

# 2026 BENEFITS GUIDE



**OPEN ENROLLMENT:**  
If you plan to make changes to your benefits or enroll in a Flexible Spending Account for 2026, you must log in to PeopleSoft and complete your elections. Open Enrollment is from Monday, December 1, 2025, through Friday, December 12, 2025.

Please note: This Open Enrollment information does not apply to State employees.

Documents are for reference and may not reflect all requirements or exclusions.



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Now's the time to take care of you and your family!

# OPEN ENROLLMENT 2026

As a County employee, you have the opportunity to make changes to your benefit elections during Open Enrollment. If you are a state employee, you went through Open Enrollment earlier this year, and this information will not be applicable to you.

Open Enrollment will begin on December 1, 2025, and end on December 12, 2025. Your elections must be completed by 11:59 p.m. on December 12, 2025. You must log in to PeopleSoft if you wish to:

- Enroll in supplemental life insurance.
  - Requires that you obtain an Evidence of Insurability form from PeopleSoft and submit it to the carrier.
- Enroll in a health or dependent care flexible spending account (FSA).
  - You must elect an annual pledge amount(s) in PeopleSoft each year.
- Make changes to your current benefit elections.

If you are keeping everything the same and are not enrolling in an FSA, there is no need to log in to PeopleSoft and make elections.



## WHEN ARE ELECTIONS EFFECTIVE?

Your benefit elections for the 2026 plan year will be effective on January 1, 2026. Any premium changes will begin with the January 9, 2026 paycheck.



## ELECTIONS MADE OUTSIDE OF OPEN ENROLLMENT

Elections for AllState, LegalShield, long-term care, and 457(b) retirement plans are not done during Open Enrollment in Peoplesoft. You can contact the carrier any time during the year to enroll in these benefits. Please refer to each flyer in the full Benefits Guide for enrollment information.



## PLAN CHANGES

Although the cost of medical care has risen and continues to increase, the premiums for medical and dental coverage will not change for 2026. It is important for you to take an active role in managing your health care costs in order to help keep costs down in future years. Check out the Care Options flyer on page 9 of the full Benefits Guide to help determine the best level of care for your situation. One update for next year's Wellness Program is that the wellness survey is no longer called Rally. It is now offered directly through UnitedHealthcare.



# HOW TO ENROLL

**Follow these simple steps!**

PeopleSoft is your Open Enrollment tool and year-round resource for managing your benefits. You can log in from anywhere, including work or home. It also has a mobile-friendly layout for enhanced viewing and functionality on your smartphone or tablet!

- Step 1** Log in to PeopleSoft from MyCC or the external Collin County website.
- Step 2** Navigate to the Employee Self Service homepage and click on the Open Enrollment tile.
- Step 3** From the menu on the left-hand side of the screen, select Benefits Enrollment.
- Step 4** Click on the title of each benefit to view the available options.
- Step 5** Check the box next to a dependent's name to add them to the selected insurance coverage.
- Step 6** Select the plan that works best for your needs and then click Done!
- Step 7** After reviewing all your benefit elections, click Submit at the bottom of the page.
- Step 8** Select Preview Statement to view and print your election statement. You will not receive one in the mail.
- Step 9** Once Open Enrollment is closed, you will receive an email with your confirmation statement to double-check your elections. If your elections are incorrect, please contact Human Resources.
- Step 10** New elections will take effect January 1, 2026.

**VERY IMPORTANT!**

Additional action may be required if you elect life insurance or add a new dependent.

You **MUST** click Submit Enrollment for your elections to be saved!

# WHO IS ELIGIBLE?



## Eligible dependents include:

- Legal spouse
- Natural, adopted or foster child(ren) under the age of 26, unless disabled
- Stepchild(ren) (i.e. the child of your legally married spouse)
- Any child for whom the court requires you to provide health coverage (court order required)

Your parents, grandchildren, children who do not fit the above definition, and former spouses (including those for whom a court order requires you to provide medical coverage) are not considered eligible dependents under Collin County benefit plans.

If you enroll an ineligible dependent, you may be required to pay additional coverage costs, and any claims paid on their behalf may be reversed.

If you are enrolling a dependent, you must provide dependent verification within 30 days of enrollment. If verification is not received, the dependent's coverage election may not be approved, and the individual may be deemed ineligible to participate. See the Qualifying Life Events flyer on page 6 of the full Benefits Guide for a list of required documents.

## When to Enroll or Make Changes

### ✓ Open Enrollment:

Open Enrollment for 2026 benefits runs from December 1, 2025 – December 12, 2025. You will not be able to add or change your benefits after Open Enrollment unless you experience a qualifying life event.

### ✓ Qualifying Life Events:

In the event you experience a change in status, such as marriage or the birth of a child, you will have 30 days from the date of the life event to notify the Human Resources Benefits team to request an enrollment change. In the case of divorce, you will have 60 days to provide notification. If notification is not provided in the specific time frame, you will need to wait until the next Open Enrollment period or QLE to make any changes. You may also be required to continue to pay for coverage for the ineligible dependent, even if their coverage has been terminated.

### ✓ New Hire Enrollment:

You have 30 days from your hire date with Collin County to enroll in benefits. If you don't complete enrollment by your 30th day, you will only have Collin County provided Short-Term Disability, Long-Term Disability, TCDRS Retirement, and Basic Life and Accidental Death & Dismemberment insurance.

# QUALIFYING LIFE EVENTS



## What Happens When Life Happens?

Generally, you can make changes to your insurance once a year during Open Enrollment, but what happens if you experience a life-changing event before then? Fortunately, you can make changes to your insurance if you experience a qualifying life event (QLE) throughout the year.

- ✓ Significant life changes include marriage, divorce, death, birth or adoption of a child, a dependent losing or gaining insurance coverage, or a change in your dependent's eligibility for insurance.
- ✓ If you determine that you need to make a change, you must submit the necessary documentation to the Human Resources Benefits team within the due date specified below for your event.
- ✓ Once your QLE is processed, your changes will take effect the first of the month following the qualifying event date.
- ✓ If Human Resources is not notified within the specified time frame, your change may not be processed. In addition, if your change was to drop coverage of a dependent or spouse, their coverage may terminate as an ineligible dependent, but you may have to continue paying monthly premiums for them.
- ✓ You can start your life event in PeopleSoft under the Benefit Details tile. Contact the Human Resources Benefits team with any questions or to continue onto the next step of the process!

### Common Documents Needed For Adding Dependents to Insurance

- Child: Social Security Card and Birth Certificate
- Step Child: Social Security Card, Birth Certificate, and Marriage License Proving Relation
- Spouse: Social Security Card and Marriage License

Dependent documentation requirements vary depending on the qualifying event. See blue box above.

| Qualifying Event        | Marriage             | Divorce        | Birth or Adoption                                 | Acquire Other Coverage (Ex: spouse or dependent gain new job with benefits)                                     | Loss of Coverage (Ex: insurance termination following a job loss)  | Death of a Spouse or Dependent |
|-------------------------|----------------------|----------------|---|---|--|--------------------------------|
| Necessary Documentation | Marriage Certificate | Divorce Decree | Certified Birth Certificate or Adoption Paperwork | Documentation showing proof of other coverage including benefit details, effective date, and dependent coverage | Documentation showing loss of coverage including benefit details, effective date, and dependent's coverage | Death Certificate              |
| Documentation Deadline  | 30 Days              | 60 Days        | 30 Days   | 30 Days   | 30 Days  | 30 Days                        |

# MEDICAL PLAN SUMMARY

## ADVANTAGE PLAN OPTION

Medical benefits are provided through UnitedHealthcare. The Advantage Medical Plan is a PPO plan with vision insurance and prescription drug coverage. Each plan is structured differently, with varying benefits to suit different employee needs.

For new hires, medical benefits become effective on the first of the month following 59 days of service.

As healthcare costs continue to rise, it is important to take an active role in keeping claim costs down by choosing cost-efficient care options. Refer to the Care Options flyer on page 9 of the full Benefits Guide to help determine the most appropriate level of care for your situation.

Rates shown are for full-time County employees. You may receive a discount if the wellness program is completed or a surcharge if not completed.

| Coverage Level          | Monthly Rate |
|-------------------------|--------------|
| Employee Only           | \$90         |
| Employee and Child(ren) | \$180        |
| Employee and Spouse     | \$235        |
| Employee and Family     | \$315        |

| Plan Highlights   | In-Network                           |
|---|--------------------------------------|
| Calendar Year Deductible  | Individual: \$750; Family: \$1,500   |
| Annual Out-of-Pocket Maximum (including pharmacy)                           | Individual: \$4,000; Family: \$8,000 |
| Physician Office Visit (labs and diagnostics not included)                  | \$20 Copay                           |
| Specialist Office Visit (labs and diagnostics not included)                 | \$50 Copay                           |
| Urgent Care Center Services (labs and diagnostics not included)             | \$25 Copay                           |
| Emergency Room Visit (Physician may charge additional fee)                  | \$750 Copay                          |
| Outpatient Mental Health Services (in and out-of-network)                   | \$15 Copay                           |
| Well Care Benefits and Women's Preventive Health Services                   | Plan pays 100%                       |
| Diagnostic/Therapeutic, Laboratory and X-ray Services                       | Plan pays 80%*                       |
| Inpatient Hospital  | Plan pays 80%*                       |
| Outpatient Surgery-Facility Fees  | Plan pays 80%*                       |
| Professional Fees-Surgical and Medical Services                             | Plan pays 80%*                       |
| Diabetes-Related Physician or Specialist Office Visit                       | \$0 Copay                            |
| Vision Insurance Deductible   | \$0                                  |
| Annual Eye Exam (must use network; OON different coverage)                  | \$10                                 |
| Pair of Lenses, Frames (for materials; lenses every year; frames two years) | \$25 Included in material Copay      |
| Contact lenses (in lieu of eyeglasses up to \$200)                          | \$25 Included in material Copay      |

\*Deductible applies to those services first, and then coinsurance begins.

This document is intended as a convenient summary of the major points of this benefit plan. This document does not cover all provisions, limitations, and exclusions. The official plan documents, policies, and certificates of insurance govern in all cases. Both plans have limited out-of-network coverage. You may be financially responsible for out-of-network expenses. Please contact Human Resources for more information.

# MEDICAL PLAN SUMMARY

## ADVANTAGE PLUS PLAN OPTION

Medical benefits are provided through UnitedHealthcare. The Advantage Plus Medical Plan is a PPO plan with a vision reimbursement program and prescription drug coverage. Each plan is structured differently, with varying benefits to suit different employee needs.

For new hires, medical benefits become effective on the first of the month following 59 days of service.

As healthcare costs continue to rise, it is important to take an active role in keeping claim costs down by choosing cost-efficient care options. Refer to the Care Options flyer on page 9 of the full Benefits Guide to help determine the most appropriate level of care for your situation.

Rates shown are for full-time County employees. You may receive a discount if the wellness program is completed or a surcharge if not completed.

| Coverage Level          | Monthly Rate |
|-------------------------|--------------|
| Employee Only           | \$119        |
| Employee and Child(ren) | \$240        |
| Employee and Spouse     | \$300        |
| Employee and Family     | \$400        |

| Plan Highlights  | In-Network                           |
|--|--------------------------------------|
| Calendar Year Deductible   | Individual: \$250; Family: \$500     |
| Annual Out-of-Pocket Maximum (including pharmacy)                                    | Individual: \$3,000; Family: \$6,000 |
| Physician Office Visit (labs and diagnostics not included)                           | \$15 Copay                           |
| Specialist Office Visit (labs and diagnostics not included)                          | \$40 Copay                           |
| Urgent Care Center Services (labs and diagnostics not included)                      | \$25 Copay                           |
| Emergency Room Visit (Physician may charge additional fees)                          | \$750 Copay                          |
| Outpatient Mental Health Services (in and out-of-network)                            | \$15 Copay                           |
| Well Care Benefits and Women's Preventive Health Services                            | Plan pays 100%                       |
| Diagnostic/Therapeutic, Laboratory and X-ray Services                                | Plan pays 75%*                       |
| Inpatient Hospital   | \$100/day Copay, \$500 max           |
| Outpatient Surgery-Facility Fees   | Plan pays 100%*                      |
| Professional Fees-Surgical and Medical Services                                      | Plan pays 75%*                       |
| Diabetes-Related Physician or Specialist Office Visit                                | \$0 Copay                            |
| Vision Reimbursement Deductible  | \$25 Provider of your choice         |
| Annual Eye Exam (provider of your choice)  | 50% Reimbursement                    |
| Pair of Lenses, Frames (for materials; once every calendar year)                     | 50% Reimbursement up to \$500        |
| Contact Lenses (in lieu of eyeglasses; maximum of 12 month supply per calendar year) | 50% Reimbursement                    |

\*Deductible applies to those services first, and then coinsurance begins.

This document is intended as a convenient summary of the major points of this benefit plan. This document does not cover all provisions, limitations, and exclusions. The official plan documents, policies, and certificates of insurance govern in all cases. Both plans have limited out-of-network coverage. You may be financially responsible for out-of-network expenses. Please contact Human Resources for more information.

# CARE OPTIONS

Healthcare can be expensive, but choosing the right level of care for your illness or injury will save you money! Check out this chart to find the best care option for common medical concerns.

| WHERE  | WHEN TO USE   | HOW MUCH WILL I SPEND                             |   |
|--|---|---|---|
|  |   | Advantage Plan                                    | Advantage Plus Plan                               |
| Primary Care Physician   | Your doctor knows your medical history, so if your condition isn't an emergency, seeing them is best. Schedule a visit for issues like pink eye, sinus infection, viral illness, or sore throat.                    | \$20 Copay  | \$15 Copay  |
| Convenience Care Clinics (Often found in large retail stores, drug stores, and grocery stores) Ex. Healthcare Clinic at Walgreens & MinuteClinic inside CVS  | Available weekends and after hours; these clinics can advise on symptoms like earache, congestion, cough, sore throat, rash, or minor abrasions. You don't need an appointment, and wait times are typically short. | \$25 Copay  | \$25 Copay  |
| Urgent Care Clinics*<br>Ex. PrimaCare, CareNow   | Available on nights and weekends; urgent care clinics are a low-cost option for issues like severe vomiting, broken bones, sprains, and strains.  | \$25 Copay  | \$25 Copay  |
| *If you're visiting an urgent care facility that operates as an ER after certain hours, you can confirm how your visit will be billed by asking at check-in. |   |   |   |
| Emergency Rooms  | Only use the ER for true emergencies like head injury, chest pain, heavy bleeding, or spinal injury.  | \$750 Copay, Physician may charge additional fees | \$750 Copay, Physician may charge additional fees |

Still not sure? Call UnitedHealthcare at 1-844-669-0741 to connect with a Health Advocate or download the UnitedHealthcare app to chat with one. See the On-the-Go Resources flyer on page 33 of the full Benefits Guide for more information on the UnitedHealthcare app.



Quick,  
Convenient  
Care for  
County  
Employees

# EMPLOYEE HEALTH CLINIC



**Who Can Use the Clinic for Free:**

- Collin County employees enrolled in County health insurance
- Covered dependents (age 3 and older) on the County health plan
- Retirees who meet TCDRS guidelines and are receiving retirement benefits
- Eligible dependents of retirees covered by Collin County health insurance



**What the Clinic Can Help With:**

- Basic wellness visits (annual physicals, screenings)
- Minor illnesses (cold/flu symptoms, infections, etc.)
- A great option when you need to get in quickly for routine care

**Make an Appointment:**  
Address: 825 N. McDonald St., Suite 140 McKinney, TX 75069  
Phone: (972) 548-5508  
Email: [EHClinic@co.collin.tx.us](mailto:EHClinic@co.collin.tx.us)

Appointments are required. The clinic may not treat all conditions. Call ahead to confirm that your needs can be addressed.

**Things to Know:**

If your wellness visit is part of a program requirement, schedule early. Appointments fill quickly as deadlines get closer.

While the clinic is great for quick visits and minor issues, a primary care provider (PCP) is essential for managing long-term or more serious concerns.

Current State employees with State of Texas health coverage can be seen for a \$20 admin fee. Note: Some State providers may not accept County Clinic referrals, so a PCP referral may be needed.



# UNITED HEALTHCARE MEMBER SERVICES

**Collin County employees enrolled in UnitedHealthcare coverage have 24/7 access to member support services.**

## **Weekday Business Hours**

**Monday - Friday**

**7AM - 10PM CT**

- Estimate Costs and Find Care
- Claims Assistance
- Pharmacy Assistance
- Behavioral Health Assistance

## **Extended Service Hours**

**Monday - Sunday**

**24 HRS**

- Benefit and Eligibility Review
- Provider/Facility Search
- General Inquiries



**24/7 Member Access**



**Find Care and Costs**



**Eligibility and General  
Inquiries**

**Contact Member Services at:  
844-669-0741**



# PHARMACY BENEFITS

Navigate your prescription benefits with confidence.

There are no plan changes for 2026. Collin County uses a Value Network Managed Pharmacy, which means some pharmacies are considered out-of-network. Remember, if it is an out-of-network pharmacy, you won't have coverage and will be charged the full amount for your prescription. See page 13 of the full Benefits Guide for a list of local in-network pharmacies. Specialty medications are still ordered through Optum Specialty Pharmacy, with the same ordering process as before.

For more information visit: [www.uhc.com/member-resources/pharmacy-benefits](http://www.uhc.com/member-resources/pharmacy-benefits).

| Pharmacy Benefits – same on both Advantage and Advantage Plus plans               |                                    |   |
|---|------------------------------------|---|
| Retail Prescription Drug Benefits   | Coinsurance per RX                 | Maximum per RX  |
| Tier 1  | 20% Coinsurance                    | 1-31 day supply - \$10<br>32-61 day supply - \$20<br>62-90 day supply - \$30    |
| Tier 2  | 30% Coinsurance                    | 1-31 day supply - \$75<br>32-61 day supply - \$150<br>62-90 day supply - \$225  |
| Tier 3<br>(Specialty medications must be filled through Optum Specialty Pharmacy) | 40% Coinsurance                    | 1-31 day supply - \$200<br>32-61 day supply - \$400<br>62-90 day supply - \$600 |
| Eligible diabetes-related prescriptions**   | \$0 Copay                          | \$0 Copay   |
| Mail Order Prescription Drug Benefits   | Coinsurance per RX                 | Maximum per RX  |
| Tier 1  | 20% Coinsurance + \$10 mailing fee | 1-31 day supply - \$20<br>32-61 day supply - \$30<br>62-90 day supply - \$40    |
| Tier 2  | 30% Coinsurance + \$10 mailing fee | 1-31 day supply - \$85<br>32-61 day supply - \$160<br>62-90 day supply - \$235  |
| Tier 3<br>(Specialty medications must be filled through Optum Specialty Pharmacy) | 40% Coinsurance + \$10 mailing fee | 1-31 day supply - \$210<br>32-61 day supply - \$410<br>62-90 day supply - \$610 |
| Eligible diabetes-related prescriptions**   | \$0 Copay                          | \$0 Copay   |

\*\*Not all diabetes medications are covered under this program.

This document is intended as a convenient summary of the major points of these benefit plans. This document does not cover all provisions, limitations and exclusions. The official plan documents, policies and certificates of insurance govern in all cases. Both plans have limited out-of-network coverage. Please contact Human Resources for more information.

# VALUE PHARMACY NETWORK



Collin County uses a Value Network Managed Pharmacy, so some pharmacies are out-of-network. Out-of-network prescriptions aren't covered, and you pay the full cost. Specialty medications continue to be ordered through Optum Specialty Pharmacy using the same process.

For more information visit: [www.uhc.com/member-resources/pharmacy-benefits](http://www.uhc.com/member-resources/pharmacy-benefits).

## Local Pharmacy List

- Walmart
- Walgreens
- Kroger
- Sam's Club
- HEB Grocery
- Medicine Shoppe International

A full list of pharmacies nationwide can be found by visiting:  
[www.uhc.com/member-resources/pharmacy-benefits](http://www.uhc.com/member-resources/pharmacy-benefits)

# VISION PLAN SUMMARY

## Advantage Vision Insurance

| Services  | In-Network Copays   | Out-of-Network Reimbursements  |
|---|---|--|
| Eye Exam: Once every 12 months  | \$10  | Can be reimbursed up to \$40   |
| Materials: Single payment that applies to the entire purchase of eyeglasses (lens and frame), or contacts in lieu of eyeglasses | \$25  | None   |
| Pair of Lenses: Once every 12 months  | Included in \$25 materials copay (Coverage is for standard lenses. Additional lens options/materials may be subject to an added patient responsibility) | Single focal lenses up to \$40, bifocal lenses up to \$60, trifocal and lenticular lenses up to \$80 |
| Frames: Once every 24 months  | Included in \$25 materials copay (up to \$130 allowance)  | Up to \$45   |
| Contact Lenses (in lieu of eyeglasses):<br>Once every 12 months   | Included in \$25 materials copay for Select Contacts*   | Up to \$200 for Non-Select Contacts* (Material copay waived)   |



With this plan, your vision coverage is provided by UnitedHealthcare through Spectera. You can use an in-network or out-of-network provider. For exams with an in-network provider, you just pay your required copayment. Visit [www.myuhc.com](http://www.myuhc.com) to find an in-network provider. Vision limits apply. Out-of-network reimbursement requests must be submitted within 90 days from the date of service.



\*Coverage for select contacts is included in the \$25 materials copay. A \$200 reimbursement is available for non-select contacts (material copay waived). To see the list of select contacts, log in to [myuhc.com](http://myuhc.com), go to "Coverage and Benefits" → "Vision" → "View Vision Plan," and select the "Contact Lens Selection List."



For out-of-network benefits, submit your itemized receipt and claim form to UnitedHealthcare. To get the claim form, log in to [myuhc.com](http://myuhc.com), go to "Coverage and Benefits" → "Vision" → "View Vision Plan" → "Out-of-Network Information." UnitedHealthcare will process your claim, determine your reimbursement, and mail a check once approved.



To check your next eligible eye exam or frame/contact purchase, log in to [myuhc.com](http://myuhc.com), go to "Coverage & Benefits" → "Vision" → "View Vision Plan" → "Your Vision Benefits." Select the member you want to review and click "View." Eligible exam and frame/contact dates are listed under "Benefit Eligibility."

## Advantage Plus Vision Reimbursement

| Services   | Reimbursements<br>(after \$25 annual deductible) |
|--|--|
| Eye Exam: Once every calendar year   | 50% per year                                     |
| Pair of Lenses and Set of Frames: Once every calendar year                           | 50% per year up to \$500                         |
| Contact Lenses (in lieu of eyeglasses): maximum of 12 month supply per calendar year | 50% per year up to \$500                         |



Under this plan, your vision coverage is a reimbursement program, NOT vision insurance. You may see any provider you choose. After a \$25 annual deductible, you'll be reimbursed 50% of eligible charges for exams, lenses, frames, or contacts, up to the yearly limit. Out-of-network reimbursement requests must be submitted within 1 year from the date of service.



With this benefit, you pay the provider upfront and submit a claim to UnitedHealthcare for reimbursement. To get a Vision Claim Form, visit [www.myuhc.com](http://www.myuhc.com), go to "Claims & Accounts" → "Submit a Claim," and select "Vision Claim Form" at the bottom of the page.



# WELLNESS PROGRAM

The Collin County Wellness Program's objective is to encourage you to establish a relationship with a primary care physician and improve our employee population's overall health by encouraging annual wellness visits. You may participate in this voluntary program each year by completing the requirements by the due date to qualify for the monthly premium discount and lump sum payment.

## Monthly Premium Discount or Surcharge

You may be eligible for a \$25 monthly discount starting in the second plan year in which you are eligible for insurance. To receive the discount, you and your insured spouse must complete all wellness requirements. Covered dependent children are not required to participate. If you choose not to participate in the wellness program, a \$25 monthly surcharge will apply.

## Lump Sum Payment

Each year you complete wellness requirements, you may receive a \$200 lump sum payment for yourself and another \$200 for your spouse. To qualify, you must be enrolled in a County medical plan before January 1 and it must be at least your second plan year. The same requirements apply to a covered spouse.

## Wellness Form

Wellness forms are available on the Human Resources intranet page and must be submitted to Administrative Services by the due date listed on the form, usually at the end of November. One physician does not need to complete all exams; multiple forms are allowed if different providers complete the requirements. All requirement boxes must be checked on the form for it to be counted as complete, even if a particular exam or requirement does not apply.

### Wellness Visits

Our plan covers basic wellness visits at 100%. Please note that if other services are provided, the visit may not be billed as a wellness visit. Our plan does not require that you wait 12 months in between wellness visits.

### Wellness Requirements

1. Annual Physical
2. Well Woman/Man Exam (if applicable)
3. Cholesterol Screening
4. Health Provider Indicated BMI
5. Completed Wellness Form Submitted
6. UHC Health Survey

# IT PAYS TO DO WELLNESS



## Monthly Premium Discount or Surcharge

You can receive a \$25 monthly reduction in your medical premiums by completing the voluntary wellness program each year. If you do not participate, a \$25 monthly surcharge will apply.

### Advantage

| Medical Coverage Level for FT Employee | Monthly Premium with Discount | Monthly Standard Premium Cost* | Monthly Premium with Surcharge |
|--|-------------------------------|--------------------------------|--------------------------------|
| Employee Only                          | \$65                          | \$90                           | \$115                          |
| Employee & Child(ren)                  | \$155                         | \$180                          | \$205                          |
| Employee & Spouse                      | \$210                         | \$235                          | \$260                          |
| Employee & Family                      | \$290                         | \$315                          | \$340                          |

\*Standard premium cost is the premium for employees in their first plan year. After the first plan year, you will either receive a \$25 discount for participating in the wellness program or a \$25 surcharge if you do not participate.

You could save up to \$600 a year on your insurance premiums, plus you could receive up to a \$400 lump sum payment by participating in the wellness program!

(Calculation based on savings of \$50 per month from surcharge rate to discount rate and lump sum for employee and spouse combined.)

### Advantage Plus

| Medical Coverage Level for FT Employee | Monthly Premium with Discount | Monthly Standard Premium Cost* | Monthly Premium with Surcharge |
|--|-------------------------------|--------------------------------|--------------------------------|
| Employee Only                          | \$94                          | \$119                          | \$144                          |
| Employee & Child(ren)                  | \$215                         | \$240                          | \$265                          |
| Employee & Spouse                      | \$275                         | \$300                          | \$325                          |
| Employee & Family                      | \$375                         | \$400                          | \$425                          |



# DENTAL PLAN SUMMARY

Collin County offers an indemnity dental plan administered by UnitedHealthcare. You can visit any dental provider and are not limited to a network.

Monthly dental rates are \$2.00 for Employee Only coverage and \$24.00 for Employee and Family coverage.

|   |   |
|---|---|
| <p><u>Coverage Services</u></p> <ul style="list-style-type: none"> <li>• Calendar year deductible (individual/family)</li> <li>• Calendar year maximum (per person)*</li> <li>• Lifetime orthodontia maximum (per person; no age limit)</li> </ul>  | <p>\$50/\$150<br/>\$1,500<br/>\$1,500</p>           |
| <p><u>Preventive Services</u></p> <ul style="list-style-type: none"> <li>• Two oral examinations per calendar year</li> <li>• Two dental prophylaxis (cleanings) per calendar year</li> <li>• Bitewing x-rays, two series per year</li> <li>• Complete series or panorex x-rays, one time per 36 months</li> <li>• Fluoride treatments for children under the age of 19 years, up to once per six-month period</li> <li>• Sealants</li> </ul> | <p>Plan pays 100%<br/>Deductible does not apply</p> |
| <p><u>Basic Services</u></p> <ul style="list-style-type: none"> <li>• Fillings (amalgam, silicate, acrylic)</li> <li>• Root canal</li> <li>• Periodontal surgery</li> <li>• Extractions and other oral surgery</li> <li>• Anesthesia services (deep sedation, IV sedation, non-IV conscious sedation, nitrous oxide)</li> <li>• Emergencies</li> </ul>  | <p>Plan pays 80%**<br/>After deductible</p>         |
| <p><u>Major Services</u></p> <ul style="list-style-type: none"> <li>• Installation of inlays, onlays, and crowns</li> <li>• Installation of bridgework</li> <li>• Repair, replacement and maintenance of bridgework and dentures</li> <li>• Dental implants</li> </ul>  | <p>Plan pays 50%<br/>After deductible</p>           |
| <p><u>Orthodontic Services</u></p> <ul style="list-style-type: none"> <li>• Diagnose or correct misalignment of the teeth or bite</li> </ul>  | <p>Plan pays 50%<br/>Preauthorization required</p>  |

\*Oral examinations, dental prophylaxis (cleanings), and x-rays do not count towards the calendar year maximum.

\*\*Plan pays the identified percentage up to the reasonable and customary cost. Reasonable and customary is determined by the acceptable range of payment charged by providers in their geographical area.

# FLEXIBLE SPENDING ACCOUNTS

Each year, Collin County offers the opportunity to participate in a health care and/or dependent care flexible spending account (FSA). FSAs can help you save money by allowing you to set aside pre-tax dollars each pay period to cover dependent care and qualifying medical expenses for yourself and your dependents. New employee FSA elections take effect on the first of the month following 30 days of service.

You must make a new FSA election each year to participate.

- ✓ **FSA – Health Care:** You may set aside up to \$3,400 on a pre-tax basis to use for medical, dental, prescription, and vision expenses not paid for by your insurance. The total amount you elect to defer will be available January 1st of the plan year. You do not have to be enrolled in a medical plan through Collin County to elect an FSA.
- ✓ **FSA – Dependent Care:** You may elect to defer, on a pre-tax basis, up to \$7,500 for dependent care expenses. This account is for care of a dependent under age 13 and/or care for your spouse or eligible relative who is physically or mentally incapable of self-care and lives in your home. This account is not for dependent medical expenses. Funds are not available until the deduction has been withheld from your paycheck and deposited in your FSA.
- ✓ **Leaving County Employment:** If you leave your job with the County (whether you quit, retire, or are terminated), you can still use the money in your FSA to pay for any eligible expenses you incurred up until your last day of employment. However, note that you typically won't be able to continue using your FSA funds for new expenses incurred after your last day of employment.
- ✓ **You will receive a Health Care Flex Spending Card:** You may use the card to access the funds from your FSA for eligible expenses at the point of sale. If you elect not to use the card, you can send in receipts to UnitedHealthcare for reimbursement. See page 19 in the full Benefits Guide for more information.
- ✓ **Use It or Lose It:** Any unused funds in your flexible spending account will be forfeited. You may use FSA funds for qualifying expenses incurred through March 15th of the following year. Claims can be submitted until March 31st.
- ✓ **Account Restrictions:** You cannot move funds between health and dependent care flexible spending accounts.

# FLEXIBLE SPENDING ACCOUNT CARD



## What is a Flexible Spending Account Card?



An FSA card, also known as a Health Care Spending Card, is a debit Mastercard that can be used to pay for eligible health and dependent care expenses at the point of sale, including qualified medical expenses for dependents. This card is used to access funds from your dependent or health flexible spending account.

Cards will be sent automatically upon enrollment and are valid for four years. If you prefer not to use the card, the card can be shredded.

## Ways to Use Your Card for a Health FSA:

### Medical, Dental, and Vision

- You can swipe your card at a provider that has a valid Merchant Category Code (MCC) for any dollar amount as long as the funds are available in your FSA.



### Pharmacy and over-the-counter (OTC)

- You can swipe your card at approved pharmacies for any qualifying member responsibility prescriptions, over-the-counter medications, supplies and materials.



### Examples of Where I Can Use My FSA Card

- Kroger
- Walmart
- Sam's Club
- Target\*
- Walgreens
- HEB
- Costco
- CVS\*



\*FSA may be used, but pharmacy is not in-network.

## Ways to Use Your Card for a Dependent Care FSA:

### Dependent Care Expenses

- You can swipe your card at a dependent care provider that has a valid MCC for any dollar amount as long as the funds are available in the dependent care account. Not all care facilities may be set up to accept FSA cards.



**Note: Not all facilities may be set up to accept the Flexible Spending Account Card. Please confirm with the vendor if they accept FSA. If not, claims may be submitted to UnitedHealthcare for reimbursement.**

# LIFE INSURANCE



## Basic Life and Accidental Death and Dismemberment

Collin County provides full-time, benefits-eligible employees with Basic Life and Accidental Death and Dismemberment (AD&D) insurance in the amount of 1.5 times your salary plus \$50,000, up to a maximum of \$400,000.

You are automatically enrolled in this coverage at no cost to you.

This insurance provides financial protection in the event of your death or the loss of limbs or body functions due to an accident. The coverage is provided through Mutual of Omaha. You do not need to take any action to enroll. For new hires, coverage begins the first of the month following 90 days of service.

## Supplemental Life Insurance

You may elect supplemental life insurance coverage for yourself, your spouse, and your dependent child(ren) in addition to the County-provided basic life insurance. Evidence of Insurability (EOI) is not required when enrolling as a new hire unless your coverage exceeds the guarantee issue amount of \$300,000. EOI will be required if you enroll at a later date, such as after a qualifying life event, during Open Enrollment, or if a salary increase causes your coverage to exceed \$300,000.

Please note, you may be ineligible for dependent supplemental life coverage if your spouse or child(ren) is also a County employee.

Both basic and supplemental life insurance amounts are subject to age-based reductions. If you have questions about how age reductions may affect your coverage, contact the Benefits team.

## Supplemental Life Rates

| Age   | Rate  | Age   | Rate  | Age   | Rate  | Age   | Rate   |
|-------|-------|-------|-------|-------|-------|-------|--------|
| 0-24  | \$.05 | 35-39 | \$.09 | 50-54 | \$.35 | 65-69 | \$1.40 |
| 25-29 | \$.06 | 40-44 | \$.12 | 55-59 | \$.55 | 70-74 | \$2.50 |
| 30-34 | \$.08 | 45-49 | \$.21 | 60-64 | \$.80 | 75-79 | \$3.50 |
|       |       |       |       |       |       | 80+   | \$7.13 |

- Monthly Premium Rate Calculation:
1. Multiply your annual salary by the coverage amount (one or two times salary).
  2. Round the result up to the next \$1,000 (for example, \$31,112 becomes \$32,000).
  3. Divide by \$1,000.
  4. Multiply by the premium rate for your age range.

## Available Supplemental Coverage Options

For you: One or two times your annual base salary up to \$500,000

For your dependent child(ren) up to age 26\*: \$5,000

For your spouse\*: \$10,000

\*Monthly premium rate for dependent child(ren), dependent spouse, or Both: \$3.00



Income protection when you need it most.

# DISABILITY INSURANCE

Collin County provides short-term and long-term disability insurance at no cost to full-time, eligible employees. Coverage is provided through BlueCross BlueShield and helps replace a portion of your income if you are unable to work due to illness or injury. Disability does not cover time off to care for dependents.

## Short-Term Disability

Without a steady income, many people would struggle to keep up with mortgage payments or maintain their family's financial stability. Short-term disability (STD) benefits can help ease that burden during difficult times caused by illness or injury. After a 14-day waiting period, STD benefits replace 67% of your base pay and can continue for up to 26 weeks.



100% employer paid

## Long-Term Disability

If you are unable to work due to an illness or injury that extends beyond the short-term disability period, long-term disability benefits may begin. These benefits replace 67% of your base salary. If you become disabled before turning 60, benefits are paid until you reach age 65. If you become disabled at age 60 or older, benefits are provided for a maximum period based on your age at the time of disability.



100% employer paid

All full-time, benefits-eligible employees are automatically enrolled in both short-term and long-term disability plans. Coverage begins on the first day of the month following 90 days of continuous service.

If you need to file a claim, you can contact BCBS at 877-442-4207 or visit [ancillary.bcbstx.com](http://ancillary.bcbstx.com)

# RETIREMENT BENEFITS



## Texas County & District Retirement System (TCDRS)

As a Collin County employee, you are automatically enrolled in the Texas County & District Retirement System (TCDRS). Seven percent of each paycheck is contributed to your retirement account, and this contribution rate cannot be changed. You become vested after eight years of service and qualify for Collin County's 2-to-1 employer match. If you leave County employment but keep your account with TCDRS, you can receive a lifetime monthly retirement benefit once you meet the system's eligibility requirements.

You may be eligible to retire once you meet one of the following criteria:

- Vested and age 60
- Rule of 75 – service time plus age equals 75
- Completed 30 years of service

To get started and see your account information, log in at [www.tcdrs.org](http://www.tcdrs.org) or call TCDRS Member Services at 1-800-823-7782

## 457 Retirement Savings Plans

Collin County offers three 457(b) retirement savings options that allow you to contribute pre-tax money toward your retirement. IRS guidelines permit you to defer up to \$24,500 total to a 457(b) plan in 2026. These plans are intended to help you save for retirement, and funds are generally not available until you retire or leave the County. If you are nearing retirement age, additional contribution options may be available. Collin County does not provide a match for 457(b) contributions. Contact the Benefits team for more information.

If you are enrolling in a 457(b) plan for the first time, you will need to contact the vendor directly to complete the enrollment paperwork. If you would like to change your contribution amount, you can do so in PeopleSoft at any time during the year.

Collin County offers the following 457(b) providers:

### Corebridge Financial

Financial Advisor:

Bentley Craft

Phone number: 972-567-8115

### Empower

Phone number: 1-866-816-4400

### Nationwide

Financial Advisor:

Clayton Puckett

Phone number: 877-496-1630

# LEGALSHIELD



LegalShield provides affordable, high-powered legal protection for you and your family at a low cost.

LegalShield attorneys can help you with all of the below issues via telephone consultation!

## Home

Purchases, Refinance, Foreclosure, Landlord/Tenant, Eviction, Contractor Disputes, Building Code Disputes

## Financial

IRS Audits, Collections, Warranties, Contracts, Medical Disputes, Social Security/Veteran's Benefits Disputes

## Estate Issues

Wills, Living Wills, Power of Attorney, Revocable/Irrevocable Trusts, Codicils

## Auto

Moving Violations, Accidents, Motor Vehicle Homicide, Driver's License Restoration/Revocation

Some legal issues such as bankruptcy and divorce are not fully covered under membership but are available at a discounted rate of at least 25%. Visit the website for full plan details.

## Who's covered?

- You
- Your spouse (or domestic partner)
- Your dependents\*

\*refer to the website for a detailed list of who qualifies as a dependent

Protect your family today for only \$14.96 a month!

You can enroll in LegalShield by visiting their website at [LegalShield.com/info/CollinCounty](http://LegalShield.com/info/CollinCounty)

You may add or drop this benefit any month during the year. Benefit begins first of the month following election date.

Please refer to [www.legalshield.com/info/CollinCounty](http://www.legalshield.com/info/CollinCounty) for a description of plan benefits, limitations, and exclusions.

# ALLSTATE CANCER AND SPECIFIED DISEASE INSURANCE



When facing a serious medical diagnosis, managing your health is the priority, not worrying about finances. Cancer and Specified Disease Insurance from Allstate can help ease the financial burden so you can focus on what matters most.

Allstate's Cancer and Specified Disease Policy helps cover treatment costs for cancer and 29 specified diseases\*

Benefit coverage includes:

- Hospital Confinement
- Radiation/Chemotherapy
- Surgery
- Transportation/Lodging
- And More\*

\*Please see the Allstate Cancer Brochure on MyCC for a full list of the 29 Specified Diseases and Benefit Coverage details.

You may enroll anytime\*\* during the year and choose either employee only or family coverage with both high and low plan options available.

### Low Plan

Employee: \$6.31 Bi-Weekly  
Family: \$10.95 Bi-Weekly

### High Plan

Employee: \$10.86 Bi-Weekly  
Family: \$18.91 Bi-Weekly

\*\*Evidence of Insurability (EOI) is not required when enrolling as a new hire within your first 30 days of employment. EOI will be required if you enroll at a later date.

**For more information or to enroll, contact HR at 972-548-4652 or contact Allstate Service Representative Dennis Peterson at 210-269-0355.**



# WEIGHT LOSS PROGRAM

**Weight Loss Support Made Easy.**

- Feeling the impact of extra weight on your mood, confidence, or health?
- Struggling with high blood pressure, diabetes, or low energy?
- Ready for support on your journey to lasting weight loss?

Weight loss can be hard. Our weight loss counseling program helps you get to the root of what's been preventing long-term success. It's based on behavioral weight management, a form of talk therapy that explores your relationship with food, reviews your eating patterns, and offers strategies to better manage stress.

**To get started, contact one of the providers below to schedule an appointment:**

- ✓ Dr. Asha Chaudhary, PhD, Cognitive Behavioral Therapist  
Phone: 972-941-0861  
Email: [hello@meridianweightwellness.com](mailto:hello@meridianweightwellness.com)
- ✓ Dr. Amanda G. Glover, PsyD, Licensed Psychologist  
Phone: 469-291-9009  
Email: [Dr.Glover@MontereyPS.com](mailto:Dr.Glover@MontereyPS.com)
- ✓ Dr. Nicole M. Bereolos, PhD, MPH, MSCP, CDCES, FADCES  
Clinical Psychologist/Certified Diabetes Care and Education Specialist  
Phone: 972-768-7994

This program is available to Collin County employees **free of charge**. No out-of-pocket cost per visit!



This program is only available to Collin County employees, not their dependents.



Your mental health is a priority.

# MENTAL HEALTH

Collin County offers mental health services through both of our medical plans with a \$15 copay, whether your provider is in-network or out-of-network. If you see an out-of-network provider, you'll need to pay upfront and then submit a claim for reimbursement at myuhc.com.

On myuhc.com, you can search for behavioral and mental health providers, access virtual visit options, and find self-help resources when you need them.

Additionally, our Employee Assistance Program (EAP) is another valuable resource. For more details, see pages 26 and 27 of the full Benefits Guide.

## Law Enforcement Mental Health Program

Collin County provides a dedicated mental health program exclusively for our Law Enforcement employees. It offers confidential guidance and counseling at no cost to you - Collin County covers 100% of the fees.

We recognize the unique pressures faced by law enforcement professionals, and this program is designed to support your well-being.

To schedule an appointment, contact one of the professionals listed below. Be sure to let them know you are a Collin County Law Enforcement employee to access this benefit.

**Dr. Heather Twedell**  
469-352-7491  
dr.t@htwedell.org

**Dena Williams**  
214-546-7178  
denaw@first.org

# UNITEDHEALTHCARE EMPLOYEE ASSISTANCE PROGRAM



## For Insureds on UnitedHealthcare Medical Plans

### Emotional Support

Highly-trained clinicians will help you or your family members covered on insurance with issues, including:

- Anxiety, depression, stress
- Grief, loss, and life adjustments
- Relationship/marital conflicts

### Legal and Financial Concerns

Talk to an attorney or a financial professional for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, and trusts
- Budgeting, debt, bankruptcy and more

### Additional Resources

Creating value for you by providing:

- Guidance to relevant community and social resources
- Access to a network of 180,000 clinicians nationwide

### About EAP

From time to time, we all face personal hardships. Whether it's a concern over family issues, professional matters, or legal or financial issues, the EAP program provides all employees and their dependents covered on insurance someone to talk to, and resources to consult whenever and wherever you need them.

**One call could change your life  
for the better.**

### FAQs

- ✓ EAP is a free benefit provided to employees and dependents covered on a UnitedHealthcare medical plan.
- ✓ You can be referred to a UHC counselor and see them for three visits at no cost. All sessions are confidential.
- ✓ To seek help – call the phone number on your health ID card and ask to speak to an EAP consultant. Or contact EAP directly 24/7 at 1-888-887-4114.



# BCBS EMPLOYEE ASSISTANCE PROGRAM

## For Full-Time Collin County Employees and Dependents

When personal challenges arise, you don't have to face them alone. The EAP provides free and confidential support for emotional, financial, and legal concerns.

### Face-to-Face Sessions

Includes three sessions in person to address behavioral issues.

### Unlimited Telephonic Counseling

Available 24 hours a day, seven days a week. Counselors use a conversational approach to identify issues, assess needs and refer participants to specialists.

### Web-Based Services

GuidanceResources Online is a secure, password-protected website that contains self-assessments, extensive content on personal health, and powerful tools to help with personal, relational, legal, health, and financial concerns. It covers many topics and personal concerns, such as:

- Grief and loss
- Job pressures
- Retirement planning
- Tax questions
- Saving for college
- Marital and family conflicts
- Alcohol and drug use
- Depression
- Divorce
- Family law
- Estate Planning
- Getting out of debt

**You do not have to be enrolled in a County medical plan to participate!**

Services are available upon hire at no cost to full-time Collin County employees enrolled in the County-provided disability plan, as well as their family members!

### To Access These Services

- ✓ **Call: 866-899-1363**
  - You will be asked what type of insurance policy you have, which is short-term and long-term disability.
- ✓ **Online: [Guidanceresources.com](https://www.guidanceresources.com)**
  - Click "Register" to create a new account.
  - Enter your company ID: DISRES

# ON-SITE NURSE LIAISONS

## How can a Nurse Liaison help me?

Our Nurse Liaisons are here to support employees enrolled in Collin County insurance with personalized guidance on various health topics. Whether it's weight management, nutrition, or fitness, they can help you set and work toward your personal health goals. This service is a free benefit available to all County Employees!



**Grace Brown, RN**

I have been a nurse for almost six years with prior experience in the hospital setting. After spending time in the nursing research field, I am excited to return to my role as a Nurse Liaison with Collin County.

**Evie Newton, RN**



I have six years of experience as a Cardiac Intervention and Post-Surgical Recovery Nurse, as well as six years as a Nurse Liaison. I am passionate about helping individuals gain a better understanding of their health so they can make informed decisions.

## Will my information that I share with my Nurse Liaison be private?

Yes, all of your personal health information will be protected in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and will only be shared between you and the Nurses. None of your personal health information will be shared with your supervisor, Human Resources, or any other County personnel.

## Do I have to make an appointment to speak with a Nurse Liaison?

To ensure availability, we recommend scheduling an appointment before visiting the Nurse Liaison's office, as they also have office hours in other locations. You can also contact the nurses via text, phone, or email for assistance.

## What other services do the Nurse Liaisons offer?

- ✓ Help you and your family members make better health care decisions.
- ✓ Demonstrate how to navigate UnitedHealthcare tools and resources.
- ✓ Assist in finding physicians within UnitedHealthcare's network.
- ✓ Check your blood pressure, weight or other biometric factors.
- ✓ Explain your lab results & help you determine how to make any necessary changes.
- ✓ Provide guidance in managing chronic conditions.

## How can I reach the Nurse Liaisons?

### Grace Brown, RN

O: 972-548-4653

M: 940-218-0444

nurseliasions@co.collin.tx.us

grace\_brown@uhc.com

### Office Location:

Jack Hatchell Administration Building

2300 Bloomdale Rd., Suite 4117

McKinney, Texas 75071

### Evie Newton, RN

O: 972-548-4680

M: 972-798-3128

nurseliasions@co.collin.tx.us

evie\_newton@uhc.com



# FAMILY AND MEDICAL LEAVE ACT

Whether you need time off due to your own medical condition or a medical condition of an eligible family member, taking unplanned time off of work can be stressful. Under the Family Medical Leave Act (FMLA), eligible employees are allowed 12 weeks of continuous or intermittent unpaid leave due to certain leave reasons within a 12-month period. FMLA provides job and benefit protection while you are out for a qualifying reason.

- ✔ To be eligible for FMLA, you must be employed by the County for at least 12 months (does not have to be consecutive) and must have worked at least 1,250 hours during the 12 months immediately preceding the start of the leave.
- ✔ FMLA eligible employees may be entitled to 12 weeks of unpaid leave for the following reasons:
  - Pregnancy, prenatal care, bonding, or placement of a child for adoption or foster care
  - Your own serious health condition
  - To provide care for a qualifying family member with a serious health condition
  - Service member family leave (up to 26 weeks in a 12-month period)
  - Qualifying urgent military need
- ✔ Intermittent FMLA is taken in separate, non-consecutive time periods rather than a single span of time. Some intermittent examples are: chronic conditions that may have sporadic flare-ups or appointments for physical therapy that happen weekly, etc.
- ✔ Collin County is legally required to place you on FMLA leave if we are notified of a qualifying reason. Please keep in mind FMLA is a benefit that protects your job and benefits for up to 12 weeks while you are out for a qualifying reason.
- ✔ In order to be paid during your FMLA leave, you can use eligible accruals like paid time off or compensatory time off. You may also apply for short-term disability to receive 67% of your pay while you are out due to your own condition. (Please see our Disability Insurance flyer on page 21 of the full Benefits Guide for more information on short-term or long-term disability.)



Supporting  
Employees  
Through the  
ADA  
Interactive  
Process.

# AMERICANS WITH DISABILITIES ACT

Collin County complies with the Americans with Disabilities Act (ADA), and may make reasonable accommodations to assist disabled individuals to perform essential functions of their jobs.

A reasonable accommodation is available to you so long as the accommodation does not create an undue hardship for the County and can be provided without posing a substantial or imminent safety risk.

The ADA defines a disability as: A person has a disability if he or she has a physical or mental condition that substantially limits a major life activity (such as walking, talking, seeing, hearing, learning, or operation of a major bodily function).

If you have a disability as defined under the ADA, but are able to perform the essential functions of your job with a reasonable accommodation, you are responsible for making the request for an accommodation.

Each request will be considered under the ADA and will be reviewed through the interactive process with you, your department, your doctor, and Human Resources. Please understand that submitting a request for an accommodation does not guarantee the accommodation will be approved and that alternative accommodations may be provided where applicable.

If you would like more information, please contact Human Resources at 972-548-4606

# FMLA OR ADA?

What they are, what they aren't and when to request them.

## Family Medical Leave Act

### WHAT IT IS

Job- and benefit-protected time off for up to 12 weeks\* when you are absent due to:

- The birth of a child, bonding time, or placement of a child for adoption or foster care
- Your own serious health condition (including intermittent absences, absences of more than three days, and/or overnight hospitalization).
- Care for your spouse, child, or parent with a serious health condition.

### WHAT IT ISN'T

- It isn't paid leave. You must use your available time off accruals or short-term disability (if applicable) to receive pay while on FMLA leave.
- It isn't optional. If you are absent for a qualifying reason and FMLA is available, it will be applied. This is required by law.
- It isn't automatic. You must meet service and hours requirements to be eligible.

## Americans with Disabilities Act

### WHAT IT IS

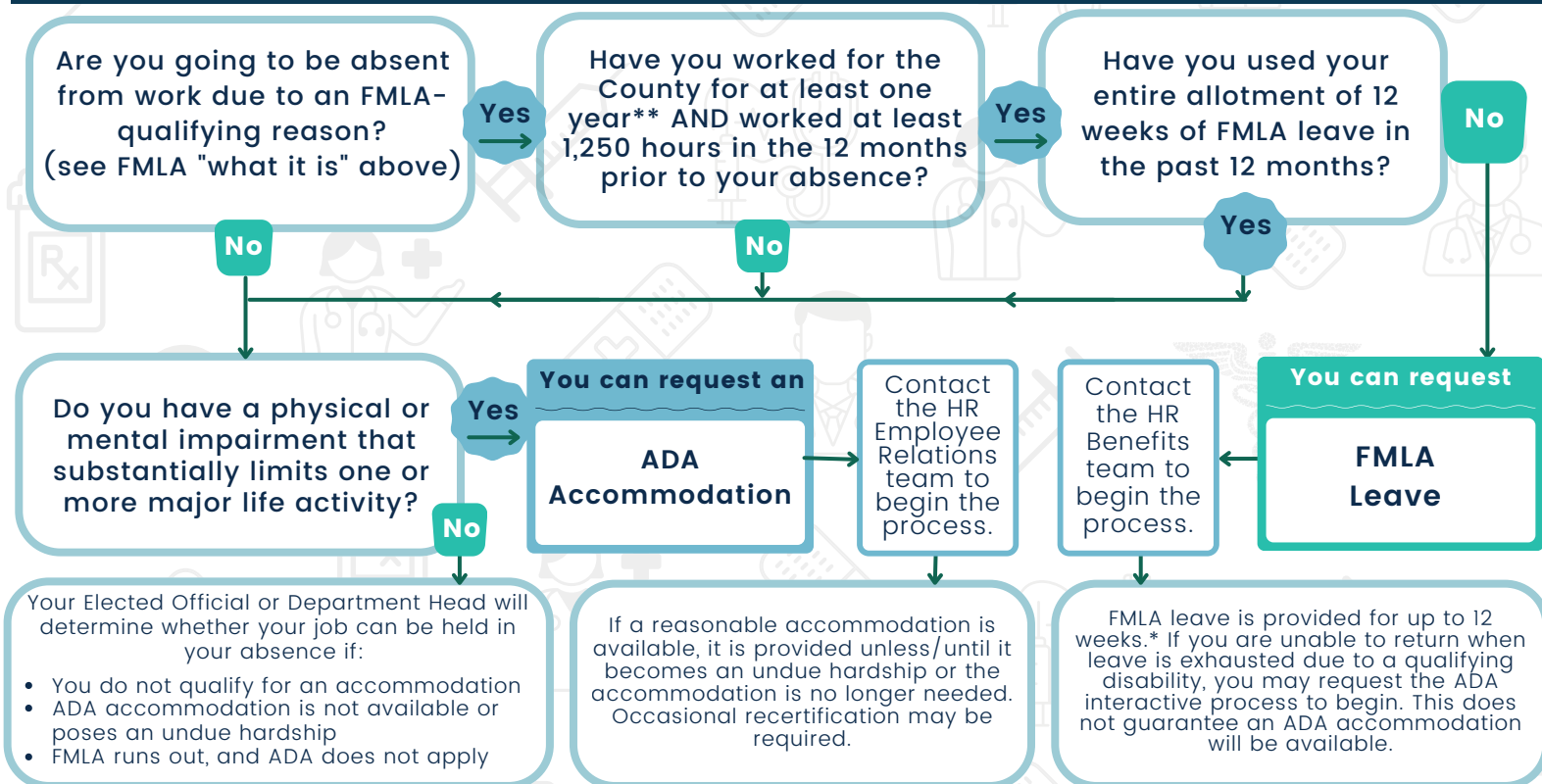
A federal law that protects individuals with disabilities in the workplace. It requires employers to engage in an "interactive process" with employees to identify reasonable accommodations that enable them to perform the essential functions of their job. Accommodations must be reasonable and cannot pose an undue hardship to the employer.

### WHAT IT ISN'T

- It isn't for family members' disabilities.
- It isn't all-inclusive. Only conditions that substantially limit one or more major life activities are covered.
- It isn't a substitute for FMLA. If you need a leave of absence due to an FMLA-qualifying condition, FMLA leave must be used if available.
- It isn't guaranteed. Accommodations must be reasonable and cannot create an undue hardship for the employer.

## HOW DO I KNOW WHICH ONE APPLIES?

Follow the chart below to determine whether an FMLA leave or ADA accommodation request fits your situation.



Contact us if you need to begin either the ADA accommodation or FMLA leave process.  
972-548-4606 or [humanresources@collincountytx.gov](mailto:humanresources@collincountytx.gov)

\*12 weeks of leave for any qualifying exigency arising from an employee's spouse, child, or parent who is a covered military member OR 26 weeks of leave to care for a covered servicemember with a serious injury or illness

\*\*One year of service does not have to be consecutive. Prior service may apply.

# ON-THE-GO RESOURCES



## UnitedHealthcare App

When you're out and about, the UnitedHealthcare app puts your health at your fingertips. Download it today to get instant access to your health plan details.

### Find care

- Find network care options for doctors, clinics, and hospitals in your area.
- Talk to a doctor by video 24/7.
- See reviews and ratings for doctors.

### Manage your health plan details

- Generate and share digital health plan ID cards.
- View claims and account balances.
- Manage prescription drugs and refills.

### Stay on top of costs

- Estimate the costs of common procedures.
- View your copay, annual deductible, and out-of-pocket expenses.
- View your Flexible Spending Account balance and reimbursements.

Download the UnitedHealthcare app for free on the App Store® and Google Play Store®



Health

## Calm Health App

The Calm Health app has a library of support designed to help you and your covered dependents\* mental health.

- Learn techniques to improve well-being: Find tools, music, and sounds to help you meditate, improve focus, move mindfully, and feel calm.
- Work toward goals: Join self-guided self-care programs, and track your progress along the way.
- Support your mind and body: Access mental health information and support to help you strengthen the mind-body connection.

To get started, sign in to your account on [myuhc.com](https://myuhc.com) or the UnitedHealthcare app. Go to Coverage & Benefits, select Mental Health, select View All Mental Health Coverage, and select Calm Health under the Self-Care Courses and Tools section.

\*Employees and dependents 16 and older are eligible to use Calm Health



## Talkspace App

Feeling better starts with a single message! Complete a brief personal assessment, pick your therapist, and start therapy!

### Four kinds of support

- Individual Therapy
- Couples Therapy
- Teens [For ages 13-17]
- Psychiatry [Medication Management]

Visit [talkspace.com](https://talkspace.com) to get started. Talkspace is covered under your plan's behavioral health benefits.\*

\*Mental health visits are covered with a \$15 copay per visit. Talkspace also accepts EAP benefits. Please refer to pages 27-28 of the Benefits Guide for more information on EAP.



# IMPORTANT CONTACTS

## UnitedHealthcare Insurance

### Medical/Vision Group Number: 229670

Medical/Vision/Rx \_\_\_\_\_ 1-844-669-0741  
 Employee Assistance Program \_\_\_ 1-888-887-4114  
 COBRA \_\_\_\_\_ 1-800-318-5311

### Dental Group Number: 200492

Dental \_\_\_\_\_ 1-877-816-3596

### Flexible Spending Group Number: 230089

Flexible Spending \_\_\_\_\_ 1-866-755-2648

### Human Resources Benefits Department

Retirement, 457(b), CSCD \_\_\_\_\_ 972-548-4602  
 FMLA, Short-Term Disability, PTO \_\_\_ 972-548-4687  
 Insurance, Qualifying Life Event \_\_\_ 972-548-4667  
 Wellness \_\_\_\_\_ 972-548-4667  
 Human Resources Front Desk \_\_\_\_ 972-548-4606

### Short-Term and Long-Term Disability - BCBS of Texas

Group #F024952:  
 1-877-442-4207

### Long-Term Care - UNUM

Group #597234:  
 1-800-227-4165

### AllState Insurance

Group #CG 627:  
 1-800-521-3535

### Mutual of Omaha Insurance

Group #G000BHJP:  
 1-800-775-8805

### Retirement - TCDRS

Group #142:  
 1-800-823-7782

### LegalShield

Group #0026931:  
 1-800-654-7757

### 457 Plan - Corebridge Financial

Group #62345:  
 972-567-8115

### 457 Plan - Nationwide

Group #0037216-001:  
 1-877-496-1630

### 457 Plan - Empower

Group #743701-01:  
 1-866-816-4400

# IMPORTANT NOTICES



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## HIPAA NOTICE TO COLLIN COUNTY PARTICIPANTS

Group health plans sponsored by state and local governmental employers must generally comply with Federal law requirements in Title XXVII of the Public Health Service Act. However, the law also permits Collin County to elect to exempt our plan from these requirements because our plan is self-funded rather than fully insured. Please use this letter as your notification that Collin County has elected to exempt the Collin County Welfare Benefit Plan from the following requirements:

1. Standards relating to benefits for mothers and newborns.
2. Parity in the application of certain limits to mental health benefits.
3. Required coverage for reconstructive surgery following mastectomies.

Collin County's election to exempt the plan from these requirements does not infer that benefits equivalent or similar to these provisions will not be provided.

The exemption from these federal requirements will be in effect for the plan year beginning January 1, 2026, and ending December 31, 2026. The election may be renewed for subsequent plan years.

Collin County will meet the requirements to provide employees and dependents a certificate of creditable coverage when they cease to be covered by the plan. The certificate provides evidence that you were covered under this plan because if you can establish your prior coverage, you may be entitled to certain rights if you join another employer's health plan or if you wish to purchase an individual health insurance policy.

For questions regarding this information,  
please contact: Angie Hoelsing 972-548-4605

## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is

called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA(3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –**

| ALABAMA – Medicaid   | ALASKA – Medicaid   |
|--|---|
| Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a><br>Phone: 1-855-692-5447  | The AK Health Insurance Premium Payment Program<br>Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a><br>Phone: 1-866-251-4861<br>Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a><br>Medicaid Eligibility:<br><a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a> |
| ARKANSAS – Medicaid  | CALIFORNIA – Medicaid   |
| Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a><br>Phone: 1-855-MyARHIPP (855-692-7447)   | Health Insurance Premium Payment (HIPP) Program Website:<br><a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a><br>Phone: <a href="tel:916-445-8322">916-445-8322</a><br>Fax: 916-440-5676<br>Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>   |
| COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)   | FLORIDA – Medicaid  |
| Health First Colorado Website:<br><a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a><br>Health First Colorado Member Contact Center:<br>1-800-221-3943/State Relay 711<br>CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a><br>CHP+ Customer Service: 1-800-359-1991/State Relay 711<br>Health Insurance Buy-In Program (HIBI):<br><a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a><br>HIBI Customer Service: 1-855-692-6442 | Website:<br><a href="https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html">https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html</a><br>Phone: 1-877-357-3268  |

|  |   |
|--|---|
| <p align="center"><b>GEORGIA – Medicaid</b></p>  | <p align="center"><b>INDIANA – Medicaid</b></p>   |
| <p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a><br/> Phone: 678-564-1162, Press 1<br/> GA CHIPRA Website:<br/> <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a><br/> Phone: 678-564-1162, Press 2</p> | <p>Health Insurance Premium Payment Program<br/> All other Medicaid<br/> Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a><br/> <a href="http://www.in.gov/fssa/dfir/">http://www.in.gov/fssa/dfir/</a><br/> Family and Social Services Administration<br/> Phone: 1-800-403-0864<br/> Member Services Phone: 1-800-457-4584</p> |
| <p align="center"><b>IOWA – Medicaid and CHIP (Hawki)</b></p>  | <p align="center"><b>KANSAS – Medicaid</b></p>  |
| <p>Medicaid Website:<br/> <a href="http://iowa.gov/health-human-services">Iowa Medicaid   Health &amp; Human Services</a><br/> Medicaid Phone: 1-800-338-8366<br/> Hawki Website:<br/> <a href="http://iowa.gov/health-human-services">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a><br/> Hawki Phone: 1-800-257-8563<br/> HIPP Website: <a href="http://iowa.gov/health-human-services">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a><br/> HIPP Phone: 1-888-346-9562</p>                              | <p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a><br/> Phone: 1-800-792-4884<br/> HIPP Phone: 1-800-967-4660</p>  |
| <p align="center"><b>KENTUCKY – Medicaid</b></p>   | <p align="center"><b>LOUISIANA – Medicaid</b></p>   |
| <p>Kentucky Integrated Health Insurance PremiumPayment Program (KI-HIPP) Website:<br/> <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a><br/> Phone: 1-855-459-6328<br/> Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a><br/> KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a><br/> Phone: 1-877-524-4718<br/> Kentucky Medicaid Website:<br/> <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>         | <p>Website: <a href="http://www.medicicaid.la.gov">www.medicicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a><br/> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>   |
| <p align="center"><b>MAINE – Medicaid</b></p>  | <p align="center"><b>MASSACHUSETTS – Medicaid and CHIP</b></p>  |
| <p>Enrollment Website:<br/> <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a><br/> Phone: 1-800-442-6003<br/> TTY: Maine relay 711<br/> Private Health Insurance Premium Webpage:<br/> <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a><br/> Phone: 1-800-977-6740<br/> TTY: Maine relay 711</p>  | <p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a><br/> Phone: 1-800-862-4840<br/> TTY: 711<br/> Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>   |
| <p align="center"><b>MINNESOTA – Medicaid</b></p>  | <p align="center"><b>MISSOURI – Medicaid</b></p>  |
| <p>Website:<br/> <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a><br/> Phone: 1-800-657-3672</p>  | <p>Website:<br/> <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a><br/> Phone: 573-751-2005</p>   |

| MONTANA – Medicaid  | NEBRASKA – Medicaid   |
|---|---|
| Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a><br>Phone: 1-800-694-3084<br>Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a>  | Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a><br>Phone: 1-855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178   |
| NEVADA – Medicaid   | NEW HAMPSHIRE – Medicaid  |
| Medicaid Website: <a href="http://dhcfnv.gov">http://dhcfnv.gov</a><br>Medicaid Phone: 1-800-992-0900   | Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a><br>Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345, ext. 15218<br>Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a> |
| NEW JERSEY – Medicaid and CHIP  | NEW YORK – Medicaid   |
| Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a><br>Phone: 1-800-356-1561<br>CHIP Premium Assistance Phone: 609-631-2392<br>CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a><br>CHIP Phone: 1-800-701-0710 (TTY: 711) | Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a><br>Phone: 1-800-541-2831   |
| NORTH CAROLINA – Medicaid   | NORTH DAKOTA – Medicaid   |
| Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a><br>Phone: 919-855-4100   | Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a><br>Phone: 1-844-854-4825   |
| OKLAHOMA – Medicaid and CHIP  | OREGON – Medicaid and CHIP  |
| Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a><br>Phone: 1-888-365-3742   | Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a><br>Phone: 1-800-699-9075   |
| PENNSYLVANIA – Medicaid and CHIP  | RHODE ISLAND – Medicaid and CHIP  |
| Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a> Phone: 1-800-692-7462 CHIP Website: <a href="#">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)      | Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a><br>Phone: 1-855-697-4347, or<br>401-462-0311 (Direct RIte Share Line)  |
| SOUTH CAROLINA – Medicaid   | SOUTH DAKOTA - Medicaid   |
| Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a><br>Phone: 1-888-549-0820   | Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a><br>Phone: 1-888-828-0059   |

| TEXAS – Medicaid   | UTAH – Medicaid and CHIP  |
|--|---|
| Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a><br>Phone: 1-800-440-0493                                  | Utah’s Premium Partnership for Health Insurance (UPP)<br>Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a><br>Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a><br>Phone: 1-888-222-2542<br>Adult Expansion Website:<br><a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a><br>Utah Medicaid Buyout Program Website:<br><a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a><br>CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a> |
| VERMONT– Medicaid  | VIRGINIA – Medicaid and CHIP  |
| Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a><br>Phone: 1-800-250-8427                              | Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a><br><a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a><br>Medicaid/CHIP Phone: 1-800-432-5924  |
| WASHINGTON – Medicaid  | WEST VIRGINIA – Medicaid and CHIP   |
| Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a><br>Phone: 1-800-562-3022  | Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a><br><a href="http://mywvhipp.com/">http://mywvhipp.com/</a><br>Medicaid Phone: 304-558-1700<br>CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)  |
| WISCONSIN – Medicaid and CHIP  | WYOMING – Medicaid  |
| Website:<br><a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a><br>Phone: 1-800-362-3002 | Website:<br><a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a><br>Phone: 1-800-251-1269  |

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
 Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
 Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
 1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)



# Medicare Part D Creditable Coverage Disclosure Notice

## Important Notice from Collin 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 Collin 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 what 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 prescription 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. Collin County has determined that the prescription drug coverage currently offered by Collin County and administered by UnitedHealthcare 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 through 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 Collin County coverage will not be affected. If you decide you do not want to enroll in a Medicare drug plan, your Collin County coverage will remain in effect.

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



# Medicare Part D Creditable Coverage Disclosure Notice – Continued

## 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 Collin County and do not 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

You may contact Angie Hoelsing for further information at 972-548-4605. This notice is also available online on the Human Resources intranet page.

**NOTE:** You will get this notice each year. You may also 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 the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227), TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).



# General Notice of COBRA Continuation Coverage Rights

This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

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

## What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage [choose and enter appropriate information: must pay or aren't required to pay] for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.



# General Notice of COBRA Continuation Coverage Rights Continued

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

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

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Collin County and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

## When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

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

## How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.



# General Notice of COBRA Continuation Coverage Rights Continued

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

## Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

## Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

## Are there other coverage options besides COBRA Continuation Coverage?

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

## Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning in the earlier of

- The month after your employment ends; or
- The month after your group health plan coverage based on your current employment ends.



# General Notice of COBRA Continuation Coverage Rights Continued

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

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

## If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

872-567-8115

## Keep your Plan informed of address changes

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

Group #107751

800-528-9009

813-275-4377



# 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**

If you have any questions about this Notice please contact: Cynthia Jacobson by calling 972-548-4606.

We are required by law to maintain the privacy of protected health information and to provide patients with notice of our legal duties and privacy practices with respect to protected health information. This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by either mailing the revised Notice to an address you provide or by delivering a revised Notice to you at our office.

## **1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

### **Uses and Disclosures of Protected Health Information for Treatment, Payment and Health Care Operations**

We are permitted to use and disclose your protected health information for treatment, payment and health care operations as described in this Section 1. Your protected health information may be used and disclosed by us and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to facilitate payment of your health care bills and to support our operations.

Following are examples of the types of uses and disclosures of your protected health care information that we are permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.



# Notice Of Privacy Practices

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose protected health information to other physicians and health care providers who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at our request, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

**Payment:** Your protected health information may be used, as needed, to obtain payment for your health care services. This may include certain activities that a payor (whether a governmental entity or private insurance or other health plan) may undertake before it approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

**Healthcare Operations:** We may use or disclose, as-needed, your protected health information in order to support the business activities of our office. These activities include, but are not limited to: quality assessment activities; employee review activities; training of medical students, other practitioners, or non-health care professionals; accreditation; certification; licensing; credentialing; and conducting or arranging for other business activities. For example, we may use and disclose your protected health information when training and reviewing our staff.

We may use or disclose your protected health information, as necessary, to contact you to remind you of upcoming appointments.

We will share your protected health information with third party “business associates” that perform various activities (e.g., auditing, legal) for us. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information. This requirement will not apply if the business associate is a “health care component” designated by our governing body.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services we offer that may be of interest to you. You may contact our Privacy Official to request that these materials not be sent to you.



# Notice Of Privacy Practices

**Emergencies:** We may use or disclose your protected health information in an emergency treatment situation.

## **Other Uses and Disclosures of Protected Health Information Based upon Your Written Authorization**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization.

## **Other Permitted Uses and Disclosures to Which You May Agree or Object**

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then we may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

**Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are not present or unable to agree or object to such a disclosure because of your incapacity or an emergency circumstance, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.



# Notice Of Privacy Practices

## Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

**Required By Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. If required by law, you will be notified of any such uses or disclosures.

**Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Abuse or Neglect:** We may disclose your protected health information to a public health authority or other government authority that is authorized by law to receive reports of child abuse or neglect. In addition, if we believe that you have been a victim of abuse, neglect or domestic violence we may disclose your protected health information to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biological product deviations; to track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required.



# Notice Of Privacy Practices

**Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in response to a subpoena, discovery request or other lawful process as permitted by law.

**Law Enforcement:** We may disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. Such disclosures include (1) the reporting of certain physical injuries; (2) responding to legal processes; (3) providing limited information for identification and location purposes, (4) providing law enforcement officials with information pertaining to victims of a crime; (5) reporting deaths possibly resulting from criminal conduct; (6) reporting a crime that occurs on our premises; and (7) reporting criminal activity outside our premises that results in emergency medical services.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his/her duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**Research:** We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

**Serious Threat to Health or Safety:** Consistent with applicable federal and state laws, we may disclose your protected health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or certain other individuals.



# Notice Of Privacy Practices

**Inmates:** We may use or disclose your protected health information if you are an inmate of a correctional facility and we created or received your protected health information in the course of providing care to you.

**Workers' Compensation:** Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Title 45, Code of Federal Regulations, Parts 160 and 164.

## **2. YOUR RIGHTS**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

**You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to a restriction that you may request. If we believe it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If we agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your health care provider. You may request a restriction by completing a "Restriction of use and Disclosures Request Form," which you may obtain from our Privacy Official.



# Notice Of Privacy Practices

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Official.

**You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A “designated record set” contains medical and billing records and any other records that we use for making decisions about you.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to any law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. Please contact our Privacy Official if you have questions about access to your medical record.

**You may have the right to have us amend your protected health information.** This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. Requests for amendment must be in writing and must provide a reason to support each requested amendment. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Official if you have questions about amending your protected health information.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, for notification purposes, and for other purposes, as permitted by law. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003 and during the six years prior to your request. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

**You have the right to obtain a paper copy of this notice from us,** upon request, even if you have agreed to accept this notice electronically.



# Notice Of Privacy Practices

### 3. Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying the person named below of your complaint. We will not retaliate against you for filing a complaint.

For further information about the complaint process, or to file a complaint, contact:

Cynthia Jacobson  
2300 Bloomdale, Suite 4117  
McKinney, TX 75071  
Phone 972-548-4606  
Fax 972-547-5735

For further information about filing a complaint with the Secretary of Health and Human Services, or to file a complaint, contact:

U.S. Department of Health and Human Services, Office for Civil Rights  
Medical Privacy, Complaint Division  
200 Independence Avenue, SW  
HHH Building, Room 509H  
Washington, D.C. 20201  
Phone: 866-627-7748  
TTY: 886-788-4989



# SPECIAL ENROLLMENT

- ✓ If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage).
- ✓ However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).
- ✓ In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- ✓ If you need to remove a spouse due to divorce you must notify Benefits within 60 days.

To request special enrollment or obtain more information, contact Benefits at 972-548-4667.

# Glossary of Health Coverage and Medical Terms

- This glossary defines many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your [plan](#) or [health insurance policy](#). Some of these terms also might not have exactly the same meaning when used in your policy or [plan](#), and in any case, the policy or [plan](#) governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or [plan](#) document.)
- [Underlined](#) text indicates a term defined in this Glossary.
- See page 6 for an example showing how [deductibles](#), [coinsurance](#) and [out-of-pocket limits](#) work together in a real life situation.

## Allowed Amount

This is the maximum payment the [plan](#) will pay for a covered health care service. May also be called "eligible expense", "payment allowance", or "negotiated rate".

## Appeal

A request that your health insurer or [plan](#) review a decision that denies a benefit or payment (either in whole or in part).

## Balance Billing

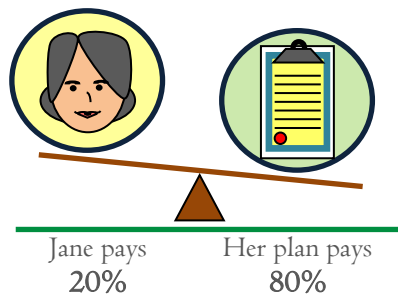
When a [provider](#) bills you for the balance remaining on the bill that your [plan](#) doesn't cover. This amount is the difference between the actual billed amount and the [allowed amount](#). For example, if the provider's charge is \$200 and the allowed amount is \$110, the provider may bill you for the remaining \$90. This happens most often when you see an [out-of-network provider](#) ([non-preferred provider](#)). A [network provider](#) ([preferred provider](#)) may not bill you for covered services.

## Claim

A request for a benefit (including reimbursement of a health care expense) made by you or your health care [provider](#) to your health insurer or [plan](#) for items or services you think are covered.

## Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the [allowed amount](#) for the service. You generally pay coinsurance *plus* any [deductibles](#) you owe. (For example, if the [health insurance](#) or [plan's](#) allowed amount for an office visit is \$100 and you've met your [deductible](#), your coinsurance payment of 20% would be \$20. The health insurance or [plan](#) pays the rest of the allowed amount.)



## Complications of Pregnancy

Conditions due to pregnancy, labor, and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section generally aren't complications of pregnancy.

## Copayment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

## Cost Sharing

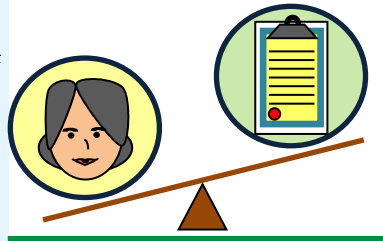
Your share of costs for services that a [plan](#) covers that you must pay out of your own pocket (sometimes called "out-of-pocket costs"). Some examples of cost sharing are [copayments](#), [deductibles](#), and [coinsurance](#). Family cost sharing is the share of cost for [deductibles](#) and [out-of-pocket](#) costs you and your spouse and/or child(ren) must pay out of your own pocket. Other costs, including your [premiums](#), penalties you may have to pay, or the cost of care a [plan](#) doesn't cover usually aren't considered cost sharing.

## Cost-sharing Reductions

Discounts that reduce the amount you pay for certain services covered by an individual [plan](#) you buy through the [Marketplace](#). You may get a discount if your income is below a certain level, and you choose a Silver level health plan or if you're a member of a federally-recognized tribe, which includes being a shareholder in an Alaska Native Claims Settlement Act corporation.

## Deductible

An amount you could owe during a coverage period (usually one year) for covered health care services before your [plan](#) begins to pay. An overall deductible applies to all or almost all covered items and services. A [plan](#) with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A [plan](#) may also have only separate deductibles. (For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible.)



Jane pays 100%      Her plan pays 0%  
(See page 6 for a detailed example.)

## Diagnostic Test

Tests to figure out what your health problem is. For example, an x-ray can be a diagnostic test to see if you have a broken bone.

## Durable Medical Equipment (DME)

Equipment and supplies ordered by a health care [provider](#) for everyday or extended use. DME may include: oxygen equipment, wheelchairs, and crutches.

## Emergency Medical Condition

An illness, injury, symptom (including severe pain), or condition severe enough to risk serious danger to your health if you didn't get medical attention right away. If you didn't get immediate medical attention you could reasonably expect one of the following: 1) Your health would be put in serious danger; or 2) You would have serious problems with your bodily functions; or 3) You would have serious damage to any part or organ of your body.

## Emergency Medical Transportation

Ambulance services for an [emergency medical condition](#). Types of emergency medical transportation may include transportation by air, land, or sea. Your [plan](#) may not cover all types of emergency medical transportation, or may pay less for certain types.

## Emergency Room Care / Emergency Services

Services to check for an [emergency medical condition](#) and treat you to keep an [emergency medical condition](#) from getting worse. These services may be provided in a licensed hospital's emergency room or other place that provides care for [emergency medical conditions](#).

## Excluded Services

Health care services that your [plan](#) doesn't pay for or cover.

## Formulary

A list of drugs your [plan](#) covers. A formulary may include how much your share of the cost is for each drug. Your [plan](#) may put drugs in different [cost sharing](#) levels or tiers. For example, a formulary may include generic drug and brand name drug tiers and different [cost sharing](#) amounts will apply to each tier.

## Grievance

A complaint that you communicate to your health insurer or [plan](#).

## Habilitation Services

Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

## Health Insurance

A contract that requires a health insurer to pay some or all of your health care costs in exchange for a [premium](#). A health insurance contract may also be called a "policy" or "[plan](#)".

## Home Health Care

Health care services and supplies you get in your home under your doctor's orders. Services may be provided by nurses, therapists, social workers, or other licensed health care [providers](#). Home health care usually doesn't include help with non-medical tasks, such as cooking, cleaning, or driving.

## Hospice Services

Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

## Hospitalization

Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. Some [plans](#) may consider an overnight stay for observation as outpatient care instead of inpatient care.

## Hospital Outpatient Care

Care in a hospital that usually doesn't require an overnight stay.

## Individual Responsibility Requirement

Sometimes called the “individual mandate”, the duty you may have to be enrolled in health coverage that provides [minimum essential coverage](#). If you don’t have [minimum essential coverage](#), you may have to pay a penalty when you file your federal income tax return unless you qualify for a health coverage exemption.

## In-network Coinsurance

Your share (for example, 20%) of the [allowed amount](#) for covered healthcare services. Your share is usually lower for in-[network](#) covered services.

## In-network Copayment

A fixed amount (for example, \$15) you pay for covered health care services to [providers](#) who contract with your [health insurance](#) or [plan](#). In-network copayments usually are less than [out-of-network copayments](#).

## Marketplace

A marketplace for [health insurance](#) where individuals, families and small businesses can learn about their [plan](#) options; compare plans based on costs, benefits and other important features; apply for and receive financial help with [premiums](#) and [cost sharing](#) based on income; and choose a [plan](#) and enroll in coverage. Also known as an “Exchange”. The Marketplace is run by the state in some states and by the federal government in others. In some states, the Marketplace also helps eligible consumers enroll in other programs, including Medicaid and the Children’s Health Insurance Program (CHIP). Available online, by phone, and in-person.

## Maximum Out-of-pocket Limit

Yearly amount the federal government sets as the most each individual or family can be required to pay in [cost sharing](#) during the [plan](#) year for covered, in-[network](#) services. Applies to most types of health [plans](#) and insurance. This amount may be higher than the [out-of-pocket limits](#) stated for your [plan](#).

## Medically Necessary

Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms, including habilitation, and that meet accepted standards of medicine.

## Minimum Essential Coverage

Health coverage that will meet the [individual responsibility requirement](#). Minimum essential coverage generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage.

## Minimum Value Standard

A basic standard to measure the percent of permitted costs the [plan](#) covers. If you’re offered an employer [plan](#) that pays for at least 60% of the total allowed costs of benefits, the [plan](#) offers minimum value and you may not qualify for [premium tax credits](#) and [cost sharing reductions](#) to buy a [plan](#) from the [Marketplace](#).

## Network

The facilities, [providers](#) and suppliers your health insurer or [plan](#) has contracted with to provide health care services.

## Network Provider (Preferred Provider)

A [provider](#) who has a contract with your [health insurer](#) or [plan](#) who has agreed to provide services to members of a [plan](#). You will pay less if you see a [provider](#) in the [network](#). Also called “preferred provider” or “participating provider.”

## Orthotics and Prosthetics

Leg, arm, back and neck braces, artificial legs, arms, and eyes, and external breast prostheses after a mastectomy. These services include: adjustment, repairs, and replacements required because of breakage, wear, loss, or a change in the patient’s physical condition.

## Out-of-network Coinsurance

Your share (for example, 40%) of the [allowed amount](#) for covered health care services to [providers](#) who don’t contract with your [health insurance](#) or [plan](#). Out-of-network coinsurance usually costs you more than [in-network coinsurance](#).

## Out-of-network Copayment

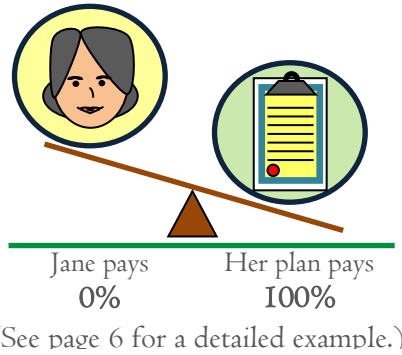
A fixed amount (for example, \$30) you pay for covered health care services from [providers](#) who do *not* contract with your [health insurance](#) or [plan](#). Out-of-network copayments usually are more than [in-network copayments](#).

## Out-of-network Provider (Non-Preferred Provider)

A [provider](#) who doesn't have a contract with your [plan](#) to provide services. If your [plan](#) covers out-of-network services, you'll usually pay more to see an out-of-network provider than a [preferred provider](#). Your policy will explain what those costs may be. May also be called "non-preferred" or "non-participating" instead of "out-of-network provider".

## Out-of-pocket Limit

The most you *could* pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit the [plan](#) will usually pay 100% of the



[allowed amount](#). This limit helps you plan for health care costs. This limit never includes your [premium](#), [balance-billed](#) charges or health care your [plan](#) doesn't cover. Some [plans](#) don't count all of your [copayments](#), [deductibles](#), [coinsurance](#) payments, out-of-network payments, or other expenses toward this limit.

## Physician Services

Health care services a licensed medical physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), provides or coordinates.

## Plan

Health coverage issued to you directly (individual plan) or through an employer, union or other group sponsor (employer group plan) that provides coverage for certain health care costs. Also called "health insurance plan", "policy", "health insurance policy" or "[health insurance](#)".

## Preauthorization

A decision by your health insurer or [plan](#) that a health care service, treatment plan, [prescription drug](#) or [durable medical equipment \(DME\)](#) is [medically necessary](#). Sometimes called prior authorization, prior approval or precertification. Your [health insurance](#) or [plan](#) may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your [health insurance](#) or [plan](#) will cover the cost.

## Premium

The amount that must be paid for your [health insurance](#) or [plan](#). You and/or your employer usually pay it monthly, quarterly, or yearly.

## Premium Tax Credits

Financial help that lowers your taxes to help you and your family pay for private [health insurance](#). You can get this help if you get [health insurance](#) through the [Marketplace](#) and your income is below a certain level. Advance payments of the tax credit can be used right away to lower your monthly [premium](#) costs.

## Prescription Drug Coverage

Coverage under a [plan](#) that helps pay for [prescription drugs](#). If the plan's [formulary](#) uses "tiers" (levels), prescription drugs are grouped together by type or cost. The amount you'll pay in [cost sharing](#) will be different for each "tier" of covered [prescription drugs](#).

## Prescription Drugs

Drugs and medications that by law require a prescription.

## Preventive Care (Preventive Service)

Routine health care, including [screenings](#), check-ups, and patient counseling, to prevent or discover illness, disease, or other health problems.

## Primary Care Physician

A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), who provides or coordinates a range of health care services for you.

## Primary Care Provider

A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist, or physician assistant, as allowed under state law and the terms of the [plan](#), who provides, coordinates, or helps you access a range of health care services.

## Provider

An individual or facility that provides health care services. Some examples of a provider include a doctor, nurse, chiropractor, physician assistant, hospital, surgical center, skilled nursing facility, and rehabilitation center. The [plan](#) may require the provider to be licensed, certified, or accredited as required by state law.

## Reconstructive Surgery

Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries, or medical conditions.

## Referral

A written order from your [primary care provider](#) for you to see a [specialist](#) or get certain health care services. In many health maintenance organizations (HMOs), you need to get a referral before you can get health care services from anyone except your [primary care provider](#). If you don't get a referral first, the [plan](#) may not pay for the services.

## Rehabilitation Services

Health care services that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled. These services may include physical and occupational therapy, speech-language pathology, and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

## Screening

A type of [preventive care](#) that includes tests or exams to detect the presence of something, usually performed when you have no symptoms, signs, or prevailing medical history of a disease or condition.

## Skilled Nursing Care

Services performed or supervised by licensed nurses in your home or in a nursing home. Skilled nursing care is *not* the same as “skilled care services”, which are services performed by therapists or technicians (rather than licensed nurses) in your home or in a nursing home.

## Specialist

A [provider](#) focusing on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

## Specialty Drug

A type of [prescription drug](#) that, in general, requires special handling or ongoing monitoring and assessment by a health care professional, or is relatively difficult to dispense. Generally, specialty drugs are the most expensive drugs on a [formulary](#).

## UCR (Usual, Customary and Reasonable)

The amount paid for a medical service in a geographic area based on what [providers](#) in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the [allowed amount](#).

## Urgent Care

Care for an illness, injury, or condition serious enough that a reasonable person would seek care right away, but not so severe as to require [emergency room care](#).

# How You and Your Insurer Share Costs - Example

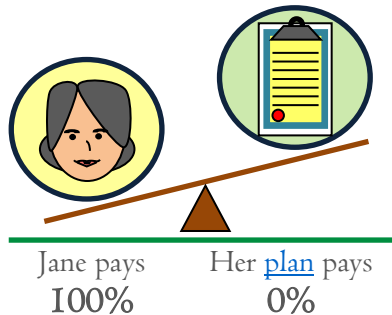
Jane's Plan Deductible: \$1,500

Coinsurance: 20%

Out-of-Pocket Limit: \$5,000

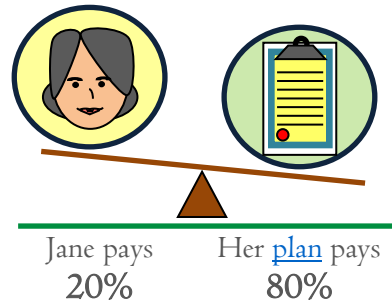
January 1<sup>st</sup>  
Beginning of Coverage Period

December 31<sup>st</sup>  
End of Coverage Period



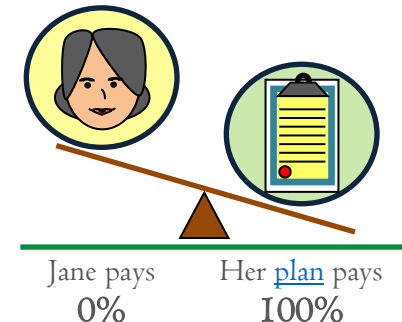
## Jane hasn't reached her \$1,500 deductible yet

Her plan doesn't pay any of the costs.  
Office visit costs: \$125  
Jane pays: \$125  
Her plan pays: \$0



## Jane reaches her \$1,500 deductible, coinsurance begins

Jane has seen a doctor several times and paid \$1,500 in total, reaching her deductible. So her plan pays some of the costs for her next visit.  
Office visit costs: \$125  
Jane pays: 20% of \$125 = \$25  
Her plan pays: 80% of \$125 = \$100



## Jane reaches her \$5,000 out-of-pocket limit


Jane has seen the doctor often and paid \$5,000 in total. Her plan pays the full cost of her covered health care services for the rest of the year.  
Office visit costs: \$125  
Jane pays: \$0  
Her plan pays: \$125



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately.**

**This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-844-669-0741 or visit [welcometouhc.com](http://welcometouhc.com). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary/](http://www.healthcare.gov/sbc-glossary/) or call 1-866-487-2365 to request a copy.

| Important Questions   | Answers   | Why This Matters:   |
|---|---|---|
| <b>What is the overall <u>deductible</u>?</b>                             | <u>Network</u> : \$750 Individual / \$1,500 Family<br><u>Out-of-Network</u> : \$1,250 Individual / \$2,500 Family<br>Per calendar year.                               | Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .   |
| <b>Are there services covered before you meet your <u>deductible</u>?</b> | Yes. <u>Preventive care</u> and categories with a <u>copay</u> are covered before you meet your <u>deductible</u> .   | This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">www.healthcare.gov/coverage/preventive-care-benefits/</a> .   |
| <b>Are there other <u>deductibles</u> for specific services?</b>          | No.   | You don't have to meet <u>deductibles</u> for specific services.  |
| <b>What is the <u>out-of-pocket limit</u> for this <u>plan</u>?</b>       | <u>Network</u> : \$4,000 Individual / \$8,000 Family<br><u>Out-of-Network</u> : <b>Not Applicable</b> Individual / <b>Not Applicable</b> Family<br>Per calendar year. | The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.   |
| <b>What is not included in the <u>out-of-pocket limit</u>?</b>            | <u>Premiums</u> , <u>balance-billing</u> charges, health care this <u>plan</u> doesn't cover and penalties for failure to obtain <u>prenotification</u> for services. | Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .  |
| <b>Will you pay less if you use a <u>network provider</u>?</b>            | Yes. See <a href="http://myuhc.com">myuhc.com</a> or call 1-844-669-0741 for a list of <u>network providers</u> .   | This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services. |
| <b>Do you need a <u>referral</u> to see a <u>specialist</u>?</b>          | No.   | You can see the <u>specialist</u> you choose without a <u>referral</u> .  |

 All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

| Common Medical Event  | Services You May Need                            | What You Will Pay  |  | Limitations, Exceptions, & Other Important Information   |
|---|--|--|--|--|
|   |  | Network Provider<br>(You will pay the least)                   | Out-of-Network Provider<br>(You will pay the most) |  |
| <b>If you visit a health care provider's office or clinic</b> | Primary care visit to treat an injury or illness | \$20 <u>copay</u> per visit, <u>deductible</u> does not apply. | Not Covered  | Virtual visits - \$25 <u>copay</u> per visit by a Designated Virtual Network Provider, <u>deductible</u> does not apply. No virtual coverage <u>out-of-network</u><br>If you receive services in addition to office visit, additional <u>copays</u> , <u>deductibles</u> or <u>coinsurance</u> may apply e.g. surgery. |
|   | <u>Specialist</u> visit                          | \$50 <u>copay</u> per visit, <u>deductible</u> does not apply. | Not Covered  | If you receive services in addition to office visit, additional <u>copays</u> , <u>deductibles</u> or <u>coinsurance</u> may apply e.g. surgery.   |
|   | <u>Preventive care/screening/immunization</u>    | No Charge  | Not Covered  | You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for. No coverage <u>out-of-network</u>  |
| <b>If you have a test</b>                                     | <u>Diagnostic test</u> (x-ray, blood work)       | 20% <u>coinsurance</u>   | Not Covered  | None   |
|   | Imaging (CT/PET scans, MRIs)                     | 20% <u>coinsurance</u>   | Not Covered  | None   |

\* For more information about limitations and exceptions, see the plan or policy document at [welcometouhc.com](http://welcometouhc.com).

| Common Medical Event   | Services You May Need            | What You Will Pay  |  | Limitations, Exceptions, & Other Important Information   |
|--|----------------------------------|--|--|--|
|  |                                  | Network Provider<br>(You will pay the least)   | Out-of-Network Provider<br>(You will pay the most) |  |
| <p><b>If you need drugs to treat your illness or condition</b></p> <p>More information about <a href="#">prescription drug coverage</a> is available at <a href="http://welcometouhc.com">welcometouhc.com</a></p> | Tier 1 – Your Lowest Cost Option | <p>Retail:<br/>20% <u>coinsurance</u>, <u>deductible</u> does not apply.<br/>Up to 31 day supply:<br/>with a \$10 copay maximum<br/>Up to 61 day supply:<br/>with a \$20 copay maximum<br/>Up to 90 day supply:<br/>with a \$30 copay maximum<br/>Mail-Order:<br/>20% <u>coinsurance</u>, <u>deductible</u> does not apply.<br/>Up to 31 day supply:<br/>with a \$20 copay maximum<br/>Up to 61 day supply:<br/>with a \$30 copay maximum<br/>Up to 90 day supply:<br/>with a \$40 copay maximum</p> | Not Covered  | <p><u>Provider</u> means pharmacy for purposes of this section.<br/>Retail: Up to a 90 day supply.<br/>Mail-Order: Up to a 90 day supply. \$10 mailing fee, which increases the maximum by \$10.<br/>You may need to obtain certain drugs, including certain <u>specialty drugs</u>, from a pharmacy designated by us.<br/>Certain drugs may have a <u>Prenotification</u> requirement or may result in a higher cost.<br/>If you use a non-<u>network</u> pharmacy (including a mail order pharmacy), you may be responsible for any amount over the <u>allowed amount</u>.<br/>Certain preventive medications (including certain contraceptives) are covered at No Charge.<br/>See the website listed for information on drugs covered by your <u>plan</u>. Not all drugs are covered.<br/>You may be required to use a lower-cost drug(s) prior to benefits under your policy being available for certain prescribed drugs.</p> |

\* For more information about limitations and exceptions, see the plan or policy document at [welcometouhc.com](http://welcometouhc.com).

| Common Medical Event | Services You May Need               | What You Will Pay   |  | Limitations, Exceptions, & Other Important Information |
|----------------------|-------------------------------------|---|--|--|
|                      |                                     | Network Provider<br>(You will pay the least)  | Out-of-Network Provider<br>(You will pay the most) |  |
|                      | Tier 2 – Your Mid-Range Cost Option | Retail:<br>30% <u>coinsurance</u> ,<br><u>deductible</u> does not apply.<br>Up to 31 day supply:<br>with a \$75 copay<br>maximum<br>Up to 61 day supply:<br>with a \$150 copay<br>maximum<br>Up to 90 day supply:<br>with a \$225 copay<br>maximum<br>Mail-Order:<br>30% <u>coinsurance</u> ,<br><u>deductible</u> does not apply.<br>Up to 31 day supply: with<br>a \$85 copay maximum<br>Up to 61 day supply:<br>with a \$160 copay<br>maximum<br>Up to 90 day supply:<br>With a \$235 copay<br>maximum | Not Covered  |  |
|                      | Tier 3 – Your Mid-Range Cost Option | Retail:<br>40% <u>coinsurance</u> ,<br><u>deductible</u> does not apply.<br>Up to 31 day supply: with<br>a \$200 copay maximum<br>Up to 61 day supply: with<br>a \$400 copay maximum<br>Up to 90 day supply: with<br>a \$600 copay maximum  | Not Covered  |  |

\* For more information about limitations and exceptions, see the [plan](#) or policy document at [welcometouhc.com](http://welcometouhc.com).

| Common Medical Event                                   | Services You May Need                                | What You Will Pay   |  | Limitations, Exceptions, & Other Important Information   |
|--|--|---|--|--|
|  |  | Network Provider<br>(You will pay the least)  | Out-of-Network Provider<br>(You will pay the most)                 |  |
|  |  | Mail-Order:<br>40% <u>coinsurance</u> ,<br><u>deductible</u> does not apply.<br>Up to 31 day supply: with<br>a \$210 copay maximum<br>Up to 61 day supply: with<br>a \$410 copay maximum<br>Up to 90 day supply:<br>With a \$610 copay<br>maximum |  |  |
|  | Tier 4 – Your Highest<br>Cost Option                 | Not Applicable  | Not Applicable   |  |
| <b>If you have<br/>outpatient surgery</b>              | Facility fee (e.g.,<br>ambulatory surgery<br>center) | 20% <u>coinsurance</u>  | Not Covered  | None   |
|  | Physician/surgeon fees                               | 20% <u>coinsurance</u>  | Not Covered  | None   |
| <b>If you need<br/>immediate medical<br/>attention</b> | <u>Emergency room care</u>                           | \$750 <u>copay</u> per visit,<br><u>deductible</u> does not apply.  | \$750 <u>copay</u> per visit,<br><u>deductible</u> does not apply. | None   |
|  | <u>Emergency medical<br/>transportation</u>          | 20% <u>coinsurance</u>  | *20% <u>coinsurance</u>  | * <u>Network deductible</u> applies  |
|  | <u>Urgent care</u>                                   | \$25 <u>copay</u> per visit,<br><u>deductible</u> does not apply.   | Not Covered  | If you receive services in addition to <u>Urgent care</u> visit,<br>additional <u>copays</u> , <u>deductibles</u> , or <u>coinsurance</u> may apply<br>e.g. surgery. |
| <b>If you have a<br/>hospital stay</b>                 | Facility fee (e.g., hospital<br>room)                | 20% <u>coinsurance</u>  | Not Covered  | None   |
|  | Physician/surgeon fees                               | 20% <u>coinsurance</u>  | Not Covered  | None   |

\* For more information about limitations and exceptions, see the [plan](#) or policy document at [welcometouhc.com](http://welcometouhc.com).

| Common Medical Event   | Services You May Need                     | What You Will Pay  |  | Limitations, Exceptions, & Other Important Information   |
|--|---|--|--|--|
|  |   | Network Provider<br>(You will pay the least)                   | Out-of-Network Provider<br>(You will pay the most)   |  |
| <b>If you need mental health, behavioral health, or substance abuse services</b> | Outpatient services                       | \$15 <u>copay</u> per visit, <u>deductible</u> does not apply. | \$15 <u>copay</u> per visit, <u>deductible</u> does not apply.   | <u>Prenotification</u> is required <u>out-of-network</u> for certain services or benefit reduces to 50% of <u>allowed amount</u> .   |
|  | Inpatient services                        | 20% <u>coinsurance</u>   | Not Covered  | None   |
| <b>If you are pregnant</b>   | Office visits                             | No Charge after initial <u>copay</u> of \$20                   | Not Covered  | <u>Cost sharing</u> does not apply for <u>preventive services</u> . Depending on the type of service a <u>copayment</u> , <u>coinsurance</u> or <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.) |
|  | Childbirth/delivery professional services | 20% <u>coinsurance</u>   | Not Covered  |  |
|  | Childbirth/delivery facility services     | 20% <u>coinsurance</u>   | Not Covered  | Inpatient <u>prenotification</u> applies <u>out-of-network</u> if stay exceeds 48 hours (C-Section: 96 hours) or benefit reduces to 50% of <u>allowed amount</u> .   |
| <b>If you need help recovering or have other special health needs</b>            | <u>Home health care</u>                   | 20% <u>coinsurance</u>   | Not Covered  | Limited to 60 visits per calendar year.  |
|  | <u>Rehabilitation services</u>            | 20% <u>coinsurance</u>   | Not Covered  | Outpatient rehabilitation services are unlimited per calendar year.  |
|  | <u>Habilitative services</u>              | 20% <u>coinsurance</u>   | Not Covered  | Services are provided under <u>Rehabilitation Services</u> above.  |
|  | <u>Skilled nursing care</u>               | 20% <u>coinsurance</u>   | Not Covered  | Limited to 60 days per calendar year (combined with inpatient rehabilitation).   |
|  | <u>Durable medical equipment</u>          | 20% <u>coinsurance</u>   | Not Covered  | None   |
|  | <u>Hospice services</u>                   | 20% <u>coinsurance</u>   | Not Covered  | Limited to 180 days per calendar year.   |
| <b>If your child needs dental or eye care</b>                                    | Children's eye exam                       | \$10 <u>copay</u> per visit, <u>deductible</u> does not apply. | Reimbursed up to \$40  | Limited to 1 exam every year.  |
|  | Children's glasses                        | \$25 <u>copay</u> per visit, <u>deductible</u> does not apply. | Single focus lenses up to \$40, bifocal lenses up to \$60, trifocal and lenticular lenses up to \$80. Frames up to \$45. Contact lenses up to \$200. | Limited to 1 pair of lenses every year, 1 pair of frames every 2 years, contact lenses (in lieu of eyeglasses) every year.   |

\* For more information about limitations and exceptions, see the plan or policy document at [welcometouhc.com](http://welcometouhc.com).

## Excluded Services & Other Covered Services:

| <b>Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other <u>excluded services</u>.)</b> |  |  |
|--|--|--|
| <ul style="list-style-type: none"><li>• Acupuncture</li><li>• Bariatric surgery</li><li>• Cosmetic surgery</li><li>• Dental care</li></ul>                     | <ul style="list-style-type: none"><li>• Long-term care</li><li>• Non-emergency care when travelling outside - the U.S.</li></ul>   | <ul style="list-style-type: none"><li>• Private duty nursing</li><li>• Routine foot care – Except as covered for Diabetes</li><li>• Weight loss programs</li></ul> |
| <b>Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)</b>                     |  |  |
| <ul style="list-style-type: none"><li>• Chiropractic (Manipulative care)</li></ul>   | <ul style="list-style-type: none"><li>• Hearing aids</li><li>• Infertility treatment – limited to \$20,000 per lifetime.</li></ul> | <ul style="list-style-type: none"><li>• Routine eye care (adult) - 1 exam per year</li><li>• Glasses</li></ul>   |

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

\* For more information about limitations and exceptions, see the plan or policy document at [welcometouhc.com](http://welcometouhc.com).

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: The Member Service number listed on the back of your ID card or [myuhc.com](http://myuhc.com).

Additionally, a consumer assistance program may help you file your appeal. Contact [dol.gov/ebsa/healthreform](http://dol.gov/ebsa/healthreform).

**Does this plan provide Minimum Essential Coverage? Yes**

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

**Does this plan meet the Minimum Value Standards? Yes**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

**Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 1-844-669-0741.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-844-669-0741.

Chinese (中P): 如果需要中P的帮助,请拨打这个号码 1-844-669-0741.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-844-669-0741.

*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*

## About these Coverage Examples:



**This is not a cost estimator. The examples below are for illustrative purposes only and do not reflect actual costs.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance). Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

| Meg is Having a Baby<br>(10 months of <u>in-network</u> pre-natal care and a hospital delivery)   |                 | Managing Joe's type 2 Diabetes<br>(a year of routine <u>in-network</u> care of a well-controlled condition)   |                | Mia's Simple Fracture<br>( <u>in-network</u> emergency room visit and follow up care)   |                |
|---|-----------------|---|----------------|---|----------------|
| ■ <b>The plan's overall deductible</b>  | \$750           | ■ <b>The plan's overall deductible</b>  | \$750          | ■ <b>The plan's overall deductible</b>  | \$750          |
| ■ <b>Specialist copay per visit</b>   | \$50            | ■ <b>PCP or Specialist copay per visit</b>  | \$0            | ■ <b>Emergency Room Visit copay</b>   | \$750          |
| ■ <b>Hospital (facility) coinsurance</b>  | 20%             | ■ <b>Hospital (facility) coinsurance</b>  | 20%            | ■ <b>Other coinsurance</b>  | 20%            |
| ■ <b>Other coinsurance</b>  | 20%             | ■ <b>Other coinsurance</b>  | 20%            |   |                |
| <p><b>This EXAMPLE event includes services like:</b><br/> <u>Specialist office visits (pre-natal care)</u><br/>           Childbirth/Delivery Professional Services<br/>           Childbirth/Delivery Facility Services<br/> <u>Diagnostic tests (ultrasounds and bloodwork)</u></p> |                 | <p><b>This EXAMPLE event includes services like:</b><br/> <u>Basic Primary Care Physician or Specialist office visits (diabetes related visits)</u><br/> <u>Diagnostic tests (bloodwork)</u><br/> <u>Prescription drugs</u><br/> <u>Durable medical equipment (glucose meter)</u></p> |                | <p><b>This EXAMPLE event includes services like:</b><br/> <u>Emergency room care (including medical supplies)</u><br/> <u>Diagnostic test (x-ray)</u><br/> <u>Durable medical equipment (crutches)</u><br/> <u>Rehabilitation services (physical therapy)</u></p> |                |
| <b>Total Example Cost</b>   | <b>\$12,700</b> | <b>Total Example Cost</b>   | <b>\$5,600</b> | <b>Total Example Cost</b>   | <b>\$2,800</b> |
| <b>In this example, Meg would pay:</b>  |                 | <b>In this example, Joe would pay:</b>  |                | <b>In this example, Mia would pay:</b>  |                |
| <i>Cost Sharing</i>   |                 | <i>Cost Sharing</i>   |                | <i>Cost Sharing</i>   |                |
| <u>Deductibles</u>  | \$750           | <u>Deductibles</u>  | \$750          | <u>Deductibles</u>  | \$750          |
| <u>Copayments</u>   | \$500           | <u>Copayments</u>   | \$0            | <u>Copayments</u>   | \$750          |
| <u>Coinsurance</u>  | \$2,290         | <u>Coinsurance</u>  | \$970          | <u>Coinsurance</u>  | \$260          |
| <i>What isn't covered</i>   |                 | <i>What isn't covered</i>   |                | <i>What isn't covered</i>   |                |
| Limits or exclusions  | \$60            | Limits or exclusions  | \$30           | Limits or exclusions  | \$0            |
| <b>The total Meg would pay is</b>   | <b>\$3,600</b>  | <b>The total Joe would pay is</b>   | <b>\$1,750</b> | <b>The total Mia would pay is</b>   | <b>\$1,760</b> |

We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

**Online:** [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

**Mail:** Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608 Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free number listed within this Summary of Benefits and Coverage (SBC), TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Phone:** Toll-free 1-800-368-1019, 800-537-7697 (TDD)

**Mail:** U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the number contained within this Summary of Benefits and Coverage (SBC) , TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

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**ATENCIÓN:** Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número gratuito que aparece en este Resumen de Beneficios y Cobertura (Summary of Benefits and Coverage, SBC).

**請注意：**如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打本福利和承保摘要(Summary of Benefits and Coverage, SBC) 內所列的免付費電話號碼。

**XIN LƯU Ý:** Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ghi trong bản Tóm lược về quyền lợi và đài thọ bảo hiểm (Summary of Benefits and Coverage, SBC) này.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 본 혜택 및 보장 요약서(Summary of Benefits and Coverage, SBC)에 기재된 무료전화번호로 전화하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numerong nakalista sa Buod na ito ng Mga Benepisyo at Saklaw (Summary of Benefits and Coverage o SBC).

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному в данном «Обзоре льгот и покрытия» (Summary of Benefits and Coverage, SBC).

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يُرجى الاتصال برقم الهاتف المجاني المدرج بداخل مخلص المزايا والتغطية هنا. (Summary of Benefits and Coverage, SBC)

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki nan Rezime avantaj ak pwoteksyon sa a (Summary of Benefits and Coverage, SBC).

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro sans frais figurant dans ce Sommaire des prestations et de la couverture (Summary of Benefits and Coverage, SBC).

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer podany w niniejszym Zestawieniu świadczeń i refundacji (Summary of Benefits and Coverage, SBC).

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue para o número gratuito listado neste Resumo de Benefícios e Cobertura (Summary of Benefits and Coverage - SBC).

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Chiamate il numero verde indicato all'interno di questo Sommario dei Benefit e della Copertura (Summary of Benefits and Coverage, SBC).

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die in dieser Zusammenfassung der Leistungen und Kostenübernahmen (Summary of Benefits and Coverage, SBC) angegebene gebührenfreie Rufnummer an.

注意事項: **日本語 (Japanese)**を話される場合、無料の言語支援サービスをご利用いただけます。本「保障および給付の概要」(Summary of Benefits and Coverage, SBC)に記載されているフリーダイヤルにてお電話ください。

توجه: اگر زبان شما فارسی (Farsi) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگان ذکر شده در این خلاصه مزایا و پوشش (Summary of Benefits and Coverage- SBC) تماس بگیرید.

ध्यान दें: यदि आप हिंदी (Hindi) बोलते हैं, आपको भाषा सहायता सेवाएं, निःशुल्क उपलब्ध हैं। लाभ और कवरेज (Summary of Benefits and Coverage, SBC) के इस सारांश के भीतर सूचीबद्ध टोल फ्री नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus Hmoob (Hmong), muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu dawb teev muaj nyob ntawm Tsab Ntawv Nthuav Qhia Cov Txiaj Ntsim Zoo thiab Kev Kam Them Nqi (Summary of Benefits and Coverage, SBC) no.


ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ (Khmer) សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតចេញថ្លៃ ដែលមានកត់នៅក្នុង សេចក្តីសង្ខេបអត្ថប្រយោជន៍ និងការ៉ាបង់រង (Summary of Benefits and Coverage, SBC) នេះ។

PAKDAAR: Nu saritaem ti Ilocano (Ilocano), ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan ti awan bayad na nu tawagan nga numero nga nakalista iti uneg na daytoy nga Dagup dagiti Benipisyo ken Pannakasakup (Summary of Benefits and Coverage, SBC).

DÍÍ BAA'ÁKONÍNÍZIN: Diné (Navajo) bizaad bee yáníiti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqódí Naaltsoos Bee 'Aa'áhayání dóó Bee 'Ak'é'asti' Bee Baa Hane'í (Summary of Benefits and Coverage, SBC) biyi' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodílnih.


OGOW: Haddii aad ku hadasho Soomaali (Somali), adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka bilaashka ah ee ku yaalla Soo-koobitaanka Dheefaha iyo Caymiska (Summary of Benefits and Coverage, SBC).



 The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately.**

**This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-844-669-0741 or visit [welcometouhc.com](http://welcometouhc.com). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary/](http://www.healthcare.gov/sbc-glossary/) or call 1-866-487-2365 to request a copy.

| Important Questions   | Answers   | Why This Matters:   |
|---|---|---|
| <b>What is the overall <u>deductible</u>?</b>                             | <u>Network</u> : <b>\$250</b> Individual / <b>\$500</b> Family<br><u>Out-of-Network</u> : <b>\$500</b> Individual / <b>\$1,000</b> Family<br>Per calendar year.                     | Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .   |
| <b>Are there services covered before you meet your <u>deductible</u>?</b> | Yes. <u>Preventive care</u> is covered before you meet your <u>deductible</u> .   | This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">www.healthcare.gov/coverage/preventive-care-benefits/</a> .   |
| <b>Are there other <u>deductibles</u> for specific services?</b>          | No.   | You don't have to meet <u>deductibles</u> for specific services.  |
| <b>What is the <u>out-of-pocket limit</u> for this <u>plan</u>?</b>       | <u>Network</u> : <b>\$3,000</b> Individual / <b>\$6,000</b> Family<br><u>Out-of-Network</u> : <b>Not Applicable</b> Individual / <b>Not Applicable</b> Family<br>Per calendar year. | The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.   |
| <b>What is not included in the <u>out-of-pocket limit</u>?</b>            | <u>Premiums</u> , <u>balance-billing</u> charges, health care this <u>plan</u> doesn't cover and penalties for failure to obtain <u>prenotification</u> for services.               | Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .  |
| <b>Will you pay less if you use a <u>network provider</u>?</b>            | Yes. See <a href="http://myuhc.com">myuhc.com</a> or call 1-844-669-0741 for a list of <u>network providers</u> .   | This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services. |
| <b>Do you need a <u>referral</u> to see a <u>specialist</u>?</b>          | No.   | You can see the <u>specialist</u> you choose without a <u>referral</u> .  |

 All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

| Common Medical Event  | Services You May Need                            | What You Will Pay  |  | Limitations, Exceptions, & Other Important Information   |
|---|--|--|--|--|
|   |  | Network Provider<br>(You will pay the least)                   | Out-of-Network Provider<br>(You will pay the most) |  |
| <b>If you visit a health care provider's office or clinic</b> | Primary care visit to treat an injury or illness | \$15 <u>copay</u> per visit, <u>deductible</u> does not apply. | Not Covered  | Virtual visits - \$25 <u>copay</u> per visit by a Designated Virtual Network Provider, <u>deductible</u> does not apply. No virtual coverage <u>out-of-network</u><br>If you receive services in addition to office visit, additional <u>copays</u> , <u>deductibles</u> or <u>coinsurance</u> may apply e.g. surgery. |
|   | <u>Specialist</u> visit                          | \$40 <u>copay</u> per visit, <u>deductible</u> does not apply. | Not Covered  | If you receive services in addition to office visit, additional <u>copays</u> , <u>deductibles</u> or <u>coinsurance</u> may apply e.g. surgery.   |
|   | <u>Preventive care/screening/immunization</u>    | No Charge  | Not Covered  | You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for. No coverage <u>out-of-network</u>  |
| <b>If you have a test</b>                                     | <u>Diagnostic test</u> (x-ray, blood work)       | 25% <u>coinsurance</u>   | Not Covered  | None   |
|   | Imaging (CT/PET scans, MRIs)                     | 25% <u>coinsurance</u>   | Not Covered  | None   |

\* For more information about limitations and exceptions, see the plan or policy document at [welcometouhc.com](http://welcometouhc.com).

| Common Medical Event   | Services You May Need            | What You Will Pay  |  | Limitations, Exceptions, & Other Important Information   |
|--|----------------------------------|--|--|--|
|  |                                  | Network Provider<br>(You will pay the least)   | Out-of-Network Provider<br>(You will pay the most) |  |
| <p><b>If you need drugs to treat your illness or condition</b></p> <p>More information about <a href="#">prescription drug coverage</a> is available at <a href="http://welcometouhc.com">welcometouhc.com</a></p> | Tier 1 – Your Lowest Cost Option | <p>Retail:<br/>20% <u>coinsurance</u>, <u>deductible</u> does not apply.<br/>Up to 31 day supply:<br/>with a \$10 copay maximum<br/>Up to 61 day supply:<br/>with a \$20 copay maximum<br/>Up to 90 day supply:<br/>with a \$30 copay maximum<br/>Mail-Order:<br/>20% <u>coinsurance</u>, <u>deductible</u> does not apply.<br/>Up to 31 day supply:<br/>with a \$20 copay maximum<br/>Up to 61 day supply:<br/>with a \$30 copay maximum<br/>Up to 90 day supply:<br/>with a \$40 copay maximum</p> | Not Covered  | <p><u>Provider</u> means pharmacy for purposes of this section.<br/>Retail: Up to a 90 day supply.<br/>Mail-Order: Up to a 90 day supply. \$10 mailing fee, which increases the maximum by \$10.<br/>You may need to obtain certain drugs, including certain <u>specialty drugs</u>, from a pharmacy designated by us.<br/>Certain drugs may have a <u>Prenotification</u> requirement or may result in a higher cost.<br/>If you use a non-<u>network</u> pharmacy (including a mail order pharmacy), you may be responsible for any amount over the <u>allowed amount</u>.<br/>Certain preventive medications (including certain contraceptives) are covered at No Charge.<br/>See the website listed for information on drugs covered by your <u>plan</u>. Not all drugs are covered.<br/>You may be required to use a lower-cost drug(s) prior to benefits under your policy being available for certain prescribed drugs.</p> |

\* For more information about limitations and exceptions, see the plan or policy document at [welcometouhc.com](http://welcometouhc.com).

| Common Medical Event | Services You May Need               | What You Will Pay   |  | Limitations, Exceptions, & Other Important Information |
|----------------------|-------------------------------------|---|--|--|
|                      |                                     | Network Provider<br>(You will pay the least)  | Out-of-Network Provider<br>(You will pay the most) |  |
|                      | Tier 2 – Your Mid-Range Cost Option | Retail:<br>30% <u>coinsurance</u> ,<br><u>deductible</u> does not apply.<br>Up to 31 day supply:<br>with a \$75 copay<br>maximum<br>Up to 61 day supply:<br>with a \$150 copay<br>maximum<br>Up to 90 day supply:<br>with a \$225 copay<br>maximum<br>Mail-Order:<br>30% <u>coinsurance</u> ,<br><u>deductible</u> does not apply.<br>Up to 31 day supply: with<br>a \$85 copay maximum<br>Up to 61 day supply:<br>with a \$160 copay<br>maximum<br>Up to 90 day supply:<br>With a \$235 copay<br>maximum | Not Covered  |  |
|                      | Tier 3 – Your Mid-Range Cost Option | Retail:<br>40% <u>coinsurance</u> ,<br><u>deductible</u> does not apply.<br>Up to 31 day supply: with<br>a \$200 copay maximum<br>Up to 61 day supply:<br>with a \$400 copay<br>maximum<br>Up to 90 day supply:<br>with a \$600 copay<br>maximum<br>Mail-Order:   | Not Covered  |  |

\* For more information about limitations and exceptions, see the [plan](#) or policy document at [welcometouhc.com](http://welcometouhc.com).

| Common Medical Event                                   | Services You May Need                                | What You Will Pay   |  | Limitations, Exceptions, & Other Important Information   |
|--|--|---|--|--|
|  |  | Network Provider<br>(You will pay the least)  | Out-of-Network Provider<br>(You will pay the most)                 |  |
|  |  | 40% <u>coinsurance</u> ,<br><u>deductible</u> does not apply.<br>Up to 31 day supply:<br>with a \$210 copay<br>maximum<br>Up to 61 day supp<br>with a \$410 copay<br>maximum<br>Up to 90 day supply:<br>With a \$610 copay<br>maximum |  |  |
|  | Tier 4 – Your Highest<br>Cost Option                 | Not Applicable  | Not Applicable   |  |
| <b>If you have<br/>outpatient surgery</b>              | Facility fee (e.g.,<br>ambulatory surgery<br>center) | 0% <u>coinsurance</u>   | Not Covered  | None   |
|  | Physician/surgeon fees                               | 25% <u>coinsurance</u>  | Not Covered  | None   |
| <b>If you need<br/>immediate medical<br/>attention</b> | <u>Emergency room care</u>                           | \$750 <u>copay</u> per visit,<br><u>deductible</u> does not apply.  | \$750 <u>copay</u> per visit,<br><u>deductible</u> does not apply. | None   |
|  | <u>Emergency medical<br/>transportation</u>          | 25% <u>coinsurance</u>  | *25% <u>coinsurance</u>  | * <u>Network deductible</u> applies  |
|  | <u>Urgent care</u>                                   | \$25 <u>copay</u> per visit,<br><u>deductible</u> does not apply.   | Not Covered  | If you receive services in addition to <u>Urgent care</u> visit,<br>additional <u>copays</u> , <u>deductibles</u> , or <u>coinsurance</u> may apply<br>e.g. surgery. |
| <b>If you have a<br/>hospital stay</b>                 | Facility fee (e.g., hospital<br>room)                | \$100 <u>copay</u> per day, up to<br>a maximum of \$500 per<br>admission  | Not Covered  | None   |
|  | Physician/surgeon fees                               | 25% <u>coinsurance</u>  | Not Covered  | None   |

\* For more information about limitations and exceptions, see the [plan](#) or policy document at [welcometouhc.com](http://welcometouhc.com).

| Common Medical Event   | Services You May Need                     | What You Will Pay  |  | Limitations, Exceptions, & Other Important Information   |
|--|---|--|--|--|
|  |   | Network Provider<br>(You will pay the least)                                 | Out-of-Network Provider<br>(You will pay the most)             |  |
| <b>If you need mental health, behavioral health, or substance abuse services</b> | Outpatient services                       | \$15 <u>copay</u> per visit, <u>deductible</u> does not apply.               | \$15 <u>copay</u> per visit, <u>deductible</u> does not apply. | <u>Prenotification</u> is required <u>out-of-network</u> for certain services or benefit reduces to 50% of <u>allowed amount</u> .   |
|  | Inpatient services                        | 25% <u>coinsurance</u>   | Not Covered  | None   |
| <b>If you are pregnant</b>   | Office visits                             | No Charge after initial <u>copay</u> of \$15 (PCP) or \$40 per (Specialist). | Not Covered  | <u>Cost sharing</u> does not apply for <u>preventive services</u> . Depending on the type of service a <u>copayment</u> , <u>coinsurance</u> or <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.) |
|  | Childbirth/delivery professional services | 25% <u>coinsurance</u>   | Not Covered  |  |
|  | Childbirth/delivery facility services     | \$100 <u>copay</u> per day, up to a maximum of \$500 per admission           | Not Covered  | Inpatient <u>prenotification</u> applies <u>out-of-network</u> if stay exceeds 48 hours (C-Section: 96 hours) or benefit reduces to 50% of <u>allowed amount</u> .   |
| <b>If you need help recovering or have other special health needs</b>            | <u>Home health care</u>                   | 0% <u>coinsurance</u>  | Not Covered  | Limited to 60 visits per calendar year.  |
|  | <u>Rehabilitation services</u>            | 25% <u>coinsurance</u>   | Not Covered  | Outpatient rehabilitation services are unlimited per calendar year.  |
|  | <u>Habilitative services</u>              | 25% <u>coinsurance</u>   | Not Covered  | Services are provided under <u>Rehabilitation Services</u> above.  |
|  | <u>Skilled nursing care</u>               | 25% <u>coinsurance</u>   | Not Covered  | Limited to 60 days per calendar year (combined with inpatient rehabilitation).   |
|  | <u>Durable medical equipment</u>          | 25% <u>coinsurance</u>   | Not Covered  | None   |
|  | <u>Hospice services</u>                   | 0% <u>coinsurance</u>  | Not Covered  | Limited to 180 days per calendar year  |
| <b>If your child needs dental or eye care</b>                                    | Children's eye exam                       | \$25 <u>deductible</u> per visit, then 50% <u>coinsurance</u> .              | Not Covered  | Limited to 1 exam every year.  |
|  | Children's glasses                        | \$25 <u>deductible</u> per visit, then 50% <u>coinsurance</u> .              | Not Covered  | Limited to 1 pair of lenses every year, 1 pair of frames every year, contact lenses (in lieu of eyeglasses) every year. Benefits are limited to \$500 per year.  |

\* For more information about limitations and exceptions, see the plan or policy document at [welcometouhc.com](http://welcometouhc.com).

## Excluded Services & Other Covered Services:

| Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other <u>excluded services</u> .) |  |  |
|---|--|--|
| <ul style="list-style-type: none"><li>• Acupuncture</li><li>• Bariatric surgery</li><li>• Cosmetic surgery</li><li>• Dental care</li></ul>                      | <ul style="list-style-type: none"><li>• Long-term care</li><li>• Non-emergency care when travelling outside - the U.S.</li></ul>   | <ul style="list-style-type: none"><li>• Private duty nursing</li><li>• Routine foot care – Except as covered for Diabetes</li><li>• Weight loss programs</li></ul> |
| Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)                             |  |  |
| <ul style="list-style-type: none"><li>• Chiropractic (Manipulative care)</li></ul>  | <ul style="list-style-type: none"><li>• Hearing aids</li><li>• Infertility treatment - limited to \$20,000 per lifetime.</li></ul> | <ul style="list-style-type: none"><li>• Routine eye care (adult) - 1 exam per year</li><li>• Glasses</li></ul>   |

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: The Member Service number listed on the back of your ID card or [myuhc.com](http://myuhc.com).

Additionally, a consumer assistance program may help you file your appeal. Contact [dol.gov/ebsa/healthreform](http://dol.gov/ebsa/healthreform).

### Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

\* For more information about limitations and exceptions, see the plan or policy document at [welcometouhc.com](http://welcometouhc.com).

### Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

#### Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-844-669-0741.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-844-669-0741.

Chinese (中P): 如果需要中P的帮助,请拨打这个号码 1-844-669-0741.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijijigo holne' 1-844-669-0741.

*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*

**About these Coverage Examples:**



**This is not a cost estimator. The examples below are for illustrative purposes only and do not reflect actual costs.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance). Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

|  |  |   |
|--|--|---|
| <p><b>Meg is Having a Baby</b><br/>(10 months of <u>in-network</u> pre-natal care and a hospital delivery)</p> | <p><b>Managing Joe's type 2 Diabetes</b><br/>(a year of routine <u>in-network</u> care of a well-controlled condition)</p> | <p><b>Mia's Simple Fracture</b><br/>(<u>in-network</u> emergency room visit and follow up care)</p> |
|--|--|---|

|  |              |  |              |  |              |
|--|--------------|--|--------------|--|--------------|
| <b>■ The plan's overall deductible</b>     | <b>\$250</b> | <b>■ The plan's overall deductible</b>     | <b>\$250</b> | <b>■ The plan's overall deductible</b> | <b>\$250</b> |
| <b>■ Specialist copay per visit</b>        | <b>\$40</b>  | <b>■ PCP or Specialist copay per visit</b> | <b>\$0</b>   | <b>■ Emergency Room Visit copay</b>    | <b>\$750</b> |
| <b>■ Hospital (facility) copay per day</b> | <b>\$100</b> | <b>■ Hospital (facility) copay per day</b> | <b>\$100</b> | <b>■ Other coinsurance</b>             | <b>25%</b>   |
| <b>■ Other coinsurance</b>                 | <b>25%</b>   | <b>■ Other coinsurance</b>                 | <b>25%</b>   |  |              |

**This EXAMPLE event includes services like:**  
Specialist office visits (pre-natal care)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
Diagnostic tests (ultrasounds and bloodwork)

**This EXAMPLE event includes services like:**  
Basic Primary Care Physician or Specialist office visits (diabetes related visits)  
Diagnostic tests (bloodwork)  
Prescription drugs  
Durable medical equipment (glucose meter)

**This EXAMPLE event includes services like:**  
Emergency room care (including medical supplies)  
Diagnostic test (x-ray)  
Durable medical equipment (crutches)  
Rehabilitation services (physical therapy)

|                           |                 |
|---------------------------|-----------------|
| <b>Total Example Cost</b> | <b>\$12,700</b> |
|---------------------------|-----------------|

|                           |                |
|---------------------------|----------------|
| <b>Total Example Cost</b> | <b>\$5,600</b> |
|---------------------------|----------------|

|                           |                |
|---------------------------|----------------|
| <b>Total Example Cost</b> | <b>\$2,800</b> |
|---------------------------|----------------|

**In this example, Meg would pay:**

| <i>Cost Sharing</i>               |                 |
|-----------------------------------|-----------------|
| <u>Deductibles</u>                | \$250           |
| <u>Copayments</u>                 | \$600           |
| <u>Coinsurance</u>                | \$2,963         |
| <i>What isn't covered</i>         |                 |
| Limits or exclusions              | \$60            |
| <b>The total Meg would pay is</b> | <b>\$3,060*</b> |

**In this example, Joe would pay:**

| <i>Cost Sharing</i>               |                |
|-----------------------------------|----------------|
| <u>Deductibles</u>                | \$250          |
| <u>Copayments</u>                 | \$100          |
| <u>Coinsurance</u>                | \$1,313        |
| <i>What isn't covered</i>         |                |
| Limits or exclusions              | \$30           |
| <b>The total Joe would pay is</b> | <b>\$1,693</b> |

**In this example, Mia would pay:**

| <i>Cost Sharing</i>               |                |
|-----------------------------------|----------------|
| <u>Deductibles</u>                | \$250          |
| <u>Copayments</u>                 | \$750          |
| <u>Coinsurance</u>                | \$450          |
| <i>What isn't covered</i>         |                |
| Limits or exclusions              | \$0            |
| <b>The total Mia would pay is</b> | <b>\$1,450</b> |

\*Met out-of-pocket maximum of \$3,000

We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

**Online:** [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

**Mail:** Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608 Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free number listed within this Summary of Benefits and Coverage (SBC), TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Phone:** Toll-free 1-800-368-1019, 800-537-7697 (TDD)

**Mail:** U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the number contained within this Summary of Benefits and Coverage (SBC) , TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

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**ATENCIÓN:** Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número gratuito que aparece en este Resumen de Beneficios y Cobertura (Summary of Benefits and Coverage, SBC).

**請注意：**如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打本福利和承保摘要(Summary of Benefits and Coverage, SBC) 內所列的免付費電話號碼。

**XIN LƯU Ý:** Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ghi trong bản Tóm lược về quyền lợi và đài thọ bảo hiểm (Summary of Benefits and Coverage, SBC) này.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 본 혜택 및 보장 요약서(Summary of Benefits and Coverage, SBC)에 기재된 무료전화번호로 전화하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numerong nakalista sa Buod na ito ng Mga Benepisyo at Saklaw (Summary of Benefits and Coverage o SBC).

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному в данном «Обзоре льгот и покрытия» (Summary of Benefits and Coverage, SBC).

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يُرجى الاتصال برقم الهاتف المجاني المدرج بداخل مخلص المزايا والتغطية هذا (Summary of Benefits and Coverage, SBC).

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki nan Rezime avantaj ak pwoteksyon sa a (Summary of Benefits and Coverage, SBC).

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro sans frais figurant dans ce Sommaire des prestations et de la couverture (Summary of Benefits and Coverage, SBC).

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer podany w niniejszym Zestawieniu świadczeń i refundacji (Summary of Benefits and Coverage, SBC).

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue para o número gratuito listado neste Resumo de Benefícios e Cobertura (Summary of Benefits and Coverage - SBC).

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Chiamate il numero verde indicato all'interno di questo Sommario dei Benefit e della Copertura (Summary of Benefits and Coverage, SBC).

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die in dieser Zusammenfassung der Leistungen und Kostenübernahmen (Summary of Benefits and Coverage, SBC) angegebene gebührenfreie Rufnummer an.

注意事項: 日本語 (**Japanese**) を話される場合、無料の言語支援サービスをご利用いただけます。本「保障および給付の概要」(Summary of Benefits and Coverage, SBC)に記載されているフリーダイヤルにてお電話ください。

توجه: اگر زبان شما فارسی (Farsi) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً یا شماره تلفن رایگان ذکر شده در این خلاصه مزایا و یوتیون (Summary of Benefits and Coverage, SBC) تامل بگیرید.

ध्यान दें: यदि आप हिंदी (Hindi) बोलते हैं, आपको भाषा सहायता सेबाएं, निःशुल्क उपलब्ध हैं। लाभ और कवरेज (Summary of Benefits and Coverage, SBC) के इस सारांश के भीतर सूचीबद्ध टोल फ्री नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus Hmoob (Hmong), muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu dawb teev muaj nyob ntawm Tsab Ntawv Nthuav Qhia Cov Txiaj Ntsim Zoo thiab Kev Kam Them Nqi (Summary of Benefits and Coverage, SBC) no.

ចំណាប់អារម្មណ៍: ប្រើសិទ្ធិកម្មនិយាយភាសាខ្មែរ (Khmer) សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតចេញថ្លៃ ដែលមានកត់នៅក្នុង សេចក្តីសង្ខេបអត្ថប្រយោជន៍ និងការរ៉ាប់រង (Summary of Benefits and Coverage, SBC) នេះ។

PAKDAAR: Nu saritaem ti Ilocano (Ilocano), ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan ti awan bayad na nu tawagan nga numero nga nakalista iti uneg na daytoy nga Dagup dagiti Benipisyo ken Pannakasakup (Summary of Benefits and Coverage, SBC).

DÍÍ BAA'ÁKONÍNÍZIN: Diné (Navajo) bizaad bee yáníiti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqódi Naaltsoos Bee 'Aa'áhayání dóo Bee 'Ak'é'asti' Bee Baa Hane'í (Summary of Benefits and Coverage, SBC) biyi' t'áá jíík'ehgo béesh bee hane'í biká'ígíí bee hodílnih.

OGOW: Haddii aad ku hadasho Soomaali (Somali), adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka bilaashka ah ee ku yaalla Soo-koobitaanka Dheefaha iyo Caymiska (Summary of Benefits and Coverage, SBC).