FIND YOUR BALANCE

Lubbock County

Employee Benefits
2022 Enrollment Guide

LUBBOCK COUNTY BENEFITS GUIDE

Welcome to your Lubbock County benefits! This guide provides a summary of your benefit options. We ask you to use the guide to navigate yourself in the right direction when selecting your benefits.

The key to getting the most value from your benefit package is to take an active role in understanding and utilizing the tools available to assist you in caring for yourself and your family.

COMMUNITY

Together We Are One

75 YEARS of GIVING PEOPLE HOPE
United Way
Lubbock Area United Way

Lubbock Meals on Wheels

Lubbock Arts Alliance
Art for All!

SOUTH PLAINS FOOD BANK
SPFB.ORG
Feeding the Future
FIGHTING FOR NOW
GIVING HOPE. ENRICHING LIVES. FIGHTING HUNGER.

Volunteer Center of Lubbock

FINANCIAL WELLNESS

Retirement Program

Employees are automatically enrolled in the Texas County District Retirement System.

How the Plan Works

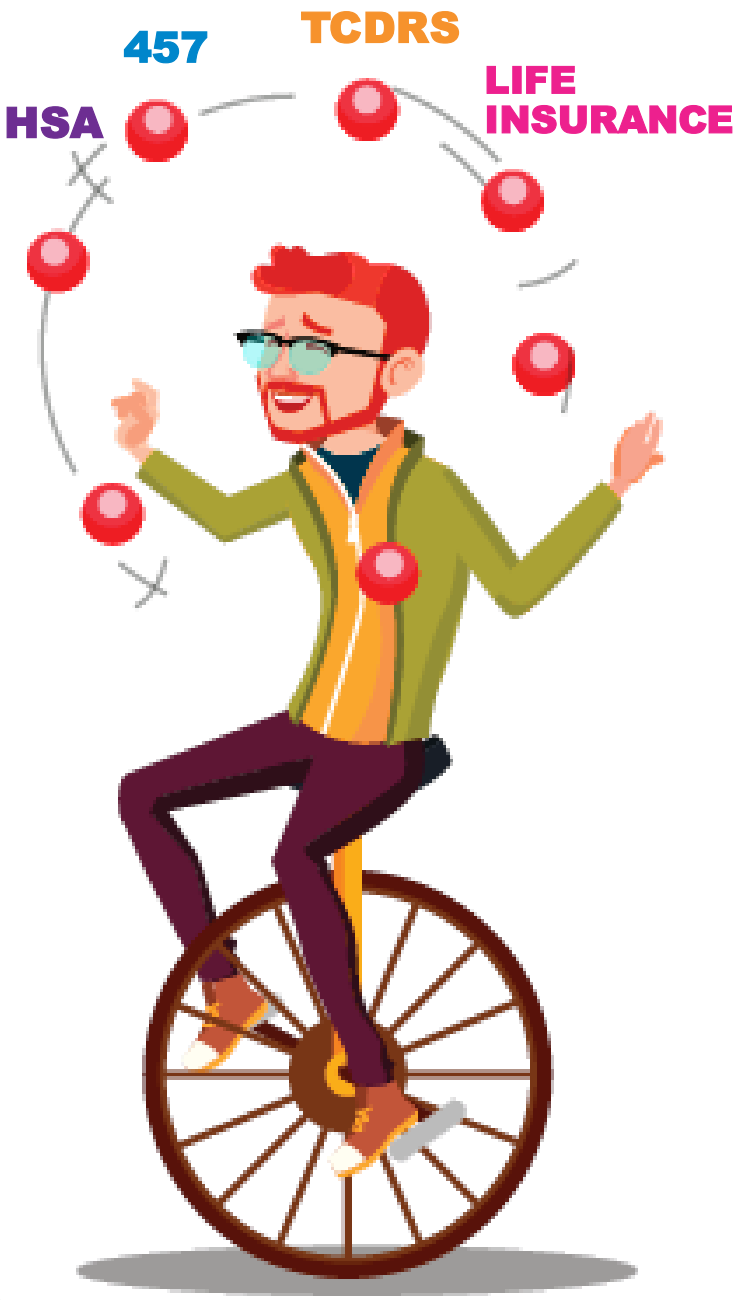
- You contribute 7% pre-tax each pay period into retirement account.
- Employer matching is 200%
- You earn 7% interest annually

Naming a Beneficiary

- You can designate a beneficiary by registering at www.TCDRS.org

Other Ways to Earn Service Time

- Proportionate Retirement Program
  - ERS (State of Texas)
  - JRS (Courts)
  - TRS (Schools)
  - TMRS (Select Cities)
  - COA (City of Austin)
- Military



FINANCIAL WELLNESS

Life Insurance

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

Lubbock County provides benefit eligible employees with a $40,000 basic life and $40,000 AD&D policy at no cost to you.

Coverage For	Coverage Available
Employee	Increments of $20,000 to a maximum of $500,000
Spouse	Increments of $20,000 not to exceed half of the employee election to a maximum of $250,000
Child(ren)	Birth to 6 months: $1,000 6 months to age 19: $10,000 Age 19 to 23 full-time student: $10,000

Supplemental Life and AD&D Insurance

Supplemental Life and AD&D Insurance Rates	
Age Band	**Life Bi-weekly Rate/$1,000**
<25	$0.028
25-29	$0.033
30-34	$0.042
35-39	$0.051
40-44	$0.070
45-49	$0.107
50-54	$0.180
55-59	$0.300
60-64	$0.462
65-69	$0.887
70+	$1.436
Age Band	**Life Bi-weekly Rate/$10,000**
Child(ren) (6 months to 19 and full-time students less than 23)	$0.924

	AD&D Rate/$1,000
BI-WEEKLY CONTRIBUTIONS	
Employee Only	$0.014
Spouse	$0.014
Child(ren)	$0.014

Benefits reduce by 35% at age 65 and further reduce by 50%, of the original amount, at age 70.

Evidence of Insurability

Coverage will require an employee, spouse, and/or dependent(s) to complete Evidence of Insurability (EOI) if purchasing for the first time or increasing coverage during Open Enrollment. The insurance carrier must approve your application before the newly elected coverage becomes effective.

FINANCIAL WELLNESS

Health Savings Account

PORTABILITY

- Employee owns the account
- HSA is portable

TRIPLE TAX SAVINGS

- Contributions are tax-free
- Earn tax-free interest
- Tax-free withdrawals for qualified expenses

FLEXIBILITY

- Balance carries over yearly
- Change your contribution at any time

TO QUALIFY FOR A HEALTH SAVINGS ACCOUNT

Covered under an eligible high-deductible health plan	**You are not covered by another medical plan or enrolled in Medicare and/or Tricare**	**You cannot be claimed as a dependent on some else's tax return**

WELLNESS

Medical Premiums

Lubbock County continues to pay a significant portion of the cost for your healthcare coverage. Premium contributions for Medical will be deducted from your paycheck on a pre-tax basis. Your level of coverage will determine your bi-weekly contributions.

TeamChoice EPO				
	You Pay Bi-Weekly	Lubbock County Pays Bi-Weekly	Employee Annual Total	Employer Annual Total
Employee Only	$10.00	$287.73	$260.00	$7,480.98
Employee +Child(ren)	$90.00	$537.27	$2,340.00	$13,969.02
Employee + Spouse	$130.00	$448.35	$3,380.00	$11,657.10
Employee + Family	$170.00	$682.42	$4,420.00	$17,742.92

Aetna PPO				
	You Pay Bi-Weekly	Lubbock County Pays Bi-Weekly	Employee Annual Total	Employer Annual Total
Employee Only	$75.00	$272.27	$1,950.00	$7,079.02
Employee +Child(ren)	$125.00	$500.88	$3,250.00	$13,022.88
Employee + Spouse	$185.00	$386.88	$4,810.00	$10,058.88
Employee + Family	$240.00	$635.96	$6,240.00	$16,534.96

WELLNESS

Medical Plan Summary

The chart below gives a summary of the 2022 Medical coverage provided by TeamChoice and Aetna.

	TeamChoice EPO	Aetna PPO	
	In-Network Only	In-Network	Out-of-Network
NETWORK	**TEAM CHOICE**	**AETNA**	**NON NETWORK**
ANNUAL DEDUCTIBLE			
Individual	$1,600	$2,500	$5,000
Family	$3,200	$5,000	$10,000
Coinsurance	20%	20%	40%
ANNUAL OUT-OF-POCKET MAXIMUM (Includes Calendar Year Deductible)			
Individual	$4,000	$5,000	Unlimited
Family**	$8,000	$10,000	Unlimited
Lifetime Maximum	Unlimited	Unlimited	Unlimited
COINSURANCE			
Routine Annual Exam	$0 – 100% every 12 months	$0 – 100% every 12 months	40% after deductible
Physician Office Visit	20%, after deductible	20%, after deductible	40% after deductible
Specialist Office Visit	20%, after deductible	20%, after deductible	40% after deductible
Urgent Care	20%, after deductible	20%, after deductible	40% after deductible
Emergency Room	20%, after deductible	20%, after deductible	40% after deductible
Hospital Inpatient	20%, after deductible	20%, after deductible	40% after deductible
Outpatient	20%, after deductible	20%, after deductible	40% after deductible
Prescription Drugs	20% of allowable, after deductible	20% of allowable, after deductible	40% after deductible
Complex Imaging	20%, after deductible	20%, after deductible	40% after deductible

**No single individual within the family will be subject to more than the individual out-of-pocket maximum amount.
Benefits presented are only a summary.
Please refer to the Plan Document and ACA summaries for the complete details at http://countynet/Intranet/Publish/Default.html.

WELLNESS

Medical Benefits

TeamChoice

Visit www.team-choice.com to locate in-network physicians and/or facilities. Enter "Lubbock County" as your employer, your city and agree to terms then click search.

If your insurance card has the "Advantage TeamChoice" logo on it you are a TeamChoice member. TeamChoice members can view or print their medical ID card by registering at www.aetna.com.

You should always refer to the TeamChoice website to find doctors, clinics and labs that are in the TeamChoice network. (The Aetna website and Aetna customer service number is not your best resource for TeamChoice Information)

Contact TeamChoice for assistance with:

- Locate in-network providers
- Claims questions

www.team-choice.com I 806-795-5959

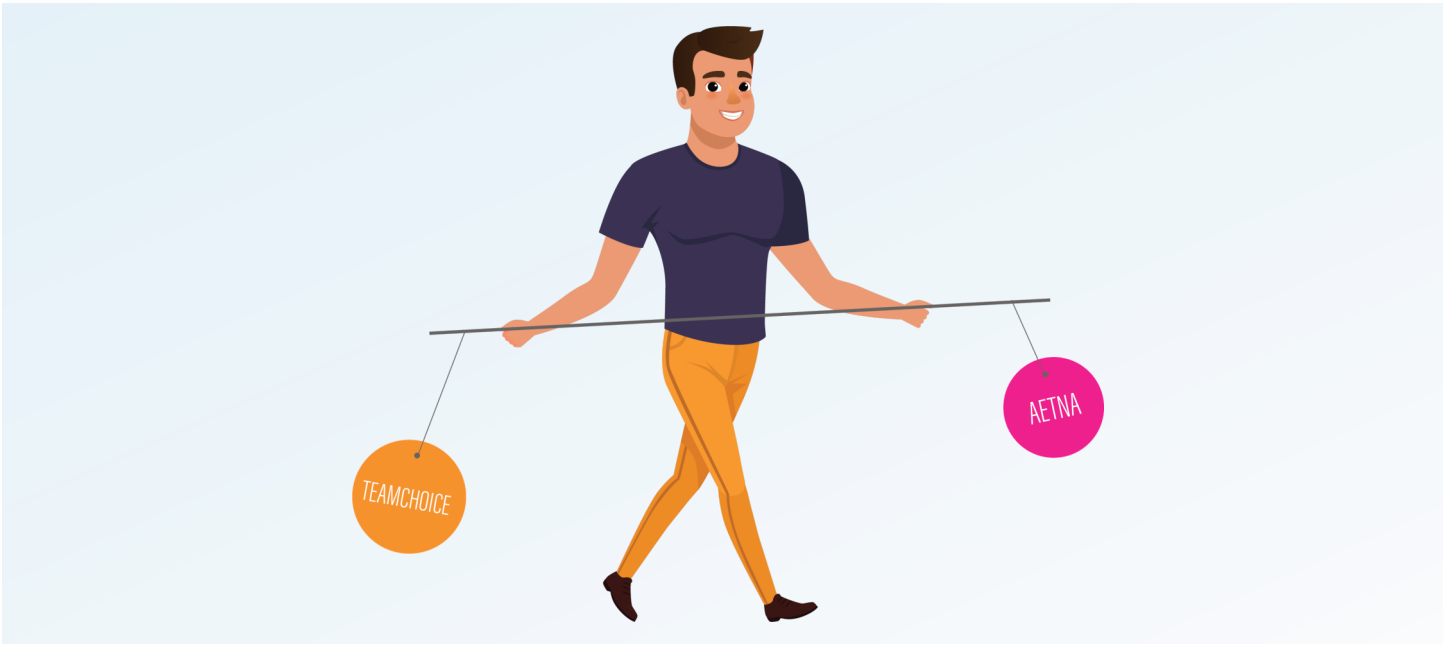
Aetna

Register at www.aetna.com to:

- Print medical or dental ID card
- View claims, deductibles and maximum out-of-pocket amounts
- Payment Estimator – compare cost estimates for health care services

Aetna Health℠ Mobile app

- Download the Aetna Health℠ app to manage your benefits on the go
- View ID cards, view claims, track spending and more on your mobile device



ELIGIBILITY & LIFE EVENTS

Who is Eligible?

Full-time employees are eligible to receive benefits. Eligible dependents are:

- Your legal spouse
- Your natural child under age 26
- Your legally adopted child under age 26
- Your stepchild under age 26
- A child for whom you have legal guardianship under age 26

Qualifying Life Events

Benefit elections made during open enrollment are effective at the beginning of the plan year. Most benefits are paid for on a "pre-tax" basis; therefore due to IRS regulations, once you have made your choices for the 2022 plan year, you will not be able to change your benefits until the next enrollment period unless you experience a Qualifying Life Event.

If you experience any of these qualifying events, you must provide the required supporting documentation and make changes within **30 days** of the event.

If you experience any of the following qualifying life events, you must notify Human Resources and/or request changes to your coverage within **30 days** of the event.

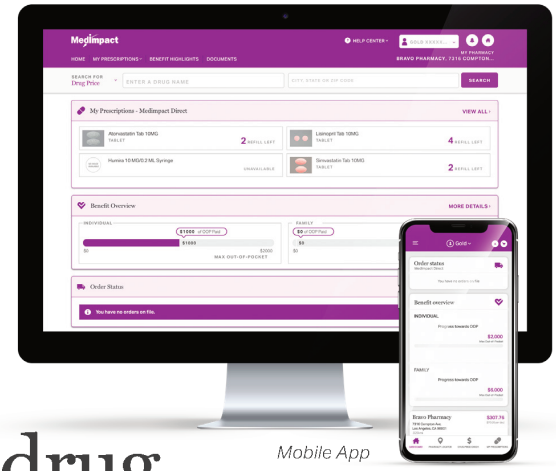
- Marriage
- Birth
- Adoption
- Loss of other coverage
- Divorce
- Gain of other coverage
- Death

Supporting documentation is required.

Required Documentation

Qualifying Event	Dependent Verification Documentation
Marriage	Government issued Marriage Certificate
Birth	Government issued Birth Certificate naming you as parent OR (if under six months of age only) Hospital documentation reflecting the child's birth, naming you as parent
Adoption	Legal documentation of the adoption
Loss of Other Coverage	Letter indicating the loss of coverage from the prior plan sponsor, including name(s) of the insured, specific coverages that were lost, and date that coverage(s) were lost
Divorce	Government issued Divorce decree showing date of divorce
Gain of Other Coverage	Letter indication the gain of coverage from the new plan sponsor, including name(s) of the insured, specific coverages that were elected, and date that coverage(s) are effective
Death	Government issued Death Certificate

MedImpact Consumer Portal



Mobile App

CONSUMER PORTAL OVERVIEW

Access personalized drug information. Anywhere. Anytime.

Managing your pharmacy benefit has never been easier! Our online member portal and mobile app let you easily access the tools and info you need for healthier, more informed choices.

Pricing, Savings & Adherence

See prescription drug information and find ways you may be able to save money.

- View past price paid for a current prescription drug
- View fill history for a current prescription drug
- See upcoming refills
- Identify new prescription drug price
- Review cost-savings options*

Home Delivery

View information about home delivery.

- View your mail-order and specialty drugs
- Manage shipping and contact information
- Review estimated copay, order status and next refill date
- Refill mail-order drugs or renew expired prescription
- Set reminders and alert via text, phone or call

Convenience

MedImpact offers convenience at your fingertips.

- Print/access ID card
- View/update account information, password & email
- View prescription history
- Manage dependent accounts when authorized
- Set communication preferences (Text/Email)

Benefit Highlights

Understand more about your benefit plan.

- View member copays
- Formulary status of drugs
- View accumulators
- View year-to-date drug spend

View Prescription Drug Information

Know more about the prescription drugs you take, including:

- Indications or what conditions the prescription drug are used to treat
- Potential side effects
- Drug interactions
- Generic or therapeutic alternatives

Pharmacy Locator

View information about different pharmacies.

- Find a pharmacy near you
- View interactive map and get driving directions
- Find lowest-cost drug options*

**Per your benefit plan*

What To Do Next?

Go to **www.medimpact.com** on your computer or mobile device to register or sign in. First-time users will need Member ID, Name, Date of Birth

Download the MedImpact mobile app from your **App Store Today!**

For questions regarding benefits coverage, pharmacy network, account, or site navigation: Call toll-free: **+1 (877) 391-1099** or the number on your ID card; Email: **customerservice@medimpact.com**

MedImpact

made available through aetna℠

TELADOC™

Talk to a doctor anytime

Teladoc gives you 24/7/365 access to U.S. board-certified doctors through the convenience of phone, video or mobile app visits. It's an affordable alternative to costly urgent care and ER visits when you need care now.

MEET OUR DOCTORS

Teladoc is simply a new way to access qualified doctors. All Teladoc doctors:

- Are practicing PCPs, pediatricians, and family medicine physicians
- Average 20 years experience
- Are U.S. board-certified and licensed in your state
- Are credentialed every three years, meeting NCQA standards

GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- **Cold & flu symptoms**
- **Allergies**
- **Sinus problems**
- **Ear infection**
- **Urinary tract infection**
- **Respiratory infection**
- **Skin problems**
- **And more!**

WHEN CAN I USE TELADOC?

Teladoc does not replace your primary physician it is a convenient and affordable option for quality care.

- When you need care now
- If you're considering the ER or urgent care for a non-emergency issue
- On vacation, on a business trip, or away from home
- For short term prescription refills

With your consent, Teladoc is happy to provide information about your Teladoc consult to your primary care physician.

Talk to a doctor anytime for **$40 or less!**

Teladoc is just a click or call away!

Teladoc.com/Aetna

1-855-TELADOC (835-2362)

Available on the iPhone App Store

ANDROID APP ON Google play

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WELLNESS

Dental Premiums and Plan Summary

Premium contributions for Dental will be deducted from your paycheck on a pre-tax basis. The chart below gives a summary of the 2022 Dental coverage provided by Aetna. All Out-of-Network services are subject to Reasonable and Customary (R&C) limitations.

	Aetna Dental Premiums
BI-WEEKLY CONTRIBUTIONS	
Employee Only	$0
Employee +Child(ren)	$10.00
Employee + Spouse	$15.00
Employee + Family	$20.00

Dental Plan Summary	In-Network or Out-of-Network
ANNUAL DEDUCTIBLE*	
Individual	$25
Family	$100
CALENDAR YEAR MAXIMUM BENEFIT	
Per Person	$1,500
COVERED SERVICES	
Preventive Services Oral Exams, X-Rays, Bitewing X-Rays, Routine Cleanings, Fluoride Treatments, Sealants per tooth	100%
Basic Services Basic Restorations, Endodontics (root canal therapy), Periodontal (gum treatment)	80%
Major Services Inlays, Onlays, Crowns, Dentures, Bridges, Simple and Complex Oral Surgery	50%
Orthodontia Individual Lifetime Maximum (Adult & Child)	$1,000
FREQUENCY	
Oral Exams, Routine Cleanings	2 per calendar year
X-Ray (Complete Mouth)	Once every 3 calendar years
Bitewings	1 set per calendar year
Fluoride Treatment	1 every 12 months under age 16
Sealants per tooth	1 application every 3 calendar years for permanent molar under age 16

*The deductible applies to basic & major services only.

You can choose to seek treatment from any dentist. If your dentist does not file insurance claims, you will pay up front and then complete a reimbursement form and submit it to Aetna. If you select a dentist in the Aetna network, you will receive guaranteed savings. To find dentist in the Aetna network go to www.aetna.com.

WELLNESS

SUPERIOR VISION

Vision Premiums & Plan Summary

Premium contributions for Vision will be deducted from your paycheck on a pre-tax basis. The chart below gives a summary of the 2022 Vision coverage provided by Superior Vision. All Out-of-Network services are subject to Reasonable and Customary (R&C) limitations.

	Vision Premiums
BI-WEEKLY CONTRIBUTIONS	
Employee Only	$3.42
Employee +1	$5.83
Employee + Family	$8.58

Vision Plan Summary	In-Network	Out-of-Network
Exam	$10 Copay	Up to $40 retail
Frames	$150 retail allowance	Up to $70 retail
LENSES (Standard per pair)	$10 Copay	
Single Vision	Covered in Full	Up to $40 retail
Bifocal	Covered in Full	Up to $60 retail
Trifocal	Covered in Full	Up to $80 retail
Progressive	See description[1]	Up to $80 retail
Lenticular	Covered in Full	Up to $80 retail
CONTACT LENSES[2]	$150 retail allowance	Up to $105 retail
MEDICALLY NECESSARY CONTACT LENSES	Covered in Full	Up to $210 retail
LASER VISION CORRECTION	$250 retail allowance[3]	

Co-pays apply to In-Network benefits; co-pays for Out-of-Network visits are deducted from reimbursements

[1]Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay

[2]Contact lenses and related professional services (fitting, evaluation and follow-up) are covered in lieu of eyeglass lenses and frames benefit

[3]Lasik Vision Correction is in lieu of eyewear benefit, subject to routine regulatory filings and certain exclusions and limitations

CAREER

Work Life Balance

Employee Assistance Program

The Employee Assistance Program (EAP) through Interface Behavioral Health provides a confidential and cost-free professional consultation, referral services for employees that are experiencing work, and personal related issues.

Employees and their immediate family members will have access to 5 face-to-face counseling sessions.

Call for free, confidential help with issues such as:

- Stress
- Depression
- Anxiety
- Substance Abuse
- Marital Issues
- Family Issues
- Legal
- Financial
- Career Development
- Work/Life Balance
- Grief

1-800-324-4327
Se Habla Española: 1-800-324-2490

www.4eap.com
Username: Lubbock County
Password: 842

Employee Wellness Program

Lubbock County has teamed up with Wellness Today to keep our employees healthy and fit. They provide the following services to our employees:

- Wellness coaching
- Dietitian
- Wellness luncheons
- Discounted gym memberships
- Manage Wellness competitions by assisting employees with wellness and fitness goals

For more information contact:
Judy Fleming
806-771-8010
judy.fleming@wellnesstodaylubbock.com

Required Notices

Women's Health and Cancer Rights Act: If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for: All stages of reconstruction of the breast on which the mastectomy was performed; Surgery and reconstruction of the other breast to produce a symmetrical appearance; Prostheses; and treatment of physical complications of the mastectomy, including lymphedema. These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator as identified at the end of these notices.

Newborn's and Mother's Health Protection Act (NMHPA): Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Mental Health Parity Act (1996) (MHPA) and Mental Health Parity and Addiction Equity Act (2008) (MHPAEA): The Lubbock County medical plan complies with the Mental Health Parity Act of 1996 ("MHPA"). Pursuant to such compliance, the annual and lifetime limits on Mental Health Benefits, if any, will not be less than the annual and lifetime plan limits on other types of medical and surgical services (if any limits apply). The plan does utilize cost containment methods, applicable for Mental Health Benefits, including cost-sharing, limits on the number of visits or days of coverage, and other terms and conditions that relate to the amount, duration and scope of Mental Health Benefits.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP): If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272). To see if any other states have added a premium assistance program since January 31, 2019, or for more information on special enrollment rights, contact either:

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

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

Notice of Opportunity to Enroll in Connection with Extension of Dependent Coverage to Age 26 Notice: 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 attainment of age 26 are eligible to enroll in **Lubbock County** insurance plan. Individuals may request enrollment for such children for 30 days from the date of notice. Enrollment will be effective retroactively to 10/1/20. If you would like more information, contact your Plan Administrator.

Notice Lifetime Limit No Longer Applies & Enrollment Opportunity: The lifetime limit on the dollar value of benefits under **Lubbock County** benefit Plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment. If you would like more information contact your Plan Administrator.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. **Lubbock County** has determined that the prescription drug coverage offered by the **Lubbock County** Medical Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan? You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan? If you decide to join a Medicare drug plan, your current coverage with Lubbock County will not be affected. You and/or your dependents can keep this coverage if you elect Part D and this plan will coordinate with Part D coverage. If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents will be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan? You should also know that if you drop or lose your current coverage with Lubbock County and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage. Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Lubbock County changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage. More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

Visit www.medicare.gov. Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778). **Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Coverage After Termination (COBRA) - Health Coverage:

You're getting this notice because you recently gained coverage under a group health plan **(Lubbock County Group Health Plan).** This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage. The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

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

What is COBRA continuation coverage? COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage [*choose and enter appropriate information:* must pay *or* aren't required to pay] for COBRA continuation coverage. If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events: Your hours of employment are reduced, or Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events: Your spouse dies; Your spouse's hours of employment are reduced; Your spouse's employment ends for any reason other than his or her gross misconduct; Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or You become divorced or legally separated from your spouse.

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

When is COBRA continuation coverage available? The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events: The end of employment or reduction of hours of employment; Death of the employee; Commencement of a proceeding in bankruptcy with respect to the employer;; or The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Phone: 806.775.1695

How is COBRA continuation coverage provided? Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage: If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. **Second qualifying event extension of 18-month period of continuation coverage:** If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

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

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends? In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of: The month after your employment ends; or The month after group health plan coverage based on current employment ends. If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage. If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit https://www.medicare.gov/medicare-and-you.

If you have questions: Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District

Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit **www.dol.gov/ebsa**. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit **www.HealthCare.gov**.

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

Plan contact information:

Lubbock County
PO Box 10536
Lubbock, Texas, 79408
Phone: 806.775.1695

HIPAA) Employee Health Plan Summary Notice of Privacy Practices: This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully.

Your Rights: You have the right to: Get a copy of your health and claims records; Correct your health and claims records; Request confidential communication; Ask us to limit the information we share; Get a list of those with whom we've shared your information; Get a copy of this privacy notice; Choose someone to act for you; and File a complaint if you believe your privacy rights have been violated.

(Your Choices: You have some choices in the way that we use and share information as we: Answer coverage questions from your family and friends; Provide disaster relief; and Market our services and sell your information

Our Uses and Disclosures: We may use and share your information as we: Help manage the health care treatment you receive; Run our organization; Pay for your health services; Administer your health plan; Help with public health and safety issues; Do research; Comply with the law; Respond to organ and tissue donation requests and work with a medical

examiner or funeral director; Address workers' compensation, law enforcement, and other government requests; Respond to lawsuits and legal actions

Your Rights: When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records: You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records: You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications: You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share: You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information: You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice: You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated: You can complain if you feel we have violated your rights by contacting us at 806.775.1695. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

Your Choices: For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to: Share information with your family, close friends, or others involved in payment for your care; Share information in a disaster relief situation *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.* In these cases we never share your information unless you give us written permission: Marketing purposes or Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Help manage the health care treatment you receive: We can use your health information and share it with professionals who are treating you. *Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

Run our organization: We can use and disclose your information to run our organization and contact you when necessary. We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans. *Example: We use health information about you to develop better services for you.*

Pay for your health services: We can use and disclose your health information as we pay for your health services. *Example: We share information about you with your dental plan to coordinate payment for your dental work.*

Administer your plan: We may disclose your health information to your health plan sponsor for plan administration. *Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues: We can share health information about you for certain situations such as: Preventing disease; Helping with product recalls; Reporting adverse reactions to medications; Reporting suspected abuse, neglect, or domestic violence; Preventing or reducing a serious threat to anyone's health or safety

Do research: We can use or share your information for health research.

Comply with the law: We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director: We can share health information about you with organ procurement organizations; We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests: We can use or share health information about you: For workers' compensation claims; For law enforcement purposes or with a law enforcement official; With health oversight agencies for

activities authorized by law; For special government functions such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions: We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities: We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice: We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Effective Date: 10/1/2021

Privacy Contact: Lubbock County
PO Box 10536
Lubbock, Texas, 79408
Phone: 806.775.1695

Health Insurance Marketplace Coverage Options and Your Health Coverage

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

What is the Health Insurance Marketplace? The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2021 for coverage starting as early as January 1, 2022.

Can I Save Money on my Health Insurance Premiums in the Marketplace? You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

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

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

How Can I Get More Information? For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area. *An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.*

PART B: Information About Health Coverage Offered by Your Employer: This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

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

- Eligible employees are Full time employees who work 30 hours per week and have completed the newly eligible 30 day waiting period. Coverage begins the first day of the month following the first 60 days of employment.
- Eligible dependents include the employee's spouse and eligible dependent children up to age 26.

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

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

Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

3. Employer name		4. Employer Identification Number (EIN)
Lubbock County		756001056
5. Employer address PO Box 10536		6. Employer phone number
7. City Lubbock	8. State Texas	9. ZIP code 79408
10. Who can we contact about employee health coverage at this job? Human Resources		
11. Phone number (if different from above)	12. Email address mmhall@co.lubbock.tx.us	

Special Enrollment Notice: If you are declining enrollment for yourself or your dependents including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. Finally, if you or an eligible dependent has coverage under a state Medicaid or child health insurance program and that coverage is terminated due to a loss of eligibility, or if you or an eligible dependent become eligible for state premium assistance under one of these programs, you may be able to enroll yourself and your eligible family members in the Plan. However, you must request enrollment no later than 60 days after the date the state Medicaid or child health insurance program coverage is terminated or the date you or an eligible dependent is determined to be eligible for state premium assistance.

To request special enrollment or obtain more information, contact the plan administrator listed below:

Phone: 806.775.1695

NOTES

The information in this benefits guide is intended to help you enroll in your 2022 benefits. Not all plan provisions, limitations, or exclusions are described in this publication. In case of a conflict between the information in this summary and the actual plan documents and insurance contracts, the plan documents and insurance contracts will govern.

Lubbock County reserves the right to change or terminate benefits at any time. Neither the benefits, nor this enrollment guide, should be interpreted as a guarantee of future benefits.