



# 2018

## Employee Benefits Guide

March 1, 2018 - February 28, 2019

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. Questions regarding specific coverage issues can be directed to the Benefit Advocates at Arthur J. Gallagher & Co., Austin.GBS.CustomerService@ajg.com.

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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 20 - 21 for more details.**

# Customer Service and Contact Information

Arthur J. Gallagher & Co. is here to act as a liaison in your dealings with insurance carriers. If you have questions regarding your coverage or need assistance with claims, let us deal with the insurance company for you. Please contact anyone at Arthur J. Gallagher & Co. with questions regarding your benefits package.

**Phone:** (512) 499-8005 / (800) 492-8005  
**Fax:** (512) 233-0102  
**Email:** Austin.GBS.CustomerService@ajg.com

**Hours of Operation:** Monday - Friday  
 8:00 a.m. - 5:00 p.m. CST

**For information on how to enroll,  
 please contact your Human Resources Department.**



Benefit	Carrier	Group Number/Network	Customer Service	Website
Medical / RX	TML / OptumRX	Group # PBRUSHY2 Network: United Healthcare Choice Plus	800-282-5385	www.iebp.org
Dental	Principal	Group # 1074486-10001 Network: Principal Plan PPO	800-247-4695	www.principal.com
Vision	Superior	Group # 34676 Network: Superior National	800-507-3800	www.superiorvision.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)	Alliance Work Partners	N/A	800-343-3822	www.alliancewp.com
Flexible Spending Account (FSA)	FlexCorp / BPAS	N/A	800-856-1816	www.bpas.com
Retirement	Texas County and District Retirement System	N/A	800-823-7782	www.TCDRS.org
457 Deferred Compensation Plan	ICMA-RC	N/A	800-669-7400	www.icmarc.org
Supplemental Coverage	AFLAC	N/A	800-992-3522	www.aflac.com
COBRA Administration	Wageworks/Conexis	N/A	877-722-2667	www.conexis.org

# Eligibility, Enrollment and Useful Benefit Terms

The open enrollment period for eligible employees of BCMUD will be **January 29, 2018 - February 28, 2018.** The new benefit plan will be effective **March 1, 2018 - February 28, 2019.**

- New employees are effective the first of the month following or coinciding with 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 per week. Employees hired on a part-time basis may be eligible for medical coverage. Please confirm with Human Resources.
- Open enrollment applies to medical, dental, vision, and flexible spending account coverage.
- The open enrollment period is the only time employees 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.**

## Co-payment:

Co-payments for office visits and prescription drugs do not apply to the deductible, but *do* apply to the out-of-pocket maximum.

## 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:

Dependent children are eligible for coverage under the Medical, Dental, and Vision plans to age 26, regardless of marital or student status, financial dependency, or residency. If you are an employee of BCMUD, you cannot be covered as a dependent under this plan.

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

BCMUD's medical plan offers 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.

# Medical Plan Summary

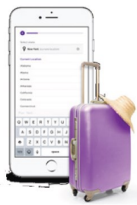
Benefit	PPO Plan In-Network Benefits
<b>Annual Deductible</b>	\$1,000 Individual \$2,000 Family
<b>Annual Out-of-pocket Maximum</b> Includes deductible, co-insurance, and co-pays	\$4,000 Individual \$8,000 Family
<b>Co-insurance</b> In-network benefit Tier 1 Provider	80% 85%
<b>Hospital Services - Inpatient</b>	80% after deductible
<b>Emergency Room Treatment</b> (Emergency Situation)	\$100 Access Fee plus 80% after deductible (Tier 1 providers paid at 85%)
<b>Physician Visits</b> Primary Care Physician Specialist	\$20 co-pay \$20 co-pay
Telemedicine Services (Healthiest You) (Applies to out-of-pocket maximum)	\$10 co-pay
<b>Preventive Care</b> Physician's Services Preventive Testing	Covered at 100%
<b>Healthy Initiatives Incentive Plan</b> Individuals 18 and older receive an incentive for completing the biometric screening & online Health Power Assessment within the calendar year. Refer to your plan summary for a full list of requirements.	Covered at 100% \$150 incentive paid to you
<b>Office &amp; Outpatient Surgery</b>	80% after deductible
<b>Diagnostic Lab and X-Ray - Outpatient</b>	80% after deductible
<b>Major Diagnostic</b> (CT, PET, MRI, MRA and Nuclear Medicine)	80% after deductible
<b>Prescription Drug Program - OptumRX</b>  Retail (30 day supply) Most Generic Medications Best Brand Drugs Non-Best Brand Drugs Cost Share Drug  Mail Order (90 day supply) Generic Best Brand Drugs Non-Best Brand Drugs Cost Share Drug	  \$5 co-pay (\$14.00 35-90 day) \$43 co-pay \$65 co-pay \$120 co-pay  \$42 co-pay \$129 co-pay \$195 co-pay \$360 co-pay

The above chart includes a very high-level overview of your *in-network* benefits. 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 - including benefits for services received from non-contracted providers.





## Teladoc "Anywhere Care"



### On the Go

"Late at night I travel a lot which makes the convenience of Teladoc a real value for me and my family. It is easy to use, saves time, saves money, and is just as effective as a face-to-face consult."

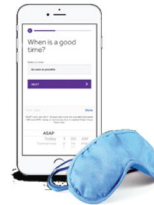
- Randy, Teladoc Member



### Head to Toe

"The service is incredible! Being able to get a visit wherever you are and whenever you need it is beyond convenient. On top of that, the doctors always make me feel very confident in their diagnoses and recommendations."

- Sam, Teladoc Member



### Late at Night

"One night my child was running a high fever. I called Teladoc and the doctor prescribed a medication and plenty of fluids. Glad I avoided the time and expense of the ER."

- Holly, Teladoc Member

## Top Conditions

### General Health

Abdominal Pain/Cramps  
Abscess  
Acid Reflux  
Allergies  
Animal/Insect bite  
Arthritis  
Asthma  
Backache  
Blood Pressure issues  
Bronchitis  
Bowel/Digestive issues

Cellulitis  
Cold  
Constipation  
Cough  
Croup  
Diarrhea  
Dizziness  
Eye Infection/Irritation  
Fever  
Flu  
Gas  
Gout

Headache/Migraine  
Herpes  
Joint Pain/Swelling  
Laryngitis  
Pediatrics  
Pink eye  
Poison Ivy/Oak  
Rash  
Respiratory infection  
Sinusitis  
Skin Injury  
Sore throat

Sprains & Strains  
Strep  
Tonsillitis  
UTI/Urinary issues  
Vaginal/menstrual issues  
Yeast infection

### Dermatology

*Complex/on-going issues:*  
Acne  
Rash  
Shingles  
Psoriasis

Rosacea  
Skin infections  
Suspicious moles

### Behavioral Health

Addiction  
Depression  
Anxiety  
Sleep problems  
Bipolar Disorder  
OCD  
Family difficulties

Set up your account now so it's ready when you need it!

[Teladoc.com](http://Teladoc.com)

[Facebook.com/Teladoc](https://Facebook.com/Teladoc)

1-800-Teladoc

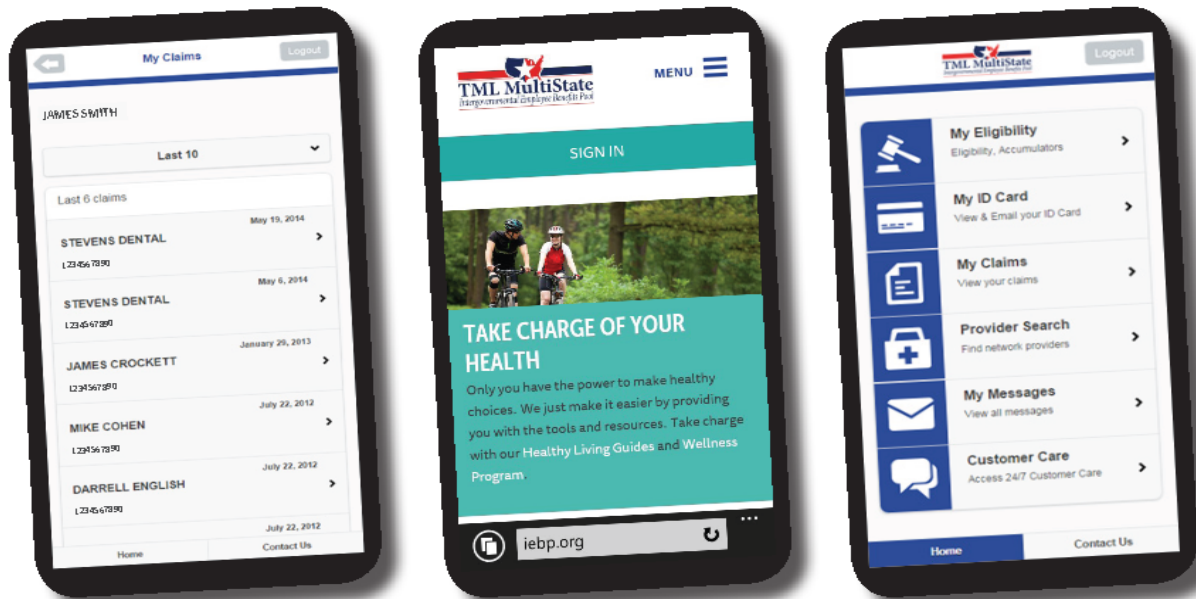
[Teladoc.com/mobile](http://Teladoc.com/mobile)



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## Introducing the New TML MultiState IEBP Mobile App for Android™ and iPhone™

# MyIEBP Mobile



The **MyIEBP Mobile** app provides instant access to you and your family's health information anytime, anywhere. Whether you want to find physicians near you, check the status of a claim or email a copy of your ID card to a provider, **MyIEBP Mobile** is the go-to resource for everything related to your health.

### REGISTER

Register first at [www.iebp.org](http://www.iebp.org) to access these mobile and online services:

#### My Eligibility

Access your eligibility information and deductible and out of pocket met year-to-date

#### My ID Card

View and Email your ID Card

#### My Debit Card

Check balances and account activity on Flex, HRA, and HSA accounts

#### Provider Search

Find network providers

#### My Claims

View your claims

#### My Messages

View Customer Care messages

#### Customer Care

Contact Customer Care 24/7

### DOWNLOAD NOW

The **MyIEBP Mobile** app is available from the Apple App Store as a free download for iPhone, iPod Touch and iPad. It is also available as a free download in the Android marketplace for Android devices.



# Dental Plan Summary

Principal

800-986-3343

[www.Principal.com](http://www.Principal.com)

Benefit	Option 1*	Option 2**
<b>Type I - Preventive Services</b> Exams, Cleanings, Sealants, X-rays	100% - no deductible	100% - no deductible
<b>Type II - Basic Services</b> Fillings, Periodontal Services, Root Canals, Extractions	100% after deductible	80% after deductible
<b>Type III - Major Services</b> Bridges, Dentures, Crowns	60% after deductible	50% after deductible
<b>Annual Deductible</b>	\$50 Individual \$150 Family	\$50 Individual \$150 Family
<b>Annual Maximum</b>	\$1,000	\$1,000
<b>Max Builder</b>	Each covered individual must use the plan at least once per calendar year in order to be eligible for the reward	
<b>Orthodontia</b> Child orthodontia covers children through age 18.	Plan pays 50% of the covered orthodontia services, up to the \$1,000 lifetime orthodontia maximum.	

\*Option 1 - Members should always use a network provider when possible, as services provided by non-network providers are subject to a much lower reimbursement level.

\*\*Option 2 - While there is a network of providers you can utilize, benefits are the same regardless of whether you visit an in-network or out-of-network provider. Utilizing an in-network provider may result in a lower patient responsibility overall. Out-of-Network benefits are subject to Reasonable and Customary charges and you may be balance billed if your dentist charges above this amount.

For a complete list of covered items, please refer to the group policy.



# Dental Plan Summary



## Control Out-of-Pocket Costs

# Save Money with Network Providers

To help you save money on dental care – from routine check-ups to more extensive procedures like crowns or root canals – your dental coverage from Principal Life Insurance Company includes access to a preferred provider organization (PPO).

*Network dentists agree to charge reduced fees for dental care. That's the easiest way to save on out-of-pocket costs.*

In addition to charging reduced fees, dentists who join our network meet strict credentialing requirements and proper billing guidelines. Non-network dentists can charge any fee they choose, and there are no safeguards to ensure their billing practices are reputable.

### How you save

These examples show typical savings for a porcelain crown. The amount you are responsible for paying depends on the type of design and network (unscheduled, scheduled/MAC, etc.) your employer has chosen.

IN-NETWORK DENTIST Unscheduled/Scheduled PPO Network		NON-NETWORK DENTIST Unscheduled PPO Network		NON-NETWORK DENTIST Scheduled/MAC <sup>5</sup> PPO Network	
• Provider charge	\$982	• Provider charge	\$982	• Provider charge	\$982
• Discounted fee amount	\$690	• 80% UCR amount <sup>4</sup>	\$970	• Discounted fee amount	\$690
• \$50 deductible	\$50	• \$50 deductible	\$50	• \$50 deductible	\$50
• 20% coinsurance <sup>1</sup>	\$128	• 20% coinsurance	\$184	• 20% coinsurance	\$128
• Provider fee difference billed to employee <sup>2</sup>	N/A	• Provider fee difference billed to employee	\$12	• Provider fee difference billed to employee	\$292
<b>TOTAL OUT-OF-POCKET EXPENSES<sup>3</sup></b>	<b>\$178</b>	<b>TOTAL OUT-OF-POCKET EXPENSES</b>	<b>\$246</b>	<b>TOTAL OUT-OF-POCKET EXPENSES</b>	<b>\$470</b>

These examples are for illustrative purposes only.  
The actual cost will vary based on the services provided.

<sup>1</sup> Coinsurance is fee amount – deductible x .20.  
<sup>2</sup> Fee difference billed is provider charge – discounted fee amount or percentile amount when visiting a non-network provider.  
<sup>3</sup> Total out-of-pocket is deductible + coinsurance + fee difference billed amount. In designs where the benefits differ between in- and non-network, using a PPO provider will result in even greater savings.  
<sup>4</sup> This is the amount 80% of the providers in the area charge.  
<sup>5</sup> Maximum allowable charge.

### I HAVE A DENTIST

Is he/she in our network?

Yes  No  I don't know

**STEP 1** Verify he/she is in the network.

**STEP 2** If not, ask him/her to join the network.

**STEP 3** Find a new dentist if he/she does not join so you can save on dental care costs.

### I DO NOT HAVE A DENTIST

**STEP 1** Find a dentist by visiting [www.principal.com/dentist](http://www.principal.com/dentist).

# Vision Plan Summary

Superior

800-507-3800

[www.superiorvision.com](http://www.superiorvision.com)

Benefit	In-Network	Non-Network
<b>Eye Exam</b>	\$10 co-pay	Up to \$37 reimbursement
<b>Frames/Lenses</b>		
<b>Single Vision</b>	\$25 co-pay	Up to \$26 reimbursement
<b>Bifocal Lenses</b>	\$25 co-pay	Up to \$34 reimbursement
<b>Trifocal Lenses</b>	\$25 co-pay	Up to \$50 reimbursement
<b>Frames</b>	\$125 allowance	Up to \$50 reimbursement
<b>Contacts - in lieu of glasses</b>	\$120 allowance	Up to \$100 reimbursement
<b>Contact Lens Fitting</b>	Standard - covered in full Specialty - \$50 allowance	Not Covered
<b>Exam Frequency</b>	Every calendar year	Every calendar year
<b>Lens Frequency</b>	Every calendar year	Every calendar year
<b>Frames Frequency</b>	Every other calendar year	Every other calendar year

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.



# Vision Plan Summary

## Superior National FINDING IN-NETWORK PROVIDERS



## It's Easy to Find a Superior Provider

### Find an In-Network Provider Near You

- Go to SuperiorVision.com and click on Locate a Provider.
- On the next screen, enter your location information.
- Select **Insurance Through Your Employer** as your coverage type.
- A drop-down menu will appear. Select the **Superior National** network.
- Then, choose the distance for your search and click the Find Providers button.

A screenshot of the 'LOCATE A PROVIDER NEAR YOU' search form. The form includes a 'Get Started' section with fields for 'Location' (with a placeholder 'Enter Address or ZIP Code or City'), 'Coverage Type' (with a dropdown menu), and 'Distance' (with a dropdown menu set to '10 miles'). A green 'Find Providers' button is at the bottom. A red arrow points to this button. To the right is a blue 'Look Before You Go' box with instructions: 'Prior to your appointment, please call ahead to confirm services, discounts and acceptance of your vision plan with your selected provider.' and 'Providers may practice at multiple locations and not all locations may be contracted as in-network. All providers listed are currently accepting new patients. A provider's participation status is subject to change.'

### Narrow Your Search Results

On the search results page, you can refine your search by:

- Practice name
- Provider name
- Selecting from a list of services

### Once You've Selected a Superior Vision Provider

- Call your selected eye care provider prior to your appointment to verify provider network participation and to confirm services and acceptance of your vision plan.
- It's important to note that not all providers at each office or optical store location are in-network providers, nor do they participate in all networks.

A screenshot of the 'Refine Your Search' form. It has two input fields: 'Practice Name' and 'Provider Name', each with a checkbox to its left. Below these is a 'Services' section with two columns of checkboxes: 'Routine Vision Exam', 'Eyewear Dispensed', 'Contacts Dispensed', and 'Contact Lens Fitting' in the first column; 'Medical Vision Exam', 'Medical/Surgical', and 'Refractive Surgery' in the second column.

You may also contact Customer Service at [contactus@superiorvision.com](mailto:contactus@superiorvision.com) or 800.507.3800 for assistance in locating an in-network provider.

# Basic Term Life Insurance and AD&D

Basic Term Life and AD&D Benefits	
<b>Life Benefit</b>	1 x annual salary to \$50,000
<b>Guarantee Issue Amount</b>	\$50,000
<b>Age Reduction Schedule</b> (Refer to your plan document for full schedule)	65% at age 65 45% at age 70 30% at age 75
<b>Accidental Death and Dismemberment (AD&amp;D) Benefit</b>	1 x annual salary to \$50,000
<b>Convertible</b>	Yes



Mutual of Omaha

# Short and Long-Term Disability

Short-Term Disability Benefits	
<b>Weekly Benefit</b>	66.67% of weekly income
<b>Maximum Weekly Benefit</b>	\$500
<b>Elimination Period</b> Accident Benefit Begins Illness Benefit Begins	15th day 15th day
<b>Benefit Duration</b>	Up to 11 weeks

Long-Term Disability Benefits	
<b>Monthly Benefit</b>	66.67% of weekly income
<b>Maximum Monthly Benefit</b>	\$5,000
<b>Elimination Period</b>	90 days
<b>Maximum Benefit Duration</b>	To age 65 or Social Security Normal Retirement Age
<b>Own Occupation Limitation</b>	24 months
<b>Mental/Drug and Alcohol Limitation</b>	24 months
<b>Survivor Benefit</b>	3 months
<b>Pre-existing Limitation (including pregnancy)</b>	Please refer to your plan document for full detail of limitations



# Flexible Spending Account (FSA)

## What is the purpose of the plan?

BCMUD 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.

## What are eligible expenses under the plan?

### Medical Expenses (paid by the employee)

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 **\$2,650 for the 2018 plan year**. 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 (co-pays) and pharmacies. It is always your responsibility to save receipts, as you may be required to furnish them as proof of purchase.

### Dependent Care (must be work related)

Another important part of the Flexible Spending Account is the ability to pay for child care or day care services with before-tax dollars. Your savings may amount to 22% to 35% of your actual child care expense, depending on your individual or family tax brackets (actual savings can be determined after the end of the tax year). The maximum amount an employee can elect is **\$5,000 per plan year, per family**. Eligible expenses for dependents under the age of 13 can include:

- |               |   |
|---------------|---|
| Nursery       | Baby-Sitting                            |
| Private Pre-K | Extended Day Care before & after school |

**Note:** If you are a highly compensated employee, BCMUD 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.

# Flexible Spending Account (FSA)

## Co-mingling of Funds

Each spending account "stands alone", so you cannot transfer amounts from one spending account to another and/or use funds from one account to pay for expenses incurred that relate to a different account.

## Change in Family Status

Elections, including insurance premiums, can only be modified during the plan year if a "Change in Family Status" occurs. Examples of family status changes include:

- Marriage
- Divorce
- Death of a spouse or child
- Birth or adoption of a child
- Termination or commencement of employment of spouse
- An unpaid leave of absence by the employee or the employee's spouse
- Switching from part-time to full-time employment status (or vice versa) by the employee or the employee's spouse
- Substantial change in insurance coverage of the employee or spouse attributable to the spouse's Employment.

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.

## Claim Submittal & Timelines

BCMUD is adopting a new IRS allowed provision to the FSA plans. This grace period provision 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 May 15, 2018 to incur eligible expenses for the 2017 plan year and must submit all claims no later than June 1, 2017.

To submit a claim, please refer to the Flexible Spending Account contact information in the Contact Information chart at the beginning of this booklet. There you can locate the applicable forms and assistance you need to file your claims.

If your employment ceases during a plan year, expenses for the Medical and Dependent Care Reimbursement accounts must have been incurred **prior to your date of termination**. Reimbursement will be based on the amount that you have contributed to that account at the time of your termination.

You may also be eligible for COBRA continuation for your Medical Reimbursement plan if you experience a COBRA qualifying event. You will receive communication from the Cobra Administrator if you become eligible for COBRA continuation.

## 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.

# Employee Assistance Program (EAP)

*Alliance*  
work partners

*Time-Honored EAP Solutions Since 1977*



## ***BRUSHY CREEK MUD*** ***Employee Assistance Program***

*Alliance Work Partners (AWP) is your Employee Assistance Program (EAP) offering you and your family valuable, confidential services at no cost to you. Designed to help you manage daily responsibilities, life events, work stresses or issues affecting your quality of life, AWP is available to take your call 24 hours a day, 7 days a week.*

### ***Key provisions of the EAP:***

- ⊗ *1-6 short term counseling sessions per problem per year, which includes assessment, referral and crisis services.*
- ⊗ *Dependents and partners residing in the employee's household are covered.*
- ⊗ *The EAP is available at **no cost** to the employee or family member and is **completely confidential**.*
- ⊗ *Legal and financial services*
- ⊗ *Telephonic WorkLife services*
- ⊗ *Online assessments, information and referrals*
- ⊗ *Access to online materials:  
[www.alliancewp.com](http://www.alliancewp.com)*

*LawAccess*

*Click on the LawAccess button.*

*Input your user name:BCMUD*

*Input your password:BCMUD*

*HelpNet*

*Click on the HelpNet button*

*Enter BCMUD, click on Login*

*Whatever life event you  
and your family members  
may be facing—a new  
home, caring for an older  
loved one or coping with  
change and stress—  
your EAP can help!  
Alliance Work Partners  
can help make life easier!*

**For further information or assistance call**

**Alliance Work Partners toll free at (800) 343-3822.**

# 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.

# Looking for a way to give your financial security a boost?

*That's why you need insurance from Aflac!*

In case of an accident or illness, Aflac insurance policies pay cash benefits directly to you, unless assigned, regardless of any other insurance you may have. Use the cash benefits for such expenses as:

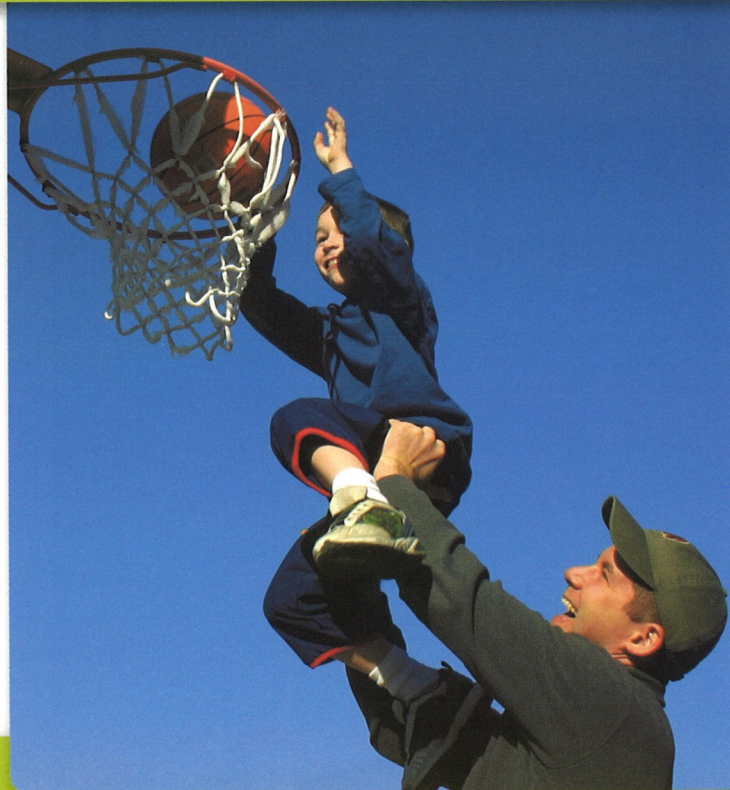
- **Escalating deductibles, copayments, out-of-network charges,** and any other expenses not picked up by your major medical coverage.
- **Travel-related expenses** for treatment in distant medical centers, including airfare, hotels, and meals.
- **Everyday living expenses** like house (or rent) payments, 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.

*Plus, there's no preauthorization or strings attached.*

American Family Life Assurance  
Company of Columbus (Aflac)  
Columbus, Georgia 31999  
aflac.com

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12/08



Aflac empowers you ...  
the moment you need it.  
Because, if the moment  
ever comes, the support  
and compassion of Aflac  
can make all the difference  
in the world.

Aflac®

# Bi-Weekly Payroll Deductions

<b>PPO Medical Plan</b>	
Employee Only:	\$0.00
Employee + Spouse:	\$335.04
Employee + Child(ren):	\$108.79
Employee + Family:	\$314.71
<b>Dental Plan</b>	
Employee Only:	\$0.00
Employee + Spouse:	\$11.89
Employee + Child(ren):	\$16.23
Employee + Family:	\$30.06
<b>Vision Plan</b>	
Employee Only:	\$0.00
Employee + Spouse:	\$2.12
Employee + Child(ren):	\$2.36
Employee + Family:	\$4.72
<b>Group Term Life and AD&amp;D</b>	
	100% Employer Paid
<b>Short &amp; Long-Term Disability</b>	
	100% Employer Paid
<b>Employee Assistance Program (EAP)</b>	
	100% Employer Paid

# 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 Privacy Notice

HIPAA requires BCMUD to notify you that a privacy notice is available upon request. **Please contact Human Resources if you have any questions.**

## 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, 2018. You should read this SMM very carefully and retain this document with your copy of the SPD for future reference.**

## The Women's Health and Cancer Rights Act

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Contact the Human Resources Department for more information.

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 co-insurance applicable to other medical and surgical benefits provided under the BCMUD Health Plan. Please see the Medical Benefit Plan for specific details.



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

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

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

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

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

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of August 10, 2017. Contact your State for more information on eligibility**

<b>Alabama - Medicaid</b> Website: <a href="http://www.myalhipp.com">www.myalhipp.com</a> Phone: 1-855-692-5447	<b>Georgia - Medicaid</b> Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
<b>Alaska - Medicaid</b> The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPPI.com">CustomerService@MyAKHIPPI.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	<b>Indiana - Medicaid</b> Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip">http://www.in.gov/fssa/hip</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone: 1-800-403-0864
<b>Arkansas - Medicaid</b> Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	<b>Iowa - Medicaid</b> Website: <a href="http://www.dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">http://www.dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> Phone: 1-888-346-9562
<b>Colorado - Health First Colorado (Medicaid) &amp; CHIP+</b> Health First Colorado Website: <a href="https://www.healthfirstcolorado.com">https://www.healthfirstcolorado.com</a> Health First Colorado Member Contact Center: 1-800-221-3943 / State Relay 711 CHIP+: <a href="http://colorado.gov/HCPF/Child-Health-Plan-Plus">colorado.gov/HCPF/Child-Health-Plan-Plus</a> CHIP+ Customer Service: 800-359-1991 / State Relay 711	<b>Kansas - Medicaid</b> Website: <a href="http://www.kdheks.gov/hc/f">http://www.kdheks.gov/hc/f</a> Phone: 1-785-296-3512  <b>Kentucky - Medicaid</b> Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570
<b>Florida - Medicaid</b> Website: <a href="https://flmedicaidprecovery.com/hipp/">https://flmedicaidprecovery.com/hipp/</a> Phone: 1-877-357-3268	<b>Louisiana - Medicaid</b> Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447

<b>Maine - Medicaid</b> Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	<b>Oregon - Medicaid</b> Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>Minnesota - Medicaid</b> Website: <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care/programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care/programs/programs-and-services/medical-assistance.jsp</a> Phone: 1-800-657-3739	<b>Pennsylvania - Medicaid</b> Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462
<b>Massachusetts - Medicaid and CHIP</b> Website: <a href="http://www.mass.gov/eohhs/gov/departments/mashealth/">http://www.mass.gov/eohhs/gov/departments/mashealth/</a> Phone: 1-800-862-4840	<b>Rhode Island - Medicaid</b> Website: <a href="http://www.eohhs.ri.gov">www.eohhs.ri.gov</a> Phone: 4855-697-4347
<b>Missouri - Medicaid</b> Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	<b>South Carolina - Medicaid</b> Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820
<b>Nevada - Medicaid</b> Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	<b>South Dakota - Medicaid</b> Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>Nebraska - Medicaid</b> Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	<b>West Virginia - Medicaid</b> Website: <a href="http://www.mywvhipp.com/">http://www.mywvhipp.com/</a> Phone: 855-MyWVHIPP (855-699-8447)
<b>Montana - Medicaid</b> Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084	<b>Utah - Medicaid and CHIP</b> Medicaid Website: <a href="http://medicaid.utah.gov/">http://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>New Jersey - Medicaid and CHIP</b> Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	<b>Virginia - Medicaid and CHIP</b> Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282
<b>New Hampshire - Medicaid</b> Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218	<b>Vermont - Medicaid</b> Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>New York - Medicaid</b> Website: <a href="http://www.health.ny.gov/health_care/medicaid/">http://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831	<b>Washington - Medicaid</b> Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment/program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment/program</a> Phone: 1-800-562-3022 ext. 15473
<b>North Carolina - Medicaid</b> Website: <a href="http://www.dma.ncdhhs.gov/">http://www.dma.ncdhhs.gov/</a> Phone: 919-855-4100	<b>Texas - Medicaid</b> Website: <a href="https://gethipptexas.com/">https://gethipptexas.com/</a> Phone: 1-800-440-0493
<b>North Dakota - Medicaid</b> Website: <a href="http://www.nd.gov/dhs/services/medicalexpress/medicaid/">http://www.nd.gov/dhs/services/medicalexpress/medicaid/</a> Phone: 1-844-854-4825	<b>Wisconsin - Medicaid and CHIP</b> Website: <a href="https://www.dhs.wisconsin.gov/publications/p1p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1p10095.pdf</a> Phone: 1-800-362-3002
<b>Oklahoma - Medicaid and CHIP</b> Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	<b>Wyoming - Medicaid</b> Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531

To see if any other states have added a premium assistance program since **August 10, 2017**, or for more information on special enrollment rights, contact either:

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

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

# Medicare D Notice

## Important Notice from ABC Recycling 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 Brushy Creek Municipal Utility District 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.

# Medicare D Notice

## 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.

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

Contact the person listed below for further information. **NOTE:** You will 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.

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

For more information about Medicare prescription drug coverage:

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

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

**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 2018
Name of Entity/Sender:	Brushy Creek Municipal Utility District
Contact--Position/Office:	Human Resources Department
Address:	16318 Great Oaks Drive Round Rock, TX 78681
Phone Number:	512-255-7871

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



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