTAL MONTHLY COST FOR MEDICAL, DENTAL & VISION PLANS**  
**EFFECTIVE MARCH 1, 2011\***

**PLAN COST**

Harris County pays a significant portion of the cost for your health care coverage. The amount of Harris County's contribution is determined annually and is currently based on your years of Harris County service and age at retirement. As a general rule, if you retired before March 1, 2002 with at least 10 years of Harris County service, for the 2011-2012 benefit year Harris County will pay 100% of the cost of your medical, dental, vision and life insurance coverage. If you are currently covering dependents, Harris County may pay a portion of the cost of your dependents' coverage as well.

**BASE PLAN MONTHLY COST**

<b>Base Plan/Vision/DHMO</b>	<b>Retiree Cost</b>	<b>County Cost</b>	<b>Total</b>
<b>Retiree Only</b>	<b>\$0</b>	<b>\$476.37</b>	<b>\$476.37</b>
<b>Retiree + One</b>	<b>\$216.70</b>	<b>\$694.06</b>	<b>\$910.76</b>
<b>Retiree + Two or More</b>	<b>\$379.25</b>	<b>\$857.71</b>	<b>\$1,236.96</b>

<b>Base Plan/Vision/PPO</b>	<b>Retiree Cost</b>	<b>County Cost</b>	<b>Total</b>
<b>Retiree Only</b>	<b>\$0</b>	<b>\$481.06</b>	<b>\$481.06</b>
<b>Retiree + One</b>	<b>\$219.42</b>	<b>\$701.14</b>	<b>\$920.56</b>
<b>Retiree + Two or More</b>	<b>\$397.32</b>	<b>\$880.98</b>	<b>\$1,278.30</b>

**BASE PLUS PLAN MONTHLY COST**

<b>Base Plus/Vision/DHMO</b>	<b>Retiree Cost</b>	<b>County Cost</b>	<b>Total</b>
<b>Retiree Only</b>	<b>\$63.93</b>	<b>\$589.62</b>	<b>\$653.55</b>
<b>Retiree + One</b>	<b>\$361.72</b>	<b>\$888.40</b>	<b>\$1,250.12</b>
<b>Retiree + Two or More</b>	<b>\$584.00</b>	<b>\$1,111.78</b>	<b>\$1,695.78</b>

<b>Base Plus/Vision/PPO</b>	<b>Retiree Cost</b>	<b>County Cost</b>	<b>Total</b>
<b>Retiree Only</b>	<b>\$ 63.93</b>	<b>\$594.31</b>	<b>\$658.24</b>
<b>Retiree + One</b>	<b>\$364.44</b>	<b>\$895.48</b>	<b>\$1,259.92</b>
<b>Retiree + Two or More</b>	<b>\$602.07</b>	<b>\$1,135.05</b>	<b>\$1,737.12</b>

\*If you retired after March 1, 2002 or if you retired with less than 10 years of Harris County service, your rates may vary. Please review your Enrollment worksheet to determine what your rate will be for the 2011-2012 plan year for you and your currently covered dependents.

**TOTAL MONTHLY COST FOR MEDICAL, DENTAL & VISION PLANS  
EFFECTIVE MARCH 1, 2011**

Any dependents added after March 1, 2002, will require 100% contribution from the retiree. Retirees adding dependents with qualifying changes after March 1, 2002 will pay the following monthly premiums:

**BASE PLAN MONTHLY COST**

<b>Base Plan/Vision/DHMO</b>	<b>Retiree Cost</b>	<b>County Cost</b>	<b>Total</b>
<b>Retiree Only</b>	<b>\$0</b>	<b>\$476.37</b>	<b>\$476.37</b>
<b>Retiree + One</b>	<b>\$434.39</b>	<b>\$476.37</b>	<b>\$910.76</b>
<b>Retiree + Two or More</b>	<b>\$760.59</b>	<b>\$476.37</b>	<b>\$1,236.96</b>

<b>Base Plan/Vision/PPO</b>	<b>Retiree Cost</b>	<b>County Cost</b>	<b>Total</b>
<b>Retiree Only</b>	<b>\$0</b>	<b>\$481.06</b>	<b>\$481.06</b>
<b>Retiree + One</b>	<b>\$439.50</b>	<b>\$481.06</b>	<b>\$920.56</b>
<b>Retiree + Two or More</b>	<b>\$797.24</b>	<b>\$481.06</b>	<b>\$1,278.30</b>

**BASE PLUS PLAN MONTHLY COST**

<b>Base Plus/Vision/DHMO</b>	<b>Retiree Cost</b>	<b>County Cost</b>	<b>Total</b>
<b>Retiree Only</b>	<b>\$63.93</b>	<b>\$589.62</b>	<b>\$653.55</b>
<b>Retiree + One</b>	<b>\$660.50</b>	<b>\$589.62</b>	<b>\$1,250.12</b>
<b>Retiree + Two or More</b>	<b>\$1,106.16</b>	<b>\$589.62</b>	<b>\$1,695.78</b>

<b>Base Plus/Vision/PPO</b>	<b>Retiree Cost</b>	<b>County Cost</b>	<b>Total</b>
<b>Retiree Only</b>	<b>\$63.93</b>	<b>\$594.31</b>	<b>\$658.24</b>
<b>Retiree + One</b>	<b>\$665.61</b>	<b>\$594.31</b>	<b>\$1,259.92</b>
<b>Retiree + Two or More</b>	<b>\$1,142.81</b>	<b>\$594.31</b>	<b>\$1,737.12</b>

HUMAN RESOURCES & RISK  
MANAGEMENT

Benefits Division

1310 Prairie, Suite 400  
Houston, TX 77002-2042

Phone: (713) 755-5117

Toll-free: (866) 474-7475

Fax: (713) 755-8659

<http://www.hctx.net/hrrm/>

PLAN YEAR: March 1, 2011—February 29, 2012

COMMISSIONERS COURT

Ed Emmett—County Judge

El Franco Lee—Precinct 1 Commissioner

Sylvia R. Garcia—Precinct 2 Commissioner

Steve Radack—Precinct 3 Commissioner

Jerry Eversole—Precinct 4 Commissioner

