



2022

Benefit

Summary

March 1, 2022 - February 28, 2023



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****If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 24-25 for more details.**

This document is an outline of the coverage proposed by the carrier(s). It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Your full Summary Plan Document (SPD) is made available through your Human Resources Department. The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice.

Customer Service and Contact Information

Benefit	Carrier	Group Number/Network	Customer Service	Website
Medical / RX	TML / Navitus	Network: Blue Choice PPO HSA #328238 PPO #600813	Med: 855-762-6084 RX: 855-673-6504	www.bcbstx.com
Dental	BCBS	Network: BlueCare	855-762-6084	www.bcbstx.com
Vision	EyeMed	Network: EyeMed	866-670-7111	www.eyemed.com
Basic Term Life and AD&D	Mutual of Omaha	Group # GLUG:24-0750H	800-775-8805	www.mutualofomaha.com
Short-Term Disability	Mutual of Omaha	Group # GUG:24-0750H	800-877-5176	www.mutualofomaha.com
Long-Term Disability	Mutual of Omaha	Group # GLTD:AA-0750H	800-877-5176	www.mutualofomaha.com
Employee Assistance Program (EAP)	Deer Oaks	Username + Password: TMLHPOOL	888-993-7650 E-Mail: eap@deeroaks.com	www.deeroakseap.com
Flexible Spending Account (FSA)	FlexCorp / BPAS	N/A	800-856-1816	www.bpas.com
Health Spending Account (HSA)	FlexCorp / BPAS	N/A	800-856-1816	www.bpas.com
Retirement	Texas County & District Retirement System	N/A	800-823-7782	www.TCDRS.org
457 Deferred Compensation Plan	ICMA-RC Mission Square Statement	Group # 306426	800-669-7400	www.icmarc.org
Supplemental Coverage	AFLAC	N/A	800-992-3522	www.aflac.com
COBRA Administration	WEX	N/A	866-451-3399	www.wexinc.com



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Eligibility, Enrollment and Useful Benefit Terms

The new benefit plan will be effective **March 1, 2022 - February 28, 2023.**

- New employees are eligible effective the first of the month following their date of hire.
- You are eligible if you are a full-time employee regularly scheduled to work at least an average of 40 hours a week.
- Open enrollment applies to medical, dental, vision, disability and your health savings account.
- The open enrollment period is the only time you may enroll in the above listed coverages without the occurrence of a qualifying event (see definition below).

Making Enrollment Changes During the Year:

In most cases, your benefit elections will remain in effect for the entire plan year (March 1st - February 28th). During the annual enrollment period, you have the opportunity to review your benefit elections and make changes for the coming year.

You may only make changes to your elections during the year if you have one of the following status changes:

- Marriage, divorce or legal separation (if your state recognizes legal separation);
- Gain or loss of an eligible dependent for reasons such as birth, adoption, court order, disability, death; reaching the dependent child age limit; or
- Significant changes in employment or employer-sponsored benefit coverage that affect you or your spouse's benefit eligibility.
- Your benefit change must be consistent with your change in family status.

IRS regulations require that for enrollment due to the qualifying events above, change forms must be submitted within 30 days of that qualifying event. Contact your Human Resources office for information on completing these forms.

Calendar Year Deductible and Out-of-Pocket Maximum:

Expenses incurred toward your annual deductible and your out-of-pocket maximum are credited on a calendar year basis. A calendar year is January 1st - December 31st. Your deductible and out-of-pocket maximum will restart January 1st each year, regardless of the expenses you incurred in the prior calendar year or when your annual open enrollment period occurs.

Primary Care Physicians/Specialty Physician Referrals:

You are NOT required to select a Primary Care Physician (PCP) or obtain referrals for specialty physicians. For the best coverage be sure that all providers (doctors, labs, x-rays, etc.) participate in-network.

Dependent Age Limitation:

Your dependent children are eligible for coverage on your medical and dental plans to age 26, regardless of marital or student status, financial dependency or residency.

In-Network vs. Out-of-Network Benefits:

Brushy Creek MUD's medical plans offer in-network and out-of-network benefit levels. When a doctor or hospital agrees to be in the plan's network, they are contractually bound not to charge over a specific amount for services covered by the plan. When you choose an in-network provider, they will file a claim on your behalf and you are not held responsible for amounts that the provider may charge in excess of their contracted rates. Out-of-network expenses are paid according to 'Usual and Customary' charges, which may leave you with significant out-of-pocket expenses. For the best benefit available under the plan, you should utilize in-network providers when possible. Out-of-network benefit levels can be found on the Summary of Benefits and Coverage.



Semi Monthly Payroll Deductions

Medical Plans	High Deductible Health Plan	PPO Plan
Employee Only:	\$0.00	\$0.00
Employee + Spouse:	\$195.50	\$249.74
Employee + Child(ren):	\$84.00	\$131.04
Employee + Family:	\$288.51	\$367.33
Dental Plan		
Employee Only:	\$0.00	
Employee + Spouse:	\$15.84	
Employee + Child(ren):	\$19.09	
Employee + Family:	\$33.51	
Vision Plan		
Employee Only:	\$0.00	
Employee + Spouse:	\$3.22	
Employee + Child(ren):	\$3.57	
Employee + Family:	\$6.04	
Other Benefits		
Group Term Life and AD&D	100% Employer Paid	
Short & Long-Term Disability	100% Employer Paid	
Employee Assistance Program (EAP)	100% Employer Paid	

Medical Plan Comparison Chart

BCBS TX In-Network Benefits	High Deductible Health Plan (HDHP)	Preferred Provider Organization (PPO) Plan
Health Savings Account Employer Contribution	\$53.98 per month	N/A
Annual Deductible Co-pays do not accumulate	\$3,000 Individual \$6,000 Family	\$1,500 Individual \$3,000 Family
Annual Out-of-Pocket Maximum Includes deductible, co-insurance and co-pays	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family
Co-Insurance The percentage you pay	0%	20%
Hospital Services - Inpatient	0% after deductible	20% after deductible
Emergency Room Treatment (Emergency Situation)	\$500 ER access fee & 0% after deductible	\$500 co-pay & 20% after deductible
Urgent Care Center Services	0% after deductible	\$75 co-pay
Physician Visits Primary Care Physician Specialist Virtual Visits (MDLIVE)	0% after deductible 0% after deductible \$44 charge	\$30 co-pay \$45 co-pay \$0 co-pay
Preventive Care (Office Visit) Physician's Services Preventive Testing	Covered 100%	Covered 100%
Office & Outpatient Surgery	0% after deductible	20% after deductible
Diagnostic Lab and X-Ray (in an office or outpatient setting)	0% after deductible	Covered 100%
Major Diagnostic (CT, PET, MRI, MRA)	0% after deductible	20% after deductible
Prescription Drug Program (30 day supply)		
Disease Management Maintenance	\$0 - Generic Drugs	\$0 - Generic Drugs
Tier 1	\$10	\$10
Tier 2	\$40	\$40
Tier 2 Insulins	\$25	\$25
Tier 3	\$70	\$70
Tier 4 (Specialty)	\$100	\$100
Tier 5 (Cost Share Drugs)	\$150	\$150

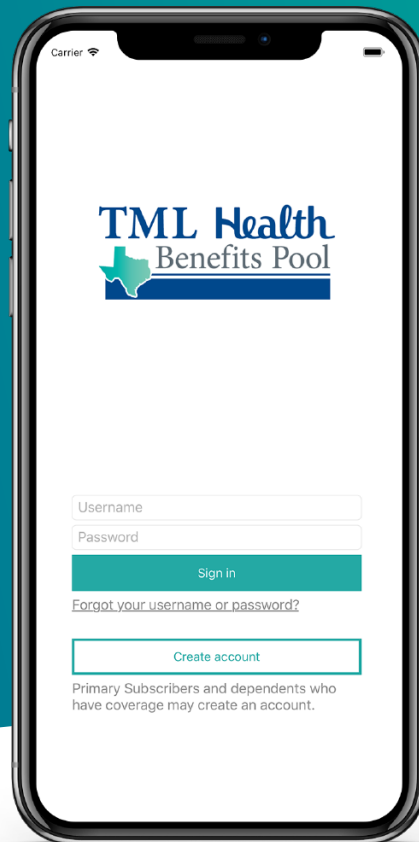
Note: On HDHP, prescription copays apply to certain wellness drugs (for prevention, rather than treatment). All other drugs are subject to the In-Network deductible, which means that you will pay 100% of the cost of the drug until the In-Network deductible is met. Once the In-Network deductible is met, prescription copays will apply until you have satisfied the out of pocket maximum.

Please review your plan document for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage. There are out of network benefits offered on both plans provided, please see the benefit summaries for additional information.



Your TML Health Must Have Apps

While these are just the most essential mobile apps and platforms to help you easily utilize your healthcare, many of your benefits* come with their own apps. Scan the QR Code for our guide to all of them and start using them today!



BCBSTX



Navitus



SCAN ME FOR
MORE APPS LIKE:

- MDLIVE** - Telehealth Options
- EyeMed** - Vision Benefits
- Livongo** - Diabetes & Blood Pressure Management
- Ovia Health** - Maternity Health Tracker
- Wondr Health** - Weight Loss Program
- Airroستي** - Physical Therapy Appointments
- Well onTarget** - Earn Rewards for Wellness
- Navigate** - Track Your Healthy Habits



*You must be enrolled in that benefit to use a vendor's app.





Virtual Visits: Get 24/7 Care, Anywhere

Call your doctor's office first. They also may offer telehealth consultations by phone or online video.

With Virtual Visits, the doctor is always in. Get 24/7 non-emergency care from a board-certified doctor by phone, online video or mobile app from the privacy and comfort of your own home.

Don't risk crowded waiting rooms, expensive urgent care or ER bills, or waiting weeks or more to see a doctor, when you can speak with a Virtual Visits doctor within minutes.

Virtual Visits, provided by Blue Cross and Blue Shield of Texas (BCBSTX) and powered by MDLIVE®, are a convenient alternative for treatment of more than 80 health conditions, including:

- Allergies
- Cold/Flu
- Fever
- Headaches
- Nausea
- Sinus infections

Virtual Visits with licensed behavioral health therapists are available by appointment. Get virtual care for:

- Anxiety
- Depression
- Stress management
- And more

Virtual Visit doctors can even send an e-prescription to your local pharmacy.



Activate your MDLIVE account today:

- Call MDLIVE at 888-680-8646
- Go to MDLIVE.com/bcbstx
- Text BCBSTX to 635-483
- Download the MDLIVE app



Virtual Visits may not be available on all plans. Non-emergency medical service in Montana and New Mexico is limited to interactive online video. Non-emergency medical service in Arkansas and Idaho is limited to interactive online video for initial consultation.

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Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an independent Licensee of the Blue Cross and Blue Shield Association

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Health Savings Account (HSA)

Participants in the Brushy Creek MUD's High Deductible Health Plan (HDHP) may be eligible to open a Health Savings Account.

A Health Savings Account (HSA) is a tax-advantaged personal savings account that works in conjunction with a HDHP. Participants can pay for **qualified** medical expenses with **tax-free** dollars from their HSA. There is no 'use-it-or-lose-it' requirement, the account is **portable** and the balance plus earnings (from interest and/or investments) carries over year after year, all **tax-free**. If HSA monies are used for **non-qualified** medical expenses prior to age 65, a 20% penalty *plus* ordinary income tax must be paid to the IRS.

Eligibility requirements:

In order to open a HSA, you **MUST** meet the following requirements:

- Covered by a HDHP Plan
- **NOT** covered by another health insurance plan that is not a qualified HDHP including:
 - A spouse's medical plan
 - Medicare
 - Tricare
 - Note: Does not apply to specific injury, accident, disability, dental care, vision care and/or long term care insurance plans.
- **NOT** participating in an employer-sponsored Flexible Spending Account (FSA) (unless limited use)
- Your spouse must also **NOT** participate in a Healthcare FSA. The Dependent Care FSA will not disqualify you from opening an HSA.
- **NOT** claimed as a dependent on someone else's tax return

HSAs allow:

- **Tax-free** contributions by employer, employee or others
- **Tax-free** growth of interest or investment earnings
- **Tax-free** distributions of principal and interest to pay for qualified medical expenses
- **Accumulation** of unused funds and **portability** between employers. No "use it or lose it" rules. Portable from employer to employer and across state lines.
- **Flexible use** – You choose whether or when to use the account for health expenses, now or after employment.

In addition to paying for current expenses, funds can be used to pay for:

- COBRA premiums
- Long-term Care premiums
- Out-of-pocket expenses for Medicare
- Medical insurance during unemployment
- Services not covered under a future health plan

If you are covered under the qualified HDHP and meet the eligibility requirements you may open a HSA. HSA plans are intended to be used to pay for healthcare for the individual and his or her taxable dependents. Distributions from an HSA to pay for qualified medical expenses are not taxable.

Qualified health care expenses are expenses which are:

- Incurred for the individual, his/her spouse or a tax dependent;
- Eligible as defined in Internal Revenue Code Section 213(d) – generally defined as expenses for the diagnosis, cure, mitigation, treatment or prevention of disease;
- Not reimbursed by insurance or another health plan; and
- Not deducted on the individual's tax return.

Medical expenses that may be reimbursed through a HSA under IRS Code Section 213 include (but are not limited to) the following:

- Deductible payments;
- Coinsurance payments;
- Dental care not provided through another health insurance plan;
- Prescription drugs;
- Emergency ambulance service;
- Chiropractic services;
- Eyeglasses and/or contact lenses;
- Hearing devices;
- Psychiatric care;
- Psychologists' fees;
- Acupuncture;
- Over-the-counter-drugs can be reimbursed from the HSA as long as they meet the criteria set out in Internal Revenue Code Section 213(d) and you have a prescription on file for the medication.

For a complete list of eligible expenses please see IRS Publication 502.

Health Savings Account (HSA)

Contributing to your HSA

When you participate in an HSA, you set aside money to pay for eligible out-of-pocket expenses. Money can be contributed to your HSA by you or anyone else. **Brushy Creek MUD will contribute \$53.98 per month into each employee's Health Savings Account.** Please make sure that you consider this contribution when calculating your contribution. The IRS calendar year maximums for these savings accounts are listed below.

A Calendar Year is the 12-month period of January 1st - December 31st.

If you are age 55 or older, you can make an additional contribution amount of \$1,000. The HSA cannot receive contributions after the individual has enrolled in Medicare. For the most current HSA contribution information, please go to the U.S. Dept. of Treasury web site at <https://www.treasury.gov/resource-center/faqs/Taxes/Pages/Health-Savings-Accounts.aspx>.

Note for Newly Eligible and Partial Year Participants:

If you become newly eligible to contribute to an HSA during the year, you may contribute the maximum contribution for the year (without incurring taxes or a penalty on the amount of the contribution), provided you continue to remain eligible for a 13 month period.

If you do not remain eligible for a 13 month period shown above, your excess contributions will be subject to federal income tax and may be subject to the 6% excise tax. Please contact your tax advisor for assistance determining if your partial year contributions will be subject to taxes and penalties.

	2022 IRS Maximum	Brushy Creek MUD Annual Contribution	Employee Annual Contribution
Employee	\$3,650	\$647	\$3,003
Employee & Spouse	\$7,300	\$647	\$6,653
Employee & Child	\$7,300	\$647	\$6,653
Family Coverage	\$7,300	\$647	\$6,653
Catch-up Contribution (age 55+)		\$1,000	

Using your HSA

With an HSA, your contributions, earnings and eligible withdrawals are all tax-free. As long as your withdrawals are used to pay for qualified health care expenses, you won't pay taxes. Unlike FSAs, HSAs do not have a "use it or lose it" requirement. Your account balance rolls over from year to year and will earn interest tax-free.

Tax filing

You will receive a 1099SA and a 5498SA and be required to file Form 8889 with your annual tax return. Please see your tax advisor if you have any questions.

Opening an HSA

Brushy Creek MUD will offer an employer-sponsored Health Savings Account through BPAS. The BPAS account allows you to have HSA contributions deducted from your paycheck on a pre-tax basis. Brushy Creek MUD will pay the monthly administration fee on your behalf as long as you are an active employee and are enrolled in the HDHP/HSA. If you do not wish to open a Brushy Creek MUD BPAS account, you may contact the financial institution of your choice for HSA options. Fees for other accounts will be the responsibility of the employee and pre-tax payroll deductions will not be accommodated. You will need to contribute your money after-tax and take the tax deduction when you file your 1040.

You are responsible for the eligibility of all items and keeping receipts for tax purposes. Not all expenses that are qualified health care expenses under the HSA count toward the satisfaction of the calendar year deductible.

Flexible Spending Account (FSA)

What is the purpose of the plan?

Brushy Creek MUD has established this plan to help employees save tax dollars and increase their net pay.

What is an FSA?

An FSA is designed exclusively for employees, and is established by your employer under Section 125, 129, 132f or 105 of the Internal Revenue Code. This plan allows a participating employee to take certain expenses from their paycheck on a pre-tax basis. This means that all amounts deducted from your paycheck and contributed toward your plan will not be subject to Federal Income tax, nor will it be subject to Social Security tax. You are not eligible to participate in a Flexible Spending Account if you or your spouse is contributing to a Health Savings Account.

What are eligible expenses under the plan?

An employee's out-of-pocket health care expenses can be paid with before-tax dollars when an employee elects to deposit some of those dollars into their Medical Expense Reimbursement Account. The amount the employee elects to set aside in this account will be held until he or she submits receipts for eligible expenses to be reimbursed. The maximum amount an employee can elect is **\$2,850 for the 2022 calendar year**. Mid-year election changes must be consistent with the family status change. For example, with a new birth, you may increase the amount of your dependent care contributions, but you may not reduce existing contributions, if any. You have 30 days from the date of your family status change to make all relevant election changes.

Eligible expenses can include (not limited to) -

Above Usual & Customary Charges	Chiropractor
Co-insurance	Deductibles
Dental Expenses	Eyeglasses & Contact Lenses
Hearing Aids	Prescribed Birth Control
Psychologist	Special Medical Equipment
Special Tests (allergy, etc.)	

*For a complete list of eligible expenses please visit <http://www.irs.gov/publications/p502/>

Your FSA Plan includes a Debit Card which can be used for many purchases at provider offices (copays) and pharmacies. It is always your responsibility to save receipts, as you may be required to provide them as proof of purchase.

Use It Or Lose It Provision

Money contributed to the plan that is not reimbursed within the proper timeframe will be forfeited. Therefore, make sure that you calculate your elections based on expenses that you know you will incur during the plan year.

BCMUD has a **grace period provision** in place, which allows employees to incur expenses for an additional 45 days beyond the end of the plan year. All claims for reimbursement for the plan year and grace period must be submitted by May 31 or 90 days from your termination if applicable. For example, BCMUD employees have until April 15, 2022 to incur eligible expenses for the 2021 plan year and must submit all claims no later than June 1, 2022.



Flexible Spending Account (FSA)

Dependent Care (must be work related)

Another important part of the FSA is the ability to pay for child care or day care services with before tax dollars. Your savings will amount to 22% to 35% of your actual child care expense, depending on your individual or family tax brackets. The maximum amount an employee can elect is **\$5,000 per plan year, per family**. Eligible expenses can include:

Nursery School
Private Pre-K

Baby-Sitting
Extended Day Care before & after school

Note: If you are a highly compensated employee, Brushy Creek MUD may be required to discontinue or limit your contributions to the Dependent Care Reimbursement account in order to comply with certain nondiscrimination requirements applicable to the plan under tax law. You will be notified if you are affected by this rule. Please see your Human Resources Department if you have any questions.

You will be required to coordinate your total payroll deductions to accommodate this IRS limitation. In addition, the IRS limits your elections and or changes to only the open enrollment period unless you have a qualifying event.

IRS rules state that regardless of the number of pay periods left in the calendar year when you are hired, you may not contribute more than \$5,000 to the Dependent Care Reimbursement Account. Your employer will consider how many pay periods are left in the year to determine your per-pay period deductions.

Forfeiture of Contributions

Money contributed to the plan that is not reimbursed within the proper timeframe will be forfeited. Therefore, make sure that you calculate your elections based on expenses that you know you will incur during the plan year.

Social Security

Since social security benefits payable at retirement age are based on earnings over your lifetime, contributions to a cafeteria plan (which are not taxed for social security purposes) will result in decreased social security benefits at retirement. Employees are encouraged to determine if the benefits of participation in the cafeteria plan will outweigh the reduction in social security benefits.



Dental Plan Summary

Benefit	BlueCare Dental In-Network	Out-of-Network
Tier 1 - Preventive Services Oral exams, prophylaxis treatments, fluoride treatments, sealants, bitewings & full mouth x-rays, space maintainers	Covered at 100% Deductible Waived	Covered at 100% Deductible Waived
Tier 2 - Basic Services Emergency oral exams, x-rays, fillings, crowns, extractions, anesthesia, endodontics, periodontics, oral surgery	20% after deductible	20% after deductible
Tier 3 - Major Services Mouth guards/appliances, inlays/onlays – repair/replacements, crowns – repair/replacement, dentures partial dentures	50% after deductible	50% after deductible
Annual Deductible Per Individual	\$50	\$50
Annual Maximum Per Individual	\$2,000	\$2,000
Orthodontia Children to age 19 only	\$50 deductible; \$3,000 lifetime annual maximum	\$50 deductible; \$3,000 lifetime annual maximum

While there is a network of providers you can utilize, benefit percentages are the same regardless of whether you visit an in-network or out-of-network provider. Utilizing an in-network provider will result in a lower patient responsibility overall. Please review your plan document for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

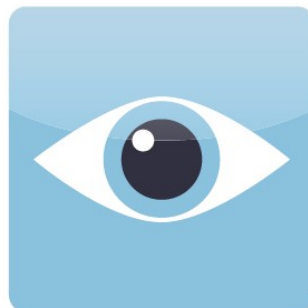
Out-of-Network benefits are subject to Reasonable and Customary charges and you may be balance billed if your dentist charges above this amount.



Vision Plan Summary

Benefit	EyeMed In-Network	Out-of-Network
Eye Exam	\$0 co-pay	Up to \$65
Frames/Lenses		
Single Vision	\$0 co-pay	Up to \$40
Bifocal	\$0 co-pay	Up to \$60
Trifocal	\$0 co-pay	Up to \$80
Frames	\$225 allowance, 20% off balance over \$225 allowance	Up to \$160
Contacts		
Standard Contact Lens Fit & Follow Up	\$0 co-pay	Up to \$40
Elective Contact Lenses	\$225 allowance	Up to \$160
Medically Necessary	Covered in full	Up to \$210
Frequencies (months)		
Exam	12 Months	12 Months
Lenses	12 Months	12 Months
Frames	12 Months	12 Months

Please review your plan document for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.



Life and Disability Insurance

Basic Life and AD&D Insurance

All full-time employees are eligible for Employee Basic Life and Accidental Death and Dismemberment insurance, at no cost to you! The Basic employee Life and AD&D insurance is a company funded benefit of 1x your annual salary up to **\$50,000**.

Keep Your Beneficiaries Up to Date

You must designate a beneficiary (the person who will receive the benefit) for your life and AD&D insurance. Make sure to keep this person's information updated so your benefit is paid according to your wishes.

Short-Term and Long-Term Disability

Brushy Creek MUD offers all full-time eligible employees Short-Term Disability (STD) and Long-Term Disability (LTD) coverage, at no cost to you! Disability plans are also known as paycheck protection plans or income replacement plans. These are important benefits for you, as they provide income replacement for you and your family if you become sick or injured in a non-work related incident and are unable to work.

Plan Features	Short-Term Disability	Long-Term Disability
Eligibility	Active, full-time employees working a minimum of 40 hours/week	
Benefit Amount	66.67% of weekly earnings	66.67% of weekly earnings
Benefit Maximum	\$500 per week	\$5,000 per month
Elimination Period	15th day accident 15th days illness	90 days
Benefit Period	Up to 11 weeks	To age 65 or normal Social Security Retirement Age (SSNRA) as long as you are continually disabled.
Who Pays	Brushy Creek MUD	Brushy Creek MUD
Pre-Existing Limitation	None	Conditions diagnosed or treated 3 months prior to coverage this plan will not be covered should you become disabled because of that condition during your first 12 months of coverage



Employee Assistance Program

Deer Oaks EAP Services



EAP Services

- Six (6) counseling sessions per separate issue
- **Aware:** a research-based mindfulness stress reduction program, is an alternative to traditional counseling that is designed to support individuals to counteract stress
- **Life coaching:** you and your coach collaborate in a thought-provoking, creative process to navigate life transitions and maximize your personal and professional potential
- Retirees have unlimited access for the life of the contract
- Unlimited on-demand webinar training
- Work-life services such as child care, elder care, and daily living consultation
- Legal and financial consultation
- Reimbursement for transportation services through the **High Roads Program**
- iConnectYou Smartphone application, which allows staff to connect to a counselor via phone, video, instant messaging or SMS text
- And more!

Toll-free: 888-993-7650

Website: www.deeroakseap.com

Username/Password: TMLHPOOL

iConnectYou Registration Code: 213209

Email: eap@deeroaks.com

FAQs

How do I access these services?

- Contact Deer Oaks at 888-993-7650
- LiveCONNECT Instant Messaging via the Deer Oaks website
- iConnectYou Smartphone App (contact HR for registration code)

Can my family access these services?

Yes! These services are available for employees and household members.

What kind of problems do you help with?

Counseling can be provided for most issues that are affecting your work, family or personal wellbeing. The EAP does not cover issues that require physician/psychiatric evaluation, psychological testing, chronic mental health illness, long-term psychotherapy treatment, or inpatient or residential treatment services. In these cases, we will provide you with an appropriate referral to either your health plan or to other community resources.

Are EAP Services really confidential?

Yes! All information, assessments, and referrals through the EAP are held highly confidential and protected by the HIPPA Privacy rule.



457 Deferred Compensation Plans

A 457 Deferred Compensation Plan is a supplemental retirement savings program that allows you to make contributions on a pre-tax basis. Federal, and in most cases, state income taxes are deferred until your assets are withdrawn, usually during retirement when you may be in a lower tax bracket.

What are the benefits of participating in a 457 plan?

- You reduce your current income taxes while investing for retirement
- Your earnings accumulate tax-deferred
- You can dollar cost average through convenient payroll deductions*
- You may be allowed to make additional "catch-up" contributions if you are 50 (or older) or within three years of your normal retirement age and already contributing the maximum to your plan
- If you change jobs, you have the flexibility to move your account into your new Employer's retirement plan
- If you retire or leave service early, there are generally no penalties for withdrawals
- Supplemental investments are helpful in states and communities where no contribution is made to Social Security

*Dollar cost averaging does not assure profit or protect against loss in a declining market. Since dollar cost averaging involves continuous investing, regardless of fluctuating prices, investors must consider their level of comfort in continuing to invest during a declining market.

The ICMA-RC 457 Plan Advantage

You can increase, decrease, stop and restart contributions as often as you wish without fees or penalties (subject to your Employer's approval).

- You may choose from a wide range of investment options selected by your employer for the plan
- There are no minimum investment requirements
- Your designated beneficiaries are entitled to receive all remaining funds in your account in the event of your death
- You have the most flexible withdrawal payment options available under law
- You control your account even while you are withdrawing assets
- Please contact Human Resources for information about enrolling in the 457 Deferred Compensation Plan. To access the standard ICMA-RC 457 plan forms visit the Forms Center

Keep in Mind:

- There are strict Internal Revenue Code limits on the amount you may contribute each year.
- There are two "Catch-Up" provisions that allow you to contribute over-and- above the normal annual contribution amount.
- If you retire or leave service early, there are no penalties for withdrawals. However, you will be subject to taxes on the amount that you withdraw.
- You are required under IRS rules to begin withdrawing from the plan in the year you reach age 70½ or, if still working for the employer, in the year you retire, whichever occurs later.

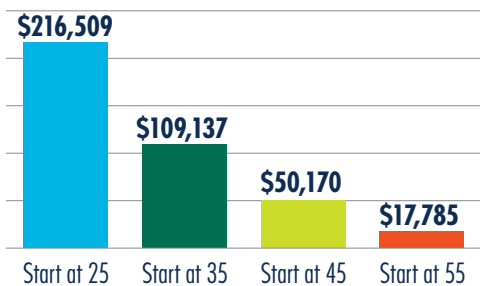
START YOUR JOURNEY



Join your plan using your computer, tablet, or mobile phone. To enroll, or view your plan's features and investment options, visit:



All you need to get started is your plan number:



How much could my account be worth at age 65?*

The earlier you start saving, the less pressure you may face later to catch up. Starting early can give you an advantage due to compounding, in which your investments produce earnings from previous earnings.

Questions? Get personalized help from your ICMA-RC Retirement Plans Specialist. *See next page for contact information.* 

* For illustrative purposes only. Assumes \$50 bi-weekly contributions and an effective annual return of 6%, compounded bi-weekly.

While a pension and/or Social Security may go a long way, they may not be enough. Saving to a 457 plan will supplement your retirement income and help you maintain the standard of living you plan for.

457 PLAN HIGHLIGHTS



Set your own savings goals



Control your investments



Choose your beneficiaries



Get tax benefits



Access your ICMA-RC representative for personalized help



By joining your 457 plan, you've taken an important first step on your retirement journey. For more information, visit: www.icmarc.org/457.

For assistance with your plan and your overall retirement goals, contact your ICMA-RC representative.

START YOUR JOURNEY

» Visit www.icmarc.org/enroll to join your plan today.



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- **Escalating deductibles, copayments, out-of-network charges,** and any other expenses not picked up by your major medical coverage.
- **Travel-related expenses** for treatment in distant medical centers, including airfare, hotels, and meals.
- **Everyday living expenses** like house (or rent) payments, car notes, groceries, and utility bills.
- **Lost income,** resulting in a "double whammy" if the healthy spouse has to leave work to care for the recuperating one.

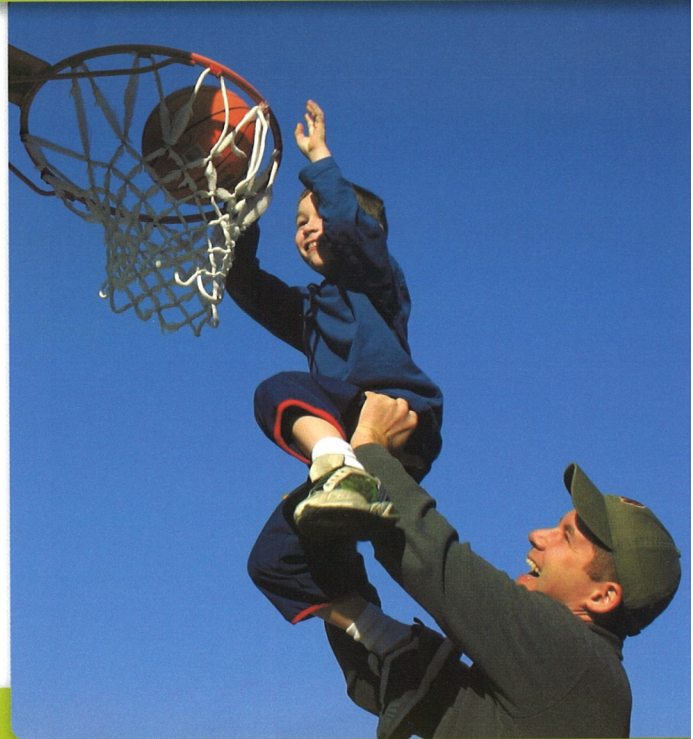
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ever comes, the support
and compassion of Aflac
can make all the difference
in the world.

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Important Information

This book highlights some of the main features of your benefit programs, but does not include all plan rules, features, limitations or exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between this book and the legal plan documents, the plan documents are the final authority. BCMUD reserves the right to change or discontinue its benefit plans at any time.

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

Brushy Creek Municipal Utility District is committed to the privacy of your health information. The administrators of the Brushy Creek Municipal Utility District Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting HR at HR@bcmud.org.

Summary of Material Modification

This summary of material modification (SMM) describes changes to the BCMUD plans and supplements the Summary Plan Description (SPD) for the plan. The effective date of each of these changes is March 1st, 2022. You should read this SMM very carefully and retain this document with your copy of the SPD for future reference.

Women's Health & Cancer Rights Act

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: High Deductible Health Plan (HDHP) (Individual: 100% coinsurance and \$3,000 deductible; Family: 100% coinsurance and \$6,000 deductible)

Plan 2: Preferred Provider Organization (PPO) Plan (Individual: 80% coinsurance and \$1,500 deductible; Family: 80% coinsurance and \$3,000 deductible)

If you would like more information on WHCRA benefits, please contact your Plan Administrator at HR@bcmud.org.



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 October 15, 2021. Contact your State for more information on eligibility –

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 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: http://dhss.alaska.gov/dpa/Pages/medicaid/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://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program 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
GEORGIA – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131	Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840

CHIP Notice

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	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
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://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	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.lahipp.la.gov 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
MAINE – Medicaid	NEW HAMPSHIRE – Medicaid
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	Website: https://www.dhhs.nh.gov/oi/hipp.htm 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: http://gethipptexas.com/ Phone: 1-800-440-0493

CHIP Notice

<p>NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>UTAH – Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
<p>NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>	<p>VERMONT – Medicaid</p> <p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p>
<p>OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p>VIRGINIA – Medicaid and CHIP</p> <p>Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924</p>
<p>OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>	<p>WASHINGTON – Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>
<p>PENNSYLVANIA – Medicaid</p> <p>Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462</p>	<p>WEST VIRGINIA – Medicaid</p> <p>Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p>RHODE ISLAND – Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)</p>	<p>WISCONSIN – Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>
<p>SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p>WYOMING – Medicaid</p> <p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p>

To see if any other states have added a premium assistance program since October 15, 2021, or for more information on special enrollment rights, contact either:

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

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

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 (expires 1/31/2023)

Notice of Creditable Coverage

Important Notice from Brushy Creek Municipal Utility District

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Brushy Creek Municipal Utility District has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

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

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

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Brushy Creek Municipal Utility District coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drug. Please see the Medical Benefit Plan in this book for specific details about the prescription drug coverage.

If you enroll in a Medicare prescription drug plan, you and your eligible dependents will be eligible to receive all of your current health and prescription drug benefits and your coverage will coordinate with Medicare.

If you do decide to join a Medicare drug plan and drop your current Brushy Creek Municipal Utility District coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Brushy Creek Municipal Utility District and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

Notice of Creditable Coverage

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

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Brushy Creek Municipal Utility District changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

Date: March 01, 2022
Name of Entity/Sender: Brushy Creek MUD
Contact—Position/Office: HR Manager
Office Address: 901 Great Oaks Drive
Round Rock, Texas 78681-2506 United States
Email Address: HR@bcmud.org



Gallagher

Insurance | Risk Management | Consulting