

Lubbock County



2012 Employee Benefits Guide

This guide is provided for informational purposes only and is a general overview of the provisions described in the plan documents. Please see the actual plan documents for the specifics of each of your benefit plans. If any discrepancy exists between this guide and the plan documents, the plan documents will govern.

Welcome

We are very excited to announce the new changes in benefits effective January 1, 2012.

- We have added Health Savings Account (HSA)
- Increased maximum annual dental benefit to \$1,500
- Medical preventive care covered at 100% (see Summary Plan Description)
- Increased the life and AD&D insurance the County provides to \$20,000
- Added supplemental life that can be purchased for employee, spouse and children
- Employee Assistance Program (EAP)
- Expanded vision coverage

This guide is designed to help you understand your benefits. Review this material carefully before making your enrollment decisions. We encourage you to keep this reference manual close by because you may want to refer to it periodically. If you misplace this hard copy you may access an electronic copy on the Lubbock County intranet at <http://countynet/intranet/default.html>.

Please note that coverage and/or participation in County benefits is not automatic. It is important to familiarize yourself with the various options and enroll in those that best meet your needs.

If you have any questions or need additional information, the Human Resources Department is here to assist you. Please do not hesitate to contact us.

Melanie Hall
Benefit Specialist
806-775-1655
mmhall@co.lubbock.tx.us

Greg George
Human Resources Director
806-775-1690
ggeorge@co.lubbock.tx.us

Gloria Rodriguez
Personnel Generalist
806-775-1090
grodriguez@co.lubbock.tx.us

Adriana Lopez
Personnel Generalist
806-775-1930
alopez@co.lubbock.tx.us

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Important Contact Information

Medical Insurance Plans

TeamChoice HSA

To locate participating providers:

www.team-choice.com

Group Name: Lubbock County

Customer Service: 806-795-5959

Aetna HSA

To locate participating providers:

www.aetna.com/docfind/home.do

Plan name: Aetna Choice POS II(Open Access)

Customer Service: 1-888-340-6139

Aetna Traditional

To locate participating providers:

www.aetna.com/docfind/home.do

Plan name: Aetna Choice POS II(Open Access)

Customer Service: 1-888-340-6139

Dental Insurance Plan

Aetna

To locate participating providers:

www.aetna.com/docfind/home.do

Plan name: Dental PPO/PDN

Customer Service: 1-877-238-6200

Vision Insurance Plan

Block Vision

www.blockvision.com

Customer Service: 1-866-265-0517

Pharmacy Benefit Management (PBM)

Med Impact

www.medimpact.com/

Customer Service: 1-800-788-2949

Employee Assistance Program (EAP)

Interface EAP Effective 1-1-12

www.4eap.com

Login: Lubbock County

Password: 842

Customer Service: 1-800-324-4327 or

1-800-324-2490 (Se Habla Espanol)

HSA FSA COBRA

Ceridian

HSA Customer Service: 1-866-370-2534

FSA Customer Service: 1-877-799-8820

www.ceridian-benefits.com

Life Insurance

ING

Customer Service: 1-800-537-5024

TCDRS Retirement

www.tcdrs.org

Customer Service: 1-800-823-7782

Security Benefits

Whitney Brady

432-333-5680

Eligibility and Enrollment

Eligibility

Employees: You are eligible to receive benefits as a full-time employee if:

- You work at least 30 hours per 7 day work period
- You are hired to work law enforcement or correctional shifts for 171 hours in a 28 day work period

Dependents: Eligible dependents are:

- Your spouse
- Your natural child under 26 years of age; *19-26 years of age that are not eligible for other group coverage
- Your legally adopted child under 26 years of age
- Your stepchild under 26 years of age
- A child
 1. Whose primary residence is your household; and
 2. To whom you are legal guardian of related by blood or marriage; and
 3. Who is dependent upon you for more than one-half of his support as defined by the Internal Revenue Code of the United States and less than 26 years of age.

Enrollment

New hires and newly benefit eligible employees must enroll within 30 days of their hire date. Employees who elect to insure their spouse and/or dependents will be required to provide proof of eligibility. HR will send you your UserID & Password by email once you are entered into the payroll system.

Simply log into Infinity HR at <https://www.infinityhr.com/>

- User ID: FirstNameLastName
Example: johnsmith
- Password: System generated
- Below **Change Events – New Hire** will appear under **Events Available**. Choose **New Hire** click on **Begin Event** and complete the steps.
 1. Personal & Dependent Information ***Email is required**
 2. Benefit Elections
 3. Beneficiary Assignments
 4. Emergency Contacts
 5. Review
 6. Save & Confirm Elections
- Then below **Change Events** you will see that the event you completed is waiting for Administrative Approval. You will be notified by HR once your change has been approved.
- All newly enrolled dependents will require eligibility documentation prior to being added to coverage. Required verification documents are found under Dependent Verification Eligibility Documentation section. This documentation can be added on your Infinity home page under **Documents** click on upload document and attach marriage certificate, birth certificate, etc.

Mid-Year Changes

Given that most benefits are paid for on a pre-tax basis, Federal law limits your ability to make changes during the year. This means you may only change your elections at open enrollment unless you experience a "Change in Status Event" or "Special Enrollment Event." Benefit elections made during open enrollment are effective at the beginning of the plan year.

A "Change in Status Event" or "Special Enrollment Event" is defined as:

- Marriage
- Divorce
- Birth
- Adoption
- Spouse loses or gains employment
- Dependent Eligibility
- Death
- Court Order

These events will allow you to add or drop coverage, and/or make dependent coverage changes. It is your responsibility to make your change online within 30 days of the date on which the change occurred. After the 30 days have passed, open enrollment is the only time that an employee can make changes.

Simply log into *Infinty HR* at <https://www.infinityhr.com/>

- User ID: FirstNameLastName
Example: johnsmith
- Password: System generated

Mid-Year Changes:

- Below **Change Events** select an event under **Events Available** and click begin event
- Then below *Change Events* you will see that the event you completed is waiting for Administrative Approval. You will be notified by HR once your change has been approved or denied.
- All dependents will require eligibility documentation prior to being added to coverage. Required verification documents are found under Dependent Verification Eligibility Documentation section. This documentation can be added on your home page under Documents click on upload document and attach marriage certificate, birth certificate, etc.

Dependent Verification Eligibility Documentation

Documentation needed to qualify your dependent for coverage
Documents must be provided within 30 days of enrollment

Legal Marriage Documents

- State issued Marriage Certificate and Federal Tax Return within the last 2 years; or
- State issued Marriage Certificate and Proof of Joint Ownership issued within the last 6 months; or
- State issued Marriage Certificate only; if married in the past 12 months

Common Law Marriage Documents

- Affidavit of Common Law Marriage filed with the County & Proof of Joint Ownership within the last 6 months

Biological Child Documents

- State issued Birth Certificate

Stepchild Documents

- State issued Birth Certificate with State issued Marriage Certificate or Affidavit of Common Law Marriage filed with the County

Adopted Child Documents

- Adoption Certificate
- Adoption Placement Agreement

Disabled Dependent Documents

- Medical Certification as disabled and incapable of self-sustaining employment
- All other appropriate dependent documentation as listed above

Grandchild Documents

- Court papers demonstrating legal guardianship and Federal Tax Return within the last 2 years

Legal Guardianship Documents

- State issued Birth Certificate and Court order establishing guardianship.

Health Insurance

Medical coverage helps you and your family access routine and preventive health care at a reasonable cost and protects against the catastrophic costs of major illness or injury. You are encouraged to be a wise consumer of medical services and make responsible health care decisions.

Lubbock County's insurance program is partially self-funded. This means the County pays the first \$175,000 of claims made against its health, dental and prescription drug plans. Lubbock County has retained the services of Aetna to provide third-party administrative services, such as access to a network of providers, processing of claims, etc.

By self-funding its insurance program, Lubbock County, in essence, serves as its own insurance company, with one important distinction. Unlike most insurers, Lubbock County does not price its benefit plans to make a profit. Employees pay a portion of the cost through deductibles, premiums and coinsurance. Lubbock County pays the remainder of the claims cost.

2012 Premium Rates

TeamChoice HSA	Total Monthly Cost	County Monthly Cost	Your Monthly Cost	Your Bi-Weekly Cost
Employee Only	\$386.00	\$386.00	\$0	\$0
Employee Child(ren)	\$833.00	\$660.48	\$173.33	\$80.00
Employee Spouse	\$911.00	\$651.00	\$260.00	\$120.00
Employee Family	\$1,262.00	\$926.00	\$335.83	\$155.00

Aetna HSA	Total Monthly Cost	County Monthly Cost	Your Monthly Cost	Your Bi-Weekly Cost
Employee Only	\$433.25	\$335.75	\$97.50	\$45.00
Employee Child(ren)	\$823.00	\$573.84	\$249.16	\$115.00
Employee Spouse	\$909.00	\$529.84	\$379.16	\$175.00
Employee Family	\$1,299.00	\$811.50	\$487.50	\$225.00

Aetna Traditional	Total Monthly Cost	County Monthly Cost	Your Monthly Cost	Your Bi-Weekly Cost
Employee Only	\$451.00	\$288.50	\$162.50	\$75.00
Employee Child(ren)	\$857.00	\$553.67	\$303.33	\$140.00
Employee Spouse	\$948.00	\$493.00	\$455.00	\$210.00
Employee Family	\$1,354.00	\$769.00	\$585.00	\$270.00

Lubbock County Summary of Health Plans

PLAN	TEAM CHOICE HSA	AETNA HSA		AETNA TRADITIONAL	
	IN NETWORK ONLY	IN NETWORK	NON NETWORK	IN NETWORK	NON NETWORK
Deductible	\$1,300	\$2,000	\$5,000	\$1,000	\$2,000
Co-Insurance	20%	20%	40%	20%	40%
Co-Insurance Limit	\$1,900	\$2,050	UNLIMITED	\$3,500	UNLIMITED
Max Out of Pocket	\$3,200	\$4,050	UNLIMITED	\$4,500	UNLIMITED
Family Deductible	\$2,600	\$4,000	\$10,000	\$3,000	\$6,000
Family Max Out of Pocket	\$6,400	\$8,100	UNLIMITED	\$10,500	UNLIMITED
Annual Exam	\$0 – 100% every 12 months	\$0 – 100% every 12 months	DEDUCTIBLE THEN 40%	\$0 – 100% every 12 months	DEDUCTIBLE THEN 40%
Physician Co-Pay	DEDUCTIBLE THEN 20%	DEDUCTIBLE THEN 20%	DEDUCTIBLE THEN 40%	\$30	DEDUCTIBLE THEN 40%
Specialist Co-Pay	DEDUCTIBLE THEN 20%	DEDUCTIBLE THEN 20%	DEDUCTIBLE THEN 40%	\$35	DEDUCTIBLE THEN 40%
Emergency Room	DEDUCTIBLE THEN 20%	DEDUCTIBLE THEN 20%	DEDUCTIBLE THEN 40%	\$100 CO-PAY THEN 20%	\$100 CO-PAY THEN 20%
Urgent Care	DEDUCTIBLE THEN 20%	DEDUCTIBLE THEN 20%	DEDUCTIBLE THEN 40%	\$50 CO-PAY	DEDUCTIBLE THEN 40%
Prescription Co-Pay	DEDUCTIBLE THEN 20% of allowable	DEDUCTIBLE THEN 20% of allowable	DEDUCTIBLE THEN 40%	DEDUCTIBLE THEN \$5 / 30% TO \$200 MAX*	DEDUCTIBLE THEN 40%
Complex Imaging	DEDUCTIBLE THEN 20%	DEDUCTIBLE THEN 20%	DEDUCTIBLE THEN 40%	DEDUCTIBLE THEN 20%	DEDUCTIBLE THEN 40%
Outpatient Services	DEDUCTIBLE THEN 20%	DEDUCTIBLE THEN 20%	DEDUCTIBLE THEN 40%	DEDUCTIBLE THEN 20%	DEDUCTIBLE THEN 40%
Inpatient / Hospitalization	DEDUCTIBLE THEN 20%	DEDUCTIBLE THEN 20%	DEDUCTIBLE THEN 40%	DEDUCTIBLE THEN 20%	DEDUCTIBLE THEN 40%
Lifetime Maximum	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Network	Team Choice	Aetna		Aetna	

*\$5 generic/ 30% to \$100 maximum if no generic alternative is available

Benefits presented are only a summary. Please refer to the Summary Plan Document for the complete details of coverage.

Dental Insurance

Preventive care, including regular checkups and cleanings, is the key to maintaining good oral health. Problems can be diagnosed early and treated without extensive testing or elaborate and expensive procedures.

2012 Premium Rates

Aetna Dental	Total Monthly Cost	County Monthly Cost	Your Monthly Cost	Your Bi-Weekly Cost
Employee Only	\$34.00	\$34.00	\$0	\$0
Employee Child(ren)	\$64.00	\$42.34	\$21.66	\$10.00
Employee Spouse	\$71.00	\$38.50	\$32.50	\$15.00
Employee Family	\$102.00	\$58.67	\$43.33	\$20.00

Aetna Dental

You can choose to seek treatment from any dentist. If your dentist does not file insurance claims you will pay up front and then complete a reimbursement form and submit to Aetna. If you select a dentist in the Aetna network you will receive deeper savings.

Annual Deductible	Individual \$25/Family \$100*
Preventive Services	County Pays 100%
Basic Services	County Pays 80%
Major Services	County Pays 50%
Annual Maximum Benefit	\$1,500
Orthodontic Lifetime Maximum	\$1,000

*The deductible applies to Basic & Major services only

Vision Insurance

Your vision is important to your health. Everyone needs to receive regular vision care whether your vision is 20/20 or less than perfect. Vision benefits are being offered to you through Block Vision.

2012 Premium Rates

Vision Plan	Total Monthly Cost	County Monthly Cost	Your Monthly Cost	Your Bi-Weekly Cost
Employee only	\$7.40	\$0	\$7.40	\$3.42
Employee + 1	\$12.65	\$0	\$12.65	\$5.83
Employee + Family	\$18.60	\$0	\$18.60	\$8.58



BLOCK VISION, INC. BENEFIT ILLUSTRATION LUBBOCK COUNTY

Platinum \$150 VISION PLAN

\$10 Exam/\$10 Eyewear Copayments Full Service – Illustration

<u>Service / Material</u>	<u>Participating Provider</u>	<u>Non-Participating Provider</u>
Vision Examination:	Paid in full*	Up to: \$40.00 Retail Value*
Frame:	Up to: \$150.00 Retail Value*	Up to: \$70.00 Retail Value*
Lenses: (Clear, Standard, Glass or Plastic)		
Single Vision (per pair)	Paid in full*	Up to: \$40.00 Retail Value*
Bifocal (per pair)	Paid in full*	Up to: \$60.00 Retail Value*
Trifocal (per pair)**	Paid in full*	Up to: \$80.00 Retail Value*
Lenticular (per pair)	Paid in full*	Up to: \$80.00 Retail Value*
Contact Lenses:***		
Elective	Up to \$150.00*	Up to: \$105.00 Retail Value*
Medically Required	Paid in full*	Up to: \$210.00 Retail Value*

Laser Vision Correction: \$250.00 allowance (in or out of network)

(Laser Vision Correction is in lieu of eyewear benefit, subject to routine regulatory filings and certain exclusions and limitations)

* After applicable copayment listed above are fulfilled.

** Member pays difference in retail price between standard trifocal lenses and progressive lenses.

*** Contact lenses and related professional services (fitting, evaluation and follow-up) are covered *in lieu of* eyeglasses.

Coverage to include all contact lens types (i.e. standard daily wear, extended wear, disposable, toric, gas permeable, and bifocal).

Frequency:

Vision Examination	Once Each 12 Months
Frame	Once Each 12 Months
Lenses	Once Each 12 Months
Contact Lenses	Once Each 12 Months

Rates:

<u>Voluntary Participation</u>	<u>Bi-Weekly</u>
Employee	\$ 3.42
Employee + 1	\$ 5.84
Family	\$ 8.58

Non-Covered Eyewear Discount: Members may also receive a discount of 20% from a participating provider's usual and customary fees for eyewear purchases which exceed the benefit coverage (except disposable contact lenses, for which no discount applies). This includes eyeglass frames which exceed the selected benefit coverage, specialty lenses (i.e. progressives) and lens "extras" such as tints and coatings. Eyewear purchased from a Wal-Mart Vision Center does not qualify for this additional discount because of Wal-Mart's "Always Low Prices" policy.

WE FOCUS ON YOU SO YOU CAN FOCUS ON LIFE



**FOR MORE INFORMATION PLEASE CONTACT US TOLL-FREE AT
(866) 265-0517 OR VISIT OUR WEBSITE AT www.blockvision.com**

Financial Security

Life Insurance

Life Insurance is an important part of your overall financial plan. Lubbock County provides every benefit eligible employee with a \$20,000 basic life policy and \$20,000 AD&D policy.

Supplemental Life Insurance

Voluntary Term Life and AD&D coverage options are:

- Employee: Up to five times your annual salary rounded up to the nearest \$1,000. Not to exceed \$500,000. NOTE: Coverage over \$200,000 will require employee to complete an Evidence of Insurability form.
- Spouse: Half employee election NOTE: Coverage over \$50,000 will require the spouse to complete an Evidence of Insurability form.
- Children: Benefit election maximum is \$10,000 for children 6 months to 19 and full-time students less than 23. Benefit election maximum is \$1,000 for children birth to 6 months.

All life insurance premiums will be deducted from your pay post-tax.

Term Life Coverage Rates

Age Band	Life Bi-weekly Rate/\$1,000
<25	\$.028
25-29	\$.033
30-34	\$.042
35-39	\$.051
40-44	\$.070
45-49	\$.107
50-54	\$.180
55-59	\$.300
60-64	\$.462
65-69	\$.887
70+	\$1.436
	Life Bi-weekly Rate/\$10,000
Children 6 months to 19 and full-time students less than 23	\$0.924
	Life Bi-weekly Rate/\$1,000
Children Birth to 6 months	\$0.924

AD&D Rate/\$1,000	AD&D Bi-weekly Rates
Employee	\$.014
Spouse	\$.014
Child(ren)	\$.014

Benefits reduce by 35% at age 65 and further reduce by 50% of the original amount at age 70.

Example: John Smith is 55 years old and has elected to purchase \$20,000 in supplemental life coverage.

$$\$20,000 / \$1,000 = 20 \times \$0.30 = \$6.00 \text{ bi-weekly}$$

Health Savings Account

A Health Savings Account (HSA) is a savings vehicle that allows you to put money aside for eligible medical care expenses tax-free. Unlike the FSA, an HSA allows you to “roll-over” unused dollars into the next year; there is no “use it or lose it” provision. Furthermore your funds can be invested and grow much like the funds in a retirement account. Earnings are tax-free.

Who is eligible?

- Must be enrolled in the High Deductible Health Plan (HDHP)
- Must not be enrolled in Medicaid
- Must not be covered by other medical insurance
- May not participate in a Health Care FSA or HRA
- Cannot be claimed as a tax dependent by another person

Eligible employees may contribute up to the limits established by the federal government. Limits for 2012 are a maximum of \$3,100 for employees with employee only coverage and \$6,250 for employees with Employee + 1 coverage. Catch-up contributions are available for employees 55 and over (\$1,000 in 2012).

Contributions made through payroll deductions will be pre-tax. The participant is responsible for documenting that all withdrawals have been used for qualified medical expenses and they will be liable for federal taxes if the expenses were not qualified medical expenses.

The money is yours as soon as it is deposited into your account. You can change health care coverage or change jobs in the future and still keep the money in your account.

Examples of eligible expenses include, but are not limited to:

- Co-pays
- Retail and mail-order prescription co-pays
- Deductibles
- Coinsurance
- Facility Fees
- Expenses for hearing aids
- IRS approved over-the-counter drugs (must have a prescription from your physician)
- Medical and dental expenses in excess of the Plan limits
- Vision care expenses in excess of the Plan limits

Accountholder is establishing this Health Savings Account (“HSA”) according to IRS guidelines, exclusively for the purpose of paying or reimbursing qualified medical expenses of Accountholder, his or her spouse, and dependents. Accountholder represents that, unless this account is used solely to make rollover contributions, he or she is eligible to contribute to this HSA; specifically, that he or she (i) is covered under a high deductible health plan (HDHP), (ii) is not also covered by any other health plan that is not an HDHP (with certain exceptions for plans providing preventive care and limited types of permitted insurance and permitted coverage), (iii) is not enrolled in Medicare, and (iv) cannot be claimed as a dependent on another person's tax return. Lubbock County is not responsible for employees who participate in Health Savings Account or Flexible Spending Account that are not eligible according the IRS guidelines.

Flexible Spending Account

A Flexible Spending Account allows you to set money aside to use to reimburse yourself for health care and/or dependent care expenses incurred during the plan year for you, your spouse or your dependents. You never pay federal income or Social Security taxes on this money. Flexible Spending Accounts elections must be renewed each year. Unused balances in your accounts do not carry over to the next year. Use it or lose it.

- Health Care Spending Account: Minimum contribution: \$5 a pay period; Maximum contribution: \$3,000 a year.
- Dependent Care Spending Account: Minimum contribution: \$5 a pay period; Maximum contribution: \$5,000 a year (\$2,500 if married and filing a separate income tax return)

Health Care Spending Account

Examples of eligible expenses include, but are not limited to:

- Co-pays
- Retail and mail-order prescription co-pays
- Deductibles
- Coinsurance
- Facility Fees
- Expenses for hearing aids
- IRS approved over-the-counter drugs (must have a prescription from your physician)
- Medical and dental expenses in excess of the Plan limits
- Vision care expenses

To participate you:

- Estimate your out-of-pocket expenses for the calendar year
- Choose the amount to be deducted from your paycheck, (26 pay periods per year)

Dependent Care Account

The Dependent Care Account lets you use tax-free dollars to pay for the care of your child(ren), under the age of 13 or physically or mentally disabled regardless of age. If you are married, your spouse must be employed or attending classes as a full-time student for you to use this account.

Eligible expenses:

- Day care
- Before and after school care
- Pre-school tuition
- Baby sitting
- Day camp

Filing Claims for Reimbursement

The Dependent Care works differently than the Health Care Account in that it is not “pre-funded”. This means that you can only be reimbursed for an amount up to the total you have deposited into your account at any given point during the year. Each time you pay for an eligible expense you can then file a claim for reimbursement of funds available. Keep in mind that any unused funds in your account do not roll over from year to year and will be forfeited if not used.

FSA or Tax Credit

A childcare tax credit is available on your federal income tax return. Expenses you pay through the Dependent Care Account reduce the tax credit you may claim. If you earn less than \$25,000, you may benefit more by using the tax credit. Ask a tax advisor which is better for you.

TCDRS Retirement Plan

All full-time and part-time employees are automatically enrolled with Texas County and District Retirement System (TCDRS) upon employment.

Plan Provisions

- Each employee contributes 7% of each paycheck into their TCDRS account. It can never be more or less than 7%
- The money going into your TCDRS account is not taxed until you withdraw it
- Your account earns 7% interest annually
- You become vested once you have completed 8 years of service
- Once you are vested the County matches your contributions at a 2 to 1 ratio

Retirement Eligibilities

- Age 60 with 8 years of service
- Any age with 20 years of service
- Rule of 75 (Age + years of service = 75)

For additional information contact TCDRS at www.tcdrs.org or call 1-800-823-7782.

Deferred Compensation 457/Roth IRA

To learn more about how Security Benefit can provide your retirement solutions, contact Whitney Brady or Nancy Mitchell.

Whitney_Brady@planmembersec.com

1-432-333-5680

Nancy_Mitchell@planmembersec.com

1-432-580-3080

Work-Life Balance

Employee Assistance Program

The Employee Assistance Program (EAP) provides cost-free professional consultation and referral services for employees that are experiencing work and personal related issues. Immediate family members are also eligible for EAP services. This benefit is confidential.

Issues commonly addressed through your EAP benefit include:

- Stress management
- Depression/Anxiety
- General Wellness
- Family/Parenting
- Emotional
- Alcohol/Drug Abuse
- Legal referrals
- Financial referral

Employees and their immediate family members will have access to 3 free face-to-face counseling sessions per problem, per family, per plan year.

Personal Leave

Regular employees are eligible to accrue paid personal leave when they are working or on paid leave. The accrual is at the end of each two week pay period and employees must have worked or be on paid leave at least half of the pay period in order to earn the leave. There are no accruals during periods of unpaid, unauthorized or military leave.

- Regular full-time employees earn 6 hours each bi-weekly period
- Regular full-time employees with eight or more years of regular service earn 8 hours each biweekly period
- 171 hour employees earn 9.75 hours each bi-weekly period, which includes holiday time
- 171 hour employees with eight or more years of regular service earn 11.75 hours each biweekly period, which includes holiday time
- Part-time employees earn 2 hours each biweekly period
- Elected & Appointed Officials and temporary employees earn no personal leave

For more information please refer to the Lubbock County handbook.

Family Medical Leave Act

FMLA entitles eligible employees to take up to twelve weeks of paid or unpaid job protected leave per rolling year.

To be eligible for FMLA benefits, an employee must:

1. Have worked for the County at least 12 months (but not necessarily 12 consecutive months)
2. Have worked at least 1,250 hours over the previous 12 months

FMLA will be granted for the following reasons:

- the birth of a child;
- to care for the employee's child as a result of birth, adoption or foster care placement (leave entitlement expires twelve months after birth or placement date of child);
- to care for the employee's spouse, son or daughter, or parent who has a serious health condition; or
- an employee's serious health condition
- exigency military leave – serious injury or illness for covered service member.

An employee requesting FMLA is required to submit completed FMLA paperwork. For more information please refer to the Lubbock County handbook.

Medicaid and the Children's Health Insurance Program (CHIP)

Offer Free Or Low-Cost Health Coverage To Children And Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can 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, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

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 September 1, 2010. You should contact your State for further information on eligibility –

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://www.medicaid.alabama.gov Phone: 1-800-362-1504	Website: http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-866-298-8443
ALASKA – Medicaid	COLORADO – Medicaid and CHIP
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Medicaid Website: http://www.colorado.gov/ Medicaid Phone: 1-800-866-3513 CHIP Website: http:// www.CHPplus.org CHIP Phone: 303-866-3243
ARIZONA – CHIP	
Website: http://www.azahcccs.gov/applicants/default.aspx Phone: 1-877-764-5437	
ARKANSAS – CHIP	FLORIDA – Medicaid
Website: http://www.arkidsfirst.com/ Phone: 1-888-474-8275	Website: http://www.fdhc.state.fl.us/Medicaid/index.shtml Phone: 1-866-762-2237

GEORGIA – Medicaid	MONTANA – Medicaid
Website: http://dch.georgia.gov/ Click on Programs, then Medicaid Phone: 1-800-869-1150	Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Telephone: 1-800-694-3084
IDAHO – Medicaid and CHIP	NEBRASKA – Medicaid
Medicaid Website: www.accesstohealthinsurance.idaho.gov Medicaid Phone: 1-800-926-2588 CHIP Website: www.medicaid.idaho.gov CHIP Phone: 1-800-926-2588	Website: http://www.dhhs.ne.gov/med/medindex.htm Phone: 1-877-255-3092
INDIANA – Medicaid	NEVADA – Medicaid and CHIP
Website: http://www.in.gov/fssa/2408.htm Phone: 1-877-438-4479	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900 CHIP Website: http://www.nevadacheckup.nv.org/ CHIP Phone: 1-877-543-7669
IOWA – Medicaid	
Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	
KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: https://www.khpa.ks.gov Phone: 800-766-9012	Website: http://www.dhhs.state.nh.us/DHHS/MEDICAIDPROGRAM/default.htm Phone: 1-800-852-3345 x 5254
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 1-800-356-1561 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	
Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-342-6207	
MAINE – Medicaid	NEW MEXICO – Medicaid and CHIP

<p>Website: http://www.maine.gov/dhhs/oms/</p> <p>Phone: 1-800-321-5557</p>	<p>Medicaid Website: http://www.hsd.state.nm.us/mad/index.html</p> <p>Medicaid Phone: 1-888-997-2583</p>
MASSACHUSETTS – Medicaid and CHIP	<p>CHIP Website: http://www.hsd.state.nm.us/mad/index.html Click on Insure New Mexico</p> <p>CHIP Phone: 1-888-997-2583</p>
<p>Medicaid & CHIP Website: http://www.mass.gov/MassHealth</p> <p>Medicaid & CHIP Phone: 1-800-462-1120</p>	
MINNESOTA – Medicaid	NEW YORK – Medicaid
<p>Website: http://www.dhs.state.mn.us/</p> <p>Click on Health Care, then Medical Assistance</p> <p>Phone (Outside of Twin City area): 800-657-3739</p> <p>Phone (Twin City area): 651-431-2670</p>	<p>Website: http://www.nyhealth.gov/health_care/medicaid/</p> <p>Phone: 1-800-541-2831</p>
MISSOURI – Medicaid	NORTH CAROLINA – Medicaid
<p>Website: http://www.dss.mo.gov/mhd/index.htm</p> <p>Phone: 573-751-6944</p>	<p>Website: http://www.nc.gov</p> <p>Phone: 919-855-4100</p>
NORTH DAKOTA – Medicaid	UTAH – Medicaid
<p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/</p> <p>Phone: 1-800-755-2604</p>	<p>Website: http://health.utah.gov/medicaid/</p> <p>Phone: 1-866-435-7414</p>
OKLAHOMA – Medicaid	VERMONT – Medicaid
<p>Website: http://www.insureoklahoma.org</p> <p>Phone: 1-888-365-3742</p>	<p>Website: http://ovha.vermont.gov/</p> <p>Telephone: 1-800-250-8427</p>
OREGON – Medicaid and CHIP	VIRGINIA – Medicaid and CHIP
<p>Medicaid & CHIP Website: http://www.oregonhealthykids.gov</p> <p>Medicaid & CHIP Phone: 1-877-314-5678</p>	<p>Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm</p> <p>Medicaid Phone: 1-800-432-5924</p> <p>CHIP Website: http://www.famis.org/</p>

	CHIP Phone: 1-866-873-2647
PENNSYLVANIA – Medicaid	WASHINGTON – Medicaid
Website: http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm Phone: 1-800-644-7730	Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm Phone: 1-877-543-7669
RHODE ISLAND – Medicaid	WEST VIRGINIA – Medicaid
Website: www.dhs.ri.gov Phone: 401-462-5300	Website: http://www.wvrecovery.com/hipp.htm Phone: 304-342-1604
SOUTH CAROLINA – Medicaid	WISCONSIN – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dhs.wisconsin.gov/medicaid/publications/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493	Website: http://www.health.wyo.gov/healthcarefin/index.html Telephone: 307-777-7531

To see if any more States have added a premium assistance program since September 1, 2010, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/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, Ext. 61565

OMB Control Number 1210-0137 (expires 09/30/2013)

Lubbock County Notice Of COBRA Continuation Coverage Rights

Introduction

You are receiving this notice because you have recently become covered under a group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

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

What is COBRA Continuation Coverage?

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

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

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

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

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

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

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

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

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

P.O. Box 10536
Lubbock, TX 79408

How is COBRA Coverage Provided?

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

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

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

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

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

If You Have Questions

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

Keep Your Plan Informed of Address Changes

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

Plan Contact Information

Lubbock County
Human Resources
P.O. Box 10536
Lubbock, TX 79408
806-775-1691

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this Notice please contact our privacy official: Greg George, or his successor, by calling 775-1691.

EFFECTIVE DATE

This Notice of Privacy Practices becomes effective on January 1, 2004.

OUR RESPONSIBILITIES

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

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. If we make a material change to our Notice, we will mail a revised Notice to the address that we have on record for you.

Primary Uses and Disclosures of Protected Health Information

The following is a description of how we are most likely to use and/or disclose your PHI.

- ***Treatment, Payment and Health Care Operations***
We have the right to use and disclose your PHI for all activities that are included within the definitions of "treatment," "payment" and "health care operations" as set out in the HIPAA Privacy Rule (45 CFR parts 160 and 164).
- ***Treatment***
We may use and disclose your PHI for treatment purposes, such as coordinating or managing health care and related services by one or more of your health care providers.
- ***Payment***
We will use or disclose your PHI to pay claims for services provided to you and to obtain stop-loss reimbursements or to otherwise fulfill our responsibilities for coverage and providing benefits. For example, we may disclose your PHI when a provider requests information regarding your eligibility for coverage under our health plan, or we may use your information to determine if a treatment that you received was medically necessary. Other payment purposes include, but are not limited to, pre-authorizations, utilization review activities, coordination of benefits, and subrogation.
- ***Health Care Operations***
We will use or disclose your PHI to support our business functions. These functions include, but are not limited to: quality assessment and improvement, reviewing provider and vendor performance, licensing, stop-loss underwriting, business planning, and business development. For example, we may use or disclose your PHI: (1) to provide you with information about one of our disease management programs; (2) to respond to a customer service inquiry from you; or (3) in connection with fraud and abuse detection and compliance programs. Health care operations may also include, but are not limited to, case management, legal reviews, handling appeals and grievances, plan or claims audits, and other general administrative activities.
- ***Business Associates***
We may contract with individuals and entities (Business Associates) to perform various functions on our behalf or to provide certain types of services. To perform these functions or to provide the services, our Business Associates may receive, create, maintain, use, or disclose PHI, but only after we require the Business Associates to agree in writing to contract terms designed to appropriately safeguard your information. For example, we may disclose your PHI to a Business Associate to administer claims or to provide service support, utilization management, subrogation, or pharmacy benefit management. Examples of our business associates would be our Third Party Administrator, which will be handling many of the functions in connection with the operation of our Group Health Plan.

In the event a Business Associate is a “health care component” as designated by our governing body, no written agreement regarding the safeguarding of your information is required by law, and we will not enter into such an agreement with those health care components.

- **Other Covered Entities**

We may use or disclose your PHI to assist health care providers in connection with their treatment or payment activities, or to assist other covered entities in connection with payment activities and certain health care operations. For example, we may disclose your PHI to a health care provider when needed by the provider to render treatment to you, and we may disclose PHI to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing or credentialing. This also means that we may disclose or share your PHI with other insurance carriers in order to coordinate benefits if you or your family members have coverage through another carrier.

- **Plan Sponsor**

We may disclose your PHI to the plan sponsor of the Health Plan for purposes of plan administration or pursuant to an authorization request signed by you.

Other Possible Uses and Disclosures of Protected Health Information

The following is a description of other possible ways in which we may, and are permitted to, use and/or disclose your PHI.

- **Required by Law**

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

- **Public Health Activities**

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

- **Health Oversight Activities**

We may disclose your PHI to a health oversight agency for activities authorized by law, such as: audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee: (1) the health care system; (2) government benefit programs; (3) other government regulatory programs; and (4) compliance with civil rights laws.

- **Abuse or Neglect**

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

- **Legal Proceedings**

We may disclose your PHI: (1) in the course of any judicial or administrative proceeding; (2) in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized); and (3) in response to a subpoena, a discovery request, or other lawful process, once we have met all administrative requirements of the HIPAA Privacy Rule. For example, we may disclose your PHI in response to a subpoena for such information, but only after we first meet certain conditions required by the HIPAA Privacy Rule.

- **Law Enforcement**

Under certain conditions, we also may disclose your PHI to law enforcement officials. For example, some of the reasons for such a disclosure may include, but not be limited to: (1) it is required by law or some other legal process; (2) it is necessary to locate or identify a suspect, fugitive, material witness, or missing person; and (3) it is necessary to provide evidence of a crime that occurred on our premises.

- **Coroners, Medical Examiners, Funeral Directors, and Organ Donation**

We may disclose PHI to a coroner or medical examiner for purposes of identifying a deceased person, determining a cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We also may disclose, as authorized by law, information to funeral directors so that they may carry out their duties. Further, we may disclose PHI to organizations that handle organ, eye, or tissue donation and transplantation.

- **Research**
We may disclose your PHI to researchers when an institutional review board or privacy board has: (1) reviewed the research proposal and established protocols to ensure the privacy of the information; and (2) approved the research.
- **To Prevent a Serious Threat to Health or Safety**
Consistent with applicable federal and state laws, we may disclose your PHI if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We also may disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.
- **Military Activity and National Security, Protective Services**
Under certain conditions, we may disclose your PHI if you are, or were, Armed Forces personnel for activities deemed necessary by appropriate military command authorities. If you are a member of foreign military service, we may disclose, in certain circumstances, your information to the foreign military authority. We also may disclose your PHI to authorized federal officials for conducting national security and intelligence activities, and for the protection of the President, other authorized persons, or heads of state.
- **Inmates**
If you are an inmate of a correctional institution, we may disclose your PHI to the correctional institution or to a law enforcement official for: (1) the institution to provide health care to you; (2) your health and safety and the health and safety of others; or (3) the safety and security of the correctional institution.
- **Workers' Compensation**
We may disclose your PHI to comply with Workers' Compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.
- **Others Involved in Your Health Care**
Using our best judgment, we may make your PHI known to a family member, other relative, close personal friend or other personal representative that you identify. Such a use will be based on how involved the person is in your care, or payment that relates to your care. We may release information to parents or guardians, if allowed by law.

We also may disclose your information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

If you are not present or able to agree to these disclosures of your PHI, then, using our professional judgment, we may determine whether the disclosure is in your best interest.

Required Disclosures of Your Protected Health Information

The following is a description of disclosures that we are required by law to make.

- **Disclosures to the Secretary of the U.S. Department of Health and Human Services**
We are required to disclose your PHI to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Rule.
- **Disclosures to You**
We are required to disclose to you most of your PHI in a "designated record set" when you request access to this information. Generally, a "designated record set" contains medical and billing records, as well as other records that are used to make decisions about your health care benefits. We also are required to provide, upon your request, an accounting of most disclosures of your PHI that are for reasons other than treatment, payment, and health care operations and are not disclosed through a signed authorization.

We will disclose your PHI to an individual who has been designated by you as your personal representative and who has qualified for such designation in accordance with relevant Texas law. However, before we will disclose PHI to such a person, you must submit a written notice of his/her designation, along with the documentation that supports his/her qualification (such as a power of attorney).

Even if you designate a personal representative, the HIPAA Privacy Rule permits us to elect not to treat the person as your personal representative if we have a reasonable belief that: (1) you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; (2) treating such person as your personal representative could endanger you; or (3) we

determine, in the exercise of our professional judgment, that it is not in your best interest to treat the person as your personal representative.

Other Uses and Disclosures of Your Protected Health Information

Other uses and disclosures of your PHI that are not described above will be made only with your written authorization. If you provide us with such an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of PHI. However, the revocation will not be effective for information that we already have used or disclosed, relying on the authorization.

YOUR RIGHTS

The following is a description of your rights with respect to your PHI.

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

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

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

- **You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests, but only if you state that disclosure of all or part of the communications in a manner inconsistent with your instructions would put you in danger. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Official.
- **You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that we use for making decisions about you.

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

- **You may have the right to have us amend your protected health information.** This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. Requests for amendment must be in writing and must provide a reason to support each requested amendment. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Official if you have questions about amending your protected health information.
- **You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, for notification purposes, and for other purposes, as permitted by law. You have the right to receive specific information regarding these disclosures that occurred after January 1, 2004 and during the six years prior to your request. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.
- **You have the right to obtain a paper copy of this notice from us,** upon request, even if you have agreed to accept this notice electronically.

COMPLAINTS

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

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

Greg George

Lubbock County Human Resources Department
P.O. Box 10536
Lubbock, Texas 79408
Phone: (806)775-1691
Fax: (806)775-1689

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

U.S. Department of Health and Human Services, Office for Civil Rights

Medical Privacy, Complaint Division
200 Independence Avenue, SW
HHH Building, Room 509H
Washington, D.C. 20201
Phone: 866-627-7748
TTY: 886-788-4989

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

There are two important things 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. Lubbock County has determined that the prescription drug coverage offered by the BCBS of TX is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

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

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

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you do decide to enroll in a Medicare prescription drug plan and drop your Lubbock County prescription drug coverage, it is important that you understand that your prescription drug plan is part of your medical plan coverage. If you decide to enroll in a Medicare prescription drug plan and drop your Lubbock County prescription drug coverage, be aware that you will also be dropping your medical plan coverage and will not be able to re-enroll in a Lubbock County's medical plan until a later date. Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

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 Lubbock County 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 Human Resources for further information: (806) 775-1655. **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 Lubbock County changes. You also may request a copy of this notice at any time.

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

More detailed information about 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: October 4, 2011
Name of Entity/Sender: Lubbock County
Contact--Position/Office: Benefit Specialist/Human Resources
Address: P.O. Box 10536, Lubbock, TX 79408
Phone Number: (806) 775-1655