

# GUIDE TO 2024 BENEFITS

OCTOBER 3 - 17, 2023

YOUR **HEALTH**

YOUR **MONEY**

YOUR **LIFE**

YOUR **BENEFITS.**  
THE **PATH TO LIVING WELL**



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## WELCOME TO YOUR BENEFITS

Annual Enrollment is the only opportunity you have to make changes to your 2024 Benefit Plans, unless you have a qualifying event. This guide provides an overview of Drainage District 3's benefits and the changes effective January 1, 2024, so be sure to review all the benefits offered and carefully make your elections to ensure you and/or your family have the coverage you need.

### What's New for 2024 Benefits

- Vision Coverage
- Dental Coverage
- International Prescription RX Plan - Canada

### Voluntary Products

- Cancer
- Critical Illness
- Hospital Indemnity
- Whole Life

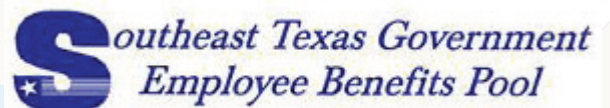
### Other Opportunities

- NCS Musculoskeletal Program

### Enrollment

- To make changes, complete a Benefit Enrollment and Change form
- Submit your dependent supporting documentation by the enrollment deadline

**DISCLAIMER:** The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern.





# IMPORTANT BENEFITS CONTACTS

## Southeast Texas Government Employee Benefits Pool (SETGEBP)

|   |                |
|---|----------------|
| Risk Manager: Adan Perez Jr.                  | (409) 835-8672 |
| Senior Benefits Analyst: Verona Adams         | (409) 839-2381 |
| Senior Risk Analyst: Kristen Hancock          | (409) 839-2380 |
| Jefferson County Drainage District 3 - Shanna | (409) 243-3495 |

| Coverage   | Carrier                                | Phone #                             | Website/Email  |
|--|--|-------------------------------------|--|
| Medical  | United Healthcare<br>Group No. 912677  | (888) 567-4659                      | <a href="http://www.myUHC.com">www.myUHC.com</a>   |
| Dental   | United Healthcare<br>Group No. 1182424 | (877) 816-3596                      | <a href="http://www.myUHC.com">www.myUHC.com</a>   |
| Vision   | United Healthcare<br>Group No. 912677  | (800) 638-3120                      | <a href="http://www.myUHC.com">www.myUHC.com</a>   |
| Prescriptions  | Express Scripts                        | (800) 275-2147                      | <a href="http://www.ExpressScripts.com">www.ExpressScripts.com</a>                         |
| International Prescriptions                            | Canadian International RX              | Fill Prescription<br>(877) 300-8078 | <a href="mailto:outreachpharmacyprogram@gmail.com">outreachpharmacyprogram@gmail.com</a>   |
| Advocate 4 Me  | United Healthcare<br>Group No. 912677  | (888) 567-4659                      | <a href="http://www.myUHC.com">www.myUHC.com</a>   |
| Cancer, Critical Illness, Hospital Indemnity           | Allstate                               | (800) 521-3535                      | <a href="http://www.allstate.com/allstate-benefits">www.allstate.com/allstate-benefits</a> |
| Basic Life, Supplemental Life, Accident Insurance, LTD | Ochs                                   | (800) 392-7295                      | <a href="mailto:ochs@ochsinc.com">ochs@ochsinc.com</a>                                     |
| Whole Life   | Chubb                                  | (855) 241-9891                      | <a href="mailto:csmail@gotoservice.chubb.com">csmail@gotoservice.chubb.com</a>             |

### Jefferson County Risk Management

15 Franklin Street, Suite 202  
 Beaumont, Texas 77701  
 Phone: (409) 835-8672  
 Fax: (409) 835-8634





## ELIGIBILITY

During Annual Enrollment, if you are not making any changes you do not need to do anything. However, it is important to review your current elections and your eligible dependents. It is your responsibility to remove a dependent who no longer meets eligibility requirements (divorced spouse, child attained age 26, etc.).

**Please note the following:**

- **If you take no action by October 17, 2023**, you and your dependents will receive the same medical benefits you had in 2023 and **you will lose vision coverage** if you do not elect the new vision plan.
- **Adding new dependents** will require supporting documentation to show proof of eligibility before enrollment in 2024 plans.
- **To make changes**, you will need to complete a Benefits Enrollment and Change Form and submit to Shanna.
- **Changes made during Annual Enrollment** are effective January 1 - December 31, 2024.



# MEDICAL PLAN

Following is an overview of the coverage available and what you pay. For complete coverage details, please refer to the Summary Plan Description (SPD).

| Key Medical Benefits                             | UHC PPO  |
|--|--|
|  | In-Network Only  |
| <b>Deductible (per calendar year)</b>            |  |
| Individual / Family                              | \$750 / \$2,250  |
| <b>Out-of-Pocket Maximum (per calendar year)</b> |  |
| Individual / Family                              | \$3,000 / \$5,500  |
| <b>Covered Services</b>                          |  |
| Employee Health Clinic                           | \$0  |
| On-Site Neuromuscular Program (NCS)              | \$0  |
| Doctor Virtual Visit                             | \$0  |
| Office Visits (physician/specialist)             | Deductible then 20%  |
| Routine Preventive Care                          | No charge  |
| Outpatient Diagnostic (lab/X-ray)                | Deductible then 20% (Preferred Lab paid at 100%)                                 |
| Complex Imaging                                  | Deductible then 20%  |
| Ambulance  | Deductible then 20%  |
| Emergency Room                                   | \$250 copay for Hospital ER<br>Deductible then 20%<br>(\$2,000 ER copay Maximum) |
| Freestanding ER                                  | \$1,000 copay then 20%   |
| Urgent Care Facility                             | \$50 copay then 20%  |
| Inpatient Hospital Stay                          | Deductible then 20%  |
| Outpatient Surgery                               | Deductible then 20%  |

# MEDICAL PLAN

## IMPORTANT — Freestanding ER Copay

After you meet your plan deductible, you will pay a \$1,000 copay plus 20% coinsurance for a single visit to a freestanding ER. If you need to be admitted to the hospital and have to be transported, you would incur additional costs versus going straight to a hospital-based ER.

### What's a Freestanding ER?

- Freestanding ERs aren't typically in network. Freestanding ERs usually aren't affiliated with a hospital; they are often owned by independent groups or individuals.
- Because they're not contracted with UHC, you're not protected by a negotiated rate like you are if you use a hospital-affiliated ER that is in-network.
- \$1,000 copay per visit to each Freestanding ER to

### How Can You Tell It's a Freestanding ER?

- Freestanding ERs aren't attached to hospitals and are required by law to have the word "Emergency" in their signage.

**Use the ER wisely** — Visit the ER for life-threatening emergencies only, such as:

- Heart problems
- Breathing problems
- Heavy bleeding
- Broken bones
- Severe pain

**Have a Virtual Visit with a board-certified physician 24/7** — Schedule a Virtual Visit on [myuhc.com](https://myuhc.com) or UHC app for \$0 copay.

**Use the Employee Health Clinic or Urgent Care** — for non-threatening emergencies for \$0 copay.





## MyUHC.com

MyUHC.com helps you maximize your benefits and easily find many health care answers.

### Use it to:

- Check claims & account balances
- Review your benefits and who is covered
- Print a temporary ID card or request a replacement card
- Estimate procedure cost

## UHC Virtual Visits

A Virtual Visit lets you see and talk with a doctor from your laptop or mobile device. You have access to a network of Virtual Visit provider groups. Log in to [myUHC.com](https://myUHC.com) or the UnitedHealthcare UHC App. Once you choose a Virtual Visit provider group, you'll be directed to their website or app to access care.

**Virtual Visits are \$0 copay.**

## UHC Advocate4me

This is a team of people dedicated to helping you. From understanding your claims to estimating costs ahead of time, they're there to help.

### How they can support you:

- Help with determining if a treatment is covered
- Help with understanding your claims
- Help with estimating costs for procedures
- Help with understanding your benefits
- Help with finding a doctor or facility

## UnitedHealthcare App

Download the UnitedHealthcare app on your smart phone.

### With the UnitedHealthcare app you can:

- Find nearby care and pricing
- Video chat with a doctor 24/7 — without leaving the app
- View & share ID cards
- Estimate procedure cost





# DENTAL PLANS

You have a choice between two different dental plans with UnitedHealthcare\*. Following is an overview of the coverage available and what you pay.

| Key Dental Benefits  | High Dental                                  | Platinum Dental                              |
|--|--|--|
| <b>Deductible (per calendar year)</b>  |  |  |
| Individual / Family  | \$50 / \$150                                 | \$50 / \$150                                 |
| <b>Benefit Maximum (per calendar year; Preventive, Basic, and Major Services combined)</b> |  |  |
| Per Individual   | \$1,500                                      | \$3,000                                      |
| <b>Covered Services</b>  |  |  |
| Preventive Services  | No charge                                    | No charge                                    |
| Basic Services   | Deductible then 20%                          | Deductible then 20%                          |
| Major Services   | Deductible then 50%                          | Deductible then 50%                          |
| Orthodontia  | Deductible then 50%;<br>\$1,500 Max. Benefit | Deductible then 50%;<br>\$3,000 Max. Benefit |

\* Neither plan requires you to use an in-network provider; however, if you use an in-network provider, you will receive a greater discount for services.



# VISION PLAN

Healthy eyes and clear vision are an important part of your overall health and quality of life. You may enroll yourself and your eligible dependents, or you may waive Vision coverage. You do not have to be enrolled in Medical coverage to elect Vision coverage or cover the same dependents under Medical and Vision.


The table below summarizes the key features of the Vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.






| UnitedHealthcare Vision Plan |                              |                             |
|------------------------------|------------------------------|-----------------------------|
|                              | IN-NETWORK                   | OUT-OF-NETWORK              |
|                              | You Pay                      | Reimbursement               |
| Exam                         | \$10                         | N/A                         |
| Single Vision Lenses         | \$25                         | Up to \$40                  |
| Bifocal Lenses               | \$25                         | Up to \$60                  |
| Trifocal Lenses              | \$25                         | Up to \$80                  |
| Frames                       | Balance over \$130 allowance | Up to \$45                  |
| <b>Contacts</b>              |                              |                             |
| Covered Formulary Contacts   | \$25; Up to four boxes       | Up to \$130                 |
| Non-Formulary Contacts       | Balance over \$130 allowance | Up to \$130                 |
| Necessary Contact Lenses     | \$25                         | Up to \$210                 |
| <b>Benefit Frequency</b>     |                              |                             |
| Exams                        | Once every 12 months         | Once every 12 months        |
| Lenses                       | Once every 12 months         | Once every 12 months        |
| Frames                       | Once every 24 months         | Once every 24 months        |
| Contacts                     | Once every 12 months         | Once every 12 months        |
| <b>Vision Premiums</b>       |                              |                             |
|                              | Employee Pays Monthly        | Employee Payroll Deductions |
| Employee Only                | \$5.45                       | \$2.51                      |
| Employee & Spouse            | \$10.32                      | \$4.77                      |
| Employee & Children          | \$12.11                      | \$5.59                      |
| Employee & Family            | \$17.03                      | \$7.86                      |

# VIRTUAL VISITS


When you need care — anytime, day or night — or when your primary care provider is not available, Virtual Visits can be a convenient option. With Virtual Visits, you don't have to drive to the doctor's office or sit in a waiting room when you're sick — you can see your doctor from the comfort of your own bed or sofa.

## Register Today so You Are Ready When You Need Care




-  Avoid germs in the ER, urgent care clinic or doctor's office.
-  See a board-certified, licensed, telehealth-trained doctor on your schedule with on-demand virtual visits 24/7, including nights, weekends and holidays.
-  Get treated for more than 80 common conditions including colds, flu, allergies and more.
-  Get a prescription or short-term refill of any existing prescription sent to a pharmacy nearby in less time than your usual doctor visit.
-  Avoid costly copays and deductibles of the ER and urgent care clinic.

## Using Virtual Visits Is as Easy as One, Two, Three


- 

### Register Now

Setting up your secure account takes only minutes.

You can visit [myuhc.com](http://myuhc.com) or the UHC app.
- 

### Request a Visit

You can have a doctor visit right away or schedule an appointment — all by phone, computer or the app.
- 

### Feel Better

Get treated by a doctors who can prescribe medication if necessary.



# PRESCRIPTION PLAN

## Express Scripts Prescription Drug

Prescription Drug coverage will continue through Express Scripts. Visit [www.ExpressScripts.com](http://www.ExpressScripts.com) to learn more about the plan.

| Drug Type                                      | Retail 30 Day Supply  | Retail 90 Day Supply            | Express Scripts Mail Order |
|--|---|---------------------------------|----------------------------|
| <b>\$0 Copay Generic Drugs</b>                 | \$0 copay for generic statins and generic oral anti-diabetic drugs  |                                 |                            |
| <b>Over-the-Counter Drugs</b>                  | \$2   | \$6                             | \$6                        |
| <b>Generic</b>                                 | The greater of:<br>\$10 or 20%  | The greater of:<br>\$30 or 20%  | \$20                       |
| <b>Preferred Brand</b>                         | The greater of:<br>\$25 or 30%  | The greater of:<br>\$70 or 30%  | \$85                       |
| <b>Non-Preferred Brand</b>                     | The greater of:<br>\$50 or 40%  | The greater of:<br>\$130 or 40% | \$160                      |
| <b>Specialty RX<br/>Canadian International</b> | 90 days \$0 copay   |                                 |                            |
| <b>Specialty RX<br/>Express Scripts</b>        | \$200 copay with a 30-day supply<br>\$350 copay with a 60-day supply<br>\$500 copay with a 90-day supply<br>(Note: SaveOn Program is no longer available) |                                 |                            |

\*The plan covers OTC Nasal Sprays: Flonase Allergy OTC, Nasacort Allergy 24HR and Rhinocort OTC; Non-sedating Antihistamines: Allegra, Claritin, Xyzal Allergy & Zyrtec; Proton Pump Inhibitors: Nexium 24 hr, Prevacid 24 hr, Prilosec OTC and Zegerid OTC. Your prescription must state "OTC" for the drugs to be covered for \$2 copay. Mandatory Generic—If you or your provider request a brand drug when a generic is available, you will pay the brand copay plus the cost difference between the brand & generic.



# LIFE AND AD&D INSURANCE - OCHS

**Life Insurance** provides your named beneficiary(ies) with a benefit in the event of your death.

Accidental Death and Dismemberment (AD&D) Insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

## Basic Life/AD&D (DRAINAGE DISTRICT 3 PAID)

This benefit is provided at NO COST to you through Standard Insurance.

|                       |   |
|-----------------------|---|
| <b>Benefit Amount</b> | 1 times your base salary, up to a \$100,000 maximum |
|-----------------------|---|

## Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage for yourself and your eligible family members.

| Benefit Option    |  | Guaranteed Issue* |
|-------------------|--|-------------------|
| <b>Employee</b>   | \$10,000 increments; minimum of \$10,000 up to \$750,000   | \$300,000         |
| <b>Spouse</b>     | \$5,000 increments; minimum of \$5,000 up to \$250,000 (not to exceed 100% of your basic and additional life coverage) | \$25,000          |
| <b>Child(ren)</b> | Under age 26 - \$10,000, \$15,000, or \$20,000   | \$20,000          |







## LONG-TERM DISABILITY - OCHS

**Long-Term Disability (LTD) - Ochs** insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury.

### Benefits Begin

After 90 days of disability

### The plan pays

Up to 60% of your monthly earnings  
Limit: \$6,000/monthly

### Benefits generally continue

Until your disability ends or you reach age 65 or Social Security Retirement Age

## Voluntary Long-Term Disability Rates

| Rate per \$100 of Monthly Benefit |        |
|-----------------------------------|--------|
| Age                               | Rate   |
| 0-24                              | \$0.37 |
| 25-29                             | \$0.38 |
| 30-34                             | \$0.59 |
| 35-39                             | \$0.68 |
| 40-44                             | \$0.96 |
| 45-49                             | \$1.14 |
| 50-54                             | \$1.33 |
| 55-59                             | \$1.72 |
| 60-64                             | \$2.13 |
| 65-69                             | \$1.11 |
| 70-99                             | \$1.11 |

If you are increasing your benefit amount or enrolling for the first time, you must print and complete an Evidence of Insurability form and submit it to Ochs (do NOT submit to Risk Management).



# ACCIDENT INSURANCE - OCHS

Just as it sounds, Accident Insurance plans can help you pay for costs you may incur after an accidental injury, illness or hospitalization. These plans are 100% voluntary.

Accident insurance pays out a lump sum if you become injured because of an accident. It allows you to claim benefits even if the injuries you incur do not keep you out of work. Accident insurance may also complement health insurance if an accident causes you to have medical expenses that your health insurance doesn't cover.

Accident insurance covers qualifying injuries, which might include a broken limb, loss of a limb, burns, lacerations or paralysis. In the event of your accidental death, Accident insurance pays out money to your designated beneficiary. While health insurance companies pay your provider or facility, Accident insurance pays you directly.

## How Does Accident Insurance Work?

Accident insurance policies can provide you with a lump sum paid directly to you that will help pay for a wide range of situations, including initial care, surgery, transportation and lodging, and follow-up care. Here's how it works:

- A set amount is payable based on the injury you suffer and the treatment you receive.
- Benefits are payable directly to you (unless you specify otherwise) and can be used as you see fit.
- Coverage is available for you, your spouse and eligible dependent children.
- You do not need to answer medical questions or have a physical exam to get basic coverage.
- Accident insurance covers injuries that happen on the job or off the job — unlike workers' compensation, which only covers on-the-job injuries.
- Benefit payments are not reduced by any other insurance you may have with other companies.

|                       | Employee Pays Monthly | Employee Payroll Deductions |
|-----------------------|-----------------------|-----------------------------|
| Employee Only         | \$3.78                | \$1.89                      |
| Employee & Spouse     | \$6.96                | \$3.48                      |
| Employee & Child(ren) | \$8.55                | \$4.28                      |
| Employee & Family     | \$12.50               | \$6.25                      |



# WHOLE LIFE - CHUBB

- Minimum Coverage Limit: The greater of \$5,000 or the amount of coverage \$3/week will purchase
- Issue-age Benefit: Locks in your age at the time you sign up for coverage

## Employee Coverage

- Guaranteed Issue: Issue Age 19-70: \$100,000
  - If you enroll in coverage during this year's open enrollment, you can increase coverage, in \$25k increments up to the guaranteed issue amount at future re-enrollments without EOI
- Conditional Guaranteed Issue: Issue Age 19-70: \$150,000
- Simplified Issue: Issue Age 19-70: \$250,000 / Issue Age 71-79: \$50,000

## Spouse Coverage

- Conditional Guaranteed Issue: Issue Age 19-70: \$75,000
- Simplified Issue: Issue Age 19-70: \$125,000
- Employee must elect coverage to enroll their spouse in coverage

## Accelerated Death Benefit: Terminal Illness

If the insured is diagnosed with a terminal illness and has a life expectancy of 12 months or less, the policy owner can request up to 50% of the death benefit, to a maximum of \$100,000.

## Restoration of Death Benefit

This restores the life coverage to 50% of the death benefit, up to \$50,000, assuring a death benefit available up to the insured's age 121.

For example, if you elect a \$100,000 policy, you'll have a \$150,000 pool of dollars.

- \$100,000 can be used as a death benefit
- \$100,000 can be used toward Long-Term Care services instead of a death benefit
  - Upon depletion, Chubb restores 50% of original death benefit





## Semi-Monthly Life Non-Smoker Rates

| Iss Age | \$10,000 | \$25,000 | \$50,000 | \$75,000 | \$100,000 | \$150,000 | \$200,000 | \$250,000  |
|---------|----------|----------|----------|----------|-----------|-----------|-----------|------------|
| 19      | N/A      | N/A      | \$10.96  | \$16.44  | \$21.92   | \$32.88   | \$43.83   | \$54.79    |
| 20      | N/A      | N/A      | \$10.96  | \$16.44  | \$21.92   | \$32.88   | \$43.83   | \$54.79    |
| 21      | N/A      | N/A      | \$11.15  | \$16.72  | \$22.29   | \$33.44   | \$44.58   | \$55.73    |
| 22      | N/A      | N/A      | \$11.38  | \$17.06  | \$22.75   | \$34.13   | \$45.50   | \$56.88    |
| 23      | N/A      | N/A      | \$11.65  | \$17.47  | \$23.29   | \$34.94   | \$46.58   | \$58.23    |
| 24      | N/A      | N/A      | \$11.86  | \$17.78  | \$23.71   | \$35.56   | \$47.42   | \$59.27    |
| 25      | N/A      | N/A      | \$12.15  | \$18.22  | \$24.29   | \$36.44   | \$48.58   | \$60.73    |
| 26      | N/A      | N/A      | \$12.54  | \$18.80  | \$25.07   | \$37.60   | \$50.13   | \$62.67    |
| 27      | N/A      | N/A      | \$12.96  | \$19.45  | \$25.93   | \$38.89   | \$51.85   | \$64.81    |
| 28      | N/A      | \$6.72   | \$13.44  | \$20.15  | \$26.87   | \$40.30   | \$53.73   | \$67.17    |
| 29      | N/A      | \$6.95   | \$13.91  | \$20.86  | \$27.81   | \$41.71   | \$55.62   | \$69.52    |
| 30      | N/A      | \$7.18   | \$14.36  | \$21.53  | \$28.71   | \$43.06   | \$57.42   | \$71.77    |
| 31      | N/A      | \$7.49   | \$14.97  | \$22.45  | \$29.93   | \$44.90   | \$59.87   | \$74.83    |
| 32      | N/A      | \$7.82   | \$15.64  | \$23.46  | \$31.28   | \$46.93   | \$62.57   | \$78.21    |
| 33      | N/A      | \$8.15   | \$16.30  | \$24.45  | \$32.59   | \$48.89   | \$65.18   | \$81.48    |
| 34      | N/A      | \$8.53   | \$17.06  | \$25.58  | \$34.11   | \$51.16   | \$68.22   | \$85.27    |
| 35      | N/A      | \$8.93   | \$17.86  | \$26.78  | \$35.71   | \$53.56   | \$71.42   | \$89.27    |
| 36      | N/A      | \$9.43   | \$18.85  | \$28.27  | \$37.69   | \$56.54   | \$75.38   | \$94.23    |
| 37      | N/A      | \$9.93   | \$19.86  | \$29.79  | \$39.72   | \$59.58   | \$79.43   | \$99.29    |
| 38      | N/A      | \$10.48  | \$20.96  | \$31.43  | \$41.91   | \$62.86   | \$83.82   | \$104.77   |
| 39      | N/A      | \$11.06  | \$22.11  | \$33.17  | \$44.23   | \$66.34   | \$88.45   | \$110.56   |
| 40      | N/A      | \$11.66  | \$23.31  | \$34.97  | \$46.63   | \$69.94   | \$93.25   | \$116.56   |
| 41      | N/A      | \$12.29  | \$24.58  | \$36.88  | \$49.17   | \$73.75   | \$98.33   | \$122.91   |
| 42      | N/A      | \$12.96  | \$25.92  | \$38.88  | \$51.83   | \$77.75   | \$103.67  | \$129.58   |
| 43      | N/A      | \$13.65  | \$27.29  | \$40.94  | \$54.58   | \$81.87   | \$109.16  | \$136.46   |
| 44      | N/A      | \$14.39  | \$28.77  | \$43.16  | \$57.54   | \$86.31   | \$115.08  | \$143.85   |
| 45      | N/A      | \$15.18  | \$30.36  | \$45.53  | \$60.71   | \$91.06   | \$121.41  | \$151.77   |
| 46      | N/A      | \$16.24  | \$32.48  | \$48.72  | \$64.96   | \$97.44   | \$129.91  | \$162.39   |
| 47      | \$6.96   | \$17.40  | \$34.79  | \$52.19  | \$69.58   | \$104.37  | \$139.16  | \$173.95   |
| 48      | \$7.46   | \$18.66  | \$37.31  | \$55.97  | \$74.62   | \$111.94  | \$149.25  | \$186.56   |
| 49      | \$7.99   | \$19.98  | \$39.96  | \$59.94  | \$79.92   | \$119.87  | \$159.83  | \$199.79   |
| 50      | \$8.59   | \$21.46  | \$42.92  | \$64.37  | \$85.83   | \$128.75  | \$171.66  | \$214.58   |
| 51      | \$9.13   | \$22.81  | \$45.62  | \$68.43  | \$91.24   | \$136.86  | \$182.48  | \$228.10   |
| 52      | \$9.72   | \$24.29  | \$48.58  | \$72.86  | \$97.15   | \$145.72  | \$194.29  | \$242.87   |
| 53      | \$10.33  | \$25.82  | \$51.63  | \$77.45  | \$103.27  | \$154.90  | \$206.53  | \$258.16   |
| 54      | \$10.99  | \$27.46  | \$54.92  | \$82.38  | \$109.84  | \$164.76  | \$219.68  | \$274.60   |
| 55      | \$11.69  | \$29.21  | \$58.42  | \$87.62  | \$116.83  | \$175.25  | \$233.66  | \$292.07   |
| 56      | \$12.63  | \$31.58  | \$63.15  | \$94.73  | \$126.31  | \$189.46  | \$252.61  | \$315.76   |
| 57      | \$13.66  | \$34.13  | \$68.27  | \$102.40 | \$136.53  | \$204.79  | \$273.06  | \$341.32   |
| 58      | \$14.74  | \$36.86  | \$73.71  | \$110.57 | \$147.42  | \$221.13  | \$294.84  | \$368.55   |
| 59      | \$15.90  | \$39.75  | \$79.49  | \$119.24 | \$158.98  | \$238.47  | \$317.96  | \$397.44   |
| 60      | \$17.12  | \$42.80  | \$85.60  | \$128.40 | \$171.20  | \$256.80  | \$342.41  | \$428.01   |
| 61      | \$18.68  | \$46.69  | \$93.38  | \$140.07 | \$186.76  | \$280.14  | \$373.52  | \$466.90   |
| 62      | \$20.30  | \$50.74  | \$101.47 | \$152.21 | \$202.94  | \$304.42  | \$405.89  | \$507.36   |
| 63      | \$22.01  | \$55.03  | \$110.06 | \$165.10 | \$220.13  | \$330.19  | \$440.25  | \$550.31   |
| 64      | \$23.80  | \$59.50  | \$118.99 | \$178.48 | \$237.98  | \$356.96  | \$475.95  | \$594.94   |
| 65      | \$25.68  | \$64.21  | \$128.41 | \$192.62 | \$256.83  | \$385.24  | \$513.65  | \$642.06   |
| 66      | \$28.58  | \$71.46  | \$142.91 | \$214.36 | \$285.82  | \$428.72  | \$571.63  | \$714.54   |
| 67      | \$31.65  | \$79.12  | \$158.24 | \$237.36 | \$316.47  | \$474.71  | \$632.94  | \$791.18   |
| 68      | \$34.90  | \$87.25  | \$174.50 | \$261.75 | \$349.01  | \$523.51  | \$698.01  | \$872.51   |
| 69      | \$38.36  | \$95.89  | \$191.77 | \$287.65 | \$383.54  | \$575.30  | \$767.07  | \$958.84   |
| 70      | \$42.05  | \$105.12 | \$210.24 | \$315.36 | \$420.49  | \$630.73  | \$840.97  | \$1,051.21 |

## Semi-Monthly Life Smoker Rates

| Iss Age | \$10,000 | \$25,000 | \$50,000 | \$75,000 | \$100,000 | \$150,000 | \$200,000  | \$250,000  |
|---------|----------|----------|----------|----------|-----------|-----------|------------|------------|
| 19      | N/A      | \$7.20   | \$14.40  | \$21.60  | \$28.79   | \$43.19   | \$57.58    | \$71.98    |
| 20      | N/A      | \$7.20   | \$14.40  | \$21.60  | \$28.79   | \$43.19   | \$57.58    | \$71.98    |
| 21      | N/A      | \$7.39   | \$14.77  | \$22.16  | \$29.54   | \$44.31   | \$59.08    | \$73.85    |
| 22      | N/A      | \$7.58   | \$15.15  | \$22.72  | \$30.29   | \$45.44   | \$60.58    | \$75.73    |
| 23      | N/A      | \$7.78   | \$15.56  | \$23.35  | \$31.13   | \$46.69   | \$62.25    | \$77.81    |
| 24      | N/A      | \$7.99   | \$15.98  | \$23.97  | \$31.96   | \$47.94   | \$63.92    | \$79.90    |
| 25      | N/A      | \$8.22   | \$16.44  | \$24.66  | \$32.88   | \$49.31   | \$65.75    | \$82.19    |
| 26      | N/A      | \$8.50   | \$17.00  | \$25.50  | \$33.99   | \$50.99   | \$67.98    | \$84.98    |
| 27      | N/A      | \$8.79   | \$17.58  | \$26.36  | \$35.15   | \$52.73   | \$70.30    | \$87.87    |
| 28      | N/A      | \$9.09   | \$18.18  | \$27.26  | \$36.35   | \$54.53   | \$72.70    | \$90.87    |
| 29      | N/A      | \$9.38   | \$18.76  | \$28.13  | \$37.51   | \$56.26   | \$75.02    | \$93.77    |
| 30      | N/A      | \$9.69   | \$19.38  | \$29.06  | \$38.75   | \$58.13   | \$77.50    | \$96.87    |
| 31      | N/A      | \$10.10  | \$20.19  | \$30.29  | \$40.38   | \$60.58   | \$80.77    | \$100.96   |
| 32      | N/A      | \$10.55  | \$21.09  | \$31.64  | \$42.18   | \$63.27   | \$84.37    | \$105.46   |
| 33      | N/A      | \$10.97  | \$21.93  | \$32.89  | \$43.86   | \$65.79   | \$87.72    | \$109.64   |
| 34      | N/A      | \$11.44  | \$22.87  | \$34.31  | \$45.74   | \$68.61   | \$91.48    | \$114.35   |
| 35      | N/A      | \$11.92  | \$23.83  | \$35.75  | \$47.67   | \$71.50   | \$95.33    | \$119.16   |
| 36      | N/A      | \$12.55  | \$25.09  | \$37.64  | \$50.18   | \$75.27   | \$100.37   | \$125.46   |
| 37      | N/A      | \$13.22  | \$26.43  | \$39.65  | \$52.87   | \$79.30   | \$105.73   | \$132.16   |
| 38      | N/A      | \$13.91  | \$27.82  | \$41.73  | \$55.63   | \$83.45   | \$111.26   | \$139.08   |
| 39      | N/A      | \$14.71  | \$29.41  | \$44.11  | \$58.82   | \$88.22   | \$117.63   | \$147.04   |
| 40      | N/A      | \$15.47  | \$30.94  | \$46.41  | \$61.88   | \$92.81   | \$123.75   | \$154.68   |
| 41      | \$6.58   | \$16.46  | \$32.91  | \$49.36  | \$65.82   | \$98.72   | \$131.63   | \$164.54   |
| 42      | \$6.99   | \$17.47  | \$34.94  | \$52.41  | \$69.88   | \$104.82  | \$139.76   | \$174.70   |
| 43      | \$7.41   | \$18.53  | \$37.06  | \$55.59  | \$74.12   | \$111.17  | \$148.23   | \$185.29   |
| 44      | \$7.85   | \$19.63  | \$39.26  | \$58.89  | \$78.52   | \$117.77  | \$157.03   | \$196.29   |
| 45      | \$8.34   | \$20.86  | \$41.71  | \$62.56  | \$83.42   | \$125.12  | \$166.83   | \$208.54   |
| 46      | \$8.90   | \$22.25  | \$44.49  | \$66.73  | \$88.97   | \$133.46  | \$177.95   | \$222.43   |
| 47      | \$9.51   | \$23.76  | \$47.52  | \$71.27  | \$95.03   | \$142.55  | \$190.06   | \$237.58   |
| 48      | \$10.16  | \$25.40  | \$50.80  | \$76.19  | \$101.59  | \$152.38  | \$203.18   | \$253.97   |
| 49      | \$10.85  | \$27.11  | \$54.22  | \$81.33  | \$108.44  | \$162.66  | \$216.88   | \$271.10   |
| 50      | \$11.59  | \$28.98  | \$57.96  | \$86.94  | \$115.91  | \$173.87  | \$231.83   | \$289.78   |
| 51      | \$12.38  | \$30.94  | \$61.88  | \$92.81  | \$123.75  | \$185.62  | \$247.49   | \$309.37   |
| 52      | \$13.22  | \$33.05  | \$66.10  | \$99.15  | \$132.21  | \$198.31  | \$264.41   | \$330.51   |
| 53      | \$14.10  | \$35.24  | \$70.48  | \$105.72 | \$140.96  | \$211.43  | \$281.91   | \$352.38   |
| 54      | \$15.03  | \$37.57  | \$75.15  | \$112.72 | \$150.29  | \$225.43  | \$300.57   | \$375.72   |
| 55      | \$16.00  | \$40.00  | \$80.00  | \$120.00 | \$160.00  | \$239.99  | \$319.99   | \$399.99   |
| 56      | \$17.25  | \$43.13  | \$86.25  | \$129.38 | \$172.50  | \$258.75  | \$345.01   | \$431.26   |
| 57      | \$18.60  | \$46.48  | \$92.97  | \$139.45 | \$185.93  | \$278.89  | \$371.85   | \$464.82   |
| 58      | \$20.00  | \$50.00  | \$99.99  | \$149.98 | \$199.98  | \$299.97  | \$399.95   | \$499.94   |
| 59      | \$21.49  | \$53.73  | \$107.45 | \$161.18 | \$214.90  | \$322.35  | \$429.80   | \$537.25   |
| 60      | \$23.06  | \$57.66  | \$115.31 | \$172.96 | \$230.62  | \$345.93  | \$461.23   | \$576.54   |
| 61      | \$25.11  | \$62.78  | \$125.56 | \$188.33 | \$251.11  | \$376.66  | \$502.22   | \$627.77   |
| 62      | \$27.22  | \$68.06  | \$136.11 | \$204.17 | \$272.22  | \$408.34  | \$544.45   | \$680.56   |
| 63      | \$29.48  | \$73.69  | \$147.38 | \$221.07 | \$294.76  | \$442.13  | \$589.51   | \$736.89   |
| 64      | \$31.77  | \$79.43  | \$158.85 | \$238.28 | \$317.71  | \$476.56  | \$635.41   | \$794.26   |
| 65      | \$34.21  | \$85.52  | \$171.04 | \$256.55 | \$342.07  | \$513.11  | \$684.14   | \$855.18   |
| 66      | \$38.02  | \$95.05  | \$190.10 | \$285.15 | \$380.20  | \$570.29  | \$760.39   | \$950.49   |
| 67      | \$42.05  | \$105.12 | \$210.24 | \$315.36 | \$420.49  | \$630.73  | \$840.97   | \$1,051.21 |
| 68      | \$46.33  | \$115.81 | \$231.62 | \$347.43 | \$463.23  | \$694.85  | \$926.47   | \$1,158.08 |
| 69      | \$50.88  | \$127.18 | \$254.37 | \$381.55 | \$508.73  | \$763.10  | \$1,017.46 | \$1,271.83 |
| 70      | \$55.73  | \$139.33 | \$278.66 | \$417.99 | \$557.31  | \$835.97  | \$1,114.62 | \$1,393.28 |

### Semi-Monthly Life Non-Smoker Rates Over 70

| Iss Age | \$10,000 | \$25,000 | \$30,000 | \$40,000 | \$50,000 |
|---------|----------|----------|----------|----------|----------|
| 71      | \$46.89  | \$117.21 | \$140.65 | \$187.54 | \$234.42 |
| 72      | \$52.01  | \$130.01 | \$156.01 | \$208.01 | \$260.02 |
| 73      | \$57.45  | \$143.63 | \$172.36 | \$229.81 | \$287.26 |
| 74      | \$63.23  | \$158.07 | \$189.69 | \$252.92 | \$316.14 |
| 75      | \$69.40  | \$173.50 | \$208.19 | \$277.59 | \$346.99 |
| 76      | \$77.91  | \$194.77 | \$233.72 | \$311.63 | \$389.53 |
| 77      | \$86.88  | \$217.19 | \$260.62 | \$347.50 | \$434.37 |
| 78      | \$96.35  | \$240.87 | \$289.05 | \$385.40 | \$481.75 |
| 79      | \$106.36 | \$265.90 | \$319.07 | \$425.43 | \$531.79 |

### Semi-Monthly Life Smoker Rates Over 70

| Iss Age | \$10,000 | \$25,000 | \$30,000 | \$40,000 | \$50,000 |
|---------|----------|----------|----------|----------|----------|
| 71      | \$62.72  | \$156.80 | \$188.15 | \$250.87 | \$313.59 |
| 72      | \$70.13  | \$175.31 | \$210.38 | \$280.50 | \$350.63 |
| 73      | \$78.03  | \$195.08 | \$234.10 | \$312.13 | \$390.16 |
| 74      | \$86.45  | \$216.13 | \$259.36 | \$345.81 | \$432.26 |
| 75      | \$95.49  | \$238.73 | \$286.48 | \$381.97 | \$477.46 |
| 76      | \$107.52 | \$268.80 | \$322.56 | \$430.08 | \$537.60 |
| 77      | \$120.27 | \$300.66 | \$360.79 | \$481.05 | \$601.32 |
| 78      | \$133.79 | \$334.47 | \$401.36 | \$535.14 | \$668.93 |
| 79      | \$148.16 | \$370.40 | \$444.48 | \$592.64 | \$740.79 |



# CANCER - ALLSTATE



While major medical insurance can help with the cost of cancer treatment, you may still have out-of-pocket expenses that are not covered by your major medical insurance, including travel, food, lodging, child care, and household help. Meanwhile, living expenses such as car payments, mortgage or rent payments, and utility bills continue, whether or not you are able to work. Additionally, if a family member has to stop working to take care of you, the loss of income may be doubled.

Cancer insurance provides a fixed benefit for the early detection, incidence and treatment of cancer and related expenses. You can use the benefit payments any way you choose — to pay your mortgage, clear debts, or replace lost income; you do not have to use it to pay for treatment.

| Benefits  | Amounts                   |
|---|---------------------------|
| <b>Hospital and Related Benefits</b>                                      |                           |
| Continuous Hospital Confinement (daily)                                   | \$100                     |
| Government or Charity Hospital (daily)                                    | \$100                     |
| Extended Care Facility (daily)  | \$100                     |
| At Home Nursing (daily)   | \$100                     |
| Freestanding Hospice Care Center (daily) or Hospice Care Team (per visit) | \$100                     |
| <b>Radiation, Chemotherapy, and Related Benefits</b>                      |                           |
| Radiation/Chemotherapy for Cancer (every 12 months)                       | \$5,000                   |
| Blood, Plasma, and Platelets (every 12 months)                            | \$5,000                   |
| Hematological Drugs (yearly)  | \$100                     |
| Medical Imaging (yearly)  | \$250                     |
| <b>Surgery and Related Benefits</b>                                       |                           |
| Surgery (maximum, depending on surgery)                                   | \$3,000                   |
| Anesthesia (% of Surgery Benefit)   | 25%                       |
| Regulatory Surgical Center (daily)  | \$500                     |
| Second Opinion  | \$400                     |
| Bone Marrow or Stem Cell Transplant - Autologous*                         | \$1,000                   |
| Non-autologous*   | \$2,500                   |
| Non-autologous for Leukemia*  | \$5,000                   |
| <b>Miscellaneous Benefits</b>   |                           |
| Inpatient Drugs and Medicine (daily)                                      | \$25                      |
| Physician's Attendance (daily)  | \$50                      |
| Ambulance (per confinement)   | \$100                     |
| Non-Local Transportation (per trip or mile)                               | Coach Fare or \$0.40/Mile |
| Outpatient Lodging (daily, \$2,000 max/12 months)                         | \$50                      |
| Family Member Lodging (daily) and   | \$50                      |
| Transportation (per trip or mile)   | Coach Fare or \$0.40/Mile |
| Physical or Speech Therapy (daily)  | \$50                      |
| New or Experimental Treatment (every 12 months)                           | \$5,000                   |
| Prosthesis (per amputation)   | \$2,000                   |
| Hair Prosthesis (every 2 years)   | \$25                      |
| Nonsurgical External Breast Prosthesis                                    | \$50                      |
| Anti-Nausea Benefit (yearly)  | \$200                     |
| Waiver of Premium (primary insured only)                                  | Yes                       |
| <b>Optional Benefits</b>  |                           |
| Cancer Initial Diagnosis (one-time benefit)                               | \$5,000                   |
| Intensive Care - Intensive Care Confinement (daily)                       | \$300                     |
| Step-Down Confinement (daily)   | \$150                     |
| Air/Surface Ambulance   | Actual Charges            |
| Wellness (yearly)   | \$25                      |

# CANCER - ALLSTATE



|                       | Employee Pays Monthly | Employee Payroll Deductions |
|-----------------------|-----------------------|-----------------------------|
| Employee Only         | \$19.80               | \$9.90                      |
| Employee & Spouse     | \$47.81               | \$23.91                     |
| Employee & Child(ren) | \$21.85               | \$10.93                     |
| Employee & Family     | \$47.81               | \$23.91                     |



# HOSPITAL INDEMNITY - ALLSTATE

Hospital Indemnity insurance is a plan designed to pay for the costs of a hospital admission that may not be covered by other insurance. The plan covers employees who are admitted to a hospital or ICU for a covered sickness or injury. Even if your Medical insurance covers most of your hospitalization, you can still receive payments from your Hospital Indemnity insurance plan to cover extra expenses while you recover.

## How Does Hospital Indemnity Insurance Work?

You pay monthly premiums for your Hospital Indemnity insurance plan. If you are admitted to the hospital for an injury or illness, your Hospital Indemnity plan makes cash payments to you. And with the payments going directly to you, you can use these emergency funds to pay for costs not covered by your Medical insurance, Medical insurance deductibles, copays and coinsurance, child care expenses while you are in the hospital or cost-of-living expenses as you recover.

| <b>Hospitalization Benefits</b>  |              |
|--|--------------|
| <b>First Day Hospital Confinement Benefit*</b>   | \$1,000      |
| <b>Limit to Number of Occurrences</b>  | One per year |
| <b>Daily Hospital Confinement Benefit* (daily)</b>   | \$200        |
| <b>Maximum Days Payable</b>  |              |
| <b>If First Day Hospital Confinement Benefit is Payable</b>  | Days 2 - 30  |
| <b>If First Day Hospital Confinement Benefit is not Payable</b>  | Days 1 - 30  |
| <b>Hospital Intensive Care Benefit (daily)</b>   | \$300        |
| <b>Maximum Days Payable</b>  | 15 Days      |
| <b>Wellness Benefit</b>  |              |
| <b>Fixed Wellness (daily)</b>  | \$25         |
| <b>Additional Conditions and Limitations</b>   |              |
| <b>Mental and Nervous Disorders Covered</b>  | Yes          |
| <b>Drug Addiction and Alcoholism Covered</b>   | No           |
| <b>Pregnancy Waiting Period</b>  | 10 months    |
| <b>Pre-Existing Condition Limitation</b>   | None         |
| *If the covered person is a newborn child, we will pay 10% of the benefit amount shown for both the First Day and the Daily Hospital Confinement Benefits. |              |

|                          | <b>Employee Pays Monthly</b> | <b>Employee Payroll Deductions</b> |
|--------------------------|------------------------------|------------------------------------|
| <b>Employee</b>          | \$15.60                      | \$7.80                             |
| <b>Employee + Spouse</b> | \$35.23                      | \$17.62                            |
| <b>Employee + Child</b>  | \$20.80                      | \$10.40                            |
| <b>Family</b>            | \$43.16                      | \$21.58                            |



# CRITICAL ILLNESS - ALLSTATE

While medical insurance is vital, it doesn't cover everything. If you suffer from a serious illness, such as cancer, stroke or a heart attack, Medical insurance may not provide the coverage you need. Critical Illness insurance will ease the financial strain and help you focus on your recovery.

## How Will a Critical Illness Claim Get Paid?

After purchasing Critical Illness insurance, if you suffer from one of the serious illnesses covered by your policy, you'll be paid in a lump sum. The payment will go directly to you instead of to a medical provider. The payment you receive can be used for many things including:

- Child care costs
- Medical expenses
- Travel expenses for you and your family
- Lost wages from missed time at work
- Living expenses

## Benefits and Amounts

| Initial Critical Illness Benefits  |                  |               |          |
|--|------------------|---------------|----------|
| Heart Attack (100%)  |                  | \$20,000      |          |
| Stroke (100%)  |                  | \$20,000      |          |
| End Stage of Renal Failure (100%)  |                  | \$20,000      |          |
| Major Organ Transplant (100%)  |                  | \$20,000      |          |
| Coronary Artery Bypass Surgery (25%)                                       |                  | \$5,000       |          |
| Waiver of Premium (employee only)  |                  | Yes           |          |
| Reoccurrence of Critical Illness Benefits                                  |                  |               |          |
| Initial Critical Illness (same amount as Initial Critical Illness Benefit) |                  | Yes           |          |
| Rider Benefits   |                  |               |          |
| Second Evaluation, Transportation and Lodging Rider                        |                  |               |          |
| Second Evaluation  |                  | \$1,000       |          |
| Non-Local Transportation (per trip or mile)                                | Air Fare         | \$500         |          |
|  | Personal Vehicle | \$0.50/mi.    |          |
| Outpatient Lodging (daily) and Transportation (per trip or mile)           |                  | \$100         |          |
| Family Member Lodging (daily) and Transportation (per trip or mile)        |                  | \$100         |          |
|  | Air Fare         | \$500         |          |
|  | Personal Vehicle | \$0.50/mi.    |          |
| Specified Chronic Illness Rider  |                  |               |          |
|  |                  | Illness (50%) | \$10,000 |
|  |                  | Injury (100%) | \$20,000 |
| Advanced Alzheimer's Disease (100%)  |                  | \$20,000      |          |
| Advanced Parkinson's Disease (100%)  |                  | \$20,000      |          |
| Benign Brain Tumor (100%)  |                  | \$20,000      |          |
| Coma (100%)  |                  | \$20,000      |          |
| Complete Loss of Hearing (100%)  |                  | \$20,000      |          |
| Complete Loss of Sight (100%)  |                  | \$20,000      |          |
| Complete Loss of Speech (100%)   |                  | \$20,000      |          |
| Paralysis (100%)   |                  | \$20,000      |          |
| Fixed Wellness Rider (per year)  |                  | \$50          |          |

The coverage contains exclusions and limitations; please refer to plan documents for details.

The Pre-existing Condition Limitation is excluded in you plan design.

<sup>1</sup>Benefits paid once per person. When all benefits have been used, the coverage terminates. Covered dependents receive 50% of the benefit amount.

<sup>2</sup>Limit of \$5,000 in a calendar year. <sup>3</sup>Limit of \$1,000 in a calendar year. <sup>4</sup>Maximum of 1,000 miles.

# CRITICAL ILLNESS - ALLSTATE

| Tobacco Class | Issue Age | Employee Pays Monthly<br>EE/EE + CH | Employee Payroll Deductions<br>EE/EE + CH | Employee Pays Monthly<br>EE + SP/F | Employee Payroll Deductions<br>EE + SP/F |
|---------------|-----------|-------------------------------------|---|------------------------------------|--|
| Non-Tobacco   | 18-29     | \$4.22                              | \$2.11                                    | \$6.99                             | \$3.50                                   |
|               | 30-39     | \$8.04                              | \$4.02                                    | \$12.81                            | \$6.41                                   |
|               | 40-49     | \$16.15                             | \$8.08                                    | \$25.13                            | \$12.57                                  |
|               | 50-59     | \$30.08                             | \$15.04                                   | \$46.28                            | \$23.14                                  |
|               | 60-64     | \$42.82                             | \$21.41                                   | \$65.55                            | \$32.78                                  |
|               | 65+       | \$72.15                             | \$36.08                                   | \$109.69                           | \$54.85                                  |
| Tobacco       | 18-29     | \$5.63                              | \$2.82                                    | \$9.12                             | \$4.56                                   |
|               | 30-39     | \$12.59                             | \$6.30                                    | \$19.64                            | \$9.82                                   |
|               | 40-49     | \$26.78                             | \$13.39                                   | \$41.08                            | \$20.54                                  |
|               | 50-59     | \$47.63                             | \$23.82                                   | \$72.60                            | \$36.30                                  |
|               | 60-64     | \$67.52                             | \$33.76                                   | \$102.60                           | \$51.30                                  |
|               | 65+       | \$114.34                            | \$57.17                                   | \$172.96                           | \$86.48                                  |





# NCS MUSCULOSKELETAL PROGRAM

## Risk Management Conference Room

215 Franklin Street, Suite 202  
Beaumont, TX 77701

## Port Arthur (Pending Location)

## Health and Welfare Clinic

7933 Viterbo Rd.  
Beaumont, TX 77705

## Make an Appointment at:

- [www.nmcsonline.com/SETGEBP](http://www.nmcsonline.com/SETGEBP)
- Select "Create New Account" and complete the on-screen form
- Select "Appointment" and choose your preferred location/ date/time and make a minimum of 4 appointments (appointments cannot be on consecutive days)
- Questions? Contact NCS at **817-380-4183**

NCS can resolve most problems in less than 4 treatment sessions (sessions are 15 minutes). Treatment is done by a board certified chiropractor, at an onsite County location, and is free to employees and their dependents (MUST be enrolled in the UHC Medical Plan in order to participate).

### NCS can treat the following:

- Sciatica
- Back Pain
- Knee Pain
- Hip Pain
- Foot Pain
- Neck Pain
- Elbow Pain
- Shoulder Pain
- Wrist Pain
- Leg Pain
- Ankle Pain
- Other Pain



# SPECIAL ENROLLMENT

## After Declining Health Coverage

If you are declining enrollment for yourself or your dependents (including spouses) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if 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 you or your dependent's coverage ends (or after the employer stops contributing to the other coverage).

## New Dependents

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.

## Government Programs

### You may be able to enroll yourself or your dependents in this plan if:

- You or your dependent's Medicaid or CHIP (Children's Health Insurance Program) coverage terminated as a result of loss of eligibility; **or**
- You or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.
- You must request enrollment within **60 days** of the loss of Medicaid or CHIP coverage, or within 60 days of when eligibility for premium assistance under Medicaid or CHIP is determined.

If you have a special enrollment event and want to enroll in health coverage, contact Shanna at the Drainage District 3 office.





# HEALTH COVERAGE NOTICES

## FOR YOUR FILES

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

- **Health Insurance Marketplace Coverage Options and Your Health Coverage** that describe the Health Insurance Marketplace and eligibility and tax credit information.
- **Notice of Privacy Practices** that explains how the health care plan(s) protect your personal medical information.
- **Medicare Part D Notice** that provides information about how your current prescription drug coverage under the health care plan(s) is affected—and your options for coverage—when you become eligible for Medicare.
- **Newborn & Mothers Health Protection Notice** that describes federal laws that govern benefits for hospital stays for mothers following the birth of child.
- **Women’s Health and Cancer Rights Act** that summarizes the benefits available under your medical plan if you have had or are going to have a mastectomy.

**IMPORTANT:** If you or your dependents have Medicare or will become eligible for Medicare in the next 12 months, the Medicare Prescription Drug program gives you more choices about your prescription drug coverage. Please see the **IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE** section for more details.

## HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

### PART A: GENERAL INFORMATION

Since key parts of the health care law took effect in 2014, there is another way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

#### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away. Typically, you can enroll in a Marketplace health plan during the Marketplace’s annual Open Enrollment period or if you experience a qualifying life event.

#### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

#### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 8.39% 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 Jefferson County at (409) 835-8672.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

## PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

|   |   |                       |
|---|---|-----------------------|
| 3. Employer Name:<br>Jefferson County   | 4. Employer Identification Number (EIN): 74-6000291                                       |                       |
| 5. Employer Address:<br>1149 Pearl Street                                     | 6. Employer Phone Number:<br>(409) 835-8672   |                       |
| 7. City: Beaumont   | 3. State:<br>TX   | 9. ZIP code:<br>77701 |
| 10. Who can we contact about employee health coverage at this job? Adan Perez |   |                       |
| 11. Phone number (if different from above)                                    | 12. E-mail address:<br><a href="mailto:adan.perez@jeffcotx.us">adan.perez@jeffcotx.us</a> |                       |

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

- As your employer, we offer a health plan to all full-time employees.
- With respect to dependents, we do offer coverage.

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

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

If you decide to shop for coverage in the Marketplace, [www.healthcare.gov](http://www.healthcare.gov) will guide you through the process.

### JEFFERSON COUNTY 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 it carefully.

### OUR COMPANY'S PLEDGE TO YOU

This notice is intended to inform you of the privacy practices followed by the Jefferson County (the Plan) and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective on 1/1/2024.

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

#### Protected Health Information

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

#### How We May Use Your Protected Health Information

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

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

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

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

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



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

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

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

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

## Your Rights

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

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

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

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

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

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

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

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

## Our Legal Responsibilities

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

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

If you have any questions or complaints, please contact:

Adan Perez  
Jefferson County  
1149 Pearl Street  
Beaumont, TX 77701  
(409) 835-8672 / [adan.perez@jeffcotx.us](mailto:adan.perez@jeffcotx.us)

## Complaints

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

## IMPORTANT NOTICE FROM JEFFERSON COUNTY ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Jefferson 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. Jefferson County has determined that the prescription drug coverage offered by Jefferson County plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join A Medicare Drug Plan?

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

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

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

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

You should also know that if you drop or lose your current coverage with Jefferson 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 Jefferson 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](http://www.medicare.gov).
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://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).

**Date:** 1/1/2024

**Name of Entity/Sender:** Jefferson County

**Contact/Office:** Adan Perez

**Address:** 1149 Pearl Street, Beaumont, TX 77701

**Phone Number:** (409) 835-8672



## **NEWBORN & MOTHERS HEALTH PROTECTION NOTICE**

For maternity hospital stays, in accordance with federal law, the Plan does not restrict benefits, for any hospital length of stay in connection with childbirth for the mother or newborn child, to less than 48 hours following a vaginal delivery or less than 96 hours following a Cesarean delivery.

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

## **WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998**

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

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

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





