

FY2027
Retiree Benefit Guide

OCTOBER 1, 2026–SEPTEMBER 30, 2027

Information about your benefits

UnitedHealthcare members

Humana members

Dental

Vision

Life

HSA

YOU'RE A VALUED RETIREE OF TRAVIS COUNTY

Because your health and wellbeing are important to us, we're committed to maintaining a comprehensive and competitive benefits program for you and your dependents. We're proud to offer significant benefits, resources and tools designed to help you live your best life, and we encourage you to explore all that's available to you on the pages that follow. Take a moment to understand the benefit summaries, eligibility requirements, costs and contact information.

Every effort has been made to ensure that this information is accurate. It is not intended to replace any legal plan documents or contracts that contain the complete provisions of any benefit. In case of any discrepancy between this guide and the legal plan document or contract, the legal plan document or contract will govern in all cases.



RETIREE RESPONSIBILITIES

It is very important for retirees to:

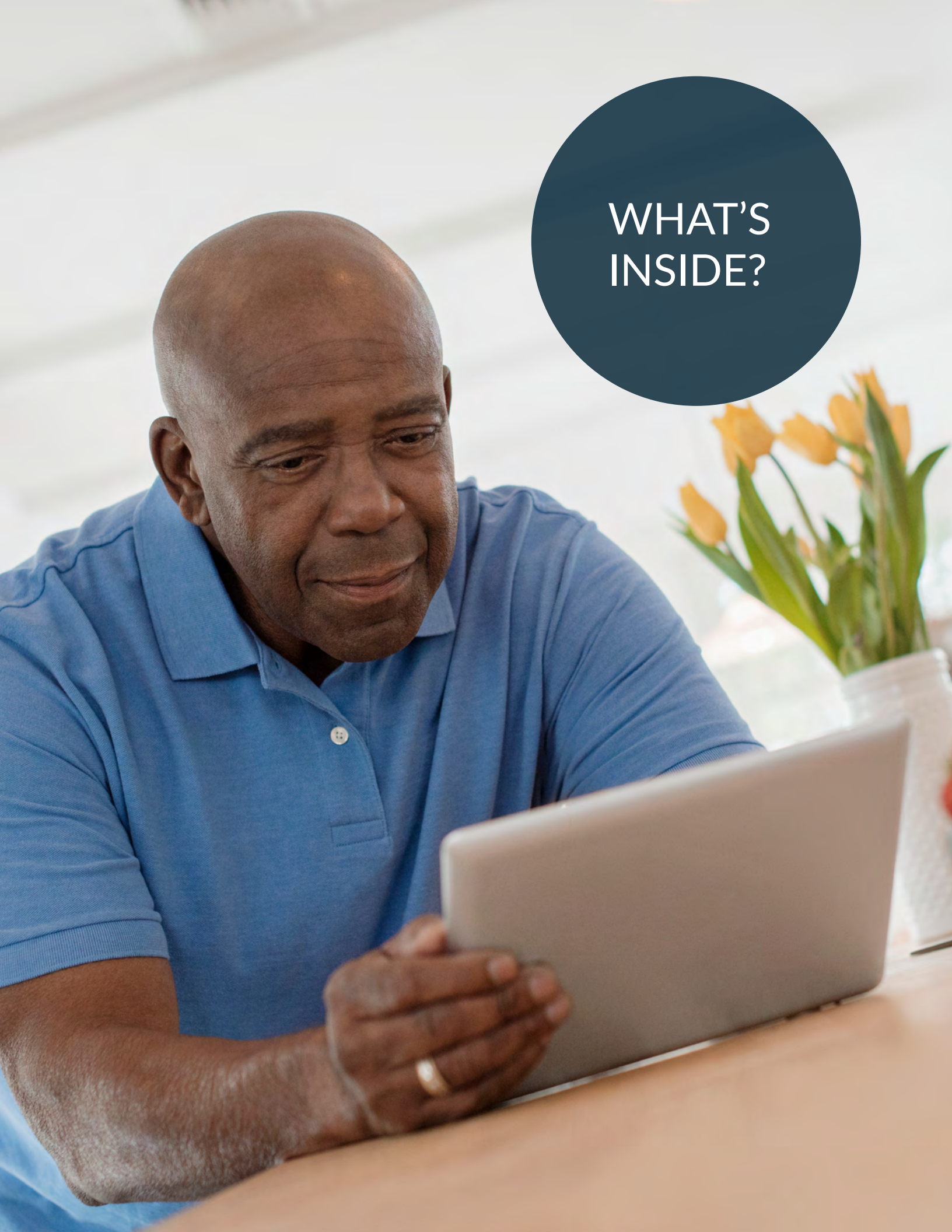
- Keep contact information, including your address, phone number and email address, updated.
- Keep your beneficiary designation updated. This is important to ensure that life insurance is paid to the correct person.
- Enroll in Medicare Parts A and B at age 65. Contact the Social Security Administration 3 months prior to turning age 65 to enroll. Travis County offers a custom Medicare Advantage Plan for retirees and dependents over the age of 65.
- Contact the Benefits Office if you are a disabled retiree on Medicare A and B.

To make changes, contact the Benefits Office at **1-512-854-0404** or by email at **retiree@traviscountytx.gov.**

KEY PLAN CHANGES AND ENHANCEMENTS FOR FY27

Travis County Health Plan Changes:

- 8% increase in medical plan premiums (UnitedHealthcare plans)
- 5% increase in Humana Medicare Advantage Plan premiums
- Changes to medical plans


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BENEFITS CONTACT INFORMATION

Travis County Human Resources Management Department

700 Lavaca Street, Suite 900
Austin, TX 78701

Benefits line:
1-512-854-0404

Fax:
1-512-854-6677

Email:
retiree@traviscountytx.gov

Online:
traviscountytx.gov/human-resources/jobs/benefits

Contact the vendors directly for:
ID cards or claims, benefits or coverage information

HIPAA Compliance and Policy Officer

Phone:
1-512-854-1114

Email:
privacy@traviscountytx.gov

BENEFITS CONTACT INFORMATION	
Travis County Health Insurance Plans UnitedHealthcare Group #: 701254	**1-866-649-4873** (members and NurseLine) **1-877-237-8576** (retiree billing questions) Website: **myuhc.com**® (existing members) Pre-member website: **exploreuhcplans.com/traviscounty** App: UnitedHealthcare
Medicare Advantage Plan Humana Plan Option: 079/402	**1-866-396-8810** Website: **humana.com** App: MyHumana
Travis County Employee Health Clinic	Downtown Clinic: **1-512-854-5509** Airport Blvd. Clinic: **1-512-854-7998** Del Valle Clinic: **1-512-854-1282**
Pharmacy Benefits Manager Rightway	**1-833-502-9296** (member services) **1-888-665-1992** (pharmacy help desk) Website: **joinrightway.com/rx** App: Rightway
Vision Insurance Davis Vision by MetLife Group #: 242895	**1-833-393-5433** Website: **metlife.com/mybenefits**
Dental Insurance Plans UnitedHealthcare Policy #: 1530869	**1-877-816-3596** Website: **myuhc.com** App: UnitedHealthcare
Life Insurance New York Life	**1-888-842-4462** Website: **mynylgbs.com**
Texas County & District Retirement System (TCDRS)	**1-800-823-7782** or **1-512-328-8889** Website: **tcdrs.org**



ELIGIBILITY AND ENROLLMENT

Retiree eligibility

As a Travis County retiree, you have benefits available to you after you are vested. You are vested with TCDRS when you meet one of the following requirements:

- Age 60 with 8 years of service; or
- Any age with 30 years of service; or
- Your age plus years of service equals 75 (also called the rule of 75)

Please note, you may use time from other specified Texas governmental entities to help meet your TCDRS vesting requirement.

The following benefits are available to County retirees:

- Travis County Health Insurance (includes Travis County Health Clinic)
- Dental Insurance
- Vision Insurance
- Life Insurance

Enrollment

The Travis County benefit plan year begins on October 1 of each year and continues through September 30 of the following calendar year. As a retiree, you are allowed to make elections and/or changes only during certain enrollment periods. You can enroll in benefits during your New Retiree Enrollment period, if you have an approved qualifying life event or during open enrollment.

New-retiree enrollment

As a new retiree, you are eligible for benefits on the first of the month following your retirement date. New retirees will be given an initial enrollment period of 30 days to add, delete or change benefit elections. However, retirees cannot add new dependents to their coverage upon retirement. Only dependents who were covered under the active employee benefits are eligible. If you decline coverage, you are ineligible to participate in benefits in the future.

In order to be eligible for a County subsidy toward your benefits, you must have worked at Travis County for at least 8 years. Travis County determines employee and retiree health insurance benefits, subsidies and rates on an annual basis during the budget process. Therefore, these are subject to change annually.

Open enrollment

Each year we offer an opportunity to add, remove or change your benefits without a qualifying life event. Changes made during open enrollment are effective October 1 or January 1 (for Humana). If a dependent is dropped by the retiree, they lose eligibility on the retiree plan, which means the retiree can never add the dependent back on to the benefits. New dependents cannot be added to retiree benefits during open enrollment.

An enrollment form will be mailed to your home address. If you need to make changes, indicate the changes on the enrollment form and mail it back. If not, do not return the enrollment form. If you do not make any changes, your benefits will remain in effect for the next plan year.

Benefit changes during the plan year

You cannot change your election unless you have a qualifying life event. A complete list of what the IRS considers a qualifying life event is found in your summary plan description (SPD), but in general, it includes:

- Changes in your marital status: divorce, annulment or death of spouse
- Changes in your dependent's status: death or the dependent loses eligibility due to age
- Changes in your employment status
- Changes in a permanent residence that result in different available plan options

Note that any change in coverage must be consistent with the life status change. You have 30 days from the qualifying event to change your coverage election. Contact the Benefits Office to determine if your life event qualifies for the change and to determine the proper documentation required to make the change.

If the covered retiree passes away, the covered retiree surviving spouse (and dependents) may continue coverage for life as long as premiums are paid.

If you terminate retiree benefits, you are ineligible to participate in Travis County benefits in the future.



Medicare enrollment

If you or your dependents are approaching age 65 and enrolled in the Travis County Health Plan, you're required to enroll in Medicare Parts A and B. In most cases if you're drawing Social Security Administration (SSA) benefits, you'll be automatically enrolled in Medicare Parts A and B. If you're retired but not receiving SSA benefits, you will not be automatically enrolled. The coverage is effective the first day of the month you turn 65. Contact the Social Security office 3 months prior to your 65th birthday to enroll.

If you or your dependents are disabled and on Medicare Parts A and B, you are required to notify our office so you can be enrolled in one of the over-65 medical plans.

How do I enroll in Medicare Parts A and B?

- Apply online at **ssa.gov/benefits/medicare**
- Visit your local Social Security office
- Call Social Security at **1-800-772-1213**

How much does Medicare cover?

Traditional Medicare pays 80% of covered services after you meet the $185 deductible. At age 65, your County insurance will no longer offer primary coverage for your medical services, even if you are not enrolled in Medicare. It is very important to enroll in Medicare Parts A and B in order to have complete coverage. If you are not enrolled in Medicare Parts A and B at age 65, the County insurance will only pay up to 20% of your medical services; you'll be responsible for paying the 80% Medicare would have paid.

Enrollment options

Travis County offers two Medicare-eligible plans for retirees at age 65 and their dependents.

UnitedHealthcare Health Plan

- Is secondary to Medicare Parts A and B and pays up to 20% of covered medical services depending on which plan you are enrolled in
- Requires that you meet the Medicare deductible and also any applicable deductibles and copays on the UnitedHealthcare plan
- Requires that a Medicare card and UnitedHealthcare ID card be presented to doctors
- Providers must bill Medicare first or UnitedHealthcare will deny claims

For more details, view pages 11–17 in this guide.

Humana Medicare Advantage Plan

- Is a preferred provider organization (PPO) plan that replaces traditional Medicare
- Doesn't require you to meet the $185 Medicare deductible
- Works with your Medicare Parts A and B to cover 100% of your medical services with no deductibles
- Only requires one medical ID card to present to doctors and the pharmacy
- Includes extra discounts, services and wellness programs

For more details, view pages 24–25 in this guide.

UnitedHealthcare®

Retiree health plan premiums FY27

Travis County continues to pay a significant portion of the cost of your health care coverage. The amount Travis County subsidizes is determined annually, is based on years of service and is subject to change. See rates below.

Retiree (under 65) Monthly Premiums — UnitedHealthcare Only — Rates Effective October 1, 2026

	Retiree only	Retiree + 1 adult	Retiree + 1 child	Retiree + children	Retiree + adult + child	Retiree + adult + children
EPO	$599.00	$1,359.00	$788.00	$1,069.00	$1,738.00	$2,212.00
PPO	$360.00	$826.00	$449.00	$609.00	$1,109.00	$1,458.00
Consumer Choice	$202.00	$577.00	$260.00	$383.00	$826.00	$1,138.00
High Deductible	$171.00	$576.00	$241.00	$377.00	$837.00	$1,162.00

Retiree (over 65) Monthly Premiums — UnitedHealthcare Only — Rates Effective October 1, 2026

	Retiree only	Retiree + 1 adult	Retiree + 1 child	Retiree + children	Retiree + adult + child	Retiree + adult + children
EPO	$249.00	$434.00	$389.00	$608.00	$651.00	$869.00
PPO	$110.00	$228.00	$199.00	$359.00	$392.00	$552.00
Consumer Choice	$64.00	$163.00	$135.00	$278.00	$309.00	$451.00
High Deductible	$56.00	$160.00	$131.00	$279.00	$310.00	$461.00
Pharmacy Only Plan – Medicare retiree only			$53.00			
Pharmacy Only Plan – Medicare retiree + Medicare adult			$106.00			

Retiree (over 65) Monthly Premiums — UnitedHealthcare Only — Rates Effective October 1, 2026

	Humana Medicare Advantage	EPO	PPO	Consumer Choice
Medicare retiree only	$54.51	The below rates are TOTAL costs with all Medicare-eligible adults on Humana Medicare Advantage Plan and the rest on UnitedHealthcare		
Medicare retiree + Medicare adult	$208.00			
Dependent only with Medicare	$153.00			
Medicare retiree + adult without Medicare		$239.51	$172.51	$153.51
Medicare retiree + 1 child		$194.51	$143.51	$125.51
Medicare retiree + 2 or more children		$413.51	$303.51	$268.51
Medicare retiree + Medicare adult +1 child		$348.13	$297.13	$279.13
Medicare retiree + Medicare adult + 2 or more children		$567.13	$457.13	$422.13
Medicare retiree + adult without Medicare + 1 child		$456.51	$336.51	$299.51
Medicare retiree + adult without Medicare + 2 or more children		$674.51	$496.51	$441.51

UnitedHealthcare®

Pharmacy benefits

Rightway is your pharmacy benefits manager. In addition to managing your prescription drug coverage, Rightway's expert pharmacy team provides personalized support to simplify the prescription process.

With Rightway, you have direct access to licensed pharmacists and pharmacy technicians who help you save time and money. From finding the lowest medication prices to transferring prescriptions to a different pharmacy, Rightway handles the details so you don't have to.

Mail-order delivery

Visit **rightwayhealthcare.com/mailorder** to learn how to set up convenient mail-order delivery and have your medications shipped to your home.

Specialty medications

Visit **rightwayhealthcare.com/specialty** to learn how Rightway connects you with trusted specialty pharmacy partners to access specialty medications.

Prescription costs

Pay the difference

If you choose a brand-name drug when a generic is available and deemed acceptable by the prescribing physician, you'll pay the difference in cost.

Prior authorization

Certain medications require prior authorization from your doctor. You and your doctor will be alerted by your pharmacy when a prior authorization is needed. Guidelines are determined on a drug-by-drug basis and may be based on FDA and manufacturer guidelines, medical literature, safety, appropriate use and benefit design.

Quantity limits

There may be a limit on the number of units per day, per period or per prescription based on FDA-approved indications and normal monthly usage.

Prescription costs

	EPO Plan		PPO Plan		Consumer Choice	High Deductible
	30-day supply	90-day supply	30-day supply	90-day supply		
Annual pharmacy out-of-pocket maximum, in-network	$6,500 individual $13,000 family		$6,000 individual $12,000 family		$5,000 individual $10,000 family	$5,000 individual $6,500 family
Annual pharmacy out-of-pocket maximum, out-of-network	None					$10,000 individual $20,000 family
Annual deductible (in-network)	$50 individual (Rx only) $125 family (Rx only) Tiers 2, 3 & 4				None	$1,750 individual $3,500 family
Deductible (out-of-network)	None					$4,500 individual $9,000 family
Tier 1 — generic	$10	$20	$10	$20	20% coinsurance ($5 min, $35 max)	10% coinsurance (after deductible)
Tier 2 — preferred	$45	$90	$45	$90	20% coinsurance ($20 min, $60 max)	10% coinsurance (after deductible)
Tier 3 — non-preferred	$70	$140	$70	$140	20% coinsurance ($40 min, $100 max)	10% coinsurance (after deductible)
Tier 4 — in-network specialty	$150 copay (after deductible) 30-day supply				20% coinsurance ($100 min, $150 max, no deductible)	10% coinsurance (after deductible)





MEDICAL BENEFITS

RESOURCES FOR UNITEDHEALTHCARE MEMBERS

Travis County health insurance

Travis County medical coverage helps you maintain your wellbeing through preventive care and access to an extensive network of providers. Medical benefits are administered by UnitedHealthcare. Choose the plan that best matches your needs and keep in mind that the option you elect will be in place for the entire plan year, unless you have a qualifying event. As you consider the best plan for yourself, also consider:

- Copay amount
- Deductible amount
- Dependent coverage
- Future expenses (maternity, planned surgery, etc.)
- Out-of-pocket maximum
- Premium costs
- Usage

Here's a brief description of the plans.

Preferred Provider Organization (PPO) Plan	Consumer Choice Plan	High Deductible Health Plan (HDHP)	Exclusive Provider Organization (EPO) Plan *Plan is closed to new enrollments*
In- and out-of-network	**In- and out-of-network**	**In- and out-of-network**	**In-network only**
• Lower out-of-pocket cost for network providers • Copays or deductibles for services • Combined out-of-pocket maximum for pharmacy and medical	• Low monthly premiums • Plan doesn't pay until deductible has been met (not including preventive care, which is covered 100%) • Combined out-of-pocket maximum for pharmacy and medical • May be a good choice for retirees who rarely use the plan	• Lowest monthly premiums • Plan doesn't pay until deductible has been met (not including preventive care, which is covered 100%) • No separate pharmacy deductible • No premium for employee-only coverage • Includes a health savings account (HSA) that can be used to pay for eligible expenses and includes an investment option, which may be good for retirees	• Highest monthly premium • Copays for most services including inpatient hospital, office visits and emergency room • Some services have both a copay and a deductible • Covers 100% of charges once the deductible and copay have been met • Combined out-of-pocket maximum for pharmacy and medical

For Humana Medicare Advantage Plan info, see page 24.

Plan comparison chart

UnitedHealthcare®

	PPO Plan	Consumer Choice	High Deductible	EPO Plan *(no new enrollments)*
	In- and out-of-network coverage*	In- and out-of-network coverage*	In- and out-of-network coverage*	In-network only
County annual contribution to health savings account	$0	$0	$500 individual $1,000 family (Amount is reduced based on date of hire for new employees)	$0
Retiree annual contribution limit for health savings account	N/A	N/A	$4,500 individual $9,000 family	N/A
Deductible				
In-network	$1,000 individual $2,500 family	$750 individual $1,875 family	$1,750 individual $3,500 family	$800 individual $2,000 family
Out-of-network	$3,000 individual $7,500 family	$2,250 individual $5,625 family	$4,500 individual $9,000 family	Not covered
Coinsurance				
In-network	Plan pays 80% Member pays 20%	Plan pays 80% Member pays 20%	Plan pays 90% Member pays 10%	Plan pays 100% Member pays 0%
Out-of-network	Plan pays 60% Member pays 40%	Plan pays 60% Member pays 40%	Plan pays 60% Member pays 40%	Not covered
Medical and RX out-of-pocket maximum				
In-network	$6,000 individual $12,000 family	$5,000 individual $10,000 family	$5,000 individual $6,500 family	$6,500 individual $13,000 family
Out-of-network	$10,000 individual $20,000 family	$10,000 individual $20,000 family	$10,000 individual $20,000 family	Not covered
Preventive services				
In-network	Plan pays 100% Member pays 0%	Plan pays 100% Member pays 0%	Plan pays 100% Member pays 0%	Plan pays 100% Member pays 0%
Medical services				
Employee health clinic**	Plan pays 100% Member pays 0%	Plan pays 100% Member pays 0%	$50 fee per visit Plan pays 100% after deductible is met	Plan pays 100% Member pays 0%
Primary care office visit (includes Virtual Primary Care)**	$30 per visit	Deductible and coinsurance	Deductible and coinsurance	$35 per visit
Specialist office visit (includes Virtual Specialists)**	$30 per visit — Tier 1/ Premium-designated $60 per visit	Deductible and coinsurance	Deductible and coinsurance	$35 per visit — Tier 1/ Premium-designated $65 per visit
Urgent care center services	$45 per visit	Deductible and coinsurance	Deductible and coinsurance	$50 per visit
24/7 Virtual Visit through UnitedHealthcare**	$10 copay	Deductible and coinsurance	Covered at 100% Member pays $0	$10 copay
Emergency room	$400 per visit, waived if admitted to hospital	Deductible and coinsurance	Deductible and coinsurance	$400 per visit, waived if admitted to hospital
Ambulance services — emergency only**	$100 copay	Deductible and coinsurance	Deductible and coinsurance	$100 copay

*In-network coverage detailed unless otherwise noted.
Refer to your plan documents for additional details. Available through **myuhc.com or the **UnitedHealthcare® app.**

Plan comparison chart, continued

UnitedHealthcare®

	PPO Plan	Consumer Choice	High Deductible	EPO Plan *(no new enrollments)*
	In- and out-of-network coverage*	In- and out-of-network coverage*	In- and out-of-network coverage*	In-network only
Medical services (continued)				
Hospital — inpatient stay	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	$1,500 copay per visit, then deductible
Outpatient surgery	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	$800 copay per visit, then deductible
Maternity services**	Deductible and coinsurance No copay applies to physician office visits for prenatal care after the first visit	Deductible and coinsurance No copay applies to physician office visits for prenatal care after the first visit	Deductible and coinsurance	$1,500 copay per visit, then deductible No copay applies to physician office visits for prenatal care after the first visit
Mental health services — inpatient, outpatient and intermediate**	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	$1,500 copay, then deductible
Mental health services — office visit	$10 per visit	Deductible and coinsurance	Deductible and coinsurance	$10 per visit
Other services				
Mammograms, colonoscopies and endoscopies	Plan pays 100% Member pays 0%	Plan pays 100% Member pays 0%	If preventive care: Plan pays 100% Member pays 0%	Plan pays 100% Member pays 0%
Acupuncture**	$30 per visit	Deductible and coinsurance	Deductible and coinsurance	$35 per visit
Allergy services in a physician's office**	$30 per visit — PCP, Tier 1 specialist $60 per visit — all other specialists	Deductible and coinsurance	Deductible and coinsurance	$35 per visit — PCP, Tier 1 specialist $65 per visit — all other specialists
Allergy testing	100% covered	100% covered	Deductible and coinsurance	100% covered
Chiropractic services**	$30 per visit	Deductible and coinsurance	Deductible and coinsurance	$35 per visit
Dental services — accident-related only**	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	No charge after deductible is met
Durable medical equipment**	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	No charge after deductible is met
Eye examinations**	$45 per visit	Deductible and coinsurance	Deductible and coinsurance	$50 per visit
Hearing aid benefit	$1,000 allowance every 3 years	$1,000 allowance every 3 years	Deductible and coinsurance $1,000; allowance every 3 years	$1,000 allowance every 3 years
Home health care services**	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	No charge after deductible is met
Hospice care**	Plan pays 100% Member pays 0%	Plan pays 100% Member pays 0%	Deductible and coinsurance	Plan pays 100% Member pays 0%
Minor lab, x-ray and diagnostic — Outpatient	Plan pays 100% Member pays 0%	Deductible and coinsurance	Deductible and coinsurance	Plan pays 100% Member pays 0%

*In-network coverage detailed unless otherwise noted.
**Refer to your plan documents for additional details.

Plan comparison chart, continued

UnitedHealthcare®

	PPO Plan	Consumer Choice	High Deductible	EPO Plan *(no new enrollments)*
	In- and out-of-network coverage*	In- and out-of-network coverage*	In- and out-of-network coverage*	In-network only
Other services (continued)				
Major diagnostic, imaging and therapeutic services — outpatient — CT scans, PET scans, MRI and nuclear medicine**	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	No charge after deductible is met
Professional fees for surgical and medical services	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	100% covered
Prosthetic devices**	Plan pays 100% Member pays 0%	Plan pays 100% Member pays 0%	Deductible and coinsurance	Plan pays 100% Member pays 0%
Rehabilitation services — outpatient therapy**	$15 per visit for 15 visits in conjunction with an office visit 16 or more visits: $30 per visit — PCP $60 per visit — specialist	Deductible and coinsurance	Deductible and coinsurance	$15 per visit for 15 visits in conjunction with an office visit 16 or more visits: $35 per visit — PCP $65 per visit — specialist
Skilled nursing facility/ inpatient rehabilitation facility services**	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	$1,500 copay per visit, then deductible
Substance use services — outpatient	$30 per visit	Deductible and coinsurance	Deductible and coinsurance	$35 per visit
Substance use services — inpatient**	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Inpatient: $1,500 copay per visit, then deductible
Transplantation services**	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Inpatient: $1,500 copay per visit, then deductible
Pharmacy out-of-pocket maximum				
In- and out-of-network	Subject to medical out-of-pocket maximum	Subject to medical out-of-pocket maximum	Subject to medical out-of-pocket maximum	Subject to medical out-of-pocket maximum

Certain procedures may require prior authorization. You or your provider should call the number on the back of your ID card to verify.

All elective surgeries will be reviewed for medical necessity.

*In-network coverage detailed unless otherwise noted.
**Refer to your plan documents for additional details.

UnitedHealthcare and Travis County are teaming up to make it easier for you to learn about the UnitedHealthcare plans available and the benefits they offer. Visit **exploreuhcplans.com/traviscounty** to easily find information that may help you make your benefit decisions and to:

- See a summary of features for every plan option
- Use the site to search network providers
- Find network pharmacies or search by medications
- Discover additional programs and resources designed with your health in mind



WELLBEING RESOURCES

RESOURCES FOR UNITEDHEALTHCARE MEMBERS

UnitedHealthcare®

NurseLine

Have questions about symptoms you're experiencing? Not sure if and where you should get care? If it's not an emergency, call NurseLine. Available at no cost to you, NurseLine connects you with an experienced registered nurse who can give you treatment advice, determine if it's necessary to see a doctor, and help you find a doctor or urgent care facility near your home or office.

Call **1-866-649-4873.**

Virtual care

Get care anytime without leaving home using your smartphone or other connected device.*

- 24/7 Virtual Visits — 24/7 care is available for common non-emergency health issues such as flu, fever, sore throat, pinkeye, migraines and back pain. A doctor can even refill prescriptions, if needed.**

Visit **myuhc.com/virtualcare** or look for Virtual Visits on the **UnitedHealthcare app.**

*Data rates may apply.
**Certain prescriptions may not be available, and other restrictions may apply.

myuhc.com and the UnitedHealthcare app

Register for your personalized website on **myuhc.com** and download the **UnitedHealthcare app.** These digital tools can help you understand your benefits and make informed decisions.

- Find care and compare costs.
- Check your plan balances, view your claims and access your health plan ID card.
- Access wellness programs and view clinical recommendations.
- Connect with 24/7 Virtual Visits.
- View your health savings account (HSA) or flexible spending account (FSA).
- Compare prescription costs and order refills.
- Pay less by using Tier 1 providers.

Click to download on the App Store.

Click to get it on Google Play.

TIER 1

Look for the Tier 1 blue dot when searching for a provider on **myuhc.com** or the **UnitedHealthcare app.**

Cancer Support Program

If you or a covered dependent has been diagnosed with cancer, an experienced cancer nurse will talk you through the emotional challenges of your health journey, answer your questions and guide you to a quality doctor. They may also help you with:

- Learning about and making decisions on treatment, including any clinical trials
- Managing symptoms and side effects
- Getting a second opinion
- Accessing Centers of Excellence (COEs)
- Managing prescriptions
- Understanding your benefits
- Making hospice or end-of-life decisions

Call **1-866-649-4873** to get started, or answer the phone if UnitedHealthcare calls.

Teladoc Health

Get support managing prediabetes or diabetes, high blood pressure or mental health with Teladoc Health. It offers:

- Connected devices to track blood sugar, blood pressure or weight
- Support from a coach who's certified in your health condition
- Live coaching sessions and messaging
- Courses to help you learn more

Visit **myuhc.com** to get started.



Sword

Introducing Sword Thrive and Sword Move — your new comprehensive movement and physical therapy benefits

Now available as part of your benefits, these programs provide personalized at-home support guided by a doctor of physical therapy. Thrive delivers clinically proven care for acute, chronic and post-surgical pain, while Move focuses on whole-body wellness — helping reduce everyday discomfort, prevent injury and build lasting healthy habits. Explore both programs to take a more proactive approach to your health and mobility.

Get started at **myuhc.com.**

Maven

Maven is a digital support system for expectant and new parents. Maven is an app-based virtual clinic that provides you with pregnancy, postpartum and newborn support. Available from conception through 12 weeks postpartum, it gives you and your partner 24/7 access to a bundle of resources — all included in your health plan at $0 added cost. Get support with:

- Creating your birth plan
- Breastfeeding and bottle-feeding
- Navigating infant sleep
- Returning to work
- Managing your mental health

Visit **mavenclinic.com/join/uhc-join.**

2nd.MD expert medical opinion services

Received a new diagnosis and you'd like a second opinion? Want to talk through your treatment plan options or medications? 2nd.MD connects you with board-certified elite specialists from prestigious health systems like Harvard Medical School and UTHealth (Texas) at no additional cost to you. Get expert advice for yourself or an eligible family member who's dealing with a chronic condition. 2nd.MD can also take on the burden of finding the right specialist, collecting medical records and navigating the health care system, so you can focus on getting the best care possible.

Visit **myuhc.com** to get started.

Personal Health Support

If you're managing an ongoing health condition such as diabetes, COPD, asthma or heart disease, get personal support from a specially trained registered nurse who can help you manage your condition, understand your treatment options and explore self-care tips.

Personal Health Support includes, but is not limited to:

- Asthma
- Burn conditions
- Chronic muscle disease, such as multiple sclerosis
- Cystic fibrosis
- Diabetes
- Head injury and spinal cord injury
- Heart disease
- Hyperalimentation
- IV therapy, antibiotics and chemotherapy
- Recent hospital stay
- Respiratory support
- Strokes and cardiac conditions
- Ventilator dependency

Call **1-866-649-4873** to get started, or answer the phone if UnitedHealthcare calls.

Travis County Diabetes Savings Program

If you've been diagnosed with diabetes, the Travis County Diabetes Savings Program can help you get access to affordable care and ongoing support. It features:

- Savings on diabetes-related office visits
- $0 copays for Tier 1 and Tier 2 diabetes-related medications and supplies

If you have questions or want to enroll in the Travis County Diabetes Savings Program, please contact your UnitedHealthcare Health Engagement Coach, **Frances Diep, registered dietitian,** at **frances.diep@traviscountytx.gov** or **1-512-539-6374.**

Health Coaching



Health Coaching is a free benefit available to all Travis County retirees who are on the UnitedHealthcare Health Plan. Frances, the health coach, can help you work on health behaviors such as physical activity, eating, prevention/treatment of chronic health conditions and behavioral health. You can schedule a session in person or virtually. Learn more here: **Health Coaching Flyer**

Frances Diep, Registered Dietitian, UnitedHealthcare Health Engagement Coach
1-512-539-6374 | **frances.diep@traviscountytx.gov**
To schedule Health Coaching, visit **calendly.com/frances-diep.**

Travis County CARE Program

The CARE Program promotes a culture of health and wellbeing by providing Travis County employees, retirees and dependents with resources, programs and services that support physical, mental and overall wellbeing. CARE offerings include employee fitness centers, health education, wellbeing programs, preventive health initiatives, workshops, challenges and special events designed to help participants make informed choices and build sustainable healthy habits.

More information about CARE programs and services can be found at **traviscentral.traviscountytx.gov/hr/care** or by contacting **CAREprogram@traviscountytx.gov** or **1-512-854-2273.**

Real Appeal®

Take small steps for lasting change with Real Appeal, an online weight management support program available to you and eligible family members at no additional cost.

- Set achievable nutrition, exercise and weight management goals that keep you motivated to create lasting change. Track your progress from your daily dashboard too.
- Feel motivated with personalized messages, online group sessions led by coaches and a caring community of members.
- Get a Success Kit delivered right to your door after your first live group session.

To learn more, go to **myuhc.com.**

One Pass Select™

Reach your fitness goals with One Pass Select. Choose a membership tier that fits your lifestyle and offers affordable access to gyms near you, plus thousands of live and on-demand online fitness classes. All tiers Classic and above also include no-cost subscriptions for grocery and home essentials delivery.

To see your options, visit **onepassselect.com.**

Virtual Behavioral Coaching

If you're living with stress, depression or anxiety, get personalized, virtual support from a coach. Virtual Behavioral Coaching offers:

- 1-on-1 weekly coaching sessions via video chat
- In-app messaging with your coach
- Courses based on cognitive behavioral therapy

To enroll, visit **myuhc.com.**

Child and Family Behavioral Health Coaching

Sometimes, being a parent can feel joyful. Other times, it can feel like a constant struggle. Child and Family Behavioral Health Coaching from Bend Health can help.

Available at no additional cost to families with children ages 1–17, it offers:

- **Support from an experienced coach** — Coaches are certified or have a master's degree, and they're supervised by licensed practitioners.
- **Online coaching sessions** — Get up to four 45-minute confidential sessions per month at no additional cost to you.
- **Unlimited messaging** — Talk with your coach between sessions with secure in-app messaging.
- **More resources** — Look at educational content anytime.
- **Referrals** — If your family needs more support, your coach can offer referrals to therapists and child/adolescent psychiatrists.

To learn more, go to **myuhc.com.**

Calm Health

You may have heard about or even used the Calm app. Now you have access to its most popular features and much more with Calm Health. Available through your benefits at no additional cost to you, it includes content written by licensed psychologists. Work toward wellbeing goals like:

- Better sleep
- Building skills to manage stress
- Developing resiliency
- Starting and building a mindfulness habit

It's all self-guided, so you can go at your own pace. Learn more and get the app at **uhc.app/calm.**

TRAVIS COUNTY HEALTH CLINIC

Travis County has 3 on-site health clinics staffed by physicians and medical care professionals available to retirees and dependents who are at least 10 years old and are covered on one of the Travis County Health Plans or the Humana Medicare Advantage Plan.

Services include:

- Alcohol cessation
- Allergy management (not allergy injections)
- Annual physicals
- Asthma management
- Cholesterol/lipid management
- Depression treatment
- Diabetes management
- Health screenings
- High blood pressure management
- Immunizations
- Pregnancy testing
- Tobacco cessation
- Weight management

Referrals: Chronic pain management will be referred to a specialist within the UnitedHealthcare network.

Prescription refills: Require initial doctor visit (per protocol). Generic drugs will be prescribed when available.

Limited fast-track appointments for minor illnesses or injuries are available for same-day or next-day visits.

Clinic hours

Downtown Clinic

700 Lavaca, 9th Floor, Suite 980
Phone:
1-512-854-5509
Monday–Thursday:
7:30 a.m.–5:30 p.m.
(Closed for lunch 12–1 p.m.)
Friday:
7:30–11:30 a.m.

Airport Blvd. Clinic

5501 Airport Blvd, Suite 201
Phone:
1-512-854-7998
Monday–Tuesday:
7:30 a.m.–5:30 p.m.
(Closed for lunch 12–1 p.m.)

Del Valle Clinic

3518 FM 973 South
Phone:
1-512-854-1282
Wednesday–Thursday:
7:30 a.m.–5:30 p.m.
(Closed for lunch 12–1 p.m.)
Friday:
7:30–11:30 a.m.





MEDICAL BENEFITS

RESOURCES FOR HUMANA MEMBERS

Humana

Medicare Advantage Plan — Humana

Humana Medicare Advantage Plan replaces both original Medicare and the Travis County Health Plan, administered by UnitedHealthcare, as your primary and secondary coverage. When you become eligible for Medicare and enroll in Medicare Parts A and B, contact the Travis County Benefits Office with your Medicare information to begin enrollment in the Medicare Advantage Plan. A packet will also be mailed to your home address 90 days before you turn age 65.

Plan highlights

You must continue to pay for Medicare part B premiums; however, you pay a lower monthly premium with Humana. You do not have to meet Medicare deductibles.

There are no copays and deductibles for medical services. (Acupuncture has a $25 copay.)

You can visit any provider that accepts Medicare and is willing to bill Humana.

The Humana plan also offers additional benefits, such as no-cost gym memberships along with health and wellness services.

Plan medical costs

	In-network	Out-of-network
Calendar-year deductible	$0	$0
Doctor visit copay	$0	$0
Specialist copay	$0	$0
Emergency room copay	$0	$0
Inpatient care	$0	$0
Outpatient surgery	$0	$0
Acupuncture copay	$25	$25

Prescription drug benefit

	Retail pharmacy	Mail-order pharmacy
	30-day supply	
Tier 1	$10	$10
Tier 2	$30	$30
Tier 3	$50	$50
Tier 4	$50	$50
	90-day supply	
Tier 1	$20	$20
Tier 2	$60	$60
Tier 3	$100	$100
Tier 4	N/A	N/A





WELLBEING RESOURCES

RESOURCES FOR HUMANA MEMBERS

Humana

HumanaFirst Nurse Advice Line

A health coach works with you to create a personal vision for your health and wellbeing, brings clarity to your goals and priorities, and provides accountability and support.

Get started by calling **1-877-567-6450** (TTY: 711), 8 a.m.–6 p.m., Eastern time.

Humana care management

Get support remaining independent at home with education, help with discharge instructions and more, available at no additional cost.

Post-discharge transportation

- 12 one-way trips by car, van or wheelchair-accessible vehicle, up to 50 miles per trip
- Transportation services must be utilized within 60 days of discharge

Post-discharge personal home care

- Qualified aides offer assistance performing activities of daily living within the home
- Minimum of 4 hours per day, maximum of 8 hours per discharge

To find out more about how this service can help you, call **1-866-396-8810** (TTY: 711) or visit **humana.com/home-care.**

SilverSneakers fitness program

Feeling fit is important at any age. This program provides retirees free access to 16,000+ fitness center locations nationwide and includes access to exercise equipment, group classes and social events. Whether you prefer indoor or outdoor activities, beginner or experienced, we have classes for everyone. Visit **SilverSneakers.com** or call **1-888-423-4632** to enroll or for more information.

Go365

Available at no extra cost, Go365 rewards you for completing your preventive screenings, getting your steps in and participating in other healthy activities that can help keep you on track. When you complete qualified activities, you earn rewards that can be redeemed for gift cards from retailers including Amazon, Walmart, Shell, Target and Kohl's. To learn more, go to **humana.com/Go365.**

Well Dine food program

After your overnight inpatient stay in a hospital or nursing facility, you're eligible to receive up to 28 nutritious meals (2 meals per day for 14 days). The meals will be shipped to your door at no additional cost to you. For more information, please call the number on the back of your Humana member ID card or visit **humana.com/home-care/well-dine.**

Virtual visits

Virtual visits are available through your Humana plan. Your primary care physician (PCP) and your specialist may offer virtual visits.

- Connect with your provider from the comfort of your home via telephone or video chat.
- Providers may help with chronic condition management, follow-up care after an in-office visit, medication reviews and refills, in addition to many other conditions.
- If you don't have a PCP or they don't offer virtual visits, you can use the "Find a doctor" tool on **humana.com** or call the number on the back of your member ID card to get connected with a provider that offers this service.

MyHumana

As soon as you receive your Humana member ID card, go to **humana.com** and register for MyHumana. This is your personal, secure online account that allows you to access your specific plan details from your smartphone. You can review your plan benefits and claims, find providers in the networks and access digital ID cards. You can also download the MyHumana app.



DENTAL BENEFITS

Travis County offers 4 dental plans administered by UnitedHealthcare. Here's a quick overview of the plans.

Prepaid DHMO Plan	Basic PPO Plan	Preferred PPO Plan	Preventive Only Plan
Exclusive Network	*National PPO 20*	*National PPO 30*	*National PPO 30*
No coverage for out-of-network providers	**Choose any dentist including specialists**	**Choose any dentist including specialists**	**Choose any dentist**
• No deductible, no copays for most preventive services • Copays for other treatments • Coverage for pre-existing conditions • No annual maximum for services	• PPO options available • Benefits are paid after any applicable deductible has been met, up to the annual maximum • Fees are lower for dentists participating in the PPO • Limited rollover reward amount for unused annual maximum amounts	• PPO options available • Benefits are paid after any applicable deductible has been met, up to the annual maximum • Fees are lower for dentists participating in the PPO • Limited rollover reward amount for unused annual maximum amounts	• Coverage for preventive services only • No deductible • $750 annual maximum • Fees are lower for dentists participating in the PPO

Find a dental provider in the UnitedHealthcare network by visiting **myuhc.com.** Or call customer service at **1-877-816-3596.**

Dental plan monthly premiums

	Prepaid DHMO Plan	Basic PPO Plan	Preferred PPO Plan	Preventive Only Plan
Employee only	$11.94	$24.12	$37.70	$13.44
Employee + 1 adult	$19.18	$45.88	$75.34	$26.86
Employee + 1 child	$19.18	$45.88	$75.34	$26.86
Employee + 2 or more children	$25.70	$75.54	$117.90	$37.18
Employee + 1 adult + 1 child	$25.70	$75.54	$117.90	$37.18
Employee + 1 adult + 2 or more children	$30.10	$97.30	$155.60	$53.76

Dental plan comparison

	Prepaid DHMO Plan	Basic PPO Plan	Preferred PPO Plan	Preventive Only Plan
Calendar-year deductible	$0	$50	$50	$0
Annual maximum	No max	$1,500	$2,000	$750
Carryover	$0	$400	$500	$0
Preventive services: routine oral exams, routine cleanings, fluoride treatment *(frequency limitations)*	100% (no copays)	100% (no deductible)	100% (no deductible)	100% (no deductible)
Restorative services: fillings, all other x-rays, simple extractions	Various copays	Plan pays 80% Member pays 20%	Plan pays 80% Member pays 20%	Not covered
Major services: crowns, bridgework, dentures, oral surgery, extractions, endodontics *(root canals)*, **periodontics** *(treatment of gums)*, **implants**	Various copays Implants not covered	Plan pays 50% Member pays 50%	Plan pays 50% Member pays 50%	Not covered
Orthodontia	Various copays	Plan pays 50% up to a $1,000 lifetime max	Plan pays 50% up to a $1,000 lifetime max	Not covered
Out-of-network coverage	None	Maximum allowable charge (MAC)	90th percentile of usual customary rates	90th percentile of usual customary rates

Your dental plan includes 2 virtual visits per plan year

Connect with a dentist 24/7 on your phone or computer* for care through DialCare. Your plan includes 2 visits at no additional cost to you** in addition to the routine in-person exams included in your plan.

▶ Visit **DialCare** to see available benefits.

*Consultations can be conducted by phone call or video where allowed in each state.
**You may need to pay an out-of-pocket cost for additional visits.



VISION BENEFITS

Even if you have perfect eyesight, it's important to get your vision checked on a regular basis. Travis County offers a comprehensive vision benefit provided by Davis Vision by MetLife. Through their provider network, you will receive a vision examination as well as eyeglasses (lenses and frames) or contact lenses.

Easy benefit access

With Davis Vision by MetLife, you may visit any provider you choose, but you maximize your savings when you visit a network provider. Find one by logging in to **metlife.com/mybenefits** and selecting Find a Provider or by calling **1-833-393-5433.**

In-Network Benefits		Out-of-Network Benefits *If you choose an out-of-network provider, you will be reimbursed up to:*
Eye examination	$10 copay	$45
Pair of lenses *(once every plan year)*	Standard single-vision, lined bifocal or trifocal lenses — $25 copay	Single-vision — $40 Bifocal — $60 Trifocal — $80 Lenticular — $100
Additional lens options and coverage *(once every plan year)*	Clear plastic lenses in any single-vision, bifocal, trifocal or lenticular prescription — covered in full *(See below for additional lens options and coatings)*	
Frames *(once every other plan year)*	Up to $150 retail allowance toward provider-supplied frame plus 20% off cost exceeding the allowance OR Any fashion or designer frame from Davis Vision's Exclusive Collection (with retail values up to $175) — covered in full OR Any premier frame from Davis Vision's Exclusive Collection (with retail values up to $225) — covered in full after an additional $25 copay	$50
Contact lenses in lieu of eyeglasses *(once every plan year)*	Up to $150 allowance toward provider-supplied contacts plus 15% off cost exceeding the allowance. Standard and specialty contacts — evaluation, fitting fees and follow-up care OR Davis Vision Exclusive Collection contact lenses, evaluation, fitting fees and follow-up care — covered in full after $25 copay (up to 4 boxes of disposable lenses) OR Medically necessary with prior approval — covered in full	Elective — $150 Necessary — $225

Additional lenses coverage and copays

- Davis Vision Exclusive Collection frames: fashion | designer | premier — $0 | $0 | $25
- Tinting of plastic lenses — $0
- Oversize lenses — $0
- Scratch-resistant coating — $0
- Ultraviolet coating — $12
- Anti-reflective coating: standard | premium | ultra — $35 | $48 | $60
- Polycarbonate lenses — $0/$4–$30
- High-index lenses — $55
- Progressive lenses: standard | premium | ultra — $50 | $90 | $140
- Polarized lenses — $75
- Plastic photosensitive lenses — $65
- Scratch protection plan: single-vision | multifocal lenses — $20 | $40

Out-of-network providers

If you visit an out-of-network provider, you will need to send your itemized receipts with the primary insured's unique identification number and the patient's name and date of birth to:

Vision Care Processing Unit
P.O. Box 1525
Latham, NY 12110

Receipts for services and materials purchased on different dates must be submitted at the same time to receive reimbursement. Receipts must be submitted within 12 months of the date of service.

Important tip

Your $150 contact lens allowance is applied to the contact lens fitting and evaluation fee and the purchase of contact lenses. For example, if the contact lens fitting and evaluation fee is $30, you will have $120 toward the purchase of contact lenses.

Value-added features

Order contacts through **davisvisioncontacts.com** to save time and money. You'll receive discounts of up to 25% on the provider's usual and customary fees, or 5% on advertised specials, whichever is lower.

Vision plan premiums

Coverage Level	Monthly Premium
Employee only	$4.12
Employee + 1 adult	$7.80
Employee + 1 child	$7.80
Employee + 2 or more children	$8.64
Employee + 1 adult + 1 child	$9.26
Employee + 1 adult + 2 or more children	$11.94


LIFE
INSURANCE

Retirees are eligible to enroll in life insurance for themselves and covered spouses. If you enroll upon retirement, the basic life benefits are guaranteed issue and no underwriting approval is required. To purchase coverage listed under "Optional Amount" in the table below, you must complete an evidence of insurability (EOI) form and it must be approved by New York Life. Listed below are the coverage options and rates for retirees 70 or younger as well as retirees who are age 71 or older.

Retirees age 70 or younger	Basic Amount	Monthly Cost	Optional Amount	Monthly Cost	Total Available	Total Monthly Cost
Retiree Life	$15,000	$2.08	$10,000*	$4.84	$25,000	$6.92
Retiree Spouse Life	$7,500	$2.08	$5,000*	$4.84	$12,500	$6.92

Retirees age 71 or older	Basic Amount	Monthly Cost	Optional Amount	Monthly Cost	Total Available	Total Monthly Cost
Retiree Life	$5,000	$5.90	$5,000*	$8.80	$10,000	$14.70
			$10,000*	$17.60	$15,000	$23.50
			$15,000*	$26.40	$20,000	$32.30
Retiree Spouse Life	$2,500	$2.95	$2,500*	$4.40	$5,000	$7.35
			$5,000*	$8.80	$7,500	$11.75

*Optional life requires underwriting and approval from the carrier. Complete the EOI form, which is available online, and send it to the address on the form (unless you have already been approved in a prior year).







HEALTH SAVINGS ACCOUNT (HSA)

Your HSA can be used for qualified expenses, including those of your spouse and/or tax dependents. You own and administer your HSA. Contributions to an HSA are tax-free and withdrawals for qualified expenses are also tax-free. The money in this account rolls over from year to year if you do not spend it. This account is also portable, which means it stays with you if you switch medical plans or drop medical insurance through the County.

Once you are enrolled in this account, Optum Bank will issue a debit card, giving you direct access to your account. When you have a qualified expense, you can use your debit card to pay. If you use your credit card or other form of payment to pay for your eligible expenses, you can reimburse yourself from your HSA. Eligible expenses include doctor office visits, eye exams, prescriptions, laser eye surgery and more. IRS Publication 502 provides a complete list of eligible expenses and can be found on **irs.gov.** There are no receipts to submit for reimbursement; however, you would need to keep your receipts in case the IRS audits you. Retirees are able to upload and save their receipts on the Optum app or website.

To be eligible for the HSA, you must meet the requirements below, which are determined by the IRS.

- You must be enrolled in the High Deductible Health Plan.
- You and your enrolled dependents cannot be claimed on another person's tax return.
- You cannot be enrolled in any other health plan.
- You cannot be enrolled in Medicare or TRICARE.
- You and your enrolled dependents cannot be enrolled in a health care FSA.
- You must provide a physical address to Optum Bank (no P.O. boxes).
- You must be a legal resident of the United States.

HSA contribution limits

Contributions to an HSA are tax-free and can be made directly through Optum on a pre-tax basis. The money in this account (including interest and investment earnings) grows tax-free as well. As long as the funds are used to pay for qualified expenses, they are also spent tax-free. Per IRS regulations, if funds are used for purposes other than qualified expenses and you are younger than age 65, you will pay federal income tax on the amount withdrawn plus a 20% penalty tax. At age 65, you are no longer eligible to contribute to an HSA. After age 65, the money in your HSA does not have to be used for eligible expenses. An HSA is a great way to save for post-retirement health care needs.

Each year, the IRS places a limit on the maximum amount that can be contributed to the HSA. For 2026, contributions are limited to the following:

Retiree Only	Retiree + Dependent	Catch-Up Contribution (Age 55+)
$4,500 ($100 increase from 2026)	$9,000 ($250 increase from 2026)	$1,000



REQUIRED NOTICES

YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE BENEFICIARY CREDITABLE COVERAGE DISCLOSURE NOTICE

This notice has information about your current prescription drug coverage with Travis 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 a Medicare drug plan, 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 this area. There are 2 important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. On January 1, 2006, new prescription drug coverage became available to individuals with Medicare Part A. This coverage is available through Medicare prescription drug plans, also referred to as Medicare Part D. All such plans provide a standard, minimum level of coverage established by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Travis County has determined that prescription drug coverage offered through the County health plans 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.

Other important considerations

- If you currently have prescription drug coverage through the County medical plan, you may choose to enroll in Medicare Part D annually between October 15 and December 7, or when you first become eligible for Medicare Part D.
- If you decide to join a Medicare drug plan, your current Travis County medical coverage will not be affected.
- If you do decide to join a Medicare drug plan and drop your current Travis County coverage for your dependents, you will not be able to get this coverage back during an open enrollment period.

Other important considerations, continued

- You should also know that if you drop or lose your current coverage with Travis 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 percent of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 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.
- If you are enrolled in Medicare Part D or a Medicare Advantage Plan and are also enrolled in the County medical plan, you may have duplicate prescription coverage. If you would like to review your coverage or for more information, contact the Benefits Team at **1-512-854-0404.**

More information about Medicare Part D 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. Additionally, you can:

- Visit **medicare.gov** for personalized help.
- Call **1-800-MEDICARE** (1-800-633-4227); TTY users should call **1-877-486-2048.**

Financial assistance may be available for individuals with limited income and resources through the SSA. For more information, visit the SSA website at **ssa.gov** or call **1-800-772-1213.** TTY users should call **1-800-325-0778.**

Newborns' Act disclosure

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery or less than 96 hours following a cesarean section.

However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours or 96 hours as applicable. In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours or 96 hours.

The Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act of 1998 requires group health plans that provide coverage for a mastectomy to provide coverage for certain reconstructive services. This law also requires that written notice of the availability of coverage be delivered to all plan participants upon enrollment and annually thereafter. This language serves to fulfill that requirement for this year. These services include:

- Reconstruction of the breast upon which the mastectomy has been performed;
- Surgery/reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment for physical complications during all stages of mastectomy, including lymphedema.

In addition, the plan may not:

- Interfere with a participant's rights under the plan to avoid these requirements; or
- Offer inducements to the health care provider, or assess penalties against the provider, in an attempt to interfere with the requirements of the law.

However, the plan may apply deductibles, coinsurance and copays consistent with other coverage provided by the plan.

Continuation coverage rights under COBRA

Introduction

You are receiving this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

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

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a qualifying event. Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a qualified beneficiary. You, your spouse and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

What is COBRA continuation coverage? (continued)

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

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

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

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than their 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 of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than their 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 continuation coverage available?

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

- Death of the employee; or
- The retiree becoming entitled to Medicare benefits (under Part A, Part B or both).

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

Travis County Human Resources Management Department
c/o Benefits Division
P.O. Box 1748
Austin, TX 78767



How is COBRA continuation coverage provided?

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

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

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

Disability extension of 18-month period of COBRA continuation coverage

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

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

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

If you have questions:

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

If you have any questions about your rights to COBRA continuation coverage, you should contact:



UnitedHealthcare
Customer Care Center
P.O. Box 221709
Louisville, KY 40252



uhcservices.com
Toll free: **1-877-237-8576**
Email: **cobra_kyoperations@uhc.com**

Health Insurance Portability and Accountability Act (HIPAA) notice

HIPAA Compliance and Privacy Officer
Phone: **1-512-854-1114**
Email: **privacy@traviscountytx.gov**

Travis County 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. Travis County maintains electronic health records and will not use or disclose your health information except as described in this notice. Please review it carefully.

Our uses and disclosures

We may use and share your information as we:

- Address workers' compensation, law enforcement and other government requests
- Bill for your services
- Comply with the law
- Do research
- Help with public health and safety issues
- Remind you of appointments for care
- Respond to lawsuits and legal actions
- Respond to organ and tissue donation requests
- Run our organization
- Treat you
- Work with a medical examiner or funeral director

Your rights

You have the right to:

- Ask us to limit the information we share
- Choose someone to act for you
- Correct your paper or electronic medical record
- File a complaint if you believe your privacy rights have been violated
- Get a copy of this privacy notice
- Get a copy of your paper or electronic medical record
- Get a list of those with whom we've shared your information
- Request confidential communication

Our responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Your choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Provide mental health care

Our uses and disclosures details

We typically use or share your health information in the following ways:

- Treat you — We can use your health information and share it with other professionals who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition.
- Run our organization — We can use and share your health information to operate programs that provide health care services to you, improve your care and contact you when necessary. Example: We use health information about you to manage your treatment and services.
- Bill for your services — We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research.

We must meet many conditions in the law before we can share your information for these purposes.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner or funeral director when an individual passes away.

Address workers' compensation, law enforcement and other government requests

We can use or share health information about you:

- For workers' compensation claims — for law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law — for special government functions such as military, national security and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Your rights details

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you when you submit a written request.
- We will provide a copy or a summary of your health information within 15 days of your request if we maintain it in an electronic format. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

You can ask us to correct health information about you that you think is incorrect or incomplete. We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address and we will say "yes" to all reasonable requests.

Ask us to limit what we use or share

You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

You can ask for a list (accounting) of the times we've shared your health information for 6 years prior to the date you ask, whom we shared it with and why. We will include all the disclosures except those about treatment, payment and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide 1 accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you think your rights are violated

- You may complain if you think we have violated your rights by contacting the Privacy Officer at the email address and telephone number provided for the HIPAA Compliance and Policy Officer on page 6.
- You can also file a complaint with the U.S. Dept. of Health and Human Services (HHS) Office for Civil Rights (OCR) by sending a letter to 200 Independence Avenue SW, Washington, DC, 20201, or by calling the HHS hotline: **1-877-696-6775.** You will not be retaliated against for filing a complaint.

Your choices details

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

- In these cases, you have both the right and the choice to tell us to:
  - Share information with your family, close friends or others involved in your care
  - Share information in a disaster relief situation
  - Include your information in a hospital directory
- If you are not able to tell us your preference — for example, if you are unconscious — we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- In cases where sharing of psychotherapy notes is allowed, we will not share them unless you give us written permission.

Changes to the terms of this notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our website.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

Apple, App Store and the Apple logo are trademarks of Apple Inc., registered in the U.S. and other countries. Google Play and the Google Play logo are registered trademarks of Google Inc.

24/7 Virtual Visits is a service available with a Designated Virtual Network Provider via video, or audio-only where permitted under state law. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefits plan to determine if these services are available.

The information provided through 2nd.MD does not constitute medical advice and does not diagnose, treat or prescribe treatment of medical conditions. All information provided in connection with 2nd.MD is for informational purposes only and does not create a physician-patient treatment relationship. Information provided through 2nd.MD does not substitute medical diagnosis or treatment from your treating physician, and you should discuss the information provided with your treating physician before making any decisions. The 2nd.MD service is subject to change. Coverage exclusions and limitations may apply.

Cancer Support Program is a program, not insurance. Availability may vary on a location-by-location basis and is subject to change with written notice. UnitedHealthcare does not guarantee availability of programs in all service areas and provider participation may vary. Certain items may be excluded from coverage, and other requirements or restrictions may apply. Please check with your UnitedHealthcare representative.

One Pass Select is a voluntary program that features a subscription-based nationwide gym network, digital fitness and grocery delivery service. For self-funded participants, there are no state restrictions. For fully insured participants, program availability varies by state: (i) the program is NOT available to members of accounts used in HI, KS, VT and Puerto Rico; (ii) the grocery delivery service component of the program is not available in TX and is pending regulatory approval in CA and VA for select groups and lines of business — discuss with your UnitedHealthcare representative for details. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. Individuals should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for them. Purchasing discounted gym and fitness studio memberships, digital fitness or grocery services may have tax implications. Employers and individuals should consult an appropriate tax professional to determine if they have any tax obligations with respect to the purchase of these discounted memberships or services under this program, as applicable. One Pass Select is a program offered by One Pass Solutions, Inc. Subscription costs are payable to One Pass Solutions, Inc.

All UnitedHealthcare members can access a cost estimate online or on the mobile app. None of the cost estimates are intended to be a guarantee of your costs or benefits. Your actual costs may vary. When accessing a cost estimate, please refer to the Website or Mobile application terms of use under Find Care & Costs section.

Real Appeal is a voluntary weight management program that is offered to eligible members at no additional cost as part of their benefit plan. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. Results, if any, may vary. Any items/tools that are provided may be taxable, and participants should consult an appropriate tax professional to determine any tax obligations they may have from receiving items/tools under the program.

The UnitedHealthcare plan with health savings account (HSA) is a qualifying High Deductible Health Plan (HDHP) that is designed to comply with IRS requirements so eligible enrollees may open an HSA with a bank of their choice or through Optum Bank, Member FDIC. The HSA refers only and specifically to the health savings account that is provided in conjunction with a particular bank, such as Optum Bank, and not to the associated HDHP.

Health savings accounts (HSAs) are individual accounts offered by Optum Bank and are subject to eligibility and restrictions, including but not limited to restrictions on distributions for qualified medical expenses set forth in section 213(d) of the Internal Revenue Code. State taxes may apply. Fees may reduce earnings on account. This communication is not intended as legal or tax advice. Please contact a competent legal or tax professional for personal advice on eligibility, tax treatment and restrictions. Federal and state laws and regulations are subject to change.

Certain preventive care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services may be based on your age and other health factors. Other routine services may be covered under your plan, and some plans may require copayments, coinsurance or deductibles for these benefits. Always review your benefit plan documents to determine your specific coverage details.

TRAVIS COUNTY HUMAN RESOURCES MANAGEMENT DEPARTMENT

700 Lavaca Street, Suite 900
Austin, TX 78701

Benefits line:
1-512-854-0404

Fax:
1-512-854-6677

Email:
retiree@traviscountytx.gov

Online:
traviscountytx.gov/human-resources/jobs/benefits

Contact the vendors directly for:
ID cards, claims, benefits or coverage information

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