



EMPLOYEE

Benefits Guide

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



📍 Victoria Betancourt, District Clerk

Benefits Built Around You

Medical



Dental



Vision



Financial



Wellness



Ⓢ Center: Nekha Mathew, Universal Services; Nekha's daughters and Nugget



Fellow Employees,

With another year on the horizon, we are excited to share some positive changes for your benefits.

For starters, the County is moving its benefits plan year to a calendar year beginning January 1, 2024. This change will simplify how your benefits are administered since deductibles, out-of-pocket maximums and flexible spending accounts are determined on a calendar year basis.

The Healthy Actions Incentive increases to \$300. This amount, in the form of a payroll deposit, can be earned by eligible employees for completing certain actions throughout the upcoming year.

Another change is the transition to a new medical insurance, Aetna, approved by Commissioners Court for a five-year contract effective January 1.

We are also happy to share something that isn't changing. Commissioners Court approved to keep premiums and our benefits the same this upcoming plan year. This means no changes to what you contribute from your paycheck or pay out of pocket to access care and services.

We want you to know that Harris County and the Human Resources & Risk Management team are here to support you. Please don't hesitate to reach out to us if you need help or would like a benefit explained in more detail.



Shain Carrizal

Executive Director, Human Resources & Risk Management

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New in 2024

New Medical Insurance

Beginning January 1, 2024, our medical insurance carrier changes to Aetna. The Base and Plus plans remain the same.

Healthy Actions Incentive

The maximum amount that can be earned increases to \$300. Actions to earn this max amount must be completed between November 1, 2023, and October 31, 2024. Go to page 37 for more information.

New Wellbeing Program

In January 2024, we are launching a new wellbeing program, Navigate. This will be the home for our Healthy Actions Incentive program as well as an array of resources and activities, all at your fingertips. More information will be released after January 2024.

Enhanced Life Insurance Benefits

The employee basic Accidental Death & Dismemberment (AD&D) insurance has increased to \$30,000 to match the employee basic Life insurance benefit. Covered dependents (spouses and/or child/children) may now be enrolled in optional Life and AD&D insurance. The employee optional Life insurance benefit now has a maximum benefit amount of \$1,000,000. A matching AD&D benefit to optional Life has also been added. Go to page 42 for more information.



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



© Silvia Alanis, Justice of the Peace, 8-1

Compare Your Health Benefit Options

After you review the plan options and make your decision, follow the steps on page 18 to enroll.

Harris County health plans are divided into two categories: Base and Plus. Both plan options provide you with the same Aetna network, giving you and your covered dependents access to a broad network of physicians, facilities and healthcare services.

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

🗣️ *Maria Sabala, County Clerk;
Melina Rodriguez, County Clerk*





Base Plan

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

VS

Plus Plan

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

Additional Terms to Know

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



Plans at a Glance

Plans go beyond medical coverage to include vision, dental, life and long-term disability (LTD) insurance. Use this page to compare your options as you make your selection.

Your Cost (Bi-Weekly Premiums)

	BASE	PLUS
You only	\$0	\$36.35
You + child	\$109.03	\$181.72
You + spouse	\$121.15	\$218.07
You + 2 or more	\$193.84	\$290.77

Coverage Highlights

	BASE	PLUS
Deductible	\$600 Individual \$1,800 Family	None
Out-of-Pocket Maximum	\$7,350 Individual \$14,700 Family	\$6,350 Individual \$12,700 Family
Cost Per Visit	\$\$	\$
Wellness Programs	✓	✓
Vision & Dental	✓	✓
Employee Assistance Program	✓	✓
Prescription Drugs	✓	✓
Basic Life Insurance Employee / Spouse / Child	\$30,000 / \$5,000 / \$2,000	\$30,000 / \$5,000 / \$2,000
Accidental Death & Dismemberment Insurance Employee / Spouse / Child	\$30,000 / \$5,000 / \$2,000	\$30,000 / \$5,000 / \$2,000
Basic Long-Term Disability Insurance Employee only	Up to 50% of your monthly earnings for a maximum of \$5,000	Up to 50% of your monthly earnings for a maximum of \$5,000



Base Services Overview

Use this overview of services/costs for a deeper comparison with the Plus plan. In all cases, staying in-network provides the best value. In the overview, “You Pay” refers to the amount you are responsible for of eligible expenses. Note that this is not a comprehensive list of services, limitations or exclusions. Please log in at aetna.com for more covered services and to estimate your out-of-pocket cost and additional provisions.

	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible		
Individual	\$600	\$1,000
Family	\$1,800	\$3,000
Maximum Out-of-Pocket		
Individual	\$7,350	\$10,000
Family	\$14,700	\$30,000
Lifetime Maximum	Unlimited (unless otherwise noted)	Unlimited
OFFICE SERVICES	YOU PAY	YOU PAY
Preventive Services*	\$0	50% coinsurance after deductible is met
Employee Clinic	\$0	Not applicable
Convenience Care Clinic	\$30	50% coinsurance after deductible is met
Primary Care Visit (Telehealth and Office Visit)	\$20	50% coinsurance after deductible is met
Specialist Office Visit (Telehealth and Office Visit)	\$40	50% coinsurance after deductible is met
Urgent Care	\$50	50% coinsurance after deductible is met
EMERGENCY CARE	YOU PAY	YOU PAY
Ambulance Service	\$300	\$300
Emergency Room If admitted, copay is waived. You are still responsible for inpatient services.	\$300	\$300

Base Services Overview (cont.)

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



	IN-NETWORK	OUT-OF-NETWORK
MATERNITY	YOU PAY	YOU PAY
Initial Office Visit (Specialist copay)	\$40	50% coinsurance after deductible is met
Subsequent Visits	\$0	50% coinsurance after deductible is met
Hospital Delivery Covers mom and baby.	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Breastfeeding Equipment	\$0	50% coinsurance after deductible is met
OTHER MEDICAL	YOU PAY	YOU PAY
Acupuncture	\$0 for up to 10 visits per calendar year	\$0 for up to 10 visits per calendar year
Allergy Treatment Includes serum, injections and injectable drugs.	\$0 for up to 150 doses per calendar year	50% coinsurance after deductible is met
Chiropractic Care	\$0 for up to 10 visits per calendar year	50% coinsurance after deductible is met
Durable Medical Equipment	10% coinsurance after deductible is met	50% coinsurance after deductible is met
Hearing Aids 1 pair every 36 months	20% coinsurance; no deductible	20% coinsurance after deductible is met
Home Healthcare 100 visits per calendar year	10% coinsurance after deductible is met	50% coinsurance after deductible is met
Hospice Care	10% coinsurance after deductible is met	50% coinsurance after deductible is met
Residential Treatment Facility	20% coinsurance after deductible is met	50% coinsurance after deductible is met

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

Plus Services Overview

Use this overview of services/costs for a deeper comparison with the Base plan. In all cases, staying in-network provides the best value. In the overview, “You Pay” refers to the amount you are responsible for of eligible expenses. Note that this is not a comprehensive list of services, limitations or exclusions. Please log in at aetna.com for more covered services and to estimate your out-of-pocket cost and additional provisions.

	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible		
Individual	None	\$1,000
Family		\$3,000
Maximum Out-of-Pocket		
Individual	\$6,350	\$10,000
Family	\$12,700	\$30,000
Lifetime Maximum	Unlimited (unless otherwise noted)	Unlimited
OFFICE SERVICES	YOU PAY	YOU PAY
Preventive Services*	\$0	50% coinsurance after deductible is met
Employee Clinic	\$0	Not applicable
Convenience Care Clinic	\$25	50% coinsurance after deductible is met
Primary Care Visit (Telehealth and Office Visit)	\$15	50% coinsurance after deductible is met
Specialist Office Visit (Telehealth and Office Visit)	\$30	50% coinsurance after deductible is met
Urgent Care	\$50	50% coinsurance after deductible is met
EMERGENCY CARE	YOU PAY	YOU PAY
Ambulance Service	\$0	\$0 after deductible is met
Emergency Room If admitted, copay is waived. You are still responsible for inpatient services.	\$300	\$300
INPATIENT CARE	YOU PAY	YOU PAY
Hospital Services Precertification and continued stay review required for all inpatient admissions.	\$600	50% coinsurance after deductible is met
Physician Services	\$0	50% coinsurance after deductible is met
Skilled Nursing Facility Up to 100 days per calendar year. Requires precertification.	\$0	50% coinsurance after deductible is met
OUTPATIENT CARE	YOU PAY	YOU PAY
Facility Services	\$400	50% coinsurance after deductible is met
Outpatient Surgery	\$400	50% coinsurance after deductible is met



	IN-NETWORK	OUT-OF-NETWORK
OUTPATIENT CARE	YOU PAY	YOU PAY
Diagnostic X-ray & Laboratory	\$0	50% coinsurance after deductible is met
Diagnostic Mammogram Includes 3D	\$0	50% coinsurance after deductible is met
Outpatient Dialysis Treatment	\$0	Not covered
Complex Imaging MRI, CAT scan, PET scan, etc. Requires precertification.	\$100	50% coinsurance after deductible is met
Maximum Savings Providers	\$0	Not applicable
Rehabilitation/Therapy Physical, speech and occupational. Limited to 60 visits per calendar year.	\$20 per visit	50% coinsurance after deductible is met
Basic Infertility Services Diagnosis and Treatment Only	Payable as any other expense; 50% coinsurance for insemination; fertility drugs excluded	50% coinsurance after deductible is met; fertility drugs excluded
MATERNITY	YOU PAY	YOU PAY
Initial Office Visit (Specialist copay)	\$30	50% coinsurance after deductible is met
Subsequent Visits	\$0	50% coinsurance after deductible is met
Hospital Delivery Covers mom and baby.	\$600	50% coinsurance after deductible is met
Breastfeeding Equipment	\$0	50% coinsurance after deductible is met
OTHER MEDICAL	YOU PAY	YOU PAY
Acupuncture	\$0 for up to 10 visits per calendar year	\$0 for up to 10 visits per calendar year
Allergy Treatment Includes serum, injections and injectable drugs.	\$0 for up to 150 doses per calendar year	50% coinsurance after deductible is met
Chiropractic Care	\$0 for up to 10 visits per calendar year	50% coinsurance after deductible is met
Durable Medical Equipment	\$0	50% coinsurance after deductible is met
Hearing Aids 1 pair every 36 months	20% coinsurance; no deductible	20% coinsurance after deductible is met
Home Healthcare 100 visits per calendar year	\$0	50% coinsurance after deductible is met
Hospice Care	\$250 + 10% coinsurance	50% coinsurance after deductible is met
Residential Treatment Facility	\$600	50% coinsurance after deductible is met

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

Bi-Weekly Premiums

Harris County continues to pay a significant portion of the cost for your healthcare coverage. Premiums for the Base and Plus plans are based on 26 pay periods and will take effect on January 5, 2024.

YOU PAY			HARRIS COUNTY PAYS	=	TOTAL
BASE	\$0	You only	\$385.80		\$385.80
	\$109.03	You + child	\$567.11		\$676.14
	\$121.15	You + spouse	\$587.23		\$708.38
	\$193.84	You + 2 or more	\$706.67		\$900.51
PLUS	\$36.35	You only	\$498.36		\$534.71
	\$181.72	You + child	\$743.94		\$925.66
	\$218.07	You + spouse	\$801.90		\$1,019.97
	\$290.77	You + 2 or more	\$930.84		\$1,221.61

For enrollment steps, visit page 18.

Details on other services:



25
Pregnancy & Postpartum



26
Prescription Drugs



28
Vision



30
Dental



© Michelle Blount,
Juvenile Probation

Eligibility & Enrollment

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

Health Plan Eligibility

Unless otherwise noted, you and your dependents are eligible for the benefits described in this guide as long as you are benefits-eligible and are a department head, regular-position employee¹ or an elected/appointed official in Harris County.

Dependent Eligibility

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

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

Planning to retire this year?

Dependents must be covered for one full calendar year before your retirement in order to receive the County contribution for their premiums. You will be responsible for paying 100% of your dependent's premium cost if covered for less than one calendar year at your retirement.





WHO IS ELIGIBLE?	REQUIRED SUPPORTING DOCUMENTATION	ELIGIBILITY DETAILS
Spouse	<ul style="list-style-type: none"> • Copy of a filed marriage certificate or certificate of informal marriage • Documents written in a foreign language must be accompanied by a certified English translation 	
Biological child	<ul style="list-style-type: none"> • Birth Certificate or other court document listing the employee as the parent of the child • A Verification of Birth Facts or birth record may be submitted up to age 5. A Birth Certificate is required for children 5 and older. 	<ul style="list-style-type: none"> • Coverage available up to age 26. Coverage ends on the last day of the pay period in which the dependent turns 26.
Adopted child	<ul style="list-style-type: none"> • Certified copy of court order or paperwork placing child in employee's home 	<ul style="list-style-type: none"> • Coverage available up to age 26. Coverage ends on the last day of the pay period in which the dependent turns 26.
Stepchild	<ul style="list-style-type: none"> • Birth Certificate or other court document listing the employee's spouse as the parent of the child • Copy of a filed marriage certificate of the employee and parent of the child 	<ul style="list-style-type: none"> • Coverage available up to age 26. Coverage ends on the last day of the pay period in which the dependent turns 26.
Grandchildren	<ul style="list-style-type: none"> • Certification of Financial Dependency form (obtain from benefitsathctx.com >> Resources) • Birth Certificate of the grandchild • Birth Certificate of the grandchild's mother or father to prove relationship to employee 	<ul style="list-style-type: none"> • Grandchild must be related to the employee by birth or adoption. • Cannot be employee's step-grandchild. • Grandchild must be claimed as a dependent on the employee's federal tax return every year to remain on the plan. • Grandchild audits occur every June. • Coverage available up to age 26. Coverage ends on the last day of the pay period in which the dependent turns 26.
Foster child	<ul style="list-style-type: none"> • Foster care placement agreement between the employee and Texas Department of Family & Protective Services or its subcontractor 	<ul style="list-style-type: none"> • Coverage available up to age 18. Coverage ends on the last day of the pay period in which the dependent turns 18.
Legal custody or guardianship	<ul style="list-style-type: none"> • Court documents signed by a judge that grant permanent legal custody or permanent legal guardianship to the employee 	<ul style="list-style-type: none"> • Coverage available up to age 18. Coverage ends on the last day of the pay period in which the dependent turns 18.
Disabled children age 26 and over	<ul style="list-style-type: none"> • Contact Benefits & Wellness to obtain the forms you and the doctor will complete and return to Aetna. A determination for your request to continue coverage will be communicated by Aetna to you and Harris County. 	<ul style="list-style-type: none"> • Dependent children who are determined to be totally disabled according to the Social Security Administration Office are eligible. • Includes disabled children of employee or employee's spouse who became disabled before age 26 and have been continuously covered.

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

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

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

Enrollment & When to Enroll



Enroll today at STARS Employee Self-Service: stars-hr.hctx.net



Once you've selected the plan that's best for you, begin the enrollment process by logging into STARS Employee Self-Service >> Benefit Details.

All regular-position employees are required to enroll in the Harris County health plan. Those allowed to voluntarily waive include:

- Active reservists and retired military members who are currently covered by TRICARE.
- New employees covered by Medicare.
- The employee must be the policyholder of either TRICARE or Medicare and not a covered dependent.
- Visit benefitsathctx.com >> **Resources** to obtain the voluntary waiver form. This form must be completed and returned to benefits@harriscountytexas.gov every Open Enrollment cycle to continue waiving your benefits.
- For new employees, this form must be received before your benefits become effective. Otherwise, your next opportunity to waive will be during Open Enrollment.

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

1. When You're Hired

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

2. During Open Enrollment

This is a great time to review benefits and make any needed updates. You can change your benefit choices, add and/or drop dependents, purchase or discontinue optional Life insurance or optional Long-Term Disability, and enroll or disenroll in a flexible spending account.

- For the 2024 plan year, the Open Enrollment period is October 16 – November 3, 2023. Visit the STARS site (stars-hr.hctx.net) and log in to your Employee Self-Service portal, then Benefit Details to begin. If you are adding dependents, please have your necessary documentation on hand to upload.
- Dependents added during Open Enrollment will be covered beginning December 30, 2023.
- Dependents dropped during Open Enrollment will be covered through December 29, 2023.
- If you don't make any changes, your current benefits will stay the same. If you do make plan and optional benefits changes during Open Enrollment, they will take effect January 1, 2024.

If you are a new hire or newly eligible (including spouses and children) for Optional Term Life Insurance, you can elect up to the Guaranteed Issue amount, without having to submit Evidence of Insurability (EOI). The Guaranteed Issue amount will be indicated for you in STARS. If you have had a family status change within the past 31 days, you also may elect up to the Guaranteed Issue amount, without submitting EOI. All others, including those reinstating or increasing coverage must submit EOI. An application for EOI will be provided and you are required to return it directly to BlueCross BlueShield of Texas so they can determine whether you or your covered dependents are eligible for this program.

If this is your first time to enroll in optional long-term disability, an application for Evidence of Insurability will be provided from BlueCross BlueShield of Texas when the new plan year goes into effect. You will be required to complete this application and return it directly to BlueCross BlueShield of Texas and they will make the determination of whether or not you are eligible for this program.

3. After Qualified Life Events

Life happens, and your benefits plan has the flexibility to adjust with you. When you experience a qualified life event, log into STARS Employee Self-Service >> Benefit Details to submit your change request within the same calendar year the event takes place unless otherwise noted. Please note that STARS is only accessible within the Harris County network.

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

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



Coverage for Newborns

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

Get the Most from Your Benefits

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



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Using Your Medical Plan

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

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

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

Comparison is based on in-network services. Cost represents your copay based on your plan and service type — Base or Plus; non-specialist or specialist visit. For specific copay amounts, see pages 8 - 13.

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

Aetna Concierge

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

Your Benefits, Your Way

Manage your healthcare at home or on the go.

Stay on top of your benefits

- Review your benefits and what's covered
- Track your spending
- View and pay claims on your member website
- See your ID card online
- Get cost info before you get care¹

Connect to care

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


Get the Aetna HealthSM App Today

Visit [MyAetnaWebsite.com](https://www.MyAetnaWebsite.com) to register for your member website.

Download the Aetna HealthSM app:

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



 Chichi Emecheta, Universal Services

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

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

Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).

Apple[®] is a trademark of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc.

Google Play is a trademark of Google LLC.



Understanding In-Network vs. Out-of-Network

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

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

Your Best Value

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

To see if a provider or facility is part of the network, go to [aetna.com](https://www.aetna.com) or use the Aetna HealthSM app.

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



Ⓔ Joann Palanco, Roseline Onwuchuruba, Jalisa Anthony and Dominikka Gearing, Kelsey-Seybold Clinic Staff

Additional Services & Program Info

Your coverage includes access to a range of medical services. For help with any of these services, call Aetna at **800-228-6481**.

AbleTo Behavioral Care Program

Sometimes life can be overwhelming, leading to worry, stress and sadness. These are common feelings with major life changes or chronic pain. But help is now just a phone call away.

With the AbleTo program, you can get virtual, personalized support that will help you feel better. You'll learn how to better manage your emotions and improve your overall health. And your mental and physical health can improve in as little as eight weeks.

Consider AbleTo support if you've had one of these health conditions or life changes:

- Depression, anxiety or panic attacks
- Chronic pain/pain management
- Grief and loss
- Diabetes/weight loss
- Cardiovascular disease
- Caregiver stress (child, elder or person with autism)
- Digestive health issues
- Cancer diagnosis and recovery
- Respiratory issues
- Infertility or postpartum depression
- Alcohol or substance use disorder
- Military transition

Easy ways to join the program

We'll call you:

If your claims data shows you may benefit from this program, an Aetna or AbleTo representative will call you to explain how it works and why it can help you. In most cases, there's no cost to you.

Or you can contact us:

- Visit [AbleTo.com/Aetna](https://www.ableto.com/aetna)
- Call **1-844-330-3648**, Monday - Friday from 8 a.m. - 7 p.m. CT
- Tell your Aetna case manager you'd like to participate

Your Hearing Aid Program

Hearing Care Solutions and Amplifon offer discounted prices, a risk-free 60-day trial period, a 3-year warranty and expert care.

Transform Oncology Program

A cancer diagnosis is life changing. And you probably have a million things on your mind as you navigate your treatment. Aetna is here for you with the resources and support you may need to manage your care, understand your benefits and locate the right providers.



Pregnancy & Postpartum

Finding Care for You & Your Baby

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

Enroll in the Aetna Enhanced Maternity Program™

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

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

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

Breastfeeding Supplies & Support

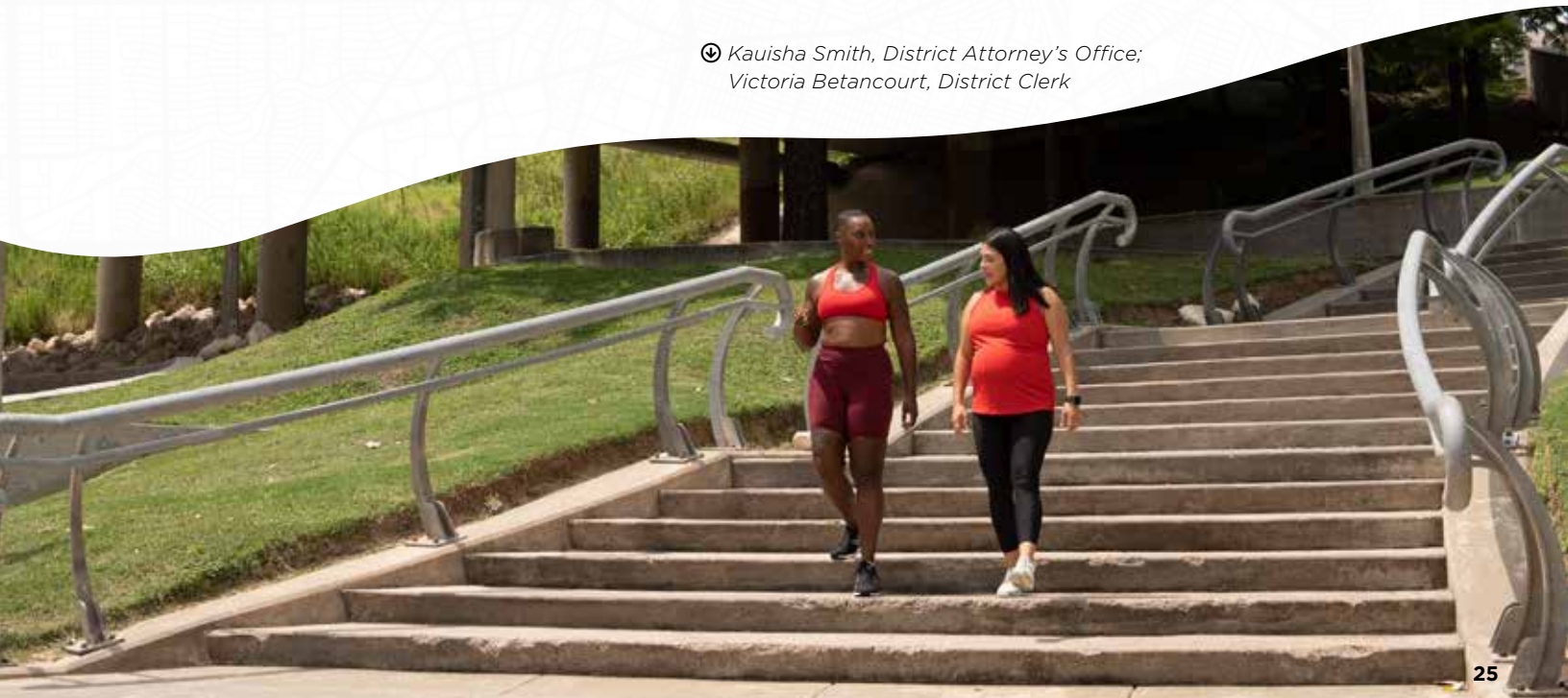
You're eligible for a breast pump covered at 100% from an in-network Durable Medical Equipment supplier. To qualify for coverage you must have one of the following claims:

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

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

Lactation support classes are preventive and covered at 100%.

Ⓧ *Kauisha Smith, District Attorney's Office;
Victoria Betancourt, District Clerk*





Prescription Drugs

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

YOUR PRESCRIPTION MEDICATION COSTS

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

Know What's Covered & Estimate Your Cost

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

- To see if your medication is covered:**
 Download the Aetna Standard Plan and Preventive Generic List at benefitsathctx.com.
- To find an in-network pharmacy & estimate the cost of your medication:**
 Log in (or register) at aetna.com or use the Aetna HealthSM mobile app.
- Questions?**
 Talk with a Aetna representative at **800-228-6481**.



Prescription Drugs — Key Terms to Know

No-Cost Preventive Generic Medications

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

90-Day Prescription Refills

You can fill your maintenance medication in a 90-day or 30-day supply at a retail pharmacy. Aetna offers a retail pharmacy network that gives you more choices for where you can fill your 90-day prescriptions. Some major pharmacies include CVS, Walmart, H-E-B and Kroger. Log in at [aetna.com](https://www.aetna.com) or use the Aetna HealthSM mobile app to compare cost and find a nearby, participating retail pharmacy.

Prior Authorization

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

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

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

Specialty Medications

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

PrudentRx

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

How It Works

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

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

Vision Summary of Benefits

This is only a summary of benefits. For a complete list of benefit details, please refer to Harris County's Certificate of Coverage or your Member Welcome Kit.

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

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

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

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

Out-of-Network Benefits

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

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





📍 Jessica Barelas, Purchasing



Vision

A variety of vision benefits are provided by Davis Vision to all members covered by Harris County's medical plan.

Fully Covered: Frames at Visionworks

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

Fully Covered: Frames from The Exclusive Collection

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

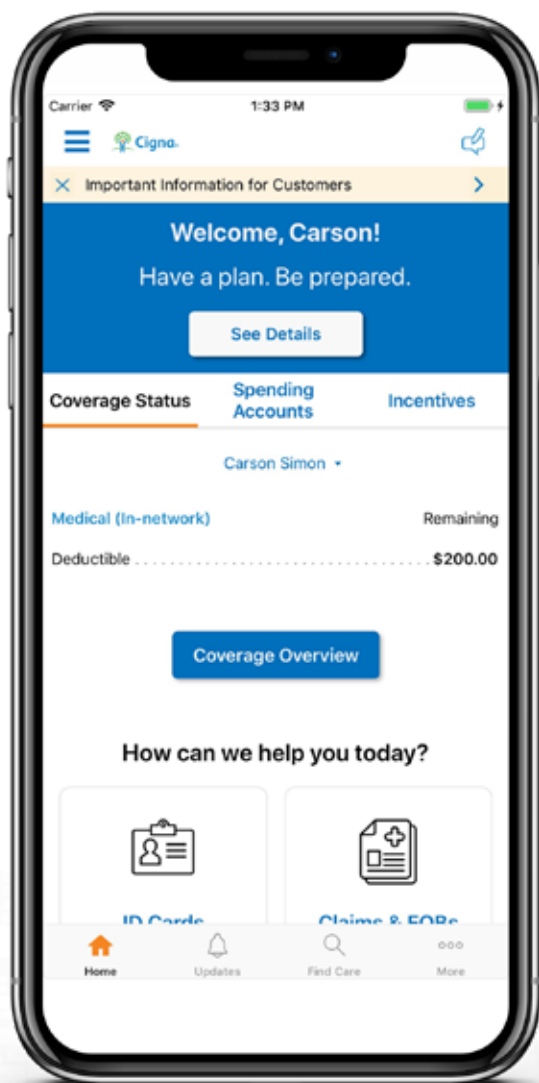
Fully Covered: Contacts from The Exclusive Collection

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

Dental

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

- You can choose to use any licensed dentist, though you'll get the biggest savings if you use a dentist in the Cigna dental network. You can also see a specialist without a referral.
- The amount your plan pays depends on:
 - The coinsurance level for the service you received
 - Which dentist you visit — in-network or out-of-network
 - If you've paid your deductible and/or reached your maximum benefit
- Once you reach the plan's maximum annual benefit, your plan will no longer pay a portion of your costs during that calendar year.



Get Started with myCigna:

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

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





Dental Summary of Benefits

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

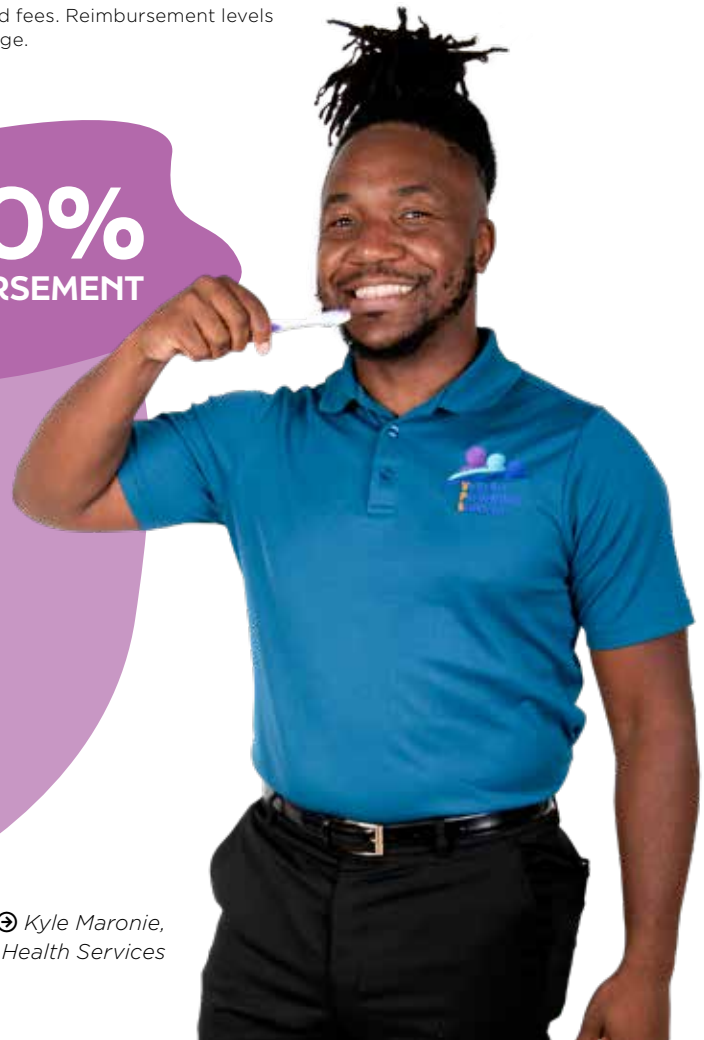
6-month benefit waiting period for new employees and newly covered dependents on Class III, VII and IX procedures.

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

**100%
REIMBURSEMENT**

Cigna Oral Health Integration Program

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



 Kyle Maronie,
Public Health Services

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) are special, non-taxed accounts designed to save you money on eligible healthcare and dependent care expenses. Through FSAs, money is set aside — tax-free — from your paycheck, so you'll pay less in taxes while increasing your disposable income.

Harris County offers you two FSA options:

- **Healthcare FSA** — For eligible medical, prescription, dental and vision care expenses.
- **Dependent Care FSA** — For eligible expenses to care for a dependent child or adult.

	HEALTHCARE FSA	DEPENDENT CARE FSA
IRS contribution limits¹	\$3,050 per year	\$5,000 per year ²
What is the purpose?	To pay for eligible out-of-pocket medical, prescription, dental and vision care expenses. It may not be used for healthcare premiums.	To pay for the care of your child (under age 13 or physically/mentally handicapped older child dependent) or adult dependent while you are at work. This is not for healthcare expenses of your child or adult dependent(s).
Whose eligible expenses can I pay for?	For you and any eligible dependents even if they are not covered by the Harris County medical plan. See IRS Publication 502 for specific details.	For eligible child and adult dependents claimed on your federal income tax return. See IRS Publication 503 for specific details.
When can I use my FSA?	The total amount you elect to contribute for the year may be used for eligible expenses beginning January 1, 2024.	This account is not pre-funded. Only your current account balance is available for reimbursement on eligible expenses.
What is the deadline for incurring and requesting reimbursement?	The last day you can have a qualifying service completed is March 15, 2025. The last day you can submit expenses for reimbursement is June 15, 2025.	
Can I roll over my unused FSA funds?	No. Any funds not spent by March 15, 2025, will be forfeited.	
How do I request reimbursement?	In 2024 the Inspira Mobile FSA debit card can be used to pay eligible expenses at most provider offices, pharmacies and hospitals. You can also file a claim to be reimbursed at inspirafinancial.com .	You can file a claim to be reimbursed at inspirafinancial.com .
Will I need to save receipts, EOBs and provider invoices?	Yes. Even if you use your Inspira Mobile Card you may be asked to verify your expenses.	Yes. You will need your documentation to request reimbursement.
Can I enroll or adjust my FSA contribution amount mid-year?	Yes. If you have a qualified life event during the plan year, you may adjust your contribution amount or enroll in a healthcare and/or dependent care FSA. See page 19 for a list of qualified life events.	

¹The IRS sets the maximum contribution amount for both the Healthcare and Dependent Care FSA. The amount listed reflects the maximum contribution for calendar year 2023.

²The contribution limit for the Dependent Care FSA can vary based on compensation. The value listed in this chart represents single, or married filing jointly.

Flexible Spending Accounts for the 2024 plan year will not be set up and available for your use until your first paycheck of the new plan year.

Plan, Save & Pay

Manage your accounts through Inspira Mobile

You'll manage your Flexible Spending Accounts through Inspira Mobile, an Aetna company. Log in at inspirafinancial.com.

Can I save time by having my claims reimbursements direct deposited into my bank account?

Yes. To get your money faster, link your bank account at inspirafinancial.com. Claims are usually processed within 72 business hours of receipt

How do I submit claims to Inspira Mobile?

Beginning January 1, 2024, you can submit claims to pay yourself back for eligible out-of-pocket expenses. You have three options, you can submit claims:

1. Online through your Inspira Mobile member website
2. Through Inspira Mobile
3. Fill out a paper claim form, and fax/mail it directly to Inspira Mobile

What if I terminate my employment or retire?

Your participation in any FSA program will end. Any contributions made while you were an active employee must be spent before your plan participation ends. Your plan participation will end on the date your active employee insurance ends. All claims incurred while actively at work must be filed by **June 15, 2025**.

Do you have 2023 funds remaining?

If you have any remaining funds from your 2023 account(s) with Cigna, make sure to use those first before using your 2024 funds managed by Inspira Mobile.

Remember, the last day to have a qualifying service for 2023 plan year funds is March 15, 2024. The last day to submit expenses for reimbursement is August 15, 2024.

Stay connected with the Inspira Mobile App

Don't go another day without our free* Inspira Mobile app. Once you create a username and password on the Inspira Mobile member website, use that to log in to the app.

You can:

- View your account balance and manage your account funds
- Submit claims to pay yourself back for eligible out-of-pocket expenses
- Receive account alerts and notifications



Supporting Your Wellbeing

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

Ⓢ Michelle Blount,
Juvenile Probation;
Inocensia Moreno,
District Courts





Employee Wellness

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

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

Featured Services & Programs

Get Active

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

Be Informed

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

Stay Well

- Onsite health services
- Health coaching
- Weight management

How to Find Wellness Services & Information



Online:

benefitsathctx.com



Email:

wellness@harriscountytexas.gov




Phone:

713-274-5500



Social:

- [benefitsandwellnesshctx](https://www.facebook.com/benefitsandwellnesshctx)
- [@benefitsandwellnesshctx](https://www.instagram.com/benefitsandwellnesshctx)
- [Harris County Benefits & Wellness](https://www.youtube.com/HarrisCountyBenefitsWellness)

 *Sherifat Akanji, Human Resources & Risk Management*





Employee Health & Wellness Clinic

By Kelsey-Seybold Clinic®

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

Clinic Details

Completely Confidential

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

Cost

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

Location & Hours

Harris County Employee Health & Wellness Clinic
1310 Prairie Street, 9th Floor
Houston, Texas 77002
Monday – Friday: 7:30 a.m. – 4:30 p.m.

24/7 SCHEDULING

713-442-WELL (9355)
myKelseyOnline.com

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

Rx Delivery

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

This clinic does not treat workers' compensation injuries.

The clinic is a convenient downtown resource for:

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

📍 Roseline Onwuchuruba, Kelsey-Seybold Clinic Staff





Enhance Your Wellbeing With Navigate

Navigate is our new wellbeing platform focused on caring for your whole self, from mindfulness and mental health resources to fitness classes and financial management. It starts with a wellbeing survey that gives you personalized insights and goals, so you can focus on what's most important to you. Watch for more details to come in 2024.



For 2024, the Healthy Actions Incentive has been increased to \$300 and will be managed through Navigate. You can earn a monetary incentive for participating in healthy actions. The key program dates are listed below. Watch for more details coming in 2024.

- **November 1, 2023**
Begin completing your actions.
- **October 31, 2024**
Last day to complete your actions for your 2025 Healthy Actions Incentive.
- **January 2025**
Payroll deposit of earned Healthy Actions Incentive.

Earn up to
\$300!



➔ *Pamela Greenwood,
Constable, Precinct 7*



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

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

Employee Assistance Program

Aetna Resources for Living

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

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

Emotional Wellbeing Support

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

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

Legal Services

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

*Employment-related legal issues are not covered.

Financial Services

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

Identity Theft

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

Daily Life Assistance Program

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



Guide to Financial Benefits

From retirement plans to life insurance options and more, Harris County helps you prepare for the future and protect your loved ones.



© Keith Richard, Commissioner Precinct 1

Retirement Plans

Harris County helps you prepare for your future in two ways:

- By automatically enrolling you in a defined benefit plan with the Texas County & District Retirement System (TCDRS).
- By providing the option for you to make additional long-term investments through a 457 deferred compensation plan.

TCDRS Makes It Easy

- Get your questions answered
- Designate your beneficiary
- Estimate your retirement benefit
- More

Call **800-823-7782** or log in at **tcdrs.org**.

Automatic Enrollment

Texas County & District Retirement System

As a County employee, you will contribute a portion of your salary each paycheck into your TCDRS account. Harris County Commissioners Court defines this percentage along with the amount that will be matched by the County when you retire and what you must do to be eligible to retire. The Texas Legislature sets the rate at which your account will earn interest.

Vesting

You are considered “vested” when you have eight (8) years of service credit. Once vested, you may stop working for Harris County but still keep the right to a future retirement benefit. Your TCDRS account will keep earning interest each year until your membership ends.

KEY NUMBERS FOR 2022

Annual Interest Rate	7%
Employee Deposit Rate	7%
Harris County Matching Rate	225%
Vesting Requirement	8 years

Other Ways to Get Service Time

The Proportionate Retirement Program lets you use service credit from any of the systems listed below to qualify for retirement benefits.

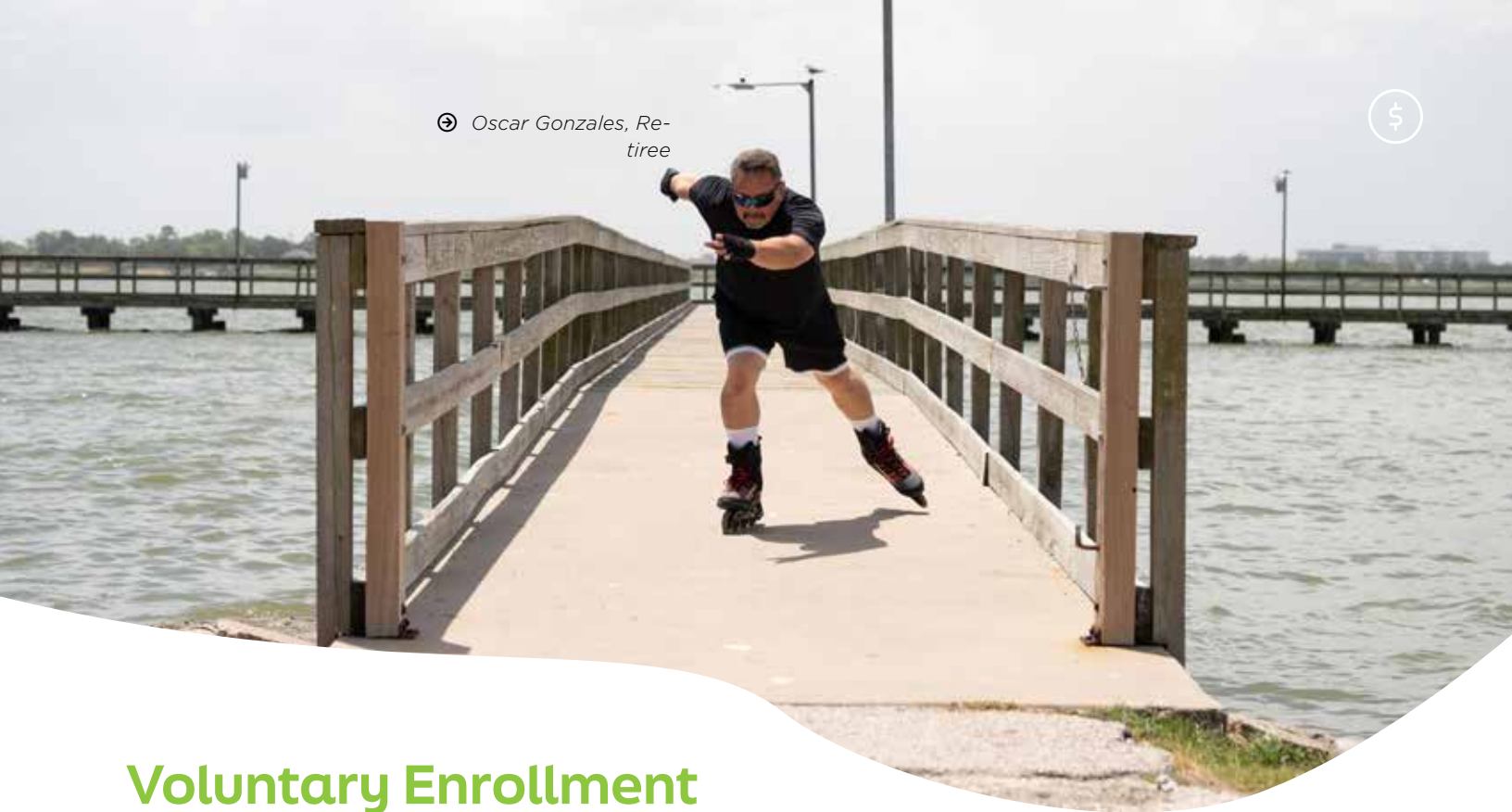
- City of Austin Employees’ Retirement System (COAERS)
- Employees Retirement System of Texas (ERS)
- Judicial Retirement System of Texas (JRS)
- Teacher Retirement System of Texas (TRS)
- Texas Municipal Retirement System (TMRS)

For more information about the Proportionate Retirement Program, please contact TCDRS Member Services.

Eligibility for Retirement Benefits

You are eligible for a retirement benefit when you meet one of the following requirements:

- You are age 60 or over and have accrued 8 years of service time
- You have accrued 30 years of service time (regardless of age)
- Your age plus your years of service total 75 (also called the Rule of 75)
- Disability Retirement



Voluntary Enrollment Deferred Compensation

Put even more money toward retirement with the 457 deferred compensation plan (deferred comp). It's designed to be a supplement to your pension and is an additional way to invest long-term directly from your pay. You're in control of how to use deferred comp to help achieve your goals. Roth 457 accounts are also available.

Tax-Deferred 457 Account

Save money now by postponing taxes until you make a withdrawal. With the tax-deferred 457 plan, your money goes into your account before taxes come out of your check. For example, let's say you pay around 25% in income taxes. Because you contribute to your deferred comp plan pre-tax, putting \$100 in your account only costs you \$75 from your take-home pay. When you make withdrawals from the account in the future, you pay the income taxes then.

Roth 457 Account

If you like the idea of having your taxes out of the way in retirement, then a Roth 457 account can be a great choice. When you contribute to a Roth 457, you pay taxes on the portion of your salary that goes into the plan; however, withdrawals of contributions and earnings can be tax-free during retirement if certain conditions are met. If you wish, you can even split your contributions between traditional pre-tax contributions and Roth after-tax contributions.

Get Started

Both 457 plan types are available to Harris County employees through one of our deferred compensation vendors (Nationwide, Valic or Voya). Contact any of them for guidance and additional information. Please complete Auditor's Form 777 with the assistance of your selected vendor's account representative. You will submit this form to Payroll to set up your account and payroll deductions. The minimum deduction is \$25/month or \$12.50/bi-weekly per paycheck.

Visit benefitsathctx.com for the current financial advisor contact list.

Life Insurance

Automatic Enrollment

The County currently provides a basic level of Life insurance and Accidental Death & Dismemberment (AD&D) insurance, through BlueCross BlueShield of Texas, to eligible employees at no cost. This benefit helps protect your family in the event of your death or accidental injury.

- Employees have a Life insurance benefit of \$30,000 and an AD&D benefit of \$30,000.
- Dependent Life and matching AD&D is provided at \$5,000 for a covered spouse and \$2,000 for covered children up to age 26 at no cost to you. **Dependent Life insurance and AD&D insurance is only available to covered dependents on your health/dental/vision plan.**
 - All Dependent Life insurance terminates when the employee retires.

If you die while insured by Life insurance, or if you have an accident while insured by AD&D insurance, and the accident results in loss, BlueCross BlueShield of Texas will pay benefits according to the terms of the Group Policy after receiving proof of loss.

For AD&D insurance, loss means loss of life, hand, foot or sight — which is caused solely and directly by an accident, occurs independently of all other causes, and occurs within 365 days after the accident.

Optional Term Life Insurance & AD&D

Employees have the option of purchasing additional Life insurance equal to one time (up to \$150,000), two times (up to \$300,000) or three times (up to \$1,000,000) their annual salary. If your salary or wage changes, your insurance amount will change on the next plan year. An AD&D matching benefit is now included when you enroll in optional Life insurance.

Imputed income: Any pre-tax Life insurance provided under the County plans in excess of \$50,000 is subject to annual taxation. Employees electing to increase their optional Life insurance are required to complete an Evidence of Insurability (EOI) form and be approved by BlueCross BlueShield of Texas before additional coverage will be effective.

New! Optional Life insurance and matching AD&D insurance is available for covered dependents on your plan.

You may enroll your covered spouse in optional Life and AD&D up to a maximum benefit of \$50,000 or no more than 50% of the employee's optional Life benefit.

You may enroll your covered child/children in optional Life and AD&D up to maximum benefit of \$20,000.

Note: To enroll your dependents in optional Life & AD&D insurance, you must also enroll in optional Life and AD&D insurance.



EMPLOYEE & COVERED SPOUSE OPTIONAL LIFE AND AD&D INSURANCE RATES*

BY AGE	MONTHLY RATE PER \$1,000 OF COVERAGE
Under 30	\$0.066
30 - 34	\$0.081
35 - 39	\$0.093
40 - 44	\$0.115
45 - 49	\$0.166
50 - 54	\$0.243
55 - 59	\$0.437
60 - 64	\$0.602
65 - 69	\$1.087
70 - 74	\$1.863
75 and Over	\$2.018

COVERED CHILD(REN) OPTIONAL LIFE AND AD&D RATES

BY AGE	MONTHLY RATE PER \$1,000 OF COVERAGE
0 - 26	\$0.291

Rates may change as the insured enters a higher age category. Also, rates may change if plan experience requires a change for all insureds.

*These amounts will be calculated on your enrollment form according to your age and/or salary at the time of enrollment.

BlueCross BlueShield of Texas is the trade name of Dearborn Life Insurance Company, an independent licensee of the BlueCross BlueShield Association.

Waiver of Premium

Under the terms of your Group Life policy, if you become totally and permanently disabled for at least 6 months prior to age 60, your Life insurance coverage may be continued. The application process for Waiver of Premium must be completed within 6 months of your last day actively at work, and coverage will continue to age 65. After age 65, you have the option of converting some or all of your coverage to permanent insurance.

Need to Complete an Application?

Call BCBS directly at **877-442-4207** or download the application (e.g., Waiver of Premium, Portability-Life, or Application to Convert) at **bcbstx.com/ancillary**.

Use Group Policy No. F019139 when completing the form(s).



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Long-Term Disability Insurance

Long-Term Disability (LTD) insurance pays a percentage of your salary when you are unable to work because of a covered illness or injury. These benefits can be used to help pay your everyday expenses when you are without a paycheck.

Basic LTD coverage is provided to you at no cost. You also have the option to purchase additional coverage. All LTD plans are provided by BlueCross BlueShield of Texas.

You are eligible for the Basic LTD insurance starting the first pay period after 45 days of continuous employment with Harris County. For Optional LTD (Buy-Up Plan), you are eligible for coverage starting the first pay period following 12 months of continuous employment with Harris County.

Basic LTD

- Provided at no cost to you
- Pays 50% of your monthly earnings to a maximum of \$5,000
- Benefits will begin once you have satisfied the elimination period of 180 days of continuous disability due to injury or illness
- Benefits may continue for up to 24 months

Optional LTD

- You may purchase this option to increase your benefit
- Pays 60% of your monthly earnings to a maximum of \$6,000
- Benefits will begin once you have satisfied the elimination period of 90 days of continuous disability due to injury or illness
- Benefits may continue for employees up to the maximum time periods as follows:
 - Less than age 62: to age 65 or 42 months, whichever is longer
 - Age 62: 42 months
 - Age 63: 36 months
 - Age 64: 30 months
 - Age 65 and older: 24 months



📍 Justin Evans, Human Resources & Risk Management

If you enroll in the Optional LTD plan, your premium rate is \$0.239 per \$100 of your monthly salary, up to \$10,000 of monthly salary. (See the next page for the definition of salary.)

Cost Example: Annual salary of \$50,000.
 $\$50,000 \div 12 \text{ months} = \$4,166.67 \text{ monthly earnings}$
 $\$4,166.67 \text{ (monthly earnings)} \div 100 \text{ (rate basis)}$
 $\times \$0.239 \text{ (rate)} = \9.96 per month

Worksheet

Your monthly cost:

_____ \div 12 months = _____ monthly earnings \div 100
 \times 0.239 (rate) = _____ per month



Your LTD benefit may be reduced if you or your immediate family members receive or are eligible to receive deductible income as defined in the Group Policy. Examples of deductible income include sick pay, Social Security, Workers' Compensation and TCDRS benefits.

LTD FAQ

Need to make an LTD claim?

Call BCBS directly at **877-442-4207** or go to **bcbstx.com/ancillary** and submit your disability claim online. Use Group Policy No. F019139 when completing the form(s).

When is medical evidence of insurability required?

Satisfactory evidence of insurability is required for any employee who did not enroll for the Optional LTD plan when first eligible.

Are benefits ever reduced?

BlueCross BlueShield of Texas will reduce the amount of your LTD payment by other income benefits you may receive.

What other benefits are included?

- Survivor Benefit
- Work Incentive
- Rehabilitation Incentive with Day Care
- Worksite Modification

Definitions

Total Disability

Total Disability means that during the first 24 consecutive months of benefit payments due to sickness or injury, you are continuously unable to perform the material and substantial duties of your regular occupation; and your disability earnings, if any, are less than 20% of your pre-disability indexed monthly earnings.

After the LTD monthly benefit has been paid for 24 consecutive months, total disability means that due to sickness or injury, you are continuously unable to engage in any gainful occupation; and your disability earnings, if any, are less than 20% of your pre-disability indexed monthly earnings.

Partial Disability

Partial Disability means that during the elimination and the first 24 consecutive months of disability due to sickness or injury, you are continuously unable to perform all of the substantial duties of your regular occupation; and you are able to earn between 20% - 80% of your pre-disability indexed monthly earnings.

After the LTD monthly benefit has been paid for 24 consecutive months, partial disability means that due to sickness or injury, you are continuously unable to perform all of the substantial duties of any gainful occupation; and your disability earnings, if any, are between 20% - 80% of your pre-disability indexed monthly earnings.

Salary

Monthly earnings means your base monthly salary, incentive pay, and longevity pay calculated November 30 prior to the most recent Annual Enrollment Period as reported to BlueCross BlueShield of Texas by your employer, rounded to the next higher multiple of \$1,000 if not already a multiple thereof, divided by 12. Earnings include:

- Contributions made through a salary reduction agreement with your employer to an Internal Revenue Code (IRC) Section 457 deferred compensation agreement
- Amounts contributed to your fringe benefits according to a salary reduction agreement under an IRC Section 125 plan
- Longevity pay

Earnings DO NOT include overtime pay or any other form of extra compensation.



Ⓢ Alexis Lewis, Human Resources & Risk Management

Legal Notices

For questions or any information you haven't found in this guide, use the contact list on page 51 to get answers.



Plan Documents

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

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

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

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

Notice of Privacy Practices

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

This Notice is for participants and beneficiaries in the Plan.

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

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

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

COBRA Notification Obligations

The federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) provides group health insurance continuation rights to employees, spouses and dependent children if they lose group health insurance due to certain qualifying events. Two qualifying events under COBRA require you, your spouse or dependent children to follow certain notification rules. You are required to notify Harris County of a divorce or if a dependent child ceases to be a dependent child under the terms of the group health insurance plan.

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

Notice of Wellness Program Participation

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

However, employees who choose to participate in the wellness program and complete specific actions will be eligible for the 2025 Healthy Actions Incentive. Although you are not required to complete the specific actions, only employees who do so will receive the incentives.

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

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

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Harris County may use aggregate information it collects to design a program based on identified health risks in the workplace, Harris County Employee Wellness will never

disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

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

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

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



Medicare

Parts A & B

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

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

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

Active employees and their covered dependents who are eligible for Medicare may postpone enrolling in Medicare until the employee retires. Each employee and/or their dependent should make this decision based on their individual situation. Medicare will pay secondary to the Harris County Medical Plan for covered services if you do choose to enroll while actively employed. You should contact the Social Security Administration at 800-772-1213 if you have any questions concerning coordination of benefits between the Harris County Medical Plan and Medicare.

Part D

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

If you meet certain income and resource limits, Medicare's Extra Help Program may assist in paying some of the costs of its prescription drug coverage. You may qualify if you have annual earnings of up to \$21,870 (\$29,580 for a married couple living together) and up to \$16,600 in resources (\$33,240 for a married couple living together).

If you don't qualify for the Extra Help Program, your state may have programs that can help pay your prescription drug costs. Contact your State Health Insurance Assistance Program (SHIP) for more information at 800-252-3439. Remember that you can reapply for the Extra Help Program, at any time if your income and resources change.

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





☺ *Jalisa Fisher & Erik Eggins,
Sheriff's Office*

2023 Federal Income Tax Return

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

This form will be mailed directly to your home address in early 2024.

What You Need to Do:

1. Provide the required information. We need specific information on people enrolled in the health plan in order to provide you a complete 1095-C. If we do not have accurate Social Security numbers on every dependent, the IRS may impose a penalty for non-compliance.
2. Ensure that your mailing address is correct in the County's payroll system so that you can receive your 1095-C. You will need information from your 1095-C to prepare your 2023 taxes.



Contacts

Human Resources & Risk Management

Benefits & Wellness

713-274-5500

benefits@harriscountytexas.gov

benefitsathctx.com

Out-of-Area Toll-Free

866-474-7475

Medical, Prescriptions, Flexible Spending Accounts, Employee Assistance Program

Aetna Member Services

800-228-6481

aetna.com

Dedicated Representatives

713-274-5500

Resources for Living – EAP

833-657-2111

resourcesforliving.com

Username: Harris County

Password: EAP

Navigate – Wellbeing Program

888-531-3197

info@navigatewell.com

Dental Coverage

Cigna Member Services

800-244-6224

mycigna.com

Dedicated Representative

713-274-5500

Vision Coverage

Davis Vision

800-999-5431

davisvision.com

Long-Term Disability Insurance

BlueCross BlueShield of Texas

877-442-4207

bcbstx.com/ancillary

Life Insurance

BlueCross BlueShield of Texas

877-442-4207

bcbstx.com/ancillary

Deferred Compensation/457 Plans

Corebridge Financial (Valic)

corebridgefinancial.com

VOYA Financial Services

voyaretirement.voya.com

Nationwide

nrsforu.com

Retirement

Texas County & District

Retirement System (TCDRS)

800-823-7782

tcdrs.org

STARS
Employee Self-Service
Helpdesk: 713-274-4444
stars-hr.hctx.net



You're serving Harris County.

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

📍 *Nayla Esquivel,
Tax Assessor-Collector*



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

Call: 713-274-5500

Email: benefits@harriscountytexas.gov

Toll-Free: 866-474-7475

Fax: 713-274-5501

Web: benefitsathctx.com