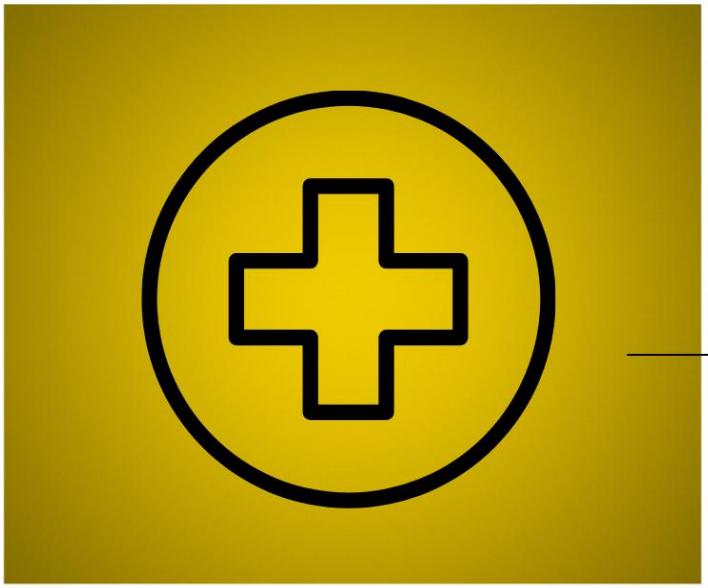






EMPLOYEE BENEFITS GUIDE

2026-2027

STATE OF TEXAS
COUNTY OF BRAZORIA

OCTOBER 1, 2026 – SEPTEMBER 30, 2027

Notes

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Take Care of Your Tomorrow!

Brazoria County offers a comprehensive, competitive, and cost-effective benefits package for full-time employees. It is important that you take an opportunity to review all your plan options in detail. You will need to carefully consider each benefit option, its cost and value to you and whether it is appropriate for your personal needs. The County provides you with several tools, including this Employee Benefits Guide, to help you make your benefit selections. By taking the time to examine all your options, you will ensure that your benefits meet those needs throughout the plan year (10/1/26 thru 9/30/27).

When Coverage Begins

Initial enrollment- new hires have 30 days to enroll. Medical and Dental coverage begins on your 61st day of employment. Supplemental benefits may have different beginning dates. If you fail to enroll within 30 days of becoming eligible you will be automatically enrolled in medical and dental but will have to wait until the next annual enrollment to add dependents or to make changes to coverage.

During annual enrollment, any changes you make to your plan will become effective October 1, 2026.
The deadline to submit changes through NeoGov is Tuesday, September 8, 2026, at 5:00pm. No changes will be made by phone. If necessary, please make certain to update your mailing address, phone number or beneficiary information via NeoGov.

Coordination of Insurance Benefits

Your County benefits coordinate with those benefits you or your spouse may be entitled to receive from other plans. This prevents duplication of payment. The plan that covers an individual as an employee is always the primary plan for that individual. Either you or your spouse, or both, may cover your eligible dependent children under your respective employer plans. If the children have coverage under more than one plan, benefits will be coordinated according to the rules of each plan. The plan uses the "Birthday Rule" which means the parent whose birthday (month and day) comes first will be the primary payor.

Your Brazoria County HR Team

HR Director – Holly Fox	979.864.1797	hollyf@brazoriacountytx.gov
HR Asst. Director – Melissa Henken	979.864.1819	melissah@brazoriacountytx.gov
Payroll Manager – Courtney Lucek	979.864.1810	clucek@brazoriacountytx.gov
Payroll Specialist – Kristen Fink	979.864.1818	kristenf@brazoriacountytx.gov
Benefits Advocate - Tiffany Helmintoller	979.864.1277	tiffanyh@brazoriacountytx.gov
Benefits Specialist – Brooklyn Moody	979.864.1903	brooklynr@brazoriacountytx.gov
HR Generalist - Vivian Flores	979.864.1729	vivianf@brazoriacountytx.gov
Safety Coordinator – Curtis Fitzgerald	979.864.1575	curtisf@brazoriacountytx.gov

Benefits Resource List



For more information on the wide range of Brazoria County benefits, programs, tools, and annual notices, log into MyBC via your County network connection.

For additional support, you may also contact the following resources:

If You Have Questions About	Contact	By Phone	On the Internet
MEDICAL COVERAGE Directories of network providers, claims status or pre-notification	Aetna	855-341-2636	www.aetna.com
PRESCRIPTION DRUG COVERAGE	Aetna	855-341-2636	www.aetna.com
DENTAL COVERAGE	Aetna	877-238-6200	www.aetna.com
VISION COVERAGE	Humana	866-537-0229	www.humana.com
LIFE INSURANCE	Standard	Contact HR	
DISABILITY INSURANCE	Standard	Contact HR	
EMPLOYEE ASSISTANCE PROGRAM	Aetna	866-611-2826	www.resourcesforliving.com
HEALTH CARE & DEPENDENT CARE SPENDING ACCOUNTS	HealthEquity	877-924-3967	www.healthequity.com
AFLAC PLANS	Aflac	800-433-3036	www.aflac.com
GLOBE LIFE BENEFITS	Ben Bagley	281-676-4037	www.globelifeinsurance.com
MASA		800.423.3226	www.masa.com

Payroll Contributions & Calendar



Who covers the premiums?

Plan	Who Pays the Premium?	Is Your Cost Before Tax or After Tax?
Medical/Rx- Aetna **(HRA Plan)**		
Employee	The County	No Cost
Dependent	The County + You	Before Tax
Medical/Rx- Aetna **(Buy-UP Plan)**		
Employee	The County + You	Before Tax
Dependent	The County + You	Before Tax
Dental- Aetna		
Employee	The County	No Cost
Dependent	The County + You	Before Tax
Basic Life Insurance	The County	No Cost
Long Term Disability	The County	No Cost
Vision		
Employee	You	Before Tax
Dependent	You	Before Tax
Flexible Spending Account	You	Before Tax
Aflac Plan(s) *Tax status varies by plan		
Employee	You	*Before / After Tax
Dependent	You	*Before / After Tax

Payroll Contributions & Calendar

Premiums are paid through payroll deductions. Deductions are taken for two pay periods every month (24 deductions). Medical, dental, vision and flexible spending account premiums are pre-tax deductions. This means they reduce your taxable income.

BEG DATE	PPE	PAY DATE
12/26/26	01/08/26	01/14/27
01/09/27	01/22/27	01/28/27
01/23/27	02/05/27	02/11/27
02/06/27	02/19/27	02/25/27
02/20/27	03/05/27	03/11/27
03/20/27	04/02/27	04/08/27
04/03/27	04/16/27	04/22/27
04/17/27	04/30/27	05/06/27
05/01/27	05/14/27	05/20/27
05/15/27	05/28/27	06/03/27
05/29/27	06/11/27	06/17/27
06/12/27	06/25/27	07/01/27
06/26/27	07/09/27	07/15/27
07/10/27	07/23/27	07/29/27

BEG DATE	PPE	PAY DATE
07/24/27	08/06/27	08/12/27
08/07/27	08/20/27	08/26/27
08/21/27	09/03/27	09/09/27
09/04/27	09/17/27	09/23/27
09/18/27	10/01/27	10/07/27
10/02/27	10/15/27	10/21/27
10/16/27	10/29/27	11/04/27
10/30/27	11/12/27	11/18/27
11/13/27	11/26/27	12/02/27
11/27/27	12/10/27	12/16/27
12/11/27	12/24/27	12/30/27

Eligibility

If you are a regular full-time employee, you are eligible to participate in The County's benefit plans. New hires must enroll within 30 days. Medical and Dental coverage begins on your 61st day of employment. Supplemental benefits may have different beginning dates. If you fail to enroll within 30 days of becoming eligible, you will automatically be enrolled in medical and dental, but you will have to wait until the next annual Open Enrollment to add dependents or make changes to coverage.

Dependent Eligibility – Who can be covered under your benefit plans?

With proper documentation, you may cover your eligible dependents, including:
Your legal spouse
Your eligible children up to age 26
Children are defined as your natural children, stepchildren, legally adopted children, and children for whom you are court appointed legal guardian
Physically or mentally disabled children of any age who are incapable of self-support (proof of disability required)

Children reach age 26: A child may be covered under our medical plan through the end of the month during which he/she reaches age 26. Student status does not affect eligibility for coverage.

Flexible Spending Accounts: Claims incurred by you, your spouse, and qualifying child are reimbursable under an FSA. Per federal tax law, claims incurred by an employee's civil union partner or that partner's children are not eligible for reimbursement through the employee's health care or dependent care flexible spending accounts.

You must cover yourself on any plans that you wish to enroll a dependent(s) in. See the Summary Plan Descriptions for more information about dependents and their eligibility.

Dependent Verification Required

Documentation will be required to enroll a dependent in medical, dental or vision coverage. Verification of a dependent can range from a copy of a birth certificate, copy of a marriage license, or a copy of your most recent tax return proving the dependent relationship.

Qualifying Life Event

In order to make changes to your plan during the year you must have a qualifying life event such as death, divorce, marriage, childbirth, loss of health coverage etc. You have 30 days from the qualifying life event to provide HR with the appropriate changes and supporting documentation. The qualifying event must coincide with the change you are making to your benefit plan.

What Constitutes a Qualifying Life Event?

Qualifying Life Event	Benefits Allowed to Change									Documentation
	Medical	Dental	Vision	Supp. EE Life	Vol. Sp. Life	Vol. Child Life	Dep. Care	Health Care	Beneficiaries	
Change in marital status: · Marriage · Divorce or Annulment · Legal Separation · Domestic Partner Dissolution · Death of Spouse	√	√	√		√		√	√	√	Marriage Certificate Divorce Decree Final Court Document Notarized Statement of Disenrollment Death Certificate
Change in the number of dependents: · Birth · Adoption · Guardianship of a Child · Death of a Dependent	√	√	√			√	√	√	√	Birth Certificate, Hospital Announcement Adoption Agreement Court Decree for Guardianship Death Certificate
Dependent Becomes Eligible	√	√	√	√	√	√	√	√	√	Provide Name, Social Security Number, and Date of Birth for dependents
Dependent Loses Other Coverage	√	√	√				√	√	√	Proof of Loss of Coverage, such as termination letter; Certificate of Creditable Coverage
Dependent Gains Other Coverage	√	√	√				√	√	√	Proof of Coverage with start date of benefits and name(s) of covered dependents
A change in Employee's, spouse's, or dependent's work hours (including a switch between full and part-time status)	√	√	√				√	√	√	Proof of loss of Coverage due to employment status change, such as a Certificate of Creditable Coverage or letter from the company
Change in Dependent Care Costs							√			Letter from your Day Care Provider
Court Ordered Dependent, add or drop from coverage	√	√	√			√	√	√	√	Court Ordered Documents

Concentra- Health & Wellness Center

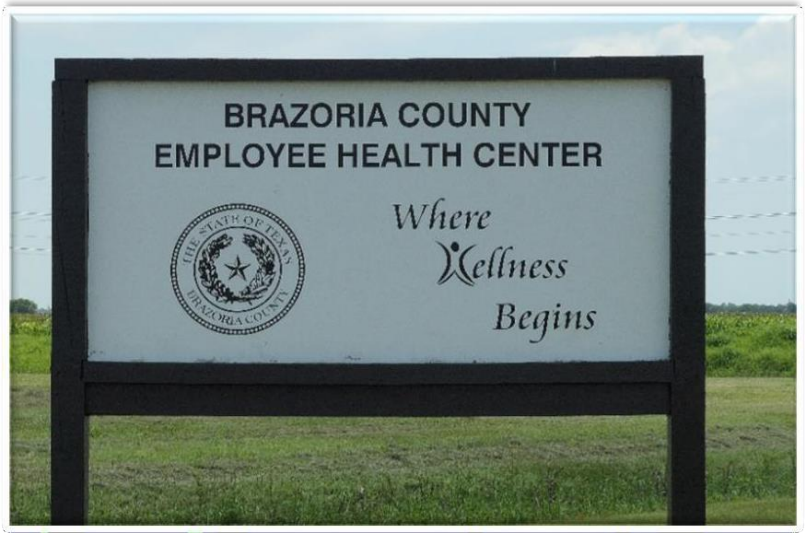
Brazoria County Employee Health and Wellness Center
20799 County Road 171, Angleton, TX 77515 (P) 979-864-1877 (F) 979-849-5570
7am-5pm Monday-Friday

The Brazoria County Employee Health and Wellness Clinic powered by Concentra is open Monday through Friday from 7am-5pm. The clinic is available to employees and their dependents, age 2 and up, who are covered under the Brazoria County medical plan. Appointments are available and can be booked online at https://mychart.concentra.com or by calling 979-864-1877. Same day acute care appointments are available. Walk-in patients will also be accommodated as efficiently as possible. Preventive, Primary and Urgent Care are available at no out of pocket costs to employees and their dependents that are enrolled on the County's medical plan.

Schedule your appointment using the Mobile App!

The app is available for download on your Apple or Android device by searching in your app store for MyChart.





Wellness Incentive

In order to avoid a $400 monthly medical surcharge, employees covered on the County's health plan may choose to complete either a Biometric Screening or a Physical. To complete one of the two options at Concentra, the County's Health and Wellness Center, see instructions below. If you choose to have either your HRA or Physical completed at another provider's office, please have the County Physical Form filled out and returned to the HR department. The Physical Form can be found on HR's MyBc page under documents. Employees who do not complete one of the two options listed will be charged $200 per paycheck until this is completed.

Completing Your Biometric Screening

- ✓ Make an appointment to have your biometric data collected at the Brazoria County Employee Health and Wellness Center. The data can be collected at a nurse visit or at your annual physical with one of our medical providers.

- ✓ Once you have your biometric data results (cholesterol levels, hemoglobin A1C, blood pressure, heart rate, height, and weight), if needed the provider will schedule a follow up appointment.



- ✓ Concentra will inform human resources of employees who have completed the screening. The biometrics or physical must be completed for eligible employees to avoid extra insurance fees.

Medical Benefit

Effective October 1, 2026

The County's medical insurance plan thru Aetna is self-funded. If you select the HRA Plan, the County will fund $1K (individual) or $2K (family) into a Health Reimbursement Account, which you will use to pay for costs of care. The amount will be prorated for late entrants. The maximum HRA balance that may be carried over is $5,000 for Employee Only coverage and $14,700 for Employee/Family coverage.

BENEFITS – Aetna		HRA Plan	Buy Up Plan
Deductible	In-Network	$3,000 Individual / $9,000 Family	$2,000 Individual / $6,000 Family
	Non-Network	N/A	N/A
Out-of-Pocket Maximum		Includes Deductible, Copays, and Coinsurance	Includes Deductible, Copays, and Coinsurance
	In-Network	$5,000 Individual / $14,700 Family	$5,000 Individual / $14,700 Family
	Non-Network	Not Covered	Not Covered
Co-insurance	In-Network	20%	20%
	Non-Network	Not Covered	Not Covered
Lifetime Maximum		Unlimited	Unlimited
		You Pay	You Pay
Office Visit	In-Network	Employee pays 20% after deductible	$40 Copay / $60 Copay
Physician / Specialist	Non-Network	Not Covered	Not Covered
Wellness Visit	In-Network	Covered in Full	Covered in Full
	Non-Network	Not Covered	Not Covered
Urgent Care	In-Network	Employee pays 20% after deductible – Urgent medical care at free standing facilities	$50 Copay – Urgent medical care at free standing facilities
	Non-Network	Not covered	Not covered
Emergency Room	In-Network	$500 Copay + Deductible / 20%, Copay is waived if admitted. Non-Emergency: Not Covered	$500 Copay + Deductible / 20%, Copay is waived if admitted. Non-Emergency: Not Covered
	Non-Network		
Rx Deductible		None	$200 Individual/$600 Family
Prescriptions	Generic/ Brand / Non-Preferred Brand / Specialty	Employee pays 20% after deductible	$10/$35/$75/$175 Employee pays 30% on Specialty drug if not enrolled in PrudentRX
	Mail Order (90 Days)	Employee pays 20% after deductible	2X applicable copay based on formulary tier

Rates for 2026-2027 Plan Year

Medical	HRA Plan	
	Monthly	Per Pay Period
Employee Only	$0.00	$0.00
Employee & Spouse	$364.00	$182.00
Employee & Children	$204.00	$102.00
Employee & Family	$570.00	$285.00

Medical	Buy Up Plan	
	Monthly	Per Pay Period
Employee Only	$150.00	$75.00
Employee & Spouse	$576.50	$288.25
Employee & Children	$349.25	$174.63
Employee & Family	$858.00	$429.00

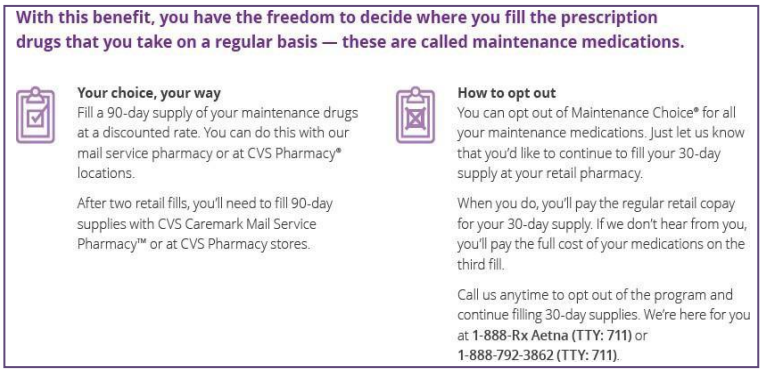
Aetna Pharmacy

Maintenance Choice Program

How it works: After two retail fills, members are required to fill a 90 -day supply of maintenance drugs at CVS, Kroger, or Costco Pharmacy, unless they call to opt out. If you opted out in the previous plan year and you wish to remain opted out, you will need to opt out again in the new plan year. To opt out, call 888-792-3862 on or after 10/1/2026.

Enjoy two ways to get a 90-day supply of medicine you take regularly:

- CVS Caremark Mail Service Pharmacy:
- Reorder only once every 3 months- online, by phone or by email
- Receive your medicine in private, secure packaging
- Talk to a pharmacist by phone, any time of the day or night
- Easily order refills and manage your prescriptions by logging into www.aetnanavigator.com
- For assistance, call 888-792-3862



- Pharmacy near you:
- Pick up your medicine at any CVS, Kroger, or Costco retail location that is convenient for you.
- Enjoy same-day prescription availability
- Talk with a pharmacist face-to-face
- For assistance, call 888-792-3862

PRUDENTRX (Buy Up plan only)

How it works: The PrudentRx Copay Program allows you to get select specialty medications at no cost to you. This program offers $0 out-of-pocket for any medications on our plan's exclusive Specialty Drug List when you fill by the CVS Specialty Pharmacy.

- PrudentRX will reach out to members with specialty drugs (letter or phone call) You must speak to someone at PrudentRX when they reach out
- Enrollment will begin automatically or you can call 1-800-578-4403 to opt out
- If you opt out, you will pay 30% coinsurance for the drug (Buy-Up only)
- Buy-Up: your specialty drug is free to you, unless you opt out. Keep in mind, the claim does not go towards your deductible or out of pocket max

Dental Benefit



Here is a snapshot of the coverage offered through the 2026-2027 dental plan.

BENEFITS	Aetna PPO
Type I – Preventive Services Oral examinations (2 Per Year) X-rays Cleanings (2 Per Year)	No Waiting Period 100%
Type II – Basic Services Fillings Extractions Root Canal	No Waiting Period 80%
Type III – Major Services Crowns Removable / fixed bridgework Partial or complete dentures	12 Months Waiting Period (Late entrants only) 50%
Type IV - Orthodontia Dependent Children up to age 20 **Appliance must be placed before the child turns 20*	24 Months Waiting Period (Late entrants only) 50%
Annual Deductible	
Individual	$75
Family	$225
Annual Maximums	
Dental Annual Maximum	*$1,500 ** The cost for preventive services counts toward the annual maximum. Preventive services cost approximately $150-$250 per visit. Please check with your dental provider.*
Orthodontia Lifetime Maximum	$1,500

NOTE: This is a brief summary and not intended to be a contract.

Available for dependents of active Employees that do not enroll dependents for medical coverage

Dental Costs	Monthly	Per Pay Period
Employee Only	$0.00	$0.00
Employee & Spouse	$34.00	$17.00
Employee & Children	$37.00	$18.50
Employee & Family	$61.00	$30.50

Supplemental Vision with Humana

Here is a snapshot of the coverage offered through the 2026-2027 Vision plan.

BENEFITS		Humana
Eye Exam	Network	$10 Copay
	Non-Network	Up to $30 Reimbursement
Frames/ Lens		
Single Vision	Network	$15 Copay
	Non-Network	Up to $25 Reimbursement
Bifocal Lenses	Network	$15 Copay
	Non-Network	Up to $40 Reimbursement
Trifocal Lenses	Network	$15 Copay
	Non-Network	Up to $60 Reimbursement
Frames	Network	Up to $130 Retail Allowance & then 20% discount
	Non-Network	Up to $65 Reimbursement
Contacts *In Lieu of Glasses		
Network	Medically Necessary	$0 Copay/Covered in Full
	Elective	Up to $130 Reimbursement & then 15% off
Non-Network	Medically Necessary	Up to $200 Reimbursement
	Elective	Up to $104 Reimbursement
Exam Frequency		12 Months
Lens Frequency		12 Months
Frames Frequency		12 Months

NOTE: This is a brief summary and not intended to be a contract.

Rates for 2026-2027 Plan Year

Vision Costs	Monthly	Per Pay Period
Employee Only	$7.31	$3.66
Employee & Spouse	$13.30	$6.65
Employee & Children	$13.96	$6.98
Employee & Family	$21.52	$10.76

Get help with expenses health insurance doesn't cover



Aflac for Brazoria County

Who hasn't received an unexpected medical bill? That's why there's Aflac. We can help take care of expenses health insurance doesn't cover, so you can care about everything else.

Supplemental insurance plans

Group Accident

Group Accident insurance can help with unexpected expenses associated with an accidental injury, so you can focus on getting better.

Group Critical Illness

Group Critical Illness insurance helps pay the expected and unexpected expenses that arise from diagnosis of a covered critical illness.

Group Hospital Indemnity

Health insurance isn't meant to cover all expenses associated with hospitalization – like deductibles and copays. Group Hospital Indemnity insurance can help minimize those out-of-pocket costs so you can focus on recovery.

Cancer/Specified-Disease

Aflac cancer/specified-disease policy provides robust benefits so you can seek the treatment you need while easing the financial concerns that often accompany it– before, during and after diagnosis.

Group Disability

What if you couldn't work due to an injury or illness? Group Disability insurance helps protect your income in the event that you are unable to work.

Employee Self-service Login
Custom Credentials and URL

1. Access Aflac at Work at www.aflacatwork.com/BrazoriaCounty
2. Enter you employee ID in the first box
3. Enter your PIN. **Your PIN is the last four digits of your EEID plus the full year of your birth year.** Example: Last 4 digits your EEID are 1122 and you were born in 1968, your PIN would be 11221968.

If you are unable to login contact your benefits department for assistance. They can verify the correct SSN, EID and Date of Birth are entered into the system and assist in resetting your PIN if needed.



Supplemental Benefits - Norton LifeLock

Norton LifeLock Benefit Solutions- Protect your personal information with Norton LifeLock. This benefit offers proactive identity theft monitoring, credit alerts, and fraud resolution support. Key features included in the Premier plan and Premier Plus plan:

- 3-Bureau Credit Monitoring and Reports
- Financial Monitoring (401K, investments, etc.)
- Child Identity Protection (in family plans)
- Identity Restoration & Reimbursement
- Dark Web & Social Media Monitoring
- Secure VPN, Private Browser, Anti-Spyware/Antivirus
- Cybercrime insurance
- Norton mobile app, PC SafeCam, Password Manager
- 24/7 support

Premier vs. Premier Plus

Feature	Premier	Premier Plus
Credit Score Insights & Balance Alerts	✓	✓
Financial Tools	✓	✓
Device Coverage	5 devices (10 for family)	10 devices (Unlimited for family)
PC Cloud Backup	50 GB	500 GB
Privacy Monitor Assistant	✓	✓
Norton AntiTrack	✓	✓
Cybercrime Insurance (including digital currency crimes)	✓	✓

Rates for 2026-2027 Plan Year

Benefit Premier	Monthly	Per Pay Period
Employee Only	$7.99	$3.99
Employee & Family	$14.98	$7.49

Benefit Premier Plus	Monthly	Per Pay Period
Employee Only	$12.49	$6.24
Employee & Family	$21.48	$10.74

Supplemental Benefit - Legal Plan Services

Be protected when *legal happens.*

How Legal Happens in Your Life

Did you know that **3 out of 4** individuals have faced legal troubles in the past three years?[1] Most people believe legal troubles are rare, once-in-a-lifetime events, but they're **far more common** than you think. A legal insurance plan from ARAG® covers a **wide range of legal needs** like the examples below to help you address life's legal situations.

Protecting Your Growing Family
- Create a pre-marital agreement before your wedding.
- Your child gets expelled from school.

Protection As a Consumer
- The mechanic botches your car repair.
- Your dream vacation gets canceled with no refund.

Managing Your Home, Protecting Your Assets
- Your neighbor's ugly fence is on the property line.
- Your landlord won't fix the heater.

Financial Challenges
- Your ID was stolen on vacation.
- You can't get out of debt.

A Place to Turn During Life's Challenges
- You get caught speeding.
- Your dog bites a neighbor.

Plus 100+ more ways to use your plan!

How Does ARAG Legal Insurance Protect?

When the unexpected happens, having legal insurance can provide you with **protection** and **peace of mind**.

Work with a network attorney and attorney fees are **paid in full** for most covered matters.

We help connect you with attorneys – many who average 20+ years of experience.

Save thousands of dollars, on average, for legal matters by avoiding costly legal fees.

Address your covered legal situations with a network attorney who is **only a phone call away**.

Use DIY Docs® to create, edit and store **state-specific legal documents**, like wills or powers of attorney.

Your network attorney can help **throughout your legal matter**, including preparing and reviewing legal documents, offering legal advice and representing you in court.

Want More Information?

Scan the QR Code and learn more about your legal insurance plan, like a list of all coverages, plan cost savings calculator or network attorneys in your area.

Or, visit **ARAGlegal.com/myinfo** and enter Access Code: **19457bra**

Or, call ARAG at **800-247-4184**

Ultimate Advisor Plus	Monthly	Per Pay Period
Employee Only	$18.78	$9.39

Virtual Visits- RediMD

For help, call RediMD at 866-989-CURE, option 3

REDIMD TREATS MOST PRIMARY CARE AILMENTS INCLUDING, BUT NOT LIMITED TO:

Cold	*Cough*	*Flu*	*Sore Throat*
Allergies	*Skin Issues*	*Blood Pressure*	*Headaches*
Diabetes	*Sinus Infection*	*Stress Problems*	*Stomach Problems*

Code = brazoria



RediMD gives you the option to have a regular doctor's visit online or by phone. No copy or payment required. Visit us at www.redimd.com

- *Any time you need to see or speak with a doctor*
- *We are "Always Open"*

RediMD provides primary medical care online via webcam, smart phone, or by telephone. You can see and speak with a physician or other medical professional who can diagnose, recommend treatment and prescribe medications if needed.

RediMD service is available for you to use

- At your home during days, nights, and weekends for you and your family

RediMD is always free whether you use us on your computer, smart phone, or by phone.

TO USE REDIMD AS A FIRST-TIME USER

1 REGISTER.*

- Go to www.redimd.com
- Click "register"
- Select "register " or "First Time User"
- Enter code listed bottom of page and click "next"
- Follow registration directions, enter your e-mail and create a password
- Complete profiles and registration directions.

2 SCHEDULE.

- Make appointment
- Select provider, date, and time
- No copay or payment required.

3 CONSULT.

- Take vitals. Or put 1 in each box if vitals are not taken.
- Consult with your provider (see options below)

*Registration is a one-time process and can be done without having to schedule an appointment.

TO USE REDIMD AS A RETURN USER

1 LOG IN.

From any internet connected computer or smart phone .

- Log in at www.redimd.com
- Enter your e-mail and password

2 SCHEDULE.

- Make appointment
- Select provider, date, and time
- No copay or payment required.

3 CONSULT.

- Take vitals or put 1 in each box if vitals are not taken.
- Consult with your provider (see options below)

Minute Clinics



The care you need — in person or virtually*

Your Aetna® health plan includes a MinuteClinic benefit. This means more options for where and when you get care. Plus, it's a lower-cost alternative to the emergency room or urgent care.

MinuteClinic walk-in services at no cost

- Asthma and allergies
- Bronchitis and upper respiratory infections
- Insect stings
- Sore throats and ear infections
- Minor cuts, blisters and wounds
- And more

Get access to convenient, local care to treat a variety of conditions, illnesses and injuries.

Care options that work for you:

- **Broad access in person. MinuteClinic® has 900+ locations across the U.S.**
- **Convenience.** Access lower-cost services compared to urgent care and emergency rooms (ERs). Get care 7 days a week, including evenings.
- **Virtual care.*** At home or wherever you are, there's someone here to help.
- **Easy appointment scheduling.** Book online or use the kiosks within CVS® store locations. Walk-in visits are also welcome.

*FOR VIRTUAL CARE NOTE: Members with access to CVS Virtual Care® will access virtual services through this offering. Visit **CVS.com/VirtualCare**. Services and appointment availability may vary by location. Services not yet available in MS.

Aetna.com

5629900-01-01 (9/25)

aetna®

Urgent Care & Emergency Rooms



Healthcare consumers must educate themselves to recognize the differences between an urgent care facility, emergency rooms and freestanding emergency rooms. Understanding their differences could save you as a consumer thousands of dollars.

A majority of Urgent Care Clinics accept insurance and are open all week long, including nights, weekends, and holidays. Additionally, instead of having to wait in a waiting room to be seen, some Urgent Care Clinics allow you to call in advance and wait in the comfort of your home until a room becomes available.

Urgent care centers are equipped to handle non-life-threatening situations, and many have attending doctors and nurses who have access to x-rays and labs onsite. Most urgent care centers are open late and on weekends and holidays.

Choosing an urgent care center over the ER can save you time and money:

- Average time of an ER visit: 4 hours
- Average cost of an ER visit: $1,884
- Average cost of an urgent care center visit: $174

Visit an urgent care center for these common conditions:

- Flu and cold / High fevers
- Broken bones
- Coughs and sore throat
- Vomiting, diarrhea, stomach pain
- Cuts and severe scrapes
- High fevers

Shown below are some choices for In-Network Urgent Care Centers. Network status is subject to change and should be verified prior to accessing care. For more In-Network Urgent Care options and to verify network status, visit https://www.aetna.com/

Next Level Urgent Care
Urgent Care Center
101 Winding Way, Suite A Lake Jackson, TX 77566

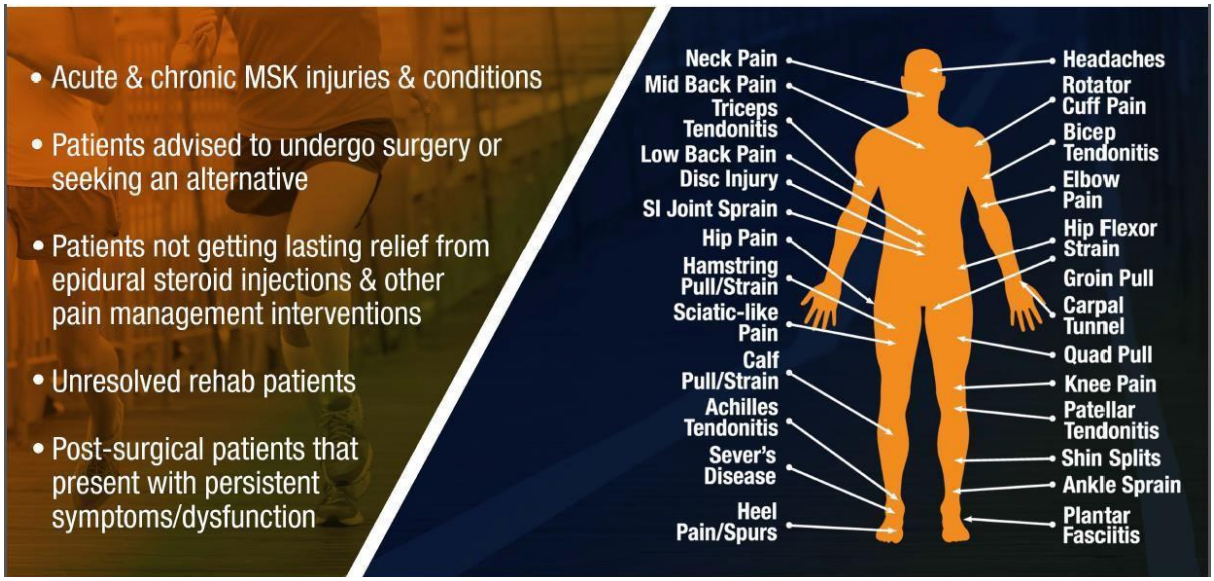
Angleton Urgent Care, LLC
Urgent Care Center
IN NETWORK
2309 West Mulberry Street
Angleton, TX 77515

AIC Urgent Care, PLLC
Urgent Care Center
3128 Hwy. 35 South, Alvin, TX 77511

Airrosti can provide a thorough clinical assessment to evaluate your condition and determine the root cause of your pain, while eliminating unnecessary costs associated with imaging, injections, and surgeries.

Airrosti provides soft tissue & joint mobilization through a hands-on approach to improve function and range of motion. Additionally, you will receive customized stretches and exercises to help speed recovery time and prevent further injuries. Airrosti is in-network with Aetna. Employees on the Buy-up plan can visit Airrosti for the $40 physician copay. Employees on the HRA plan will be charged approximately $225 per visit. Copays track toward OOP Max and not the deductible.

Most injuries can be resolved in less than 4 visits.





Over 40 Houston-area Locations
800-404-6050 / www.Airrosti.com

Hinge Health

Hinge Health is an app-based exercise therapy program for:

- Neck & Upper Back
- Shoulders
- Elbows, Forearms, Wrists, & Hands
- Lower Back & Hips
- Pelvic Region
- Thighs & Knees
- Shins & Calves
- Ankles & Feet



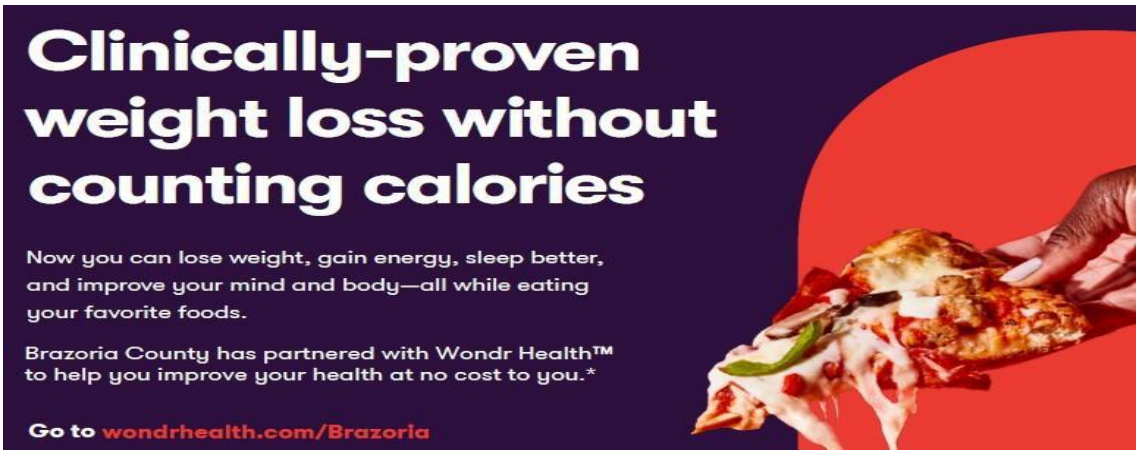
Hinge Health can replace in person physical therapy with a virtual 1-on-1 health coach. Reduce your pain with a plan that's personalized for your needs, goals, and ability at no cost to you all through the Hinge Health app!



Healthy Lifestyle Programs



Wondr Health- The naturally slim curriculum is delivered in a common sense, real-world way to help you understand when, how and why you eat and then retrains you with new skills to use throughout your daily life, while eating foods you enjoy. Take control of your health and be on the lookout for new sessions starting periodically throughout the year.



RediMD Program- Take control of your health with the RediMD Wellness program. Employees receive up to four visits each year at no cost. RediMD providers work with you to determine the appropriate GLP-1 medication and dosage to support your weight loss journey and help you achieve your health goals.



Aetna Resources for Living

Employee Assistance Program (EAP)
To access services:
1-866-611-2826
resourcesforliving.com
Username: Brazoria County
Password: EAP

Brazoria County

Aetna Resources For Living is an employer sponsored program, available at no cost to you and all members of your household. That includes dependent children up to age 26, whether or not they live at home.

Services are confidential and available 24 hours a day, 7 days a week.

Emotional well-being support

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

Counseling sessions are available face to face or online with televideo. Services are free and confidential. We're always here to help with a wide range of issues including:

- Relationship support
- Stress management
- Work/life balance
- Family issues
- Grief and loss
- Depression
- Anxiety
- Substance misuse
- Self-esteem and personal development

Online resources

Your member website offers a full range of tools and resources to help with emotional wellbeing, work/life balance and more. You'll find:

- Articles and self-assessments
- Adult care and child care provider search tool
- Stress resource center
- Video resources
- Live and recorded webinars
- Mobile app

Discount Center
Find deals on brand name products and services including electronics, entertainment, gifts and flowers, travel and more.

Fitness discounts
Save on gym memberships at over 9,000 locations nationwide and home fitness equipment. Participating gyms and programs include 24 Hour Fitness, LA Fitness, Anytime Fitness®, Zumba® Fitness, Nutrisystem® and more.

myStrength
myStrength offers tools to improve your emotional health and help you overcome depression, anxiety, stress, substance misuse and/or chronic pain.

Other services

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

MindCheck online tools make it easy to improve your emotional well-being. Measure your mindset and get feedback and resources to maintain a positive outlook.

Daily life assistance

Competing day-to-day needs can make it tough to know where to start. Call us for personalized guidance. We'll help you find resources for:

- Child care, parenting and adoption
- Summer programs for kids
- School and financial aid research
- Care for older adults
- Caregiver support
- Special needs
- Pet care
- Home repair and improvement
- Household services and more

We also offer carekits related to growing families, child care, caregiving and more.

Legal services

You can get a free 30-minute consultation with a participating attorney for each new legal topic related to:

- General
- Family
- Criminal law
- Elder law and estate planning
- Divorce
- Wills and other document preparation
- Real estate transactions
- Mediation services

If you opt for services beyond the initial consultation you can get a 25 percent discount.

*Services must be related to the employee and eligible household members. Work-related issues are not covered. Discount does not include flat legal fees, contingency fees and plan mediator services.

Financial services

Simply call for a free 30-minute consultation for each new financial topic related to:

- Budgeting
- Retirement or other financial planning
- Mortgages and refinancing
- Credit and debt issues
- College funding
- Tax and IRS questions and preparation

You can also get a 25 percent discount on tax preparation services.

*Services must be for financial matters related to the employee and eligible household members.

Flexible Spending Account



Effective October 1, 2026

A Flexible Spending Account, or FSA, lets you set aside pre-tax money from your paychecks to spend on out-of-pocket healthcare expenses (i.e., co-pays, deductibles, over-the-counter items, etc.). Money that goes into an FSA is pre-tax, so by anticipating your family's health care and dependent care costs for the next year, you can lower your taxable income.

Remember, at the end of the year, unused money in an FSA is lost. Employees have until December 31, 2026, to file claims for the prior plan year. Employees have until December 15, 2027, to use this year's funds *(October 1, 2026 to September 30, 2027)*.

Health Care Reimbursement FSA

This program lets employees pay for certain IRS-approved medical care expenses not covered by their insurance plan with pre-tax dollars. You may contribute a minimum of $100 and up to a maximum of $3,400 annually to the Health Care Reimbursement FSA. Some examples include:

- Deductible, Prescriptions & Doctor Visit Co-Payments
- Over-the-Counter Medicines with a Prescription
- Vision services, including Lasik Eye Surgery, Glasses & Contacts
- Hearing services, including hearing aids and batteries
- Orthodontics, Dental deductibles, and coinsurance
- Acupuncture

Dependent Care FSA

The Dependent Care FSA allows employees to use pre-tax dollars towards qualified dependent care for children under the age of 13 or caring for elders. You may contribute a minimum of $100 and up to a maximum of $7,500 annually to the Dependent Care FSA (or $3,750 if married and filing separately). These funds are not front loaded.

Examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

FSA Smart Tips

Cover any significant medical expenses early in the year using your FSA. You will spend the remainder of the year paying yourself back with the regular payroll deductions.

Save your receipts as proof of purchase in order to be reimbursed for your health care expenses from your FSA. So, if you are making purchases that are eligible for reimbursement, you will want to keep them separate from other items.

HealthEquity – Flexible Spending Account Portal

HealthEquity



Member portal login

Logging into your member portal is easy. Simply follow steps below to access your HealthEquity account.

Scan the QR code to access the member activation portal

Logging in to your portal for the first time

1. **Go to my.healthequity.com.**
   Under 'Are you a member logging in for the first time?' click 'Create username and password."
2. **Verification code**
   You will be prompted to do a verification step by entering the code on the screen.
3. **Find your account**
   Enter the information requested on the "Find your account" screen.
4. **Verify your identity**
   Enter the information asked for on the "Verify your identity" screen.
5. **Set up a login**
   You will be prompted on the "Set up your login" Screen:

   Pick a user/login name of at least six characters with numbers and letter on the "set up your login" screen.

   Choose a password of at least eight characters with an uppercase letter, a lowercase letter and a number.
6. **Enter email**
   On the "Your email settings" screen, enter your email address.
7. **Agree to terms of service**
   Click the box to agree to the term of the website and save the agreement.

Logging in to your portal after your first login

1. Go to my.healthequity.com.
2. Log in with the username and password you created the first time you logged in.

MASA Medical Transport Solutions

MASA MTS is here to protect its members and their families from the shortcomings of health insurance coverage by providing them with comprehensive financial protection for lifesaving emergency transportation services, both at home and away from home.

A MASA Membership prepares you for the unexpected and gives you the peace of mind to access vital emergency medical transportation no matter where you live, for a minimal monthly fee.

- One low fee for the entire family
- NO deductibles
- NO health questions
- Easy claim process

Benefit*	Platinum $39/Month	Emergent Plus $14/Month
Emergent Ground Transportation	U.S./Canada	U.S./Canada
Emergent Air Transportation	U.S./Canada	U.S./Canada
Non-Emergent Air Transportation	Worldwide	U.S./Canada
Repatriation	Worldwide	U.S./Canada
Escort Transportation	Worldwide	
Mortal Remains Transportation	Worldwide	
Visitor Transportation	BCA**	
Minor Children/ Grandchildren Return	BCA**	
Vehicle Return	BCA**	
Pet Return	BCA**	
Organ Retrieval	U.S./Canada	
Organ Recipient Transportation	U.S./Canada	

Masa will need the EOB and a copy of the Run notes from the ambulance service to process your claim. ambulanceclaims@masa.global 1-(800) 423-3226 customer service or 1-(800) 643-9023 emergency service.

County Paid Life Benefits



Basic Life & AD&D Benefit

Brazoria County provides Basic Life and AD&D (Accidental Death and Dismemberment) insurance for you as a full-time employee at no additional cost. If you would like to purchase additional life insurance for yourself and/or your dependents, please see the Voluntary Life Insurance page for more information.

Disability Insurance

Brazoria County provides full-time employees with long-term disability income benefits. The cost for this coverage is paid in full by your employer. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income.

Beneficiary Information

Remember, it is important to designate beneficiaries for all your insurance policies that require them. If you don't, laws may cause death benefits to be distributed differently than you had planned that result in additional taxes and may unnecessarily delay the process of finalizing payment to your loved ones. You should regularly review and, if necessary, update your beneficiary designations. You can update your beneficiary at any time by submitting a new beneficiary form to HR.



How Much Life Insurance Do You Need?

If you are going to achieve all your goals, such as sending your kids to college, retiring in comfort and leaving a legacy, you will need to save and invest throughout your lifetime. But to really complete your financial picture, you'll also need to add one more element: protection. And that means you will require adequate life insurance for your situation. However, your need for insurance will vary at different times of your life — so you will want to recognize these changing needs and be prepared to act.

When you are a young adult, and you are single, life insurance will probably not be that big of a priority. And even married couples without children typically have little need for life insurance; if both spouses contribute equally to household finances, and you do not own a home, the death of one spouse will generally not be financially catastrophic for the other.



But once you buy a home, things change. Even if you and your spouse are both working, the financial burden of a mortgage may be too much for the surviving spouse. So, to enable the survivor to continue living in the home, you might consider purchasing enough life insurance to at least cover the mortgage.

When you have children, your life insurance needs will typically increase greatly. In fact, it is a good idea for both parents to carry enough life insurance to pay off a mortgage and raise and educate the children, because of the surviving parent's income may be insufficient for these needs. How much insurance do you need? You might hear of a "formula," such as buying an amount equal to seven to ten times your annual income, but this is a rough guideline, at best. You might want to work with a financial professional to weigh various factors – number and ages of children, size of mortgage, current income of you and your spouse, and so on – to determine both the amount of coverage and the type of insurance ("term" or "permanent") appropriate for your situation.

Once you have reached the "empty nest" stage, and your kids are grown and living on their own, you may need to re-evaluate your insurance needs. You might be able to lower your coverage, but if you still have a mortgage, you probably will want to keep enough insurance to pay it off.

After you retire, you may have either paid off your mortgage or moved into a condominium or apartment, so you may require even less life insurance than before. But it is also possible that your need for life insurance will remain strong. For example, the proceeds of a life insurance policy can be used to pay your final expenses or to replace any income lost to your spouse as a result of your death (e.g., from a pension or Social Security.) Life insurance can also be used in your estate plans to help leave the legacy you desire.

As we have seen, insurance can be important at every stage of your life. You will help yourself – and your loved ones – by getting the coverage you need when you need it.

Group Term Life thru Globe Life

Insurance coverage for you, your spouse, and children (where available). Features of this plan include:

- Issue ages: 0–55
- Certificate is paid up at age 65, but coverage continues to age 100
- Guaranteed to age 100 as long as premiums are paid on time
- Guaranteed rates – once you purchase the plan your rates will not increase
- Your benefit amount can never be reduced or canceled as long as you pay premiums
- You can continue your policy if you leave your job for any reason
- Up to $150,000 of insurance coverage available*
- Available in the workplace

*Employees are eligible for coverage up to $150,000 (varies by age). The amount of dependent coverage is limited to $50,000 and cannot exceed:

100% of employee coverage in Arizona, Florida, Hawaii, Illinois, Maryland, Texas, Virginia, Washington, and West Virginia for spouse or children – not to exceed $50,000. Coverage is only available if the employee is insured.

You can add these optional insurance riders for an additional premium:

Accidental Death Benefit (ADB):
The Accidental Death Benefit (ADB) rider can provide an additional death benefit up to $200,000 if you die from an accidental bodily injury. ADB is available for proposed insureds age 1 and above and may be added for your spouse and children too. Accidental Death Benefit expires at age 65. See rider for details.

Premium Waiver (PW):
With the Premium Waiver (PW) Rider, your Group Term life insurance coverage continues if you become totally disabled and can no longer pay premiums. Premiums are waived if the insured (employee, spouse or child) named in the policy becomes totally disabled. Premium Waiver expires at age 65. See rider for details.



Spousal Life thru Standard

Help protect your family's future by electing Spousal Life Insurance coverage. This voluntary benefit allows you to purchase life insurance for your eligible spouse at group rates.

Coverage Amounts

- Coverage increments $5,000
- Maximum Coverage $150,000
- Guaranteed Issue Amount $25,000

Guaranteed Issue allows eligible employees to elect coverage up to $25,000 for a spouse during the initial enrollment period without providing evidence of insurability.

Age Reductions-coverage automatically reduces as your covered spouse reaches the following ages:

Age	Coverage Reduces To
65	65% of the original amount
70	45% of the original amount
75	30% of the original amount
80	20% of the original amount

Plan Features

Feature	Included
Conversion	✓
Portability	✓
Continuity of Coverage	✓
Waiver of Premium	Not Included

Cost- Coverage is 100% employee-paid through payroll deductions.

Additional Plan Information

- Accelerated Benefit is not available for dependent life insurance.
- If the insured employee dies, dependent life insurance coverage continues automatically for five months without premium payments.

NOTE: This is a brief summary and not intended to be a contract.

RxSavingsPlus for Non-Covered Drugs

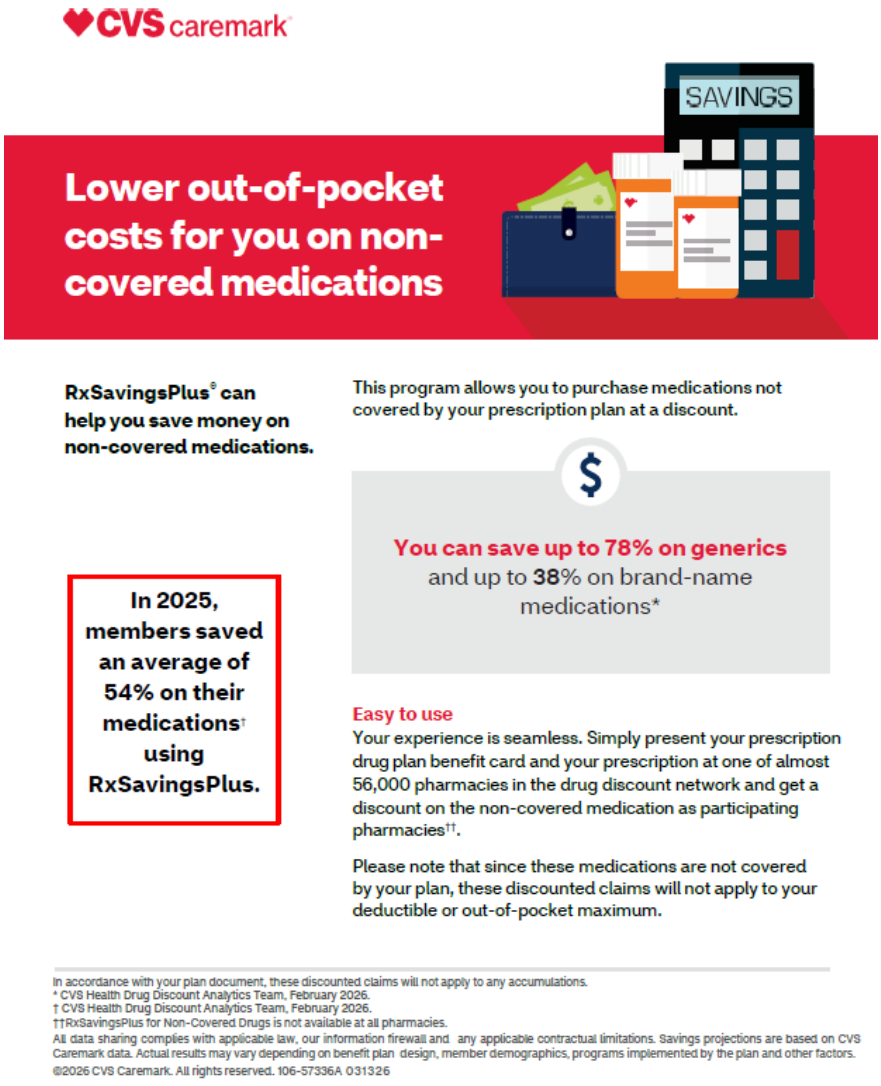
RxSavingsPlus is a free prescription savings program available to all eligible employees and their covered family members. The program helps you find lower prices on many prescription medications by comparing costs at participating pharmacies. Even if you have health insurance, there may be times when using the RxSavingsPlus discount provides a lower price than your insurance copay.

Program Features

- Free to use – No enrollment or membership fee.
- Compare pharmacy prices to find the best available savings.
- Accepted at thousands of participating pharmacies nationwide.
- Available to employees and eligible dependents.

Important Information

- Prescription prices vary by pharmacy and medication.
- You can compare the RxSavingsPlus price with your insurance copay and choose the option that saves you the most money.
- The discount will apply automatically at all participating retail network pharmacies — with no extra steps or paperwork, simply by showing your Aetna ID card.
- Prescriptions purchased using RxSavingsPlus do not count toward your medical plan deductible or out-of-pocket maximum.



Benefit Exchange

Member discounts from 200,000+ nationwide and local vendors

- Discounts Include: Wellness, Caregiving Support
- Vehicle Purchase & Repairs
- Pet Products, Travel, Entertainment
- Gifts, Retailers, and more!

Ability to **earn cashback** on purchases through site.



To access: https://brazoriacounty.benefithub.com/app/multiproduct?ref=home

Glossary of Health Coverage & Medical Terms

This glossary has 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. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such 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.)

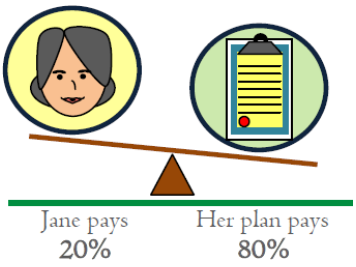
For a digital version of the Glossary of Health Coverage & Medical Terms scan the QR code with your mobile device.

Allowed Amount
Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing.)

Appeal
A request for your health insurer or plan to review a decision or a grievance again.

Balance Billing
When a provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is $100 and the allowed amount is $70, the provider may bill you for the remaining $30. A preferred provider may not balance bill you for covered services.

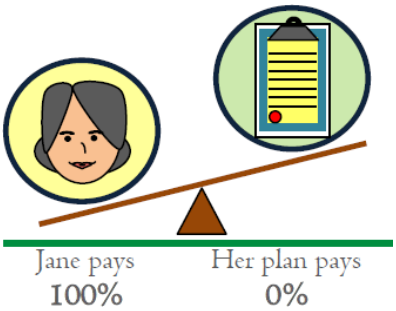
Co-insurance
Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance *plus* any deductibles you owe. For example, if the health insurance or plan's allowed amount for an office visit is $100 and you have met your deductible, your co-insurance 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 aren't complications of pregnancy.

Co-payment
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.

Deductible
The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay. For example, if your deductible is $1000, your plan will not pay anything until you've met your $1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.



Durable Medical Equipment (DME)
Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for DME may include oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

Emergency Medical Condition
An illness, injury, symptom, or condition so serious that a reasonable person would seek care right away to avoid severe harm.

Emergency Medical Transportation
Ambulance services for an emergency medical condition.

Emergency Room Care
Emergency services you get in an emergency room.

Emergency Services
Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

Glossary of Health Coverage & Medical Terms (continued)

Excluded Services
Health care services that your health insurance or plan does not pay for or cover.

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 is not 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 your health insurer to pay some or all of your health care costs in exchange for a premium.

Home Health Care
Health care services a person receives at home.

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. An overnight stay for observation could be outpatient care.

Hospital Outpatient Care
Care in a hospital that usually does not require an overnight stay.

In-network Co-insurance
The percent (for example, 20%) you pay of the allowed amount for covered health care services to providers who contract with your health insurance or plan. In-network co-insurance usually costs you less than out-of-network co-insurance.

In-network Co-payment
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 co-payments usually are less than out-of-network co-payments.

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

Network
The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services.

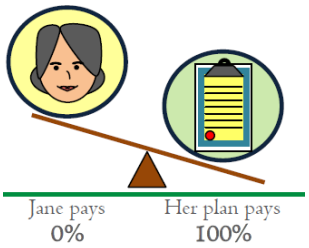
Non-Preferred Provider
A provider who does not have a contract with your health insurer or plan to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your health insurance or plan, or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers.

Out-of-network Co-insurance
The percent (for example, 40%) you pay of the allowed amount for covered health care services to providers who do not contract with your health insurance or plan. Out-of-network co-insurance usually costs you more than in-network co-insurance.

Out-of-network Co-payment
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 co-payments usually are more than in-network co-payments.

Glossary of Health Coverage & Medical Terms (continued)

Out-of-Pocket Limit
The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges, or health care your health insurance or plan doesn't cover. Some health insurance or plans do not count all of your co-payments, deductibles, co-insurance payments, out-of-network payments or other expenses toward this limit.



Physician Services
Health care services a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.

Plan
A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

Preauthorization
A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment 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 is not a promise your health insurance or plan will cover the cost.

Preferred Provider
A provider who has a contract with your health insurer or plan to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also "participating" providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

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.

Prescription Drug Coverage
Health insurance or plan that helps pay for prescription drugs and medications.

Prescription Drugs
Drugs and medications that by law require a prescription.

Primary Care Physician
A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

Primary Care Provider
A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates, or helps a patient access a range of health care services.

Provider
A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), health care professional or health care facility 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.

Glossary of Health Coverage & Medical Terms (continued)

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.

Skilled Nursing Care
Services from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.

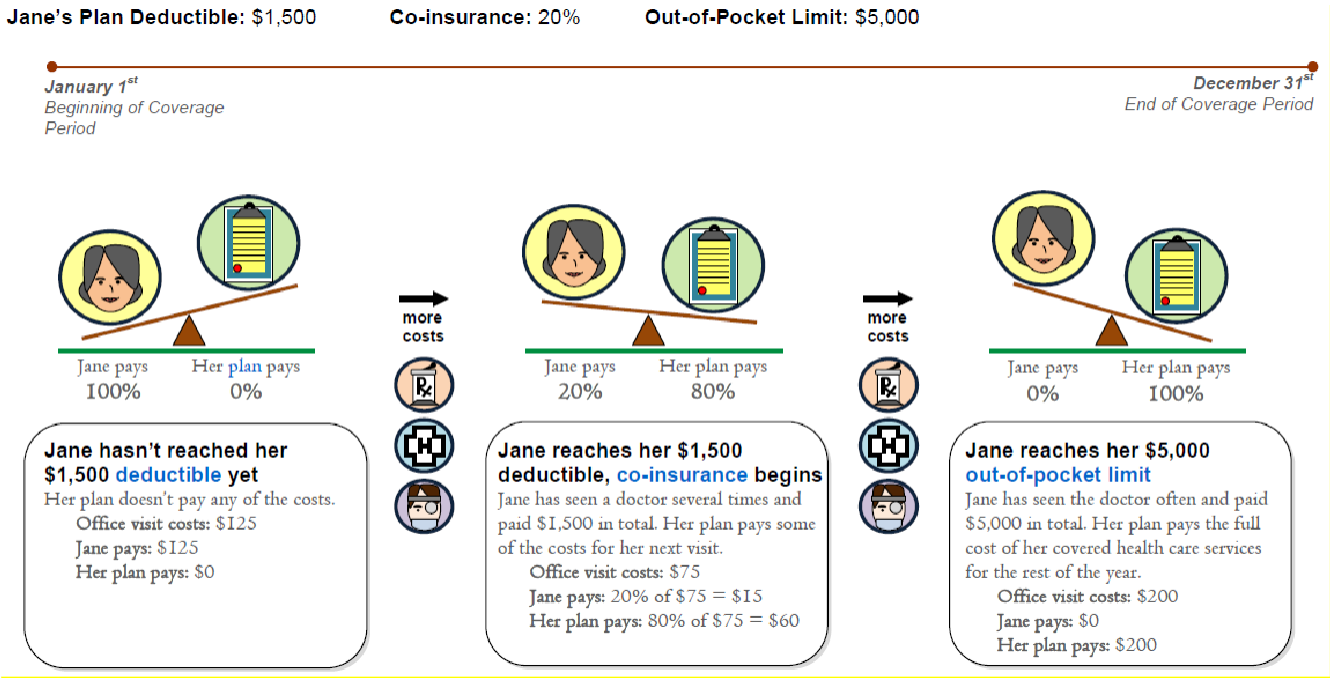
Specialist
A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of health care.

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

Note: This example is provided as part of the Patient Protection Affordable Care Act and is not specific to the plan(s) offered by Brazoria County.



Annual Notices

Health Insurance Portability and Accountability Act (HIPAA) requires a group health plan to provide a Notice of Special Enrollment Rights annually to all employees who are eligible to participate in the plan.

Notice of Special Enrollment Rights

"Special Enrollment Rights"
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. To request special enrollment or obtain more information, contact Human Resources.

Women's Health and Cancer Rights

Notice of Rights to Reconstructive Surgery Following Mastectomy
The Women's Health and Cancer Rights Act of 1998 was signed into law on October 21, 1998. The Act requires that all group health plans providing medical and surgical benefits with respect to a mastectomy must provide coverage for all of the following:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce symmetrical appearance; and
- Prostheses and treatment of physical complications of all stages of mastectomy, including lymphedemas.

This coverage must be provided in a manner determined in consultation with the attending physician and patient.

This coverage may be subject to co-payments, annual deductibles and co-insurance provisions as is deemed appropriate and as is consistent with the co-payments, annual deductibles, and co-insurance for other benefits under the plan or coverage. Federal law requires this coverage. In addition, our Plan will not deny you eligibility or continue eligibility to enroll or renew coverage under the terms of the Plan, solely for the purpose of avoiding this coverage, or to penalize incentives (monetary or otherwise) to an attending provider, to include the provider to provide care to you in a manner inconsistent with the coverage required under the Women's Health and Cancer Rights Act of 1998.

Newborns' and Mothers' Health Protection Act

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

Annual Notices (continued)

Health Insurance Portability and Accountability Act (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private.

You have the right to inspect and copy protected health information which is maintained by and for the plan for enrollment, payment, claims, and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Benefits Administration.

DISCLAIMER: The HIPAA Privacy Rule is effective beginning April 14, 2003. The Privacy Rule is intended to safeguard protected health information (PHI) created and held by health care providers, health plans, health information clearing houses and their business associates. The provisions of the Privacy Rule have significant impact on those who deal with health information and on all citizens with regard to their personal PHI. Our health insurance broker and all of our contracted plans adhere to the HIPAA Privacy Rule.

This is not a Grandfathered plan.

Important Notice from Brazoria 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 Brazoria County and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things to know about your current coverage and Medicare's prescription drug coverage:

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

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

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

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

What Happens To Your Current Coverage If You Decide To Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current Brazoria County coverage will be affected. *See* pages 7-9 of the CMS Disclosure of Creditable Coverage to Medicare Part D Eligible Individuals Guidance (available at http://www.cms.hhs.gov/Creditable_Coverage), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

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

Annual Notices (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 Brazoria 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 November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage….

Contact the Medicare office for further information at 866-746-4234. **NOTE:** You will receive this notice annually and at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage through Brazoria County changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage….

More detailed information about your Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans.

For more information about Medicare prescription drug plans:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see 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

For people with limited income and resources, extra help in paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or you can call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: 10/1/2026
Name of Entity: Brazoria County
Address: 237 E Locust St. Suite 203, Angleton, TX - 77515
Phone Number: 979 - 864-1277

Annual Notices (continued)

CHIPRA/CHIP Notice
Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

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

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

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 January 31, 2024. Contact your State for more information on eligibility –

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

GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
INDIANA – Medicaid	**MINNESOTA – Medicaid**
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584	Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
IOWA – Medicaid and CHIP (Hawki)	**MISSOURI – Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KANSAS – Medicaid	**MONTANA – Medicaid**
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov
KENTUCKY – Medicaid	**NEBRASKA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
LOUISIANA – Medicaid	**NEVADA – Medicaid**
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900

Annual Notices (continued)

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
NEW JERSEY – Medicaid and CHIP	**SOUTH DAKOTA - Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW YORK – Medicaid	**TEXAS – Medicaid**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493
NORTH CAROLINA – Medicaid	**UTAH – Medicaid and CHIP**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH DAKOTA – Medicaid	**VERMONT– Medicaid**
Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825	Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access (https://dvha.vermont.gov/members/medicaid/hipp-program) Phone: 1-800-250-8427
OKLAHOMA – Medicaid and CHIP	**VIRGINIA – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
OREGON – Medicaid and CHIP	**WASHINGTON – Medicaid**
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA – Medicaid and CHIP	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) (https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx) CHIP Phone: 1-800-986-KIDS (5437)	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

Annual Notices (continued)

RHODE ISLAND – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA – Medicaid	**WYOMING – Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, contact either:

Employee Benefits Security Administration
U.S. Department of Labor
www.dol.gov/agencies/ebsa

Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
www.cms.hhs.gov

1-866-444-EBSA (3272) 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 and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137

HEALTH INSURANCE MARKETPLACE
COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

Part A- General Information

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

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

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

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.61% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

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

Part B- Information About Health Coverage Offered by Your Employer

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

1. Employer name: Brazoria County
2. Employer Identification Number (EIN): 74-6000044
3. Employer address: 237 E Locust St.
4. Employer phone number: 979 864 1277
5. City: Angleton
6. State: TX
7. ZIP code: 77515
8. Who can we contact about employee health coverage at this job? Tiffany Helmintoller Human Resources
9. Phone number: (if different from above)
10. Email address: tiffanyh@brazoriacountytx.gov

Wellness Program Disclosure

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for an incentive under this wellness program, you might qualify for an opportunity to earn the same incentive by different means. Contact Human Resources and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.



NOTICE REGARDING WELLNESS PROGRAM

The Wellness Program [HRA] is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for a basic lipid panel (total cholesterol, LDL, HDL, triglycerides) and a hemoglobin A1C (for diabetes). You are not required to complete the HRA or to participate in the blood test or other medical examinations.

Although you are not required to complete the HRA or participate in the biometric screening, employees who do not participate by the deadline have $200 per paycheck deducted until the HRA is completed.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

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

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

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

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Brazoria County's Human Resources Department.

Nondiscrimination Notice

Discrimination is Against the Law

Brazoria County complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Brazoria County does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Brazoria County:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:
- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:
- Qualified interpreters
- Information written in other languages

If you need these services, contact Tiffany Helmintoller. If you believe that Brazoria County has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Tiffany Helmintoller, 237 E. Locust St, Angleton, Texas, (979)-864-1277, tiffanyh@brazoriacountytx.gov

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Tiffany Helmintoller is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20211 1-800-368-1019, 800-537-7697 (TDD) Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

The benefits described in this booklet are for represented employees only and are only summaries. Coverage details are further explained in the plan documents.

Brazoria County expects to continue these plans indefinitely but reserve the right to modify, amend, suspend, or terminate any plan at any time and for any reason without prior notification.

You will be notified of any changes to these plans and how they affect your benefits, if at all. The plans described in this booklet are governed by insurance contracts and self-insured plan documents, which are available for examination by request of your HR Department. We have attempted to make the explanation of the plans in this booklet as accurate as possible. However, should there be a discrepancy between this booklet and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. In addition, you should not rely on any oral descriptions of the plans since the written descriptions in the insurance contracts or plan documents will always govern.

2026-2027 Plan Year

Questions to ask Your Provider or Pharmacist

- What is my Diagnosis?
- What are my treatment options? What are the benefits and side effects of each option?
- Will I need a test? What is the test for? What will the results tell me?
- Is there a generic for the RX you are prescribing? What will the RX you are prescribing do? How do I take it? What are the side effects?
- Are there other ways to treat my condition without a surgery? Do you use a facility that is contracted in the Aetna network? Will the anesthesiologist be contracted in network as well?
- During my surgery, will there be assistant surgeons? Are they contracted in network with Aetna as well?
- Do I need to change my daily routine?
- Is there a drug with a track record I could take as an alternative to this new RX on the market you are prescribing?
- Is there a lifestyle change I could make that would be just as effective as this RX you are prescribing?
- Will this new RX interfere with the current RX's or OTC meds I am taking?
- When will you review how this new RX is working for me?
- Is this RX covered on my drug insurance formulary?

For more information and useful questions, visit www.ahrq.gov/

www.nia.nih.gov/health/doctor-patient-communication/talking-with-your-doctor



Notes

STATE OF TEXAS

COUNTY OF BRAZORIA

