2025

Benefits & WELLNESS

*Michael Nelson, Sheriff's Office*

## LOCAL AREA AGREEMENT

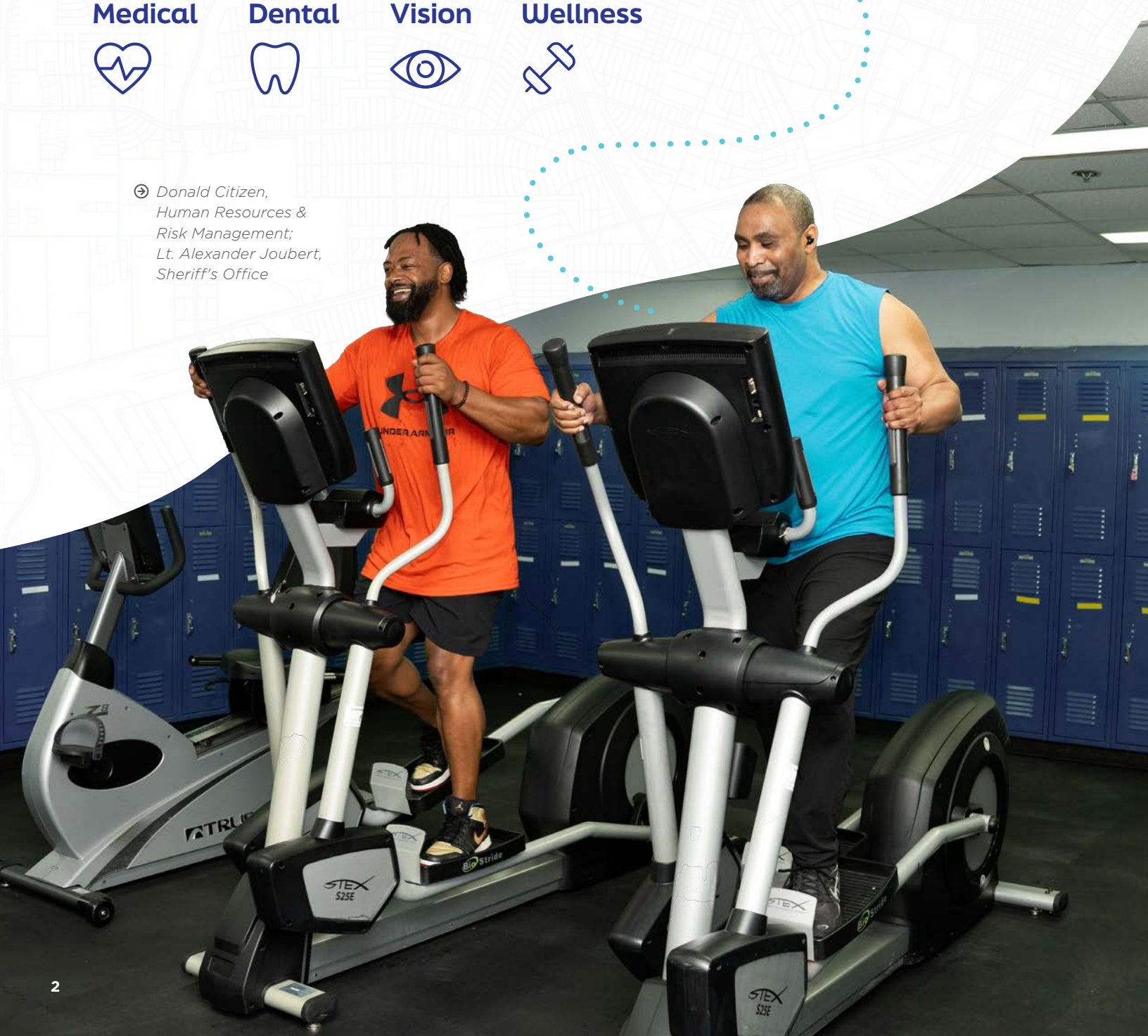
# Benefits Guide

Your guide to understanding, selecting and using the benefits available to you and your family.

# Benefits Built Around You

**Medical** **Dental** **Vision** **Wellness**

*Donald Citizen, Human Resources & Risk Management; Lt. Alexander Joubert, Sheriff's Office*



# Easy Reference



The benefits described herein are effective January 1, 2025, through December 31, 2025. 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 briefly describes 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.

# New in 2025

*Crystal Keller, Community Services*

## New Medical Plan Option

In addition to our current Base and Plus medical plans, you'll have the option to select our new plan called the KelseyCare ACO. This plan has the out-of-pocket benefits of the Plus plan (no deductible, lower copayments) at the same premium cost of our Base plan. Go to page 11 to learn more about the features of this new option.

## Coverage Tier Change

The Self+Child tier will now be  Self+Child/Children and the Self+2 or More tier will now be Self+Family, which includes a spouse. This family-friendly update better aligns with industry standards.

## What's Not Changing

Plan premiums remain the same for 2025.

**Find details on these and all of your benefits throughout this guide.**

*Alexis Lewis, Human Resources & Risk Management*

# Compare Your Medical Plan Options

**After you review the plan options and make your decision, follow the steps on page 19 to enroll.**

Harris County provides three medical plan options: Base PPO, Plus PPO and the KelseyCare ACO plan. Base and Plus PPO plans each provide you with the same Aetna network, including out-of-network benefits.

An ACO, or Accountable Care Organization, is a group of doctors, facilities and other healthcare professionals who work together to ensure your care is coordinated. With the KelseyCare ACO plan, your care team provides the personalized care you need, plus a more streamlined healthcare experience.

**Use the overview on the following pages to choose a plan that best fits your needs and those of your dependents.**

## KelseyCare ACO Plan

The KelseyCare ACO Plan offers the same out-of-pocket experience as our Plus Plan — no deductible, lower co-pays — at Base Plan premiums. You are limited to in-network providers only. However, you still have access to Aetna's broad network for Urgent and Emergency Care needs.

VS

## Base PPO Plan

The Base plan is designed to keep your monthly costs low through higher deductibles and out-of-pocket maximums. You'll pay more for services that you use, but you'll pay the lowest premiums.

VS

## Plus PPO Plan

With the Plus plan, you'll pay a higher monthly premium, but your deductibles, out-of-pocket maximums and costs for services will be lower.

## Additional Terms to Know

- **Beneficiary** — A person named to receive the income or inheritance from a will, insurance policy, trust, etc.
- **Coinsurance** — The amount you pay, as a percentage of the cost of your allowed services, after you reach the deductible until you reach the plan's out-of-pocket maximum.
- **Copayment** — The fixed dollar amount you will pay for a healthcare service.
- **Deductible** — When applicable, the initial amount you pay before your insurance begins covering certain services.
- **Dependent** — A person who is eligible for coverage under a policyholder's health insurance coverage.
- **Out-of-Pocket Maximum** — The most you will pay per calendar year for covered, in-network healthcare expenses, including prescription drugs. Once this limit is met, the plan pays 100% on eligible expenses for the remainder of the calendar year.
- **Premium** — The amount you pay for insurance. In most cases, Harris County pays all or a portion of the premium.

*Sarah Acosta & Victoria Spencer, Human Resources & Risk Management*

# Plans at a Glance

Plans go beyond medical coverage and include dental and vision insurance. Use this page to compare your options as you make your selection.

## Your Cost (Monthly Premiums)

| | KelseyCare ACO | BASE PPO | PLUS PPO |
|---|---|---|---|
| **You only** | $0 | $0 | $78.75 |
| **You + child(ren)** | $236.25 | $236.25 | $393.75 |
| **You + spouse** | $262.50 | $262.50 | $472.50 |
| **You + family** | $420.00 | $420.00 | $630.00 |

## Coverage Highlights

| | KelseyCare ACO | BASE PPO | PLUS PPO |
|---|---|---|---|
| **Network Coverage** | In Network Only | In & Out of Network | In & Out of Network |
| **Deductible** | None | $600 Individual<br>$1,800 Family | None |
| **Out-of-Pocket Maximum** | $6,350 Individual<br>$12,700 Family | $7,350 Individual<br>$14,700 Family | $6,350 Individual<br>$12,700 Family |
| **Cost Per Visit** | $ | $$ | $ |
| **Wellness Programs** | ✔ | ✔ | ✔ |
| **Vision & Dental** | ✔ | ✔ | ✔ |
| **Employee Assistance Program** | ✔ | ✔ | ✔ |
| **Prescription Drugs** | ✔ | ✔ | ✔ |

# Plan Services Overview

Use this overview of services/costs for a deeper comparison between the KelseyCare ACO, Base PPO and Plus PPO plans. In the overview, "You Pay" refers to the amount you are responsible for of eligible expenses. Note that this is not a comprehensive list of services, limitations or exclusions. Please log in at **aetna.com** for more covered services and to estimate your out-of-pocket cost and additional provisions.

| | KelseyCare ACO | BASE PPO | | PLUS PPO | |
|---|---|---|---|---|---|
| | IN-NETWORK | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NETWORK |
| **Annual Deductible** | | | | | |
| Individual | None | $600 | $1,000 | None | $1,000 |
| Family | | $1,800 | $3,000 | | $3,000 |
| **Maximum Out-of-Pocket** | | | | | |
| Individual | $6,350 | $7,350 | $10,000 | $6,350 | $10,000 |
| Family | $12,700 | $14,700 | $30,000 | $12,700 | $30,000 |
| **Lifetime Maximum** | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited |
| **OFFICE SERVICES** | YOU PAY | | | | |
| **Preventive Services*** | $0 | $0 | 50% coinsurance after deductible is met | $0 | 50% coinsurance after deductible is met |
| **Employee Clinic** | $0 | $0 | Not applicable | $0 | Not applicable |
| **Walk-in Clinic** | $25 | $30 | 50% coinsurance after deductible is met | $25 | 50% coinsurance after deductible is met |
| **Primary Care Visit** (Telehealth and Office Visit) | $15 | $20 | 50% coinsurance after deductible is met | $15 | 50% coinsurance after deductible is met |
| **Specialist Office Visit** (Telehealth and Office Visit) | $30 | $40 | 50% coinsurance after deductible is met | $30 | 50% coinsurance after deductible is met |
| **Urgent Care** | $50 | $50 | 50% coinsurance after deductible is met | $50 | 50% coinsurance after deductible is met |
| **EMERGENCY CARE** | YOU PAY | | | | |
| **Ambulance Service** | $0 | $300 | $300 | $0 | $0 |
| **Emergency Room** If admitted, copay is waived. You are still responsible for inpatient services. | $300 | $300 | $300 | $300 | $300 |

| | KelseyCare ACO | BASE PPO | | PLUS PPO | |
|---|---|---|---|---|---|
| | IN-NETWORK | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NETWORK |
| **INPATIENT CARE** | YOU PAY | | | | |
| **Hospital Services** Precertification and continued stay review required for all inpatient admissions. | $600 | 20% coinsurance after deductible is met | 50% coinsurance after deductible is met | $600 | 50% coinsurance after deductible is met |
| **Physician Services** | $0 | 20% coinsurance after deductible is met | 50% coinsurance after deductible is met | $0 | 50% coinsurance after deductible is met |
| **Skilled Nursing Facility** Up to 100 days per calendar year. Requires precertification. | $0 | 10% coinsurance after deductible is met | 50% coinsurance after deductible is met | $0 | 50% coinsurance after deductible is met |
| **OUTPATIENT CARE** | YOU PAY | | | | |
| **Facility Services** | $400 | 20% coinsurance after deductible is met | 50% coinsurance after deductible is met | $400 | 50% coinsurance after deductible is met |
| **Outpatient Surgery** | $400 | 20% coinsurance after deductible is met | 50% coinsurance after deductible is met | $400 | 50% coinsurance after deductible is met |
| **Diagnostic X-ray & Laboratory** | $0 | $0 | 50% coinsurance after deductible is met | $0 | 50% coinsurance after deductible is met |
| **Diagnostic Mammogram** Includes 3D | $0 | $0 | 50% coinsurance after deductible is met | $0 | 50% coinsurance after deductible is met |
| **Outpatient Dialysis Treatment** | $0 | $0 | Not covered | $0 | Not covered |
| **Complex Imaging** MRI, CAT scan, PET scan, etc. Requires precertification. | $0 | 10% coinsurance after deductible is met $0 (Maximum Savings Provider) | 50% coinsurance after deductible is met | $100 $0 (Maximum Savings Provider) | 50% coinsurance after deductible is met |
| **Rehabilitation/ Therapy** Physical, speech and occupational. Limited to 60 visits per calendar year. | $20 per visit | $25 per visit | 50% coinsurance after deductible is met | $20 per visit | 50% coinsurance after deductible is met |
| **Basic Infertility Services** Diagnosis and Treatment Only | Payable as any other expense; 50% coinsurance for insemination; fertility drugs excluded | Payable as any other expense; 50% coinsurance after deductible is met for insemination; fertility drugs excluded | 50% coinsurance after deductible is met; fertility drugs excluded | Payable as any other expense; 50% coinsurance for insemination; fertility drugs excluded | 50% coinsurance after deductible is met; fertility drugs excluded |

| | KelseyCare ACO | BASE PPO | | PLUS PPO | |
|---|---|---|---|---|---|
| | IN-NETWORK | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NETWORK |
| **MATERNITY** | YOU PAY | | | | |
| **Initial Office Visit** (Specialist copay) | $30 | $40 | 50% coinsurance after deductible is met | $30 | 50% coinsurance after deductible is met |
| **Subsequent Visits** | $0 | $0 | 50% coinsurance after deductible is met | $0 | 50% coinsurance after deductible is met |
| **Hospital Delivery** Separate cost share/ copay for Mom & Baby. | $600 | 20% coinsurance after deductible is met | 50% coinsurance after deductible is met | $600 | 50% coinsurance after deductible is met |
| **Breast Pump & Supplies** | $0 | $0 | 50% coinsurance after deductible is met | $0 | 50% coinsurance after deductible is met |
| **OTHER MEDICAL** | YOU PAY | | | | |
| **Acupuncture** | $0 for up to 10 visits per calendar year | $0 for up to 10 visits per calendar year | $0 for up to 10 visits per calendar year | $0 for up to 10 visits per calendar year | $0 for up to 10 visits per calendar year |
| **Allergy Treatment** Includes serum, injections and injectable drugs. | $0 for up to 150 doses per calendar year | $0 for up to 150 doses per calendar year | 50% coinsurance after deductible is met | $0 for up to 150 doses per calendar year | 50% coinsurance after deductible is met |
| **Chiropractic Care** | $0 for up to 10 visits per calendar year | $0 for up to 10 visits per calendar year | 50% coinsurance after deductible is met | $0 for up to 10 visits per calendar year | 50% coinsurance after deductible is met |
| **Durable Medical Equipment** | $0 | 10% coinsurance after deductible is met | 50% coinsurance after deductible is met | $0 | 50% coinsurance after deductible is met |
| **Hearing Aids** 1 pair every 36 months | 20% coinsurance; no deductible | 20% coinsurance; no deductible | 20% coinsurance after deductible is met | 20% coinsurance; no deductible | 20% coinsurance after deductible is met |
| **Home Healthcare** 100 visits per calendar year | $0 | 10% coinsurance after deductible is met | 50% coinsurance after deductible is met | $0 | 50% coinsurance after deductible is met |
| **Hospice Care** | $250 | 10% coinsurance after deductible is met | 50% coinsurance after deductible is met | $250 + 10% coinsurance | 50% coinsurance after deductible is met |
| **Residential Treatment Facility** | $600 | 20% coinsurance after deductible is met | 50% coinsurance after deductible is met | $600 | 50% coinsurance after deductible is met |

*Preventive Services — In accordance with the Affordable Care Act (ACA), includes age-appropriate care, screenings and standard immunizations. See the summary plan description for more detailed information on covered preventive services.

NEW!

KelseyCare aetna™

# Introducing a New Health Plan Option for 2025!

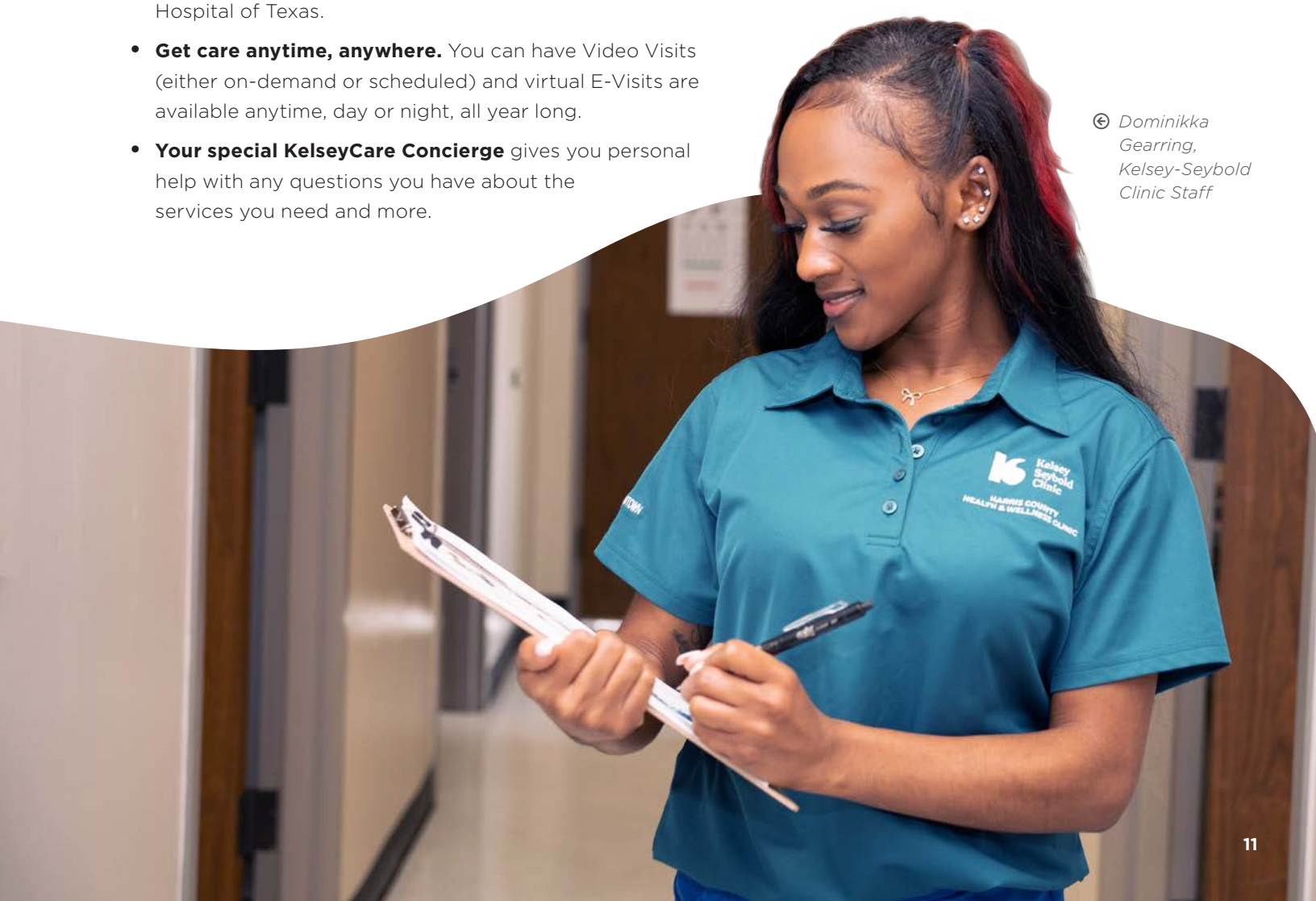
With the **KelseyCare ACO Plan**, you get great coverage and benefits, plus personalized and coordinated care from more than 850 Kelsey-Seybold doctors and specialists.

**You can see *any* Kelsey-Seybold doctor or specialist at *any* location without needing a referral.** There are over 40 Kelsey-Seybold locations across Greater Houston and nearby areas, including the Harris County Employee Health & Wellness Clinic in downtown Houston, so you can easily find one close to your home or work.

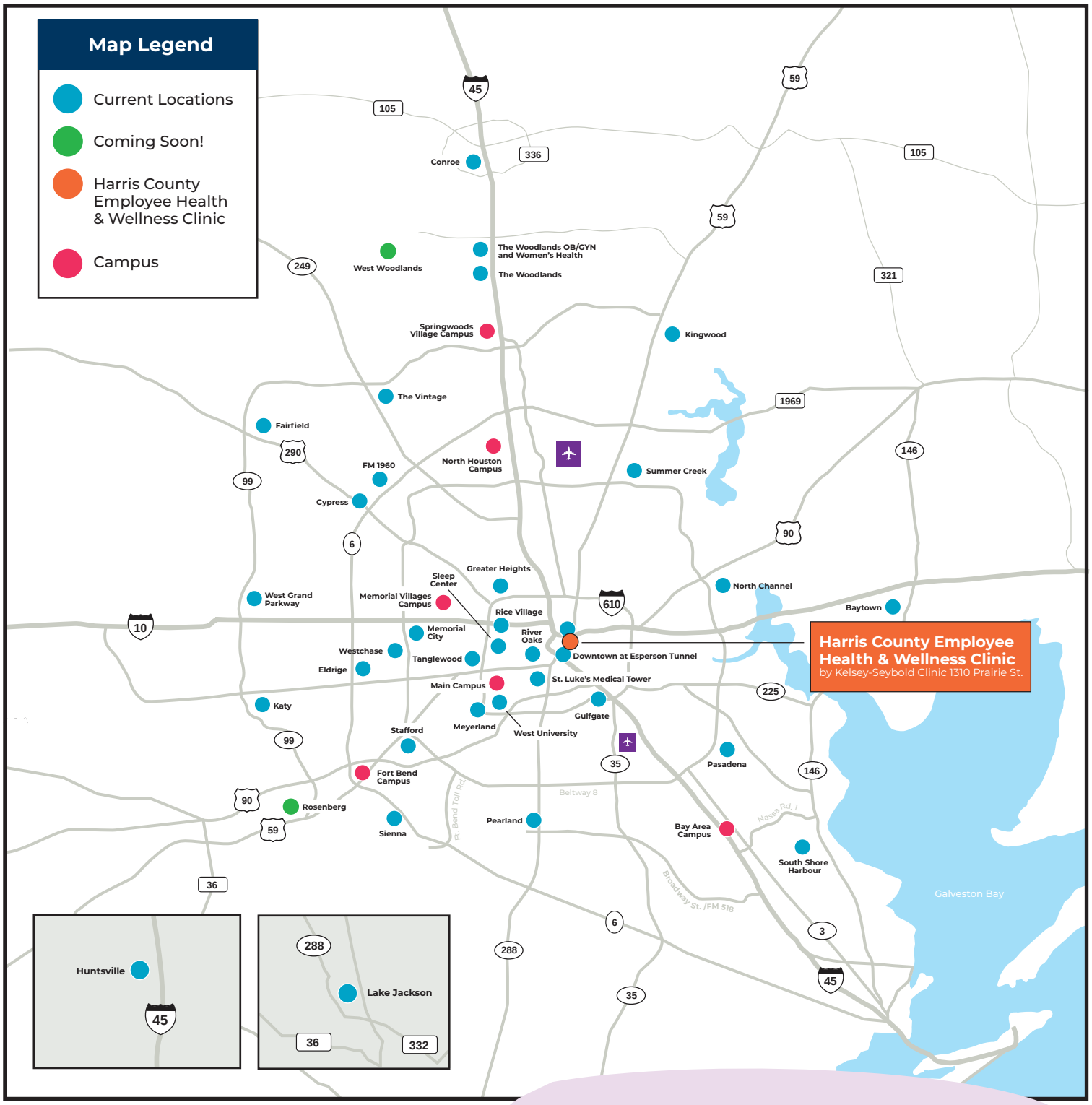
## Get Quality Care.

- **At Kelsey-Seybold, all your doctors and healthcare team are linked through your electronic health record.** With everything from primary care and specialist visits to labs and imaging under one roof, getting care is easier and more convenient.
- **You can use Houston's best hospitals**, like HCA Houston Healthcare, Houston Methodist, Memorial Hermann, St. Luke's Health, Texas Children's Hospital and The Woman's Hospital of Texas.
- **Get care anytime, anywhere.** You can have Video Visits (either on-demand or scheduled) and virtual E-Visits are available anytime, day or night, all year long.
- **Your special KelseyCare Concierge** gives you personal help with any questions you have about the services you need and more.

**Pick the KelseyCare ACO Plan for complete coverage, easy access, great convenience and top-quality care.**




*Dominikka Gearring, Kelsey-Seybold Clinic Staff*




With the KelseyCare ACO Plan, you can see any Kelsey-Seybold doctor at any location with no referral needed.

## Care When and Where You Need It

**Doctors Who Care for You**
Kelsey-Seybold doctors have expertise in 65+ medical specialties. Our culturally diverse team of clinicians speaks 35+ different languages.

**All in One Place**
Discover the convenience of having primary and specialty care, on-site labs, diagnostic services and more all in one location.

**After-Hours Nurse Hotline**
Kelsey-Seybold registered nurses provide answers and reassurance to help you get the care you need after regular business hours and on weekends and holidays. Call 713-442-0000.

**Saturday Appointments**
Saturday sick-care appointments are available at select Kelsey-Seybold locations from 9 a.m. to 2 p.m. Hours may vary by location. Visit kelsey-seybold.com for specific details.

**Nationwide Urgent Care Centers**
If you need urgent care, you have access to Aetna's nationwide, in-network urgent care centers.

**Virtual Care 365 Days a Year**
Choose VideoVisitNow (on-demand), schedule a Video Visit or start an E-Visit online. Virtual care is available with Kelsy-Seybold providers day or night, 365 days a year.

*Victoria Betancourt, District Clerk*

## Answers to Frequently Asked Questions

### Q. *Why should I choose the KelseyCare ACO Plan?*

**A.** With the KelseyCare ACO Plan, your providers are connected to each other and to you. You'll get highly personalized, coordinated care, plus a more streamlined healthcare experience. The focus is on keeping you healthy. Disease management programs for diabetes, coronary artery disease, high blood pressure and chronic obstructive pulmonary disease (COPD/asthma) are delivered by your Kelsey-Seybold doctors. Kelsey-Seybold Clinic is nationally recognized for delivering high-quality healthcare.

### Q. *Do I have to submit a claims form? What paperwork do I need?*

**A.** With the KelseyCare ACO Plan, your healthcare experience is streamlined. There are no claims forms to fill out or documents to attach. You don't need a referral to see a Kelsey-Seybold specialist. You'll pay a predictable copay for appointments with your providers.

### Q. *Do I get an insurance card?*

**A.** Yes! You will be issued a new membership/plan ID card for you and for each of your dependents.

### Q. *How do I choose a physician with the KelseyCare ACO Plan?*

**A.** Go to kelsey-seybold.com/bios to search for a physician by location, specialty, gender, languages spoken and other criteria. You can also search by a physician's last name and see and book the next available appointment with primary care providers and many specialists. For personalized assistance in finding a physician at a location that's convenient for you, call Kelsey-Seybold's Patient Help Line at 713-442-1233.

**Scan this code to get answers to more frequently asked questions and find out why the KelseyCare ACO Plan is a great way to get the most out of your healthcare with great coverage and benefits.**

# Monthly Premiums

Your employer continues to pay a significant portion of the cost for your healthcare coverage. Premiums shown below represent coverage for medical, prescription drugs, dental and vision. Premiums are monthly and will take effect January 1, 2025.

**BASE PPO**

| YOU PAY | | | HARRIS COUNTY PAYS | | TOTAL |
|---|---|---|---|---|---|
| $0 | You only | | $836.77 | | $836.77 |
| $236.25 | You + child(ren) | + | $1,232.13 | = | $1,468.38 |
| $262.50 | You + spouse | | $1,273.67 | | $1,536.17 |
| $420.00 | You + family | | $1,533.48 | | $1,953.48 |

**PLUS PPO**

| YOU PAY | | | HARRIS COUNTY PAYS | | TOTAL |
|---|---|---|---|---|---|
| $78.75 | You only | | $1,080.64 | | $1,159.39 |
| $393.75 | You + child(ren) | + | $1,615.26 | = | $2,009.01 |
| $472.50 | You + spouse | | $1,738.78 | | $2,211.28 |
| $630.00 | You + family | | $2,019.17 | | $2,649.17 |

**KelseyCare ACO**

| YOU PAY | | | HARRIS COUNTY PAYS | | TOTAL |
|---|---|---|---|---|---|
| $0 | You only | | $836.77 | | $836.77 |
| $236.25 | You + child(ren) | + | $1,232.13 | = | $1,468.38 |
| $262.50 | You + spouse | | $1,273.67 | | $1,536.17 |
| $420.00 | You + family | | $1,533.48 | | $1,953.48 |

**For enrollment steps, visit page 19.**

## Details on other services:

**27** Pregnancy & Postpartum

**28** Prescription Drugs

**30** Vision

**32** Dental


*Nayla Esquivel,*
*Tax Assessor-Collector*

# Eligibility & Enrollment

**How to proceed once you've selected the plan that's best for you.**

# Health Plan Eligibility

Unless otherwise noted, you and your dependents are eligible for the benefits described in this guide as long as you are benefits-eligible and are a department head, regular-position employee[1] or an elected/appointed official in Harris County.

## Dependent Eligibility

All covered dependents are enrolled in the same plan as the employee.

Documentation is required to support the eligibility status of each of your dependents. Documents sent to the Benefits Office in a foreign language must be accompanied by a certified English translation. Harris County is required by law to provide healthcare coverage for children identified on National Medical Support Notices.[2]

*Nekha Mathew, Universal Services; Nekha's daughter*

| WHO IS ELIGIBLE? | REQUIRED SUPPORTING DOCUMENTATION | ELIGIBILITY DETAILS |
|---|---|---|
| **Spouse** | • Copy of a filed marriage certificate or certificate of informal marriage<br>• Documents written in a foreign language must be accompanied by a certified English translation | • Coverage ends on the last day of the month if the employee passes away. |
| **Biological child** | • Birth Certificate or other court document listing the employee as the parent of the child<br>• A Verification of Birth Facts or birth record may be submitted up to age 5. A Birth Certificate is required for children 5 and older. | • Coverage available up to age 26. Coverage ends on the last day of the month in which the dependent turns 26.<br>• Coverage ends on the last day of the month if the employee passes away. |
| **Adopted child** | • Certified copy of court order or paperwork placing child in employee's home | • Coverage available up to age 26. Coverage ends on the last day of the month in which the dependent turns 26.<br>• Coverage ends on the last day of the month if the employee passes away. |
| **Stepchild** | • Birth Certificate or other court document listing the employee's spouse as the parent of the child<br>• Copy of a filed marriage certificate of the employee and parent of the child | • Coverage available up to age 26. Coverage ends on the last day of the month in which the dependent turns 26.<br>• Coverage ends on the last day of the month if the employee passes away. |
| **Grandchildren** | • Certification of Financial Dependency form (request by email, benefits@harriscountytx.gov or call 713-274-5500)<br>• Birth Certificate of the grandchild<br>• Birth Certificate of the grandchild's mother or father to prove relationship to employee | • Grandchild must be related to the employee by birth or adoption.<br>• Cannot be employee's step-grandchild.<br>• Grandchild must be claimed as a dependent on the employee's federal tax return every year to remain on the plan.<br>• Grandchild audits occur every June.<br>• Coverage available up to age 26. Coverage ends on the last day of the month in which the dependent turns 26.<br>• Coverage ends on the last day of the month if the employee passes away. |
| **Foster child** | • Foster care placement agreement between the employee and Texas Department of Family & Protective Services or its subcontractor | • Coverage available up to age 18. Coverage ends on the last day of the month in which the dependent turns 18.<br>• Coverage ends on the last day of the month if the employee passes away. |
| **Legal custody or guardianship** | • Court documents signed by a judge that grant permanent legal custody or permanent legal guardianship to the employee | • Coverage available up to age 18. Coverage ends on the last day of the month in which the dependent turns 18.<br>• Coverage ends on the last day of the month if the employee passes away. |
| **Disabled children age 26 and over** | • Contact Benefits & Wellness to obtain the forms you and the doctor will complete and return to Aetna. A determination for your request to continue coverage will be communicated by Aetna to you and Harris County. | • Dependent children who are determined to be totally disabled according to the Social Security Administration Office are eligible.<br>• Includes disabled children of employee or employee's spouse who became disabled before age 26 and have been continuously covered.<br>• Coverage ends on the last day of the month if the employee passes away. |

Failure to drop dependents after a divorce finalized by court may be considered insurance fraud and may result in a referral to the District Attorney's office for investigation. Any employee committing insurance fraud will be liable to reimburse Harris County for claims activity.

[1]A regular-position employee is defined as "an employee hired for an indefinite period and regularly scheduled to work at least 32 hours per week." Please see Section 9 of the Harris County and Harris County Flood Control District Personnel Policies & Procedures for more information.

[2]Upon receipt of a Medical Support Notice from the Texas Attorney General or presiding court, or upon receipt of any similar such legal mandate by a court or agency having jurisdiction over the County, the County must comply with any such directive, subject to the terms of our plans. Such directives may not be overturned except through revised documentation received from the applicable agency overturning any prior directives. No refunds will be issued.

# Enrollment & When to Enroll

It's important to carefully consider the benefit options available to you and your dependent(s) as there are only three opportunities to select your coverage or make changes to your benefits.

### 1. WHEN YOU'RE HIRED

Benefits begin on the first day of the month following 45 days of continuous employment as a regular-position employee unless a County policy in effect at the time specifies a different period. If you are already covered as a dependent on the Harris County health plan by a parent or spouse, that coverage will cease when your coverage goes into effect. You may not waive your own coverage to remain on your parent's or spouse's plan.

### 2. DURING OPEN ENROLLMENT

This is a great time to review benefits and make any needed updates. You can change your benefit choices, add and/or drop dependents.

- For the 2025 plan year, the Open Enrollment period is November 1 – 15, 2024. Please ask your Benefits Coordinator for your department's specific deadline. If you are adding dependents, please provide your Benefits Coordinator with the necessary documentation when you return your completed open enrollment worksheet.
- If you don't make any changes, your current benefits will stay the same. If you do plan to add and/or drop dependents or change plans during Open Enrollment, they will take effect January 1, 2025.

### 3. AFTER QUALIFIED LIFE EVENTS

Life happens, and your benefits plan has the flexibility to adjust with you. When you experience a qualified life event, contact your Benefits Coordinator to submit your change request within the same calendar year the event takes place unless otherwise noted.

The following are qualified life events that allow you to make changes to your benefits:

- Marriage
- Divorce — must submit changes within 60 days to avoid forfeiture of COBRA rights
- Birth
- Adoption or placement of a foster child
- Death
- Spouse and/or dependent gains or loses coverage through employment or other insurance provider
- Significant change in the financial terms of health benefits provided through a spouse's employer or another carrier
- Unpaid leave of absence taken by employee or spouse
- Changing a dependent daycare provider or having a significant increase or decrease in provider payment
- Change in Medicare or Medicaid eligibility status
- Loss of State Children's Health Insurance Program (SCHIP), but not gain of SCHIP benefits

## Coverage for Newborns

Aetna provides automatic coverage for newborns of mothers insured by the plan for the first 31 days from the date of birth. For your newborn to remain covered beyond 31 days, you must add him/her to the plan. If you add your newborn to your plan after 31 days, coverage will not be retroactive to the date of birth, and you will be responsible for the medical claims incurred during the uncovered period.

# Get the Most from Your Benefits

**Take advantage of coverage opportunities while also keeping your costs down.**


*Keith Richard, Commissioner Precinct 1*

# Using Your Medical Plan

We want you to get the care you need and also save money. Obviously, if there's a true emergency, get to your hospital's emergency room as quickly as possible. But some people make the mistake of going to the emergency room or an urgent care facility for minor illnesses, and doing so can cost you money.

Use this chart as a guide to know where to go for different kinds of illnesses and injuries:

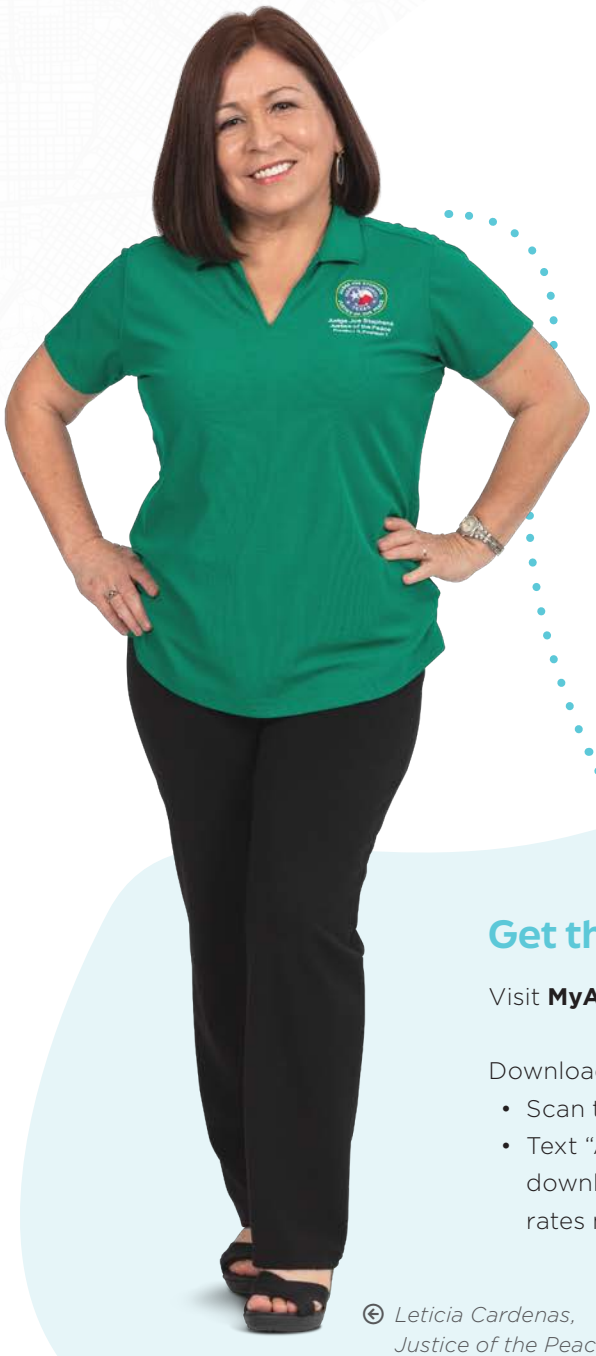

| | EMPLOYEE CLINIC | AETNA TELADOC | DOCTOR'S OFFICE | URGENT CARE | EMERGENCY ROOM |
|---|---|---|---|---|---|
| What is the visit for? | Routine or preventive care, non-urgent care and to manage a condition | Minor illnesses and injuries<br><br>teladoc.com/Aetna<br>1-855-835-2362 | Routine or preventive care, non-urgent care and to manage a condition | Urgent but not serious or life-threatening | Immediate treatment for a serious or life-threatening situation |
| What is the wait? | Same-day appointments Monday, Thursday & Friday 7:30 a.m. – 4:30 p.m. | Appointment typically in an hour or less | Appointment typically required | No appointment, wait times vary | No appointment, but could take hours for care |
| What is the cost? | FREE<br>$0 | $<br>$15 – $40 | $<br>$15 – $40 | $ $<br>$50 | $ $ $<br>$300 |

Comparison is based on in-network services. Cost represents your copay based on your plan and service type — Base PPO, Plus PPO or KelseyCare ACO; non-specialist or specialist visit. For specific copay amounts, see pages 7 – 10.

This summary is intended for reference purposes only. Always use your best judgement when seeking treatment for you and your family.

## Aetna Concierge

Healthcare is personal and full of tough questions. Call one number for all of your needs, **800-228-6481**, Monday through Friday, 8 a.m. to 8 p.m. local time. Your Aetna Concierge is here for you. They'll listen, understand your needs and find solutions that are right for you. Plus, it's included in your plan, so there's no added cost.



# Your Benefits, Your Way

## Manage your healthcare at home or on the go.

### Stay on top of your benefits

- Review your benefits and what's covered
- Track your spending
- View and pay claims on your member website
- See your ID card online
- Get cost info before you get care[1]

### Connect to care

- Find in-network providers, including virtual care
- Locate walk-in clinics and urgent care centers near you
- See reviews of providers

## Get the Aetna Health℠ App Today

Visit **MyAetnaWebsite.com** to register for your member website.

Download the Aetna Health℠ app:

- Scan the QR code.
- Text "AETNA" to 90156 to receive a download link. Message and data rates may apply.[2]

*Leticia Cardenas, Justice of the Peace 3-1, Pct. 3, Place 1*

[1] Estimated costs are not available in all markets or for all services. We provide an estimate for the amount you would owe for a particular service based on your plan at that very point in time. It is not a guarantee. Actual costs may differ from an estimate for various reasons. including claims processing times for other services, providers joining or leaving our network or changes to your plan. Health maintenance organization (HMO) members can only get estimated costs for doctor and outpatient facility services.

[2] Terms and Conditions: Aet.na/Terms. Privacy Policy: Aetna.com/legal-notices/privacy.html. By texting 90156, you consent to receive a one-time marketing automated text message from Aetna® with a link to download the Aetna Health℠ app. Consent is not required to download the app. You can also download by going to the Apple® App Store® or Google Play®.

# Understanding In-Network vs. Out-of-Network

Whether you choose the Base or Plus PPO medical plans, the coverage is through the Aetna Choice POS II (Open Access) network. It's a large network of providers and facilities covering almost every medical service you may need.

Yet a great benefit of your healthcare plan is that you aren't limited to in-network providers. You always have the choice to decide when, where and how to receive medical care. So if you prefer to select a primary care physician (PCP) or other provider who isn't part of the network, you always have that freedom. Just be aware that if you use an out-of-network provider or facility, you will be responsible for paying the difference between the covered amount and the amount charged by the provider/facility.

## In-Network Only!

**Bariatric Surgery**
**Dialysis**
For these services, you will be responsible for the entire cost if you use an out-of-network provider/facility.

### Your Best Value

We want you and your dependents to have the care you need, so considerable effort has been made to ensure that the network offers a wide range of qualified choices. When you select an in-network provider or facility, you'll get the lowest costs. The County will save money, too.

To see if a provider or facility is part of the network, go to **aetna.com** or use the Aetna Health℠ app.

*Joann Palanco, Roseline Onwuchuruba, Jalisa Anthony and Dominikka Gearring, Kelsey-Seybold Clinic Staff*

# Additional Services & Program Info

## Getting an MRI, CT Scan or PET Scan

### What you need to know

When your doctor orders a high-tech imaging procedure — such as an MRI, CT scan or PET scan — for you or a family member, it may seem overwhelming. But it doesn't have to.

To help you understand the process, we've outlined the steps below. The goal is to ensure you get the test or procedure you need without paying more than you have to. There are three steps in the process, each described in more detail below:

**1) Getting preapproval for the procedure**
**2) Choosing a facility**
**3) Scheduling the procedure**

### Step 1: Get preapproval

To be sure the procedure ordered for you is the right one for your unique needs — and that it's covered by your medical plan — it must first be preapproved by Aetna®. This process is called "precertification."

**The precertification process includes:**

- Confirmation of member eligibility and the availability of benefits
- An assessment of medical necessity
- The identification of members for pre-service discharge planning and the identification and referral of members to specialty programs
- A determination of coverage and the communication of coverage decisions to treating practitioners, members and/or member authorized representatives/representatives

If your doctor is part of the Aetna network, they'll handle this preapproval process for you. There's nothing more you need to do. Your doctor's office will contact you once the procedure is approved. Or they'll offer another recommendation if it's not approved. You should also receive a letter from Aetna in the mail.

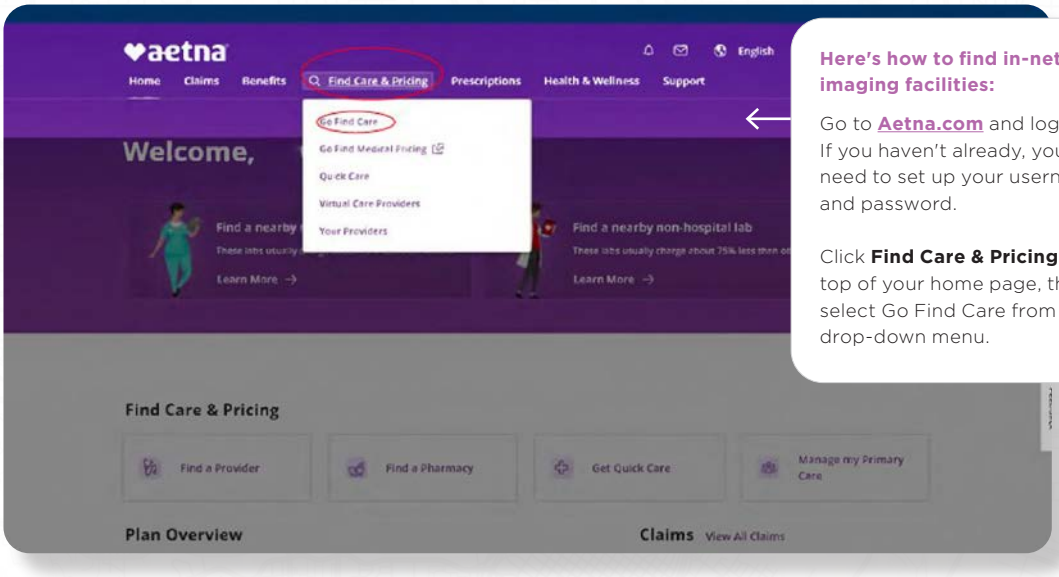
It may take up to five business days for your procedure to be reviewed, depending on whether more information is needed.

### What is eviCore?

Aetna works with a third-party vendor, eviCore, as part of the precertification process. Their medical experts are highly specialized and review all high-tech imaging requests using the most current medical and technology guidelines. Their goal is to ensure that the test or procedure ordered is the best option for you. If needed, they'll contact your doctor for more information.

## Step 2: Choose a facility

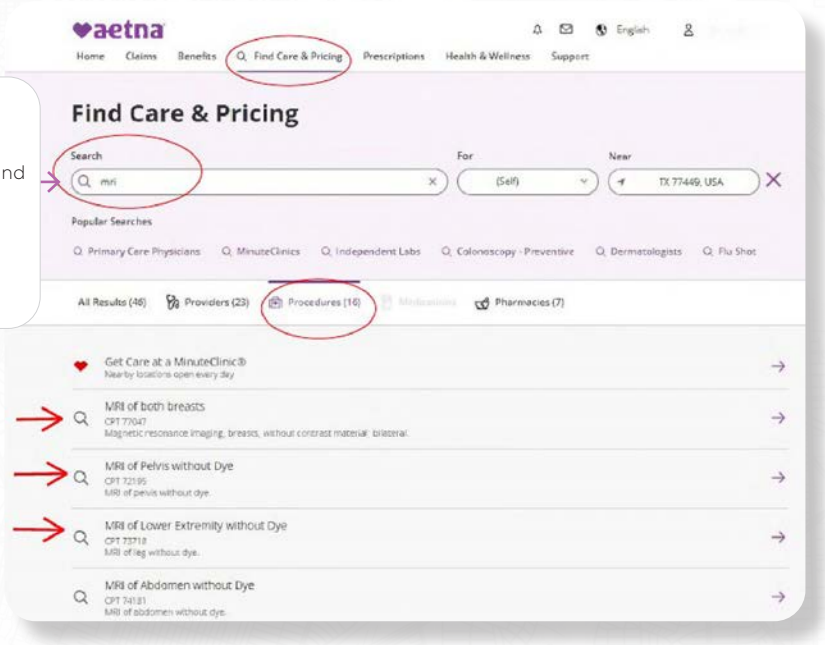
Where you get your high-tech imaging procedure can greatly impact cost, including how much you'll have to pay out of your own pocket. You can see your in-network options by using the provider search tool on Aetna.com. Staying in your plan's network for care will always cost less.



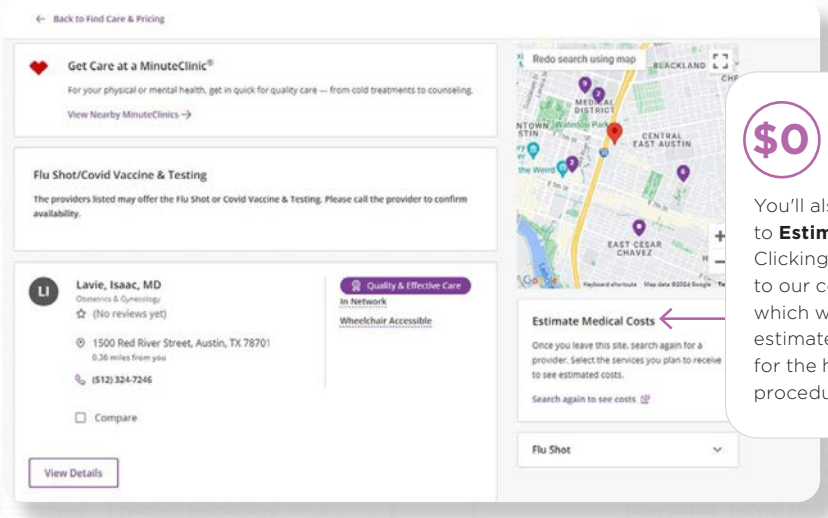

**Here's how to find in-network imaging facilities:**

Go to **Aetna.com** and log in. If you haven't already, you'll need to set up your username and password.

Click **Find Care & Pricing** at the top of your home page, then select Go Find Care from the drop-down menu.




In the search bar, enter the procedure you need, for example, MRI, what it's for, and your city/state or ZIP code. Then, narrow your search even more from the list of procedures that's displayed.



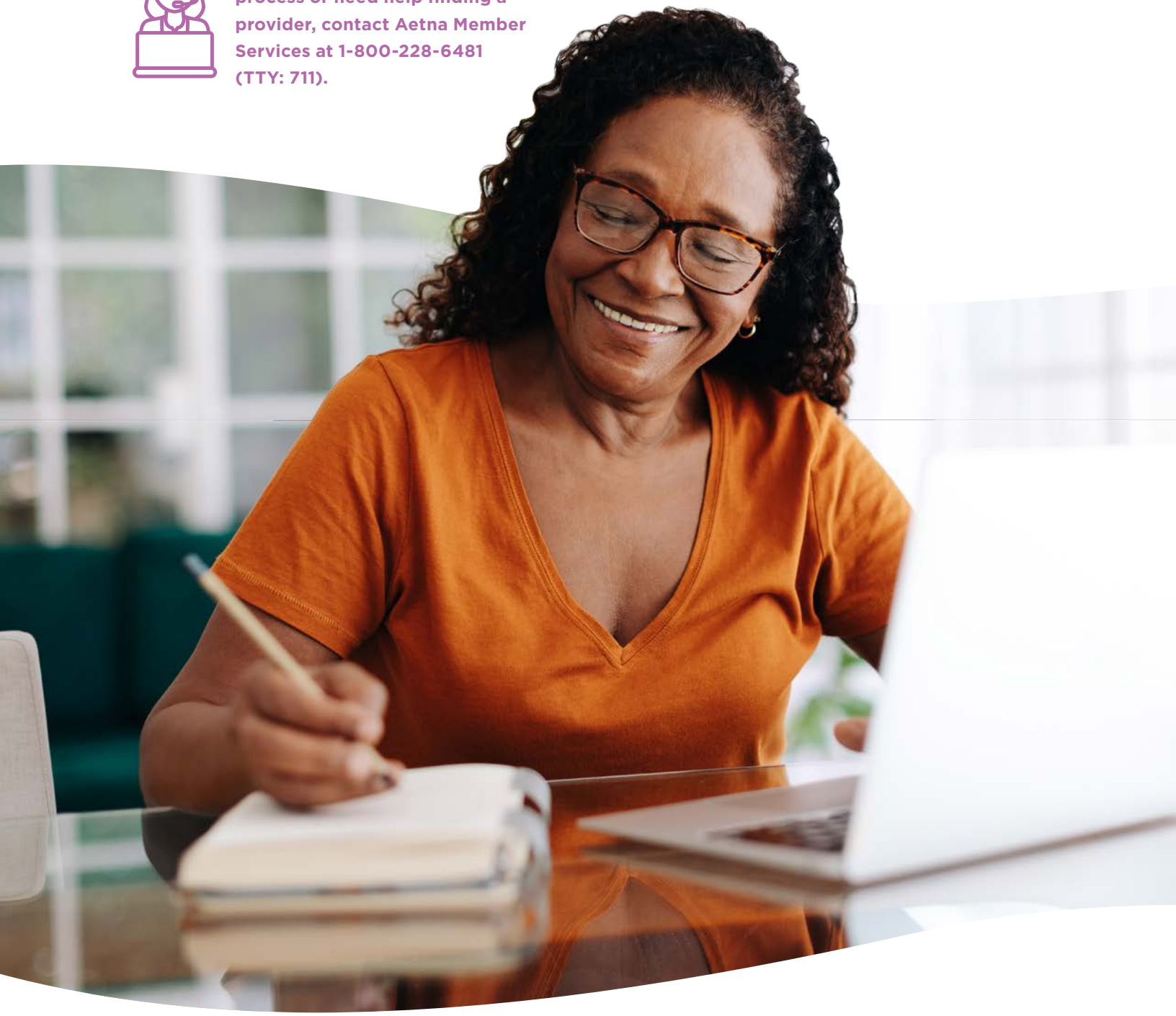

**$0 Maximum Savings. 100%, No Deductible, No Copay.**

You'll also see the option to **Estimate Medical Costs.** Clicking here will take you to our cost estimator tool, which will give you an estimate of what you'll owe for the high-tech imaging procedure you need.

## Step 3: Schedule your procedure

That's it! You're ready to make your appointment. The facility will ask for your precertification number from Aetna, and you'll also need the prescription or order from your doctor.

**If you have questions about this process or need help finding a provider, contact Aetna Member Services at 1-800-228-6481 (TTY: 711).**



# Pregnancy & Postpartum

## Finding Care for You & Your Baby

When you're expecting, there's more to do than choose a name. Fortunately, programs are available to help you prepare for everything from changes in your body and lifestyle to finding a pediatrician.

### Enroll in the Aetna Enhanced Maternity Program™

Exciting changes are coming your way with the Aetna Enhanced Maternity Program. It's included in your Aetna plan, and you can count on us to support you throughout your entire pregnancy journey. Rest assured that you're getting support and resources at no extra cost to you.

- Learn about what to expect before and after delivery, early labor symptoms, newborn care and more.
- Receive phone-based genetic counseling and screening as well as convenient, confidential and cost-effective genetic testing.
- Make informed decisions throughout your pregnancy.
- Receive advice on lowering your risk for early labor.
- Learn how to cope with postpartum depression.

**Call Aetna at 800-228-6481 to enroll as soon as you know you are pregnant.**

### Breastfeeding Supplies & Support

You're eligible for a breast pump covered at 100% from an in-network Durable Medical Equipment supplier. To qualify for coverage you must have one of the following claims:

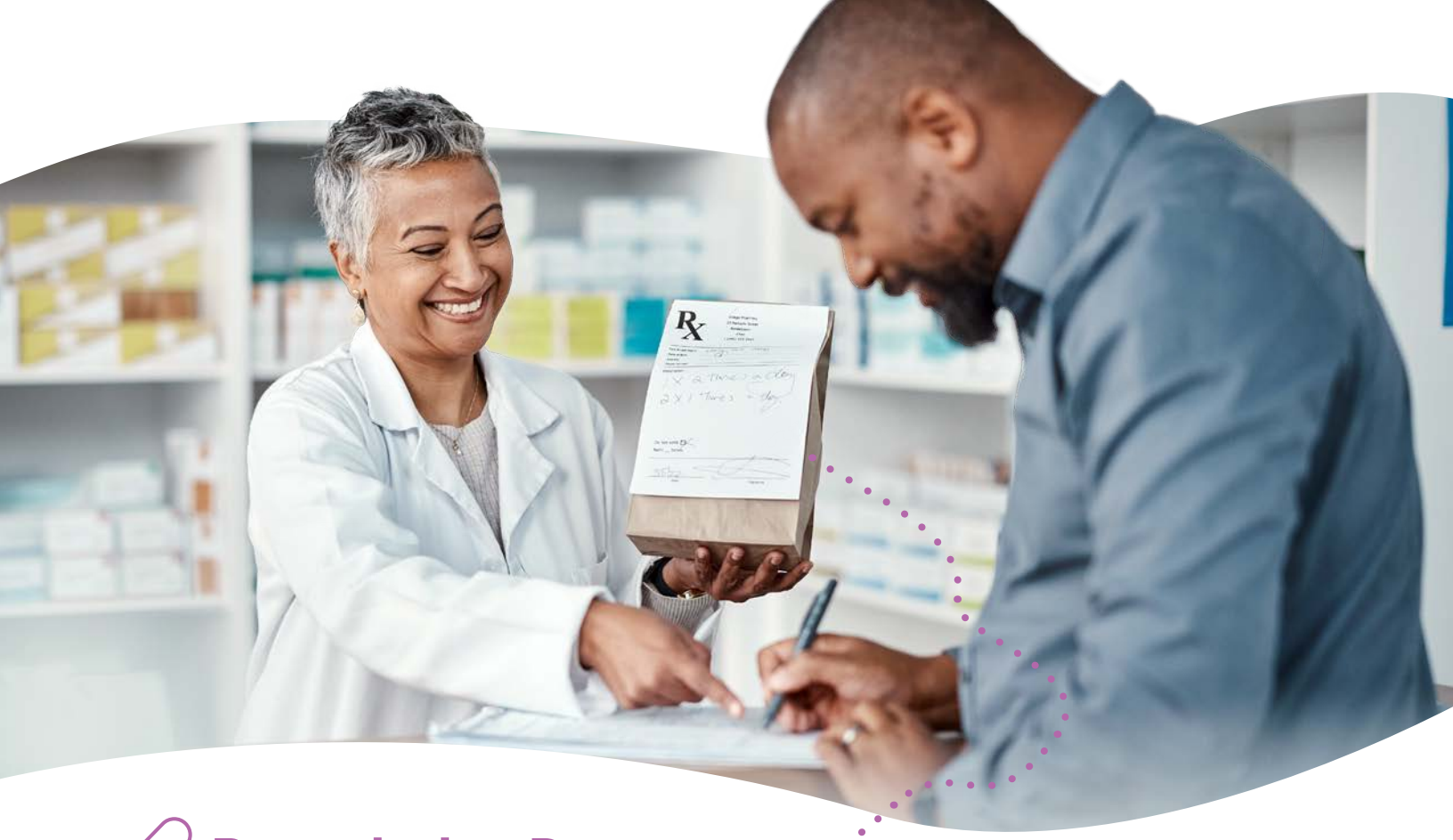
- Claim with a pregnancy diagnosis
- Delivery claim
- Lactation claim

Durable Medical Equipment providers may require a prescription when ordering your breast pump. Contact Aetna at 800-228-6481 to obtain a list of National Durable Medical Equipment providers.

**Lactation support classes are preventive and covered at 100%.**

*Victoria Betancourt, District Clerk*

*Kauisha Smith, District Attorney's Office*



# Prescription Drugs

Prescription drug coverage is included in your medical plan and is provided by Aetna. Aetna has a 4-tier prescription drug program that divides covered medications into tiers or coverage/cost levels. Typically, the higher the tier, the greater the cost of the medication.

| YOUR PRESCRIPTION MEDICATION COSTS | | |
|---|---|---|
| | **RETAIL** | **HOME DELIVERY / 90-DAY RETAIL** |
| **Tier 1 — Generics** | 25% min $5 / max $50 | 25% min $10 / max $100 |
| **Tier 2 — Preferred Brands** | 30% min $25 / max $150 | 30% min $50 / max $300 |
| **Tier 3 — Non-Preferred Brands** | 35% min $50 / max $250 | 35% min $100 / max $500 |
| **Tier 4 — Specialty Medications** | 30% min $75 / max $350 | – |

## Know What's Covered & Estimate Your Cost

Medications can be reclassified in different tiers, so whether you have a new prescription or one you take regularly, it's wise to determine if your medication is covered and at what tier. You can also estimate your costs in advance if you're purchasing at an in-network pharmacy or through Aetna's CVS Caremark® Mail Service Pharmacy.

**To see if your medication is covered:**
Download the Aetna Standard Plan and Preventive Generic List at **benefitsathctx.com**.

**To find an in-network pharmacy & estimate the cost of your medication:**
Log in (or register) at **aetna.com** or use the Aetna Health℠ mobile app.

**Questions?**
Talk with a Aetna representative at **800-228-6481**.

# Prescription Drugs — Key Terms to Know

### No-Cost Preventive Generic Medications

Preventive medications are used to prevent conditions like high blood pressure, high cholesterol, diabetes, asthma, osteoporosis, heart attack, stroke and prenatal nutrient deficiency. Harris County and Aetna cover certain preventive generic medications at 100%, or no cost ($0) to you.

### 90-Day Prescription Refills

You can fill your maintenance medication in a 90-day or 30-day supply at a retail pharmacy. Aetna offers a retail pharmacy network that gives you more choices for where you can fill your 90-day prescriptions. Some major pharmacies include CVS, Walmart, H-E-B and Kroger. Log in at **aetna.com** or use the Aetna Health℠ mobile app to compare costs and find a nearby, participating retail pharmacy.

### Prior Authorization

Under your plan, certain medications need approval from Aetna first before they're covered. These medications have a (PA) next to them on your drug list and will only be covered by your plan if your doctor requests and receives approval from Aetna. Types of medications that typically need approval are those that:

- May be unsafe when combined with other medications
- Have lower-cost, equally effective alternatives available
- Should only be used for certain health conditions
- Are often misused or abused

For medications, prior authorizations are typically handled by your doctor's office, which will work directly with Aetna. Aetna will then contact you with the results to let you know if your drug coverage has been approved or denied, or if they need more information.

## Specialty Medications

Specialty medications are used to treat complex conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis.

### PrudentRx

CVS Caremark® has collaborated with PrudentRx exclusively for a program that may help you save money when you fill eligible specialty medications.

### How It Works

A PrudentRx trained member advocate will be able to assist you through a high-touch, proactive engagement process to facilitate enrollment and help you obtain non-need-based manufacturer assistance where applicable.* Participating members will have a $0 out-of-pocket cost on eligible specialty medications!

* Not all specialty prescriptions offer manufacturer assistance. Eligibility for third-party copay assistance program is dependent on the applicable terms and conditions required by that particular program and are subject to change. Copay assistance program may not be used with any federal healthcare program.

# Vision

A variety of vision benefits are provided by Davis Vision to all members covered by Harris County's medical plan. This is only a summary of benefits. For a complete list of benefit details, please refer to Harris County's Certificate of Coverage or your Member Welcome Kit.

| BENEFITS SUMMARY | |
|---|---|
| **Services/Products** | **IN-NETWORK** |
| **Frequency of Services** (Exams/Lenses/Frames) | Once every calendar year |
| **Copayments** (Exams/Lenses) | $10 / $25 |
| **Frames**<br>- Allowance<br>- Visionworks<br>- The Exclusive Collection[1] | $150 allowance<br>Fully covered frames[2]<br>Fully covered frames |
| **Covered Lenses Options** | Clear plastic, single-vision, lined bifocal, trifocal or lenticular lenses. Tinting, scratch-resistant and kids' polycarbonate lenses are also covered. |
| **Contact Lenses** (in lieu of eyeglasses)<br>- Allowance<br>- The Exclusive Collection[1] | $150 allowance<br>Fully covered up to:<br>4 boxes for planned replacement<br>8 boxes for disposable lenses |
| **Contacts Fitting Fee**<br>- Standard<br>- Specialty<br>- The Exclusive Collection[1] | 15% discount[3]<br>15% discount[3]<br>Fully covered |
| **LASIK** | $300 lifetime allowance |

[1]The Exclusive Collection is available at participating provider locations and is subject to change.

[2]The fully covered frames benefit is available at all Visionworks locations nationwide and includes all frames except Maui Jim eyewear.

[3]Additional discounts not applicable at Walmart, Sam's Club or Costco locations.

## Out-of-Network Benefits

You'll get the greatest value and maximize your benefit dollars by using an in-network provider, but reimbursements are available as follows if you receive services from an out-of-network provider:

Eye Examination: **$35**
Frames: **$70**
Single-Vision Lenses: **$25**
Bifocal/Progressive Lenses: **$40**
Trifocal Lenses: **$45**
Lenticular Lenses: **$80**
Elective Contact Lenses: **$80**
Visually Required Contacts: **$150**

*Jessica Barelas, Purchasing*

### **Fully Covered:** Frames at Visionworks

As a Davis Vision member, you have access to over 750 Visionworks stores, which offer the industry's largest in-store frames assortment. With an average of 2,000 frames per store, you'll find the right shape, style, color and brand for you at no out-of-pocket cost. Members also receive 50% off additional pairs of eyewear.

### **Fully Covered:** Frames from The Exclusive Collection

The Exclusive Collection can be found at nearly 9,000 independent provider locations nationwide. These frames are available to you for no out-of-pocket cost and include options that have retail values of up to $195. To find an Exclusive Collection provider near you, log in to the mobile app or at **davisvision.com/member.**

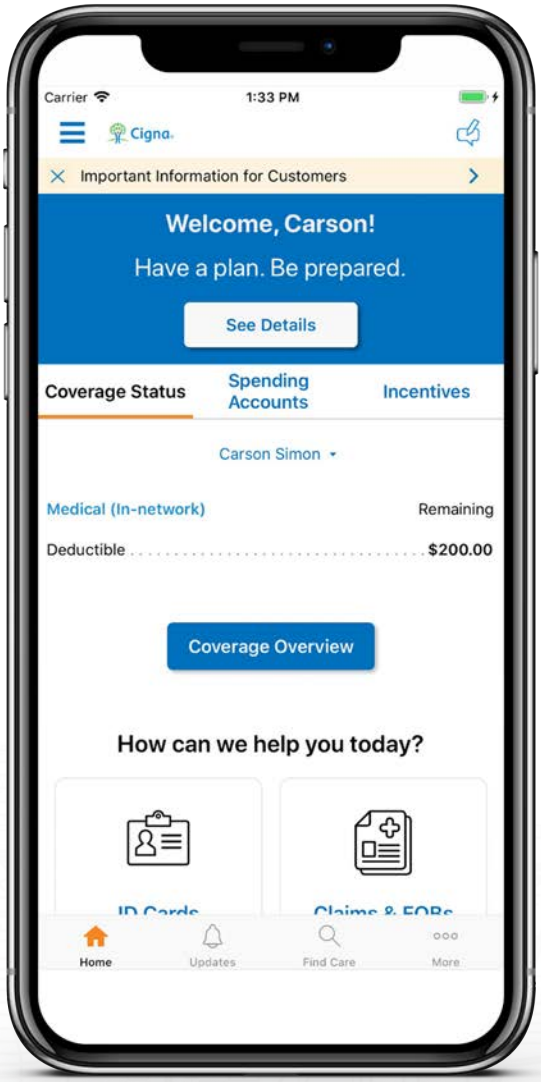
### **Fully Covered:** Contacts from The Exclusive Collection

Available at participating provider locations, The Exclusive Collection of contact lenses features many popular brands and is fully covered along with fitting and follow-up care.

# Dental

Dental benefits are provided by Cigna to all members covered by Harris County's medical plan.

- You can choose to use any licensed dentist, though you'll get the biggest savings if you use a dentist in the Cigna dental network. You can also see a specialist without a referral.
- The amount your plan pays depends on:
  - The coinsurance level for the service you received
  - Which dentist you visit — in-network or out-of-network
  - If you've paid your deductible and/or reached your maximum benefit
- Once you reach the plan's maximum annual benefit, your plan will no longer pay a portion of your costs during that calendar year.
- ID cards are not automatically mailed out and must be requested. For security, you will receive a generic ID card without your personal information listed.




## Get Started with myCigna:

To look for an in-network dentist, estimate the cost of care and more, use your myCigna account. If you haven't registered for a **myCigna.com** account, here's how:

1. Go to **myCigna.com** and select "Register."
2. **Enter your personal details** like name, address and date of birth.
3. **Confirm your identity** with secure information like your Cigna ID or Social Security number, or complete a security questionnaire. This will ensure only you can access your information.
4. **Create a user ID and password.**
5. **Review and submit.**

# Dental Summary of Benefits

| DENTAL COVERAGE SUMMARY | |
|---|---|
| **Services/Products** | **IN-NETWORK / OUT-OF-NETWORK**[1] |
| **Deductible** (calendar year)<br>Individual<br>Family | <br>$50<br>$150 |
| **Maximum Benefit** (calendar year)<br>Applies to Class I, II, III, VII, IX expenses | $1,750 |
| **BENEFIT HIGHLIGHTS** | **YOU PAY** |
| **Class I: Diagnostic & Preventive**<br>Oral Evaluations, Routine Cleanings, X-rays (routine, non-routine), Fluoride Application, Sealants (per tooth), Space Maintainers (non-orthodontic) | No charge<br>No deductible |
| **Class II: Basic Restorative**<br>Emergency Care to Relieve Pain, Restorative (fillings), Periodontics (minor and major), Oral Surgery (minor and major), Anesthesia (general and IV sedation), Repairs (bridges, crowns, inlays, dentures and denture relines), Rebases and Adjustments | 20% + deductible |
| **Class III: Major Restorative**<br>Inlays and Onlays, Prosthesis over Implant, Crowns (prefabricated stainless steel/resin, permanent cast and porcelain), Bridges and Dentures | 50% + deductible |
| **Class IV: Orthodontia**<br>Lifetime Benefits Maximum of $1,500 (per covered member) | 50%<br>No deductible |
| **Class VII: Endodontics** | 20% + deductible |
| **Class IX: Implants** | 50% + deductible |

**6-month benefit waiting period for new employees and newly covered dependents on Class III, VII and IX procedures.**

[1]Reimbursement levels for in-network services are based on contracted fees. Reimbursement levels for out-of-network services are based on the maximum allowable charge.

**100%**
**REIMBURSEMENT**

## Cigna Oral Health Integration Program

Enhanced dental coverage is available for plan members with the following medical conditions: diabetes, heart disease, stroke, head and neck cancer radiation, organ transplant, chronic kidney disease and pregnancy. Members who qualify can get 100% reimbursement of their coinsurance for certain related dental procedures along with additional benefits. To enroll, log in at **myCigna.com** or call Cigna at **800-244-6224.**

*William Stewart & Raheem Stevens, Human Resources & Risk Management*

# Supporting Your Wellbeing

**Your Harris County medical benefits include a variety of programs that can help you improve your health and quality of life as well as save you money.**

# Employee Wellness

Become a healthier you by taking advantage of these programs, services and incentives. It is the mission of Harris County Employee Wellness to promote the wellbeing of employees through initiatives that:

- Encourage healthy habits
- Educate on factors and resources that improve quality of life
- Empower employees to take responsibility for their own health

## Featured Services & Programs

### Get Active

- Employee 5K
- Fitness classes and challenges
- Gym discounts

### Be Informed

- Mental Health First Aid
- Health education classes
- Awareness campaigns

### Stay Well

- On-site health services
- Health coaching
- Weight management

## How to Find Wellness Services & Information

**Online:**
benefitsathctx.com

**Email:**
wellness@harriscountytx.gov

**Phone:**
713-274-5500

**Social:**
benefitsandwellnesshctx
@benefitsandwellnesshctx
Harris County Benefits & Wellness

*Kyle Maronie, Public Health Services*

# Employee Health & Wellness Clinic

## By Kelsey-Seybold Clinic®

The Harris County Employee Health & Wellness Clinic provides routine care for both sick and well visits. If you are insured by the Harris County medical plan, you are eligible to use the services offered at this clinic. That also includes care for your dependents (18 years and older) covered by the County medical plan.

## Clinic Details

### Completely Confidential

Services at the clinic are provided by Kelsey-Seybold Clinic, an independent and respected healthcare company. As required by state and federal law, your health information is not shared with Harris County.

### Cost

$0 copay for sick care, in-person visit. There is no cost for a wellness exam or other type of preventive care. Lab services, if provided during your visit, are also included at no cost.

### Location & Hours

Harris County Employee Health & Wellness Clinic
1310 Prairie Street, 1st Floor
Houston, Texas 77002
Monday, Thursday & Friday: 7:30 a.m. – 4:30 p.m.

### 24/7 SCHEDULING

**713-442-WELL (9355)**
**myKelseyOnline.com**

Kelsey-Seybold Clinic does not accept traditional Medicare when Medicare is primary. If you have traditional Medicare as your primary coverage and wish to continue to see your Kelsey-Seybold physician, you must be enrolled in a Medicare Advantage plan that Kelsey accepts. The two Medicare advantage plans that Kelsey accepts are KelseyCare Advantage and Wellcare TexanPlus.

### Rx Delivery

Same-day delivery of prescription medications is available to any Harris County office in the 77002 ZIP code! There is a flat fee of $5/delivery (plus your copay) for this service.

**This clinic does not treat workers' compensation injuries.**

## The clinic is a convenient downtown resource for:

- Bronchitis, colds, sore throats and flu
- Cuts, scrapes, rashes and skin issues
- Back pain, muscle strains and sprains
- Headaches and earaches
- Eye issues
- Digestive issues
- On-site lab testing
- Prescriptions available
- Preventive care, including physicals and immunizations

# Employee Assistance Program

## Aetna Resources for Living

You balance a lot — work, home, family and more. You don't have to do it alone. Aetna Resources for Living is here to help you stress less and live more.

As an employee or retiree, EAP is provided by Aetna to you at no additional cost. These services are also available to family members living in your home, even if they are not on your insurance policy.

**For help and for information on any EAP service:**

- Call Aetna 24/7 at **833-657-2111**
- Log in **ResourcesForLiving.com**
  username: Harris County
  password: EAP

### Emotional Wellbeing Support

Access up to 8 counseling sessions per issue each year. You can also call us 24 hours a day for in-the-moment emotional wellbeing support.

Counseling sessions are available face to face, via televideo or chat therapy. Services are free and confidential.

### Legal Services

30-minute consultation with an attorney for topics such as family law, elder law and estate planning, real estate transactions, wills and other document preparation, and many other services.* If you opt for services beyond the initial consultation you can get a 25% discount. You also have free access to legal documents and forms on your member website.

*Employment-related legal issues are not covered.

### Financial Services

30-minute telephone consultation with a qualified specialist on topics such as budgeting, retirement or financial planning, credit and debt issues, and college funding. You can get a 25% discount on tax preparation services. You also have access to financial articles, calculators and a financial assessment on your member website.

### Identity Theft

One-hour fraud resolution phone consultation or coaching about ID theft prevention and credit restoration. Services include a free emergency kit for victims.

### Daily Life Assistance Program

Personalized guidance to find resources to support childcare, parenting and adoption, school and financial aid research, caregiver support and even resources to assist with your home repair.

# Help isn't just on the way — it's already here.

**Feeling stressed? Got something on your mind? Counseling can help with anything you need to talk about, including:**

- Developing coping skills
- Connecting with resources
- Stress/anxiety
- Depression
- Personal and work issues
- Grief and loss
- Work/life balance
- Decision-making
- Building self-care into each day

Your dedicated Harris County counselor offers flexible appointment times and meeting options such as virtual and in-person. They can also help you navigate your emotional well-being benefits and community resources.

Make an appointment with a dedicated Harris County counselor. It's free and confidential.

**Scan the QR code to schedule an appointment.**

The EAP is administered by Resources For Living, LLC. Services are free and confidential. No information regarding your participation is shared.

*Inocensia Moreno, District Courts*

# Legal Notices

**For questions or any information you haven't found in this guide, use the contact list on page 44 to get answers.**

## Plan Documents

The Summary of Benefits Coverage (SBC), provided separately from the Benefits Guide, summarizes the key features of our medical plans, including covered benefits, cost-sharing, coverage limitations and exceptions.

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

You may obtain a detailed description of coverage provisions including the Summary of Benefits Coverage (SBC) and the Glossary of Terms — both of which are available in English and Spanish — and/or the Summary Plan Document (SPD) from Human Resources & Risk Management (HRRM) Employee Benefits. They are also available on the Benefits & Wellness website at **benefitsathctx.com.**

You may obtain a printed copy of the SBC or the Glossary of Health Coverage and Medical Terms at no charge by contacting the Benefits & Wellness Division at **713-274-5500**, or toll free at **866-474-7475** and it will be sent to you within seven business days.

## Notice of Privacy Practices

This Notice describes how medical information about you may be used and disclosed and how you can request access to this information. Review it carefully.

This Notice is for participants and beneficiaries in the Plan.

As a participant or beneficiary of the Plan, you are entitled to receive this Notice of the Plan's privacy practices with respect to your health information that the Plan creates or receives (your "Protected Health Information" or "PHI"). Our "Notice of Privacy Practices" was updated to comply with new changes to the Health Insurance Portability and Accountability Act ("HIPAA") effective as of October 1, 2018.

This Notice is intended to inform you about how we will use or disclose your PHI, your privacy rights with respect to PHI, our duties with respect to your PHI, your right to file a complaint with us or with the Secretary of the United States Health and Human Services (HHS), and how to contact our office for further information about our privacy practices.

This Notice and the most updated Notice of Privacy Practices will be posted at **benefitsathctx.com**, or you may request a copy by calling **713-274-5500**.

## COBRA Notification Obligations

The federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) provides group health insurance continuation rights to employees, 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 employee, 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.

## Notice of Wellness Program Participation

Harris County wellness programs and services are voluntary and available to all insurance-eligible employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you may be asked to complete a voluntary health risk assessment or HRA that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes or heart disease). You may also be asked to complete a biometric screening, which will include a blood glucose and/or cholesterol test. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program and complete specific actions will be eligible for the 2026 Healthy Actions Incentive. Although you are not required to complete the specific actions, only employees who do so will receive the incentives.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Aetna at **800-228-6481**.

The information from your HRA and the results from your biometric screening, if applicable, will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as health coaching. You also are encouraged to share your results or concerns with your own doctor.

### Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Harris County may use aggregate information it collects to design a program based on identified health risks in the workplace, Harris County Employee Wellness will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is(are) a Aetna health coach(es) in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you promptly in accordance with state and/or federal law.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate. If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Director of Harris County Human Resources & Risk Management or the Director's designee (713-274-5000). If you have questions or concerns about disclosures of your health information, please contact the County Attorney's Office at 713-755-5101.

# 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. To be eligible for Harris County retiree health insurance, Medicare-eligible retirees and their Medicare-eligible spouses must enroll in Medicare Parts A and B. Medical benefits then become secondary to Medicare.

### Aetna Base & Plus PPO Plans:

Coordinates benefits with Medicare Parts A & B. Since Medicare is the primary insurance, it must pay benefits first before the Base or Plus PPO plan will pay benefits. The 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.

### Humana Medicare Advantage PPO & Prescription Drug Plan:

A Medicare Advantage plan pays in place of Medicare. The Humana Medicare Advantage plan covers all that Original Medicare covers plus additional benefits customized by Harris County in addition to prescription drugs. You are required to enroll in Medicare Parts A & B to be eligible.

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.

Active employees and their covered dependents who are eligible for Medicare may postpone enrolling in Medicare until the employee retires. Each employee 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 800-772-1213 if you have any questions concerning coordination of benefits between the Harris County Medical Plan and Medicare.

### Part D

Harris County Medicare eligible employees, retirees and covered spouses should NOT enroll in Part D — Medicare Prescription Drug Plan. Enrollment in a Medicare Prescription Drug Plan is voluntary, but Harris County's medical plans administered through Aetna (Base/Plus PPO) and Humana (Medicare Advantage) provide comprehensive prescription drug coverage.

*Marcus Johnson, Human Resources & Risk Management*

# 2024 Federal Income Tax Return

The Affordable Care Act requires Harris County to send an annual statement to all employees eligible for health insurance coverage describing the insurance available to them. The Internal Revenue Service (IRS) created Form 1095-C to serve as that statement.

This form will be mailed directly to your home address by the IRS deadline in early 2025.

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**What You Need to Do:**

1. Provide the required information. We need specific information on people enrolled in the health plan in order to provide you a complete 1095-C. If we do not have accurate Social Security numbers on every dependent, the IRS may impose a penalty for non-compliance.
2. Ensure that your mailing address is correct in the County's payroll system so that you can receive your 1095-C. Note that you are not required to have this form to file your 2024 taxes.

# Contacts

## Human Resources & Risk Management

### Benefits & Wellness

**713-274-5500**
**benefits@harriscountytx.gov**
**benefitsathctx.com**

Out-of-Area Toll-Free
**866-474-7475**

### Medical, Prescriptions, Employee Assistance Program

Aetna Member Services
**800-228-6481**
**aetna.com**

Dedicated Representatives
**713-274-5500**

KelseyCare ACO Plan
**713-442-7747**
**kelsey-seybold.com/harris-county**

Resources for Living – EAP
**833-657-2111**
**resourcesforliving.com**
Username: Harris County
Password: EAP

### Navigate — Wellbeing Program

**888-531-3197**
**info@navigatewell.com**
**harriscountywellbeing.livehealthyignite.com**

### Dental Coverage

Cigna Member Services
**800-244-6224**
**mycigna.com**

Dedicated Representative
**713-274-5500**

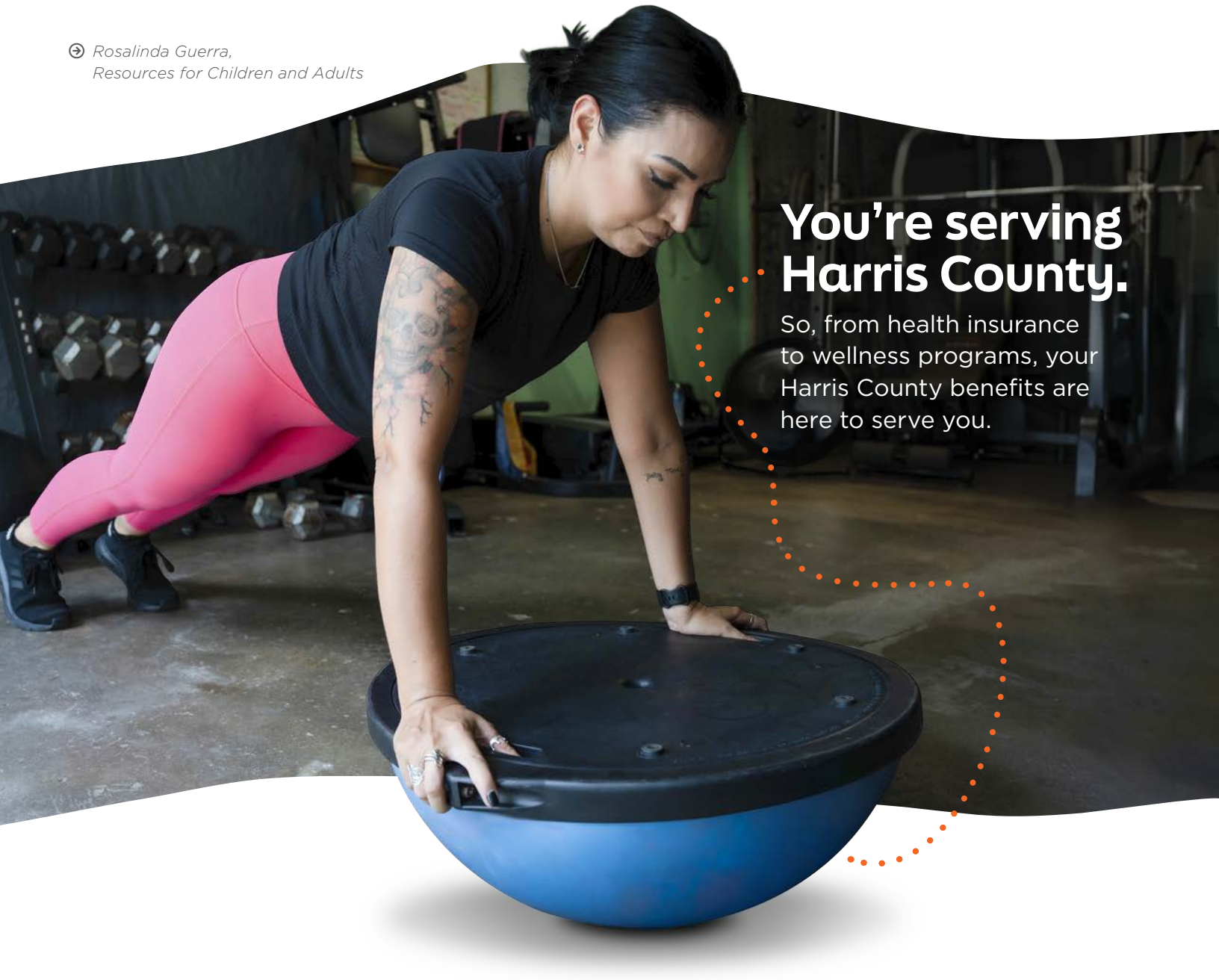
### Vision Coverage

Davis Vision
**800-999-5431**
**davisvision.com**

### Employee Health & Wellness Clinic

By Kelsey-Seybold Clinic
**713-442-9355**
**myKelseyOnline.com**

*Rosalinda Guerra,*
*Resources for Children and Adults*



# You're serving Harris County.

So, from health insurance to wellness programs, your Harris County benefits are here to serve you.

Harris County HRRM Human Resources & Risk Management

Benefits & WELLNESS


1111 Fannin St., 6th Floor
Houston, TX 77002

**Call: 713-274-5500**
**Email: benefits@harriscountytx.gov**
**Toll-Free: 866-474-7475**
**Fax: 713-274-5501**
**Web: benefitsathctx.com**