



Your Guide to
2024
10/1/2024-12/31/2024

Benefits



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Dear Johnson County Employees,

As we approach the upcoming Open Enrollment season, we would like to inform you about some important changes and reminders. This year, we are transitioning our renewal period from October 1st to January 1st, 2025.

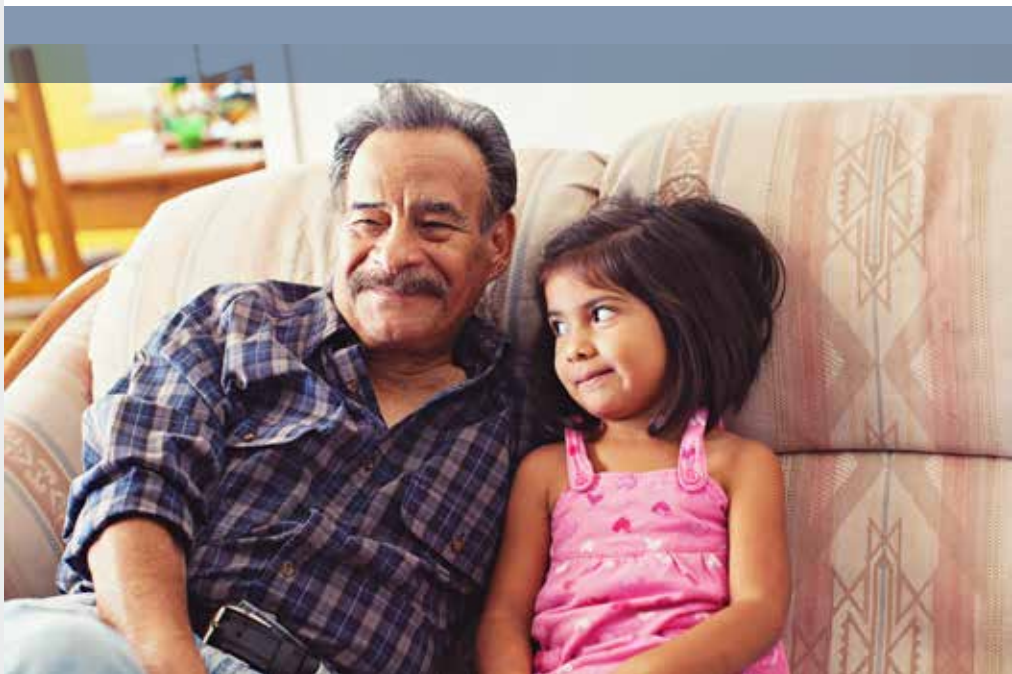
To facilitate this transition, we will have two enrollment periods. The first enrollment period will be August 19th to September 5th, 2024. During this period, if you do not take any action, your current coverage will continue as is. The benefits elected during this short enrollment period will be effective until the end of 2024. There will be a second Open Enrollment period later this fall for benefits that will take effect from January 1st through December 31st, 2025.

While no action is needed to participate in your health coverage, if you participate in the HSA, the Healthcare FSA, the Limited Purpose FSA or the Dependent Care FSA, and you wish to continue to participate in these plans, you will need to actively elect this coverage as they will not automatically carry over. Please remember to complete these elections during the first enrollment period or you will not be enrolled through the end of the year.

Open Enrollments are also an excellent opportunity to review and update your beneficiaries. Designating both primary and contingent beneficiaries ensures that your assets are managed according to your wishes. If beneficiaries are not designated, any benefits may be paid to your estate or according to the rules outlined by the benefit plan.

If you have any questions or need assistance, please contact the appropriate provider listed in your benefits guide.

Thank you for your attention to these important matters.



Welcome

Your Benefits Package

Please take a few moments to read this benefits guide, so you can learn about the various options available to you, and make informed decisions about your health care. When you make well-informed decisions, you can reduce your out-of-pocket health care costs, and help control the cost of the County's overall premiums.

If you have questions, please contact the appropriate provider via the Important Contacts on the back of this guide.

When to Enroll

You can add and make changes to your benefits during the following scenarios:

- » During new hire orientation
- » During annual Open Enrollment

Typically, if you do not enroll for coverage during your new hire orientation or at annual Open Enrollment, you won't receive coverage during the plan year, unless you have a qualified change in family status.

However, the August 19 – September 5, 2024, enrollment period will be a passive enrollment. This means you are not required to take action in order to keep the previous year's coverage. Your elections will automatically carry forward into the upcoming plan year with the exception of the Health Savings Account (HSA) and Flexible Spending Accounts (FSAs), which you must actively enroll in to continue participating in those accounts.

If you would like to add, change or delete coverage for yourself and/or your dependents, you must go through the enrollment process.

Eligibility

If you are scheduled to work 30 hours or more per week, you are eligible for Johnson County benefits on the first day of the month following 60 days of continuous service.

You may enroll your eligible dependents in the same plans you choose for yourself. Eligible dependents include your legally married spouse and your children up to age 26.

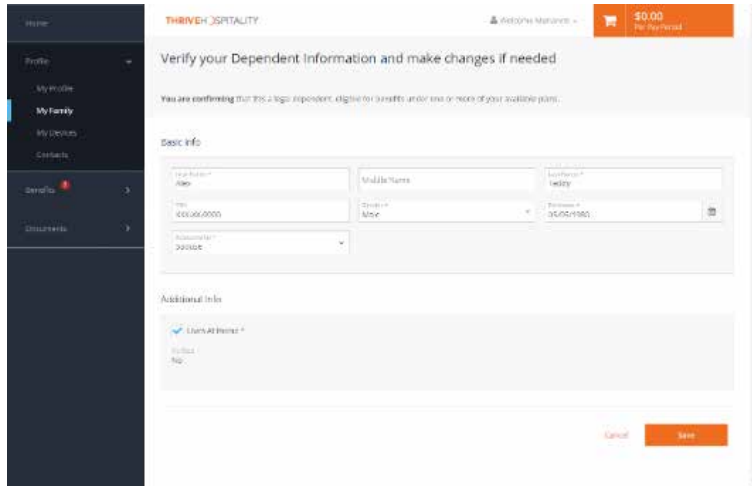
Note: When your covered child reaches age 26, you must notify the Personnel Department at 817-556-6350.

Making Changes

The choices you make when you are first eligible are in effect for the remainder of this plan year (October 1st – December 31st). Once you enroll in coverage, you must wait until the next Open Enrollment period to change your benefits, or add/remove coverage for dependents, unless you have a qualified change in family status as defined by the IRS. Life Events can be reported on your employee PlanSource benefits portal within 31 days of the event. In each case of a qualified life event, documentation should be provided to PlanSource, as noted below. You have 31 days to make changes to your coverage, and these changes must be consistent with the change in status.

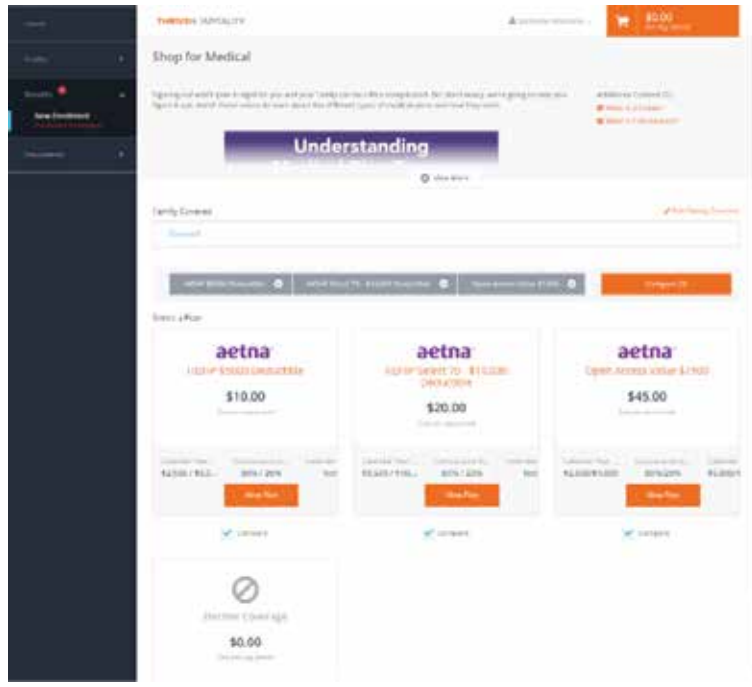
Life Event	Documentation Needed	
Change in marital status	Marriage	Copy of marriage certificate
	Divorce / Legal Separation	Copy of divorce decree
	Death	Copy of death certificate
Change in number of dependents	Birth or Adoption	Copy of birth certificate or copy of legal adoption papers and Social Security card
	Step-Children	Copy of birth certificate plus a copy of the marriage certificate between employee and spouse and Social Security card
	Death	Copy of death certificate
Change in employment	Change in your eligibility status (i.e., full-time / part-time)	Notification of increase or reduction of hours that changes coverage status
	Change in spouse's benefits or employment status	Notification of spouse's employment status that results in a loss or gain of coverage

Enroll in Benefits



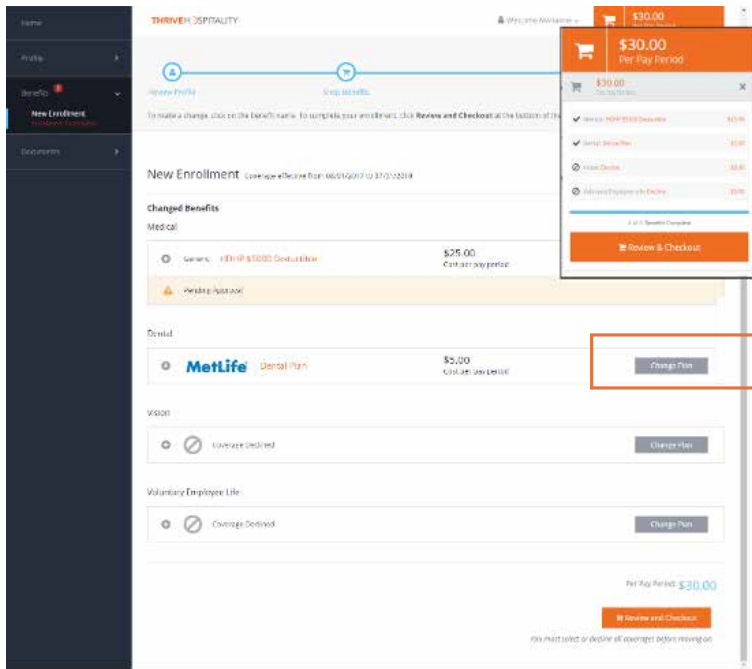
Review Your Profile

The first step in your enrollment process is to review their profile. Read through this page and verify that all information is correct; if there are errors, you can modify the information by selecting "Edit Info" or contact your HR representative for corrections. Complete any information where the field is empty or incorrect. Once you have completed your updates, select "Save." Then select "Next: Review My Family."



On each benefits page, you can still compare plans, edit who's covered, and get information related to your benefits.

PlanSource can help with the following:
 Password and login assistance, Technical support, Benefits education and guidance, Phone based enrollment, Life event assistance



Plan Details

The plan detail page will give you information about each plan, including deductible, cost per pay period and projected costs.

Select Plan

To select a plan, indicate which family members are covered by clicking “edit family covered” and select the card for each family member you’d like to be on the plan.

Click “Update Cart” to choose the plan.

***SHOPPING CART** display total will not display amounts for you or any added dependents pending EOs or Document Verification until approved.

Checkout

To finalize your choices, click “Review and Checkout.” You must complete the checkout process in order to be enrolled in benefits.

Need Assistance?

Call 844-396-5676 to speak with a PlanSource agent.

The PlanSource call center can help with benefits questions as well.

PlanSource can help with the following:

Password and login assistance, Technical support, Benefits education and guidance, Phone based enrollment, Life event assistance

Any benefits requiring an evidence of insurability will not show the final price in PlanSource until the EOI is approved.

Medical Coverage – BCBSTX

Johnson County offers a choice of three different medical plans to eligible employees administered by BCBS. Please refer to the chart for additional information on the plans.

Blue Cross Blue Shield of Texas Plan Features	PPO (Blue Choice Network)		HMO (Blue Essentials Network)
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
Deductible Per Calendar Year	\$1,000 individual \$2,000 Family	\$6,000 Individual \$12,000 Family	\$1,000 individual \$2,000 Family
Out-of-Pocket Maximums Per Calendar Year	\$4,000 Individual \$8,000 Family	\$8,000 Individual \$16,000 Family	\$4,000 Individual \$8,000 Family
Preventive Care/Screenings/Immunizations	No Charge; deductible does not apply	Preventive Care: 60% after deductible Immunizations:* \$100	No Charge; deductible does not apply
Professional Services – PCP Office Visit – Specialist Office Visit – MDLIVE (Telemedicine)	\$35 Copay \$45 Copay \$0 Copay	60% after deductible 60% after deductible N/A	\$35 Copay \$45 Copay \$0 Copay
Emergency Care Services – Urgent Care Center, per visit – Emergency Care – Facility – Emergency Care – Physician	\$100 Copay Plan pays 80% of allowable amount after \$300 copay Plan pays 80% after deductible	Plan pays 60% after deductible Plan pays 60% of allowable amount after \$300 copay and deductible for non-emergency Plan pays 60% of allowable amount after deductible for non-emergency (<i>Accidental Injury & Emergency Care pays same as In-Network</i>)	\$100 Copay \$300 Copay** Plan pays 80% after deductible**
Outpatient Hospital Services	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible
Inpatient Hospital Services <i>Penalty for failure to preauthorize services</i>	Plan pays 80% of the allowable amount <i>None</i>	Plan pays 60% of the allowable amount \$250	Plan pays 80% <i>N/A</i>
Mental Health Care/Chemical Dependency Inpatient Services Inpatient Services – Hospital services (<i>facility</i>) – Physician services <i>All services must be preauthorized.</i> <i>Penalty for failure to preauthorize services</i>	Plan pays 80% of allowable amount Plan pays 80% after deductible <i>None</i>	Plan pays 60% of allowable amount Plan pays 60% after deductible \$250	Plan pays 80% Plan pays 80% after deductible <i>None</i>
Mental Health Care/Chemical Dependency Outpatient Services – Services performed during physician office visit/consult (<i>does not include psychological testing</i>) – Other outpatient services and psychological testing	\$35/\$45 Copay Plan pays 80% after deductible	Plan pays 60% after deductible Plan pays 60% after deductible	\$35/\$45 Copay Plan pays 80% after deductible

*6 years of age and older

**Out-of-network emergency claims will process with in-network level of benefits if the ER diagnosis verifies visit as a true emergency. However, if it is determined to be a non-emergency, the claim will process as out-of-network and benefits will deny due to your plan not having coverage out-of-network.

Medical Coverage (HDHP) – BCBSTX

The HSA plan below is a separate plan from those on the previous page, not a continuation.

Blue Cross Blue Shield of Texas Plan Features	HSA	
	IN-NETWORK	OUT-OF-NETWORK
Deductible Per Calendar Year	\$4,000 Individual \$8,000 Family	\$32,000 Individual \$32,000 Family
Out-of-Pocket Maximums Per Calendar Year	\$4,000 Individual \$8,000 Family	\$8,000 Individual \$16,000 Family
Preventive Care/Screenings/Immunizations	No Charge; deductible does not apply	30% after deductible
Professional Services – PCP Office Visit – Specialist Office Visit – MDLIVE (Telemedicine)	No Charge after deductible No Charge after deductible No Charge after deductible	50% after deductible 50% after deductible N/A
Emergency Care Services – Urgent Care Center, per visit – Emergency Care – Facility – Emergency Care – Physician	No Charge after deductible No Charge after deductible No Charge after deductible	50% after deductible No Charge after deductible No Charge after deductible
Outpatient Hospital Services	No Charge after deductible	Plan pays 50% after deductible
Inpatient Hospital Services <i>Penalty for failure to preauthorize services</i>	No Charge after deductible <i>None</i>	Plan pays 50% of the allowable amount \$250
Mental Health Care/Chemical Dependency Inpatient Services – Hospital services (<i>facility</i>) – Physician services <i>All services must be preauthorized.</i> <i>Penalty for failure to preauthorize services</i>	No Charge after deductible No Charge after deductible <i>None</i>	Plan pays 60% of allowable amount Plan pays 60% after deductible \$250
Mental Health Care/Chemical Dependency Outpatient Services – Services performed during physician office visit/consult <i>(does not include psychological testing)</i> – Other outpatient services and psychological testing	No Charge after deductible No Charge after deductible	Plan pays 50% after deductible Plan pays 50% after deductible

Prescription Drug Program – BCBSTX/Prime Therapeutics

Pharmacy Benefits are administered through Prime Therapeutics.

30-Day Supply at Participating Network Retail Pharmacy (PPO and HMO Plans)	
Plan Year Deductible	\$0 Individual / \$0 Family
Tier 1 - Generic Drugs	\$10 Copay
Tier 2 - Preferred brand drugs	\$50 Copay
Tier 3 - Non Preferred brand drugs	\$75 Copay
Tier 4 - Specialty drugs	\$50 Copay
Tier 5 - Non-Preferred Specialty	\$75 Copay
Up to a 90-Day Supply from Mail-Order Pharmacy (PPO and HMO Plans)	
The 90-day supply is 2x the amount of the 30-day supply.	

Up to a 30-Day Supply at Participating Network Retail Pharmacy (HDHP Plan)	
Tier 1 - Generic Drugs	No charge after deductible
Tier 2 - Preferred brand drugs	No charge after deductible
Tier 3 - Non Preferred brand drugs	No charge after deductible
Tier 4 - Specialty drugs	No charge after deductible

More information about your prescription drug coverage is available on your employee Blue Access for Members (BAM) Account at www.BCBSTX.com under the Pharmacy tab. Click on the Member Services tab to Create an Account.

Attention: Please note the following guidelines regarding your prescription benefits:

1. Payment of the difference between the cost of a brand name drug and a generic may be required if a generic is available.
2. Specialty drugs must be obtained from In-network specialty pharmacy provider. Specialty retail is limited to a 30-day supply. Mail order is not covered.



HSA – PlanSource

A Health Savings Account (HSA) is a personal savings account you can use to pay for qualified out-of-pocket medical expenses with pretax dollars — now or in the future. Once you're enrolled in the HSA, you'll receive a debit card to help manage your HSA reimbursements. Your HSA can also be used for your expenses and those of your spouse and dependents, even if they are not covered by the HDHP medical plan.

How a Health Savings Account Works



Eligibility

You must be enrolled in the High Deductible Health Plan.

Contributions

You contribute on a pretax basis and can change how much you contribute from each paycheck up to the annual IRS maximum of \$4,150 if you enroll only yourself or \$8,300 if you enroll in family coverage. You can make an additional catch-up contribution if you are age 55 or older.



Eligible Expenses

You may use your HSA funds to cover Medical, Dental, Vision and prescription drug expenses incurred by you and your eligible family members.

Using Your Account

Use the debit card linked to your HSA to cover eligible expenses, or pay for expenses out of your own pocket and save your HSA money for future health care expenses.



Your HSA is always yours — no matter what.

One of the best features of an HSA is that any money left in your account at the end of the year rolls over so you can use it next year or sometime in the future. And if you leave the Company or retire, your HSA goes with you so you can continue to pay for or save for future eligible health care expenses.



FSA – PlanSource

Flexible Spending Accounts (FSAs) allow you to pay for eligible expenses using tax-free dollars. Important: There is a “use it or lose it” rule imposed by the IRS. If you don’t use all the money in your FSA by September 30, you could lose it due to IRS rules. However, with the 10/1-12/31 plan year, you have an extra 60 days to submit any last-minute claims before any remaining money is forfeited.

Health Care FSA

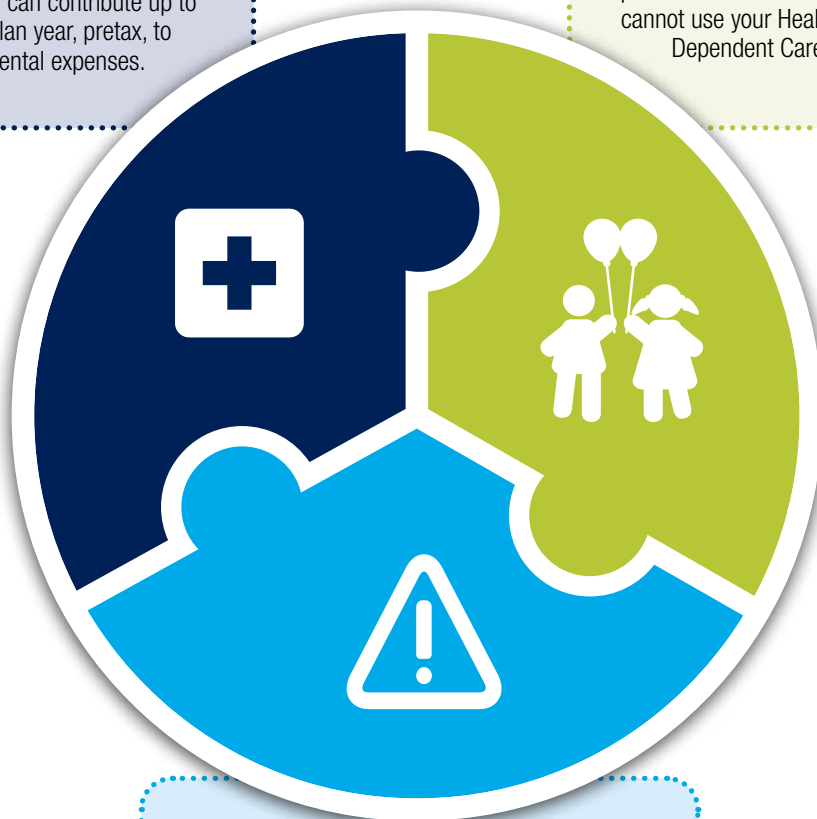
Contribute up to \$800 for the 10/1-12/31 plan year, pretax, to pay for copays, prescription expenses, lab exams and tests, contact lenses and eyeglasses.

Limited Purpose FSA

Those enrolled in the HDHP can contribute up to \$800 for the 10/1-12/31 plan year, pretax, to pay for eligible vision and dental expenses.

Dependent Care FSA

Contribute up to \$1,250 for the 10/1-12/31 plan year (\$2,500 if married and filing separate tax returns), pretax, to pay for day care expenses associated with caring for elder or child dependents that are necessary for you or your spouse to work or attend school full-time. You cannot use your Health Care FSA to pay for Dependent Care expenses.



Use It or Lose It

If you don't use all the money in your FSA by **September 30**, you could lose it due to IRS rules. However, with the 10/1-12/31 plan year, you have an extra 60 days to submit any last-minute claims before any remaining money is forfeited.

Need Assistance? Call 844-396-5676 to speak with a PlanSource agent.



Dental Coverage – BCBSTX

Strong teeth and gums are an important part of good health, which is why Johnson County offers you and your eligible dependents dental coverage through Blue Cross to help pay for many of the dental expenses you and your family incur. Both plans help you pay for most necessary dental services and supplies, including diagnostic and preventive care (such as exams, cleanings, and X-rays), and basic and major restorative services (such as fillings, crowns, and dentures). The following is a listing of common services available through your Blue Care Dental PPO network. The members share of the cost is determined by whether care is received from a contracting or non-contracting provider.

Review the comparison chart below for additional coverage details:

BlueCare Dental Plan Features	PPO High Plan		PPO Low Plan	
	CONTRACTED DENTIST	NON-CONTRACTED DENTIST	CONTRACTED DENTIST	NON-CONTRACTED DENTIST
Deductible	\$50/Individual \$150/Family	\$50/Individual \$150/Family	\$75/Individual \$225/Family	\$75/Individual \$225/Family
Calendar Year Maximum	\$5,000	\$5,000	\$750	\$750
Preventive Services (Routine exams, cleanings, topical fluoride, X-rays, space maintainers, sealants) <i>Deductible does not apply</i>	Plan Pays 100%	Plan Pays 100%	Plan Pays 80%	Plan Pays 80%
Basic (Composite fillings, extractions, oral surgery) No Waiting Period	Plan Pays 80%	Plan Pays 80%	Plan Pays 50%	Plan Pays 50%
Major (Crowns, bridges, dentures, endodontics, periodontics) No Waiting Period	Plan Pays 50%	Plan Pays 50%	Plan Pays 25%	Plan Pays 25%
Orthodontics (Children under 19) Lifetime Maximum No Waiting Period	Plan Pays 50% \$1,000	Plan Pays 50% \$1,000	Not Covered	Not Covered

Dental PPO High Plan

- » **Contracted Provider:** Your out-of-pocket cost will generally be the least amount because BlueCare providers have contracted to accept a lower Allowable Amount as payment in full for eligible dental expenses. You are not required to file claim forms, and you are not balance billed for costs exceeding the BCBSTX Allowable Amount for BlueCare dentists.
- » **Non-Contracted Provider:** Your out-of-pocket cost may be greater because non-contracting providers have not entered into a contract with BCBSTX to accept any Allowable Amount determination as payment for eligible dental expenses. You are required to file claim forms, and you are balance billed for costs exceeding the BCBSTX Allowable Amount. Non-contracting provider reimbursement: UCR 90th percentile.

Dental PPO Low Plan

- » **Contracted Provider:** Your out-of-pocket cost will generally be the least amount because BlueCare Providers have contracted to accept a lower Allowable Amount as payment in full for eligible dental expenses. You are not required to file claim forms, and you are not balance billed for costs exceeding the BCBSTX Allowable Amount for BlueCare dentists.
- » **Non-Contracted Provider:** Your out-of-pocket cost may be greater because non-contracting providers have not entered into a contract with BCBSTX to accept the Maximum Allowable In-Network Amount as payment for eligible dental expenses. You are required to file claim forms, and you are balance billed for costs exceeding the BCBSTX allowable amount. Non-contracting provider reimbursement: Maximum Allowable Charge (MAC).

For information and a summary of benefits, including the mobile app, finding a dentist, ordering a new ID card or downloading a digital copy and other related online services, please visit your employee (BAM) Blue Access for Members Account at www.BCBSTX.com. Click on the Member Services tab to Create an Account.



Vision Coverage – Superior Vision

See clearly and keep your life in focus with the vision plan, which includes benefits for eye exams, eyeglasses, and contact lenses through Superior Vision. You are free to choose any provider – visit a doctor within the Superior National network and take advantage of higher benefits coverage, or visit an out-of-network provider for a reduced benefit.

Superior Vision Vision Plan Benefits for Johnson County

Copays	
Exam copay	\$10
Materials copay¹	\$25
Contact lens fitting² (standard & specialty)	\$25
Specialty in-network allowance	\$50

Services/Frequency	
Exam	1 per plan year
Frame	1 per plan year
Contact lens fitting	1 per plan year
Eyeglass lenses	1 pair per plan year
Contact lenses	1 allowance per plan year

Benefits Through Superior National Network		
	IN-NETWORK	OUT-OF-NETWORK
Exam (ophthalmologist/optometrist)	\$10 copay	Up to \$42
Frames	\$140 allowance; 20% off amount over allowance ⁵	Up to \$53
Contact lens fitting (standard ²)	\$25 copay	Not covered
Contact lens fitting (specialty ²)	\$25 copay	Not covered
Lenses		
Single Vision	Covered in full	Up to \$26
Bifocal	Covered in full	Up to \$34
Trifocal	Covered in full	Up to \$50
Progressives³	Covered in full	Up to \$34
Tints, Solid, or Gradient	Covered in full	Not covered
Ultraviolet Coat	Covered in full	Not covered
Polycarbonate for Dependent Child	Covered in full	Not covered
Contact Lenses⁴	\$130 allowance; 20% off amount over allowance ⁵	Up to \$100

¹ Materials copay applies to lenses and frames only, not contact lenses.

² Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only.

Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses.

³ If premium progressive lenses are selected, members receive an allowance based on the provider's charges for standard progressive lenses.

⁴ Contact lenses are in lieu of eyeglass lenses and frames benefit.

⁵ Not all providers support these discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if they offer the discount and member out-of-pocket features. The discount and member out-of-pocket features are not insurance. Discounts and member out-of-pocket are subject to change without notice and do not apply if prohibited by the manufacturer. Lens options may not be available from all providers / all locations.

Copays apply to in-network benefits; copays for out-of-network visits are deducted from reimbursements.

This is only a brief summary of the plan. Your plan documents are available through www.plansource.com/login or by requesting from the Personnel Department.



Cost of Coverage

Your premiums for medical, dental, and vision coverage are shown in the table below:

Benefit Plan	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Medical (Biweekly)				
Blue Essentials BCBS of Texas HMO	\$25.00	\$225.00	\$112.50	\$305.50
Blue Choice BCBS of Texas PPO	\$82.50	\$262.50	\$175.00	\$349.00
HSA/HDHP	\$0.00	\$200.00	\$100.00	\$250.00
Dental Plan (Biweekly)				
High Plan BlueCare Dental PPO	\$17.35	\$34.68	\$37.21	\$57.18
Low Plan BlueCare Dental PPO	\$4.37	\$9.28	\$10.09	\$14.49
Vision Plan (Biweekly)				
Superior Vision	\$0.00	\$2.33	\$3.16	\$5.15

Supplemental Insurance – Mutual of Omaha

You have the option to enroll for the following supplemental coverage. Payroll deductions are taken both pre- and post-tax, and you are responsible for the full cost of any coverage you select.

Accident Coverage

Accident Insurance is available for you and your family. You can choose coverage for yourself at \$25,000, for your spouse at \$10,000, and for your children at \$5,000. These amounts are the maximum benefits that would be paid out if you or your loved ones experience a serious accident.

The plan pays a cash benefit based on the accident (e.g., up to \$15,000 for burns, up to \$6,000 for fractures, up to \$1,000 for hospital admission plus \$200 per day).

Employees can elect Accident coverage for themselves and their dependents at Passive Enrollment (effective 10/1/2024) and Active Enrollment (Effective 1/1/2025) with no EOI

For more information, you can view the Voluntary Accident benefit summary in PlanSource.

Critical Illness Coverage

Critical Illness Insurance provides a lump sum cash payment of \$10,000 to \$40,000 directly to the insured if he or she is diagnosed with one of the following conditions: stroke, heart attack, major organ transplant, and 25% of benefit for coronary artery bypass surgery or carcinoma in situ.

Employees and dependents are eligible to enroll. You may elect coverage for yourself in \$10,000 increments up to a \$40,000 maximum. If you elect coverage for yourself, you may elect coverage for your spouse in increments of \$10,000 up to a maximum of \$40,000, not to exceed 100% of your coverage. You may also elect coverage for your dependent child(ren) up to a \$10,000 maximum, not to exceed 50% of your coverage.

Employees would need to submit an EOI for any Critical Illness enrollment election (for themselves or their spouses) during the Passive Enrollment, but they can elect it without an EOI during the Active Enrollment

<https://www3.mutualofomaha.com/eoi/#/home?groupnumber=BRKS&groupname=Johnson%20County&subgroup=n> – THIS LINK IS FOR CRITICAL ILLNESS ONLY

For more information, you can view the Critical Illness benefit summary in PlanSource.

Need to File a Claim?

Call Mutual of Omaha for assistance. Claim Forms can be found on the employee PlanSource portal under the Documents tab.

Voluntary Critical Illness Employee Premium Rates (24 Payroll Deductions Per Year)				
Age	\$10,000	\$20,000	\$30,000	\$40,000
0 - 29	\$0.95	\$1.90	\$2.85	\$3.80
30 - 39	\$1.65	\$3.30	\$4.95	\$6.60
40 - 49	\$3.50	\$7.00	\$10.50	\$14.00
50 - 59	\$7.00	\$14.00	\$21.00	\$28.00
60 - 69	\$14.35	\$28.70	\$43.05	\$57.40
70 - 79	\$26.70	\$53.40	\$80.10	\$106.80
80+	\$37.30	\$74.60	\$111.90	\$149.20

Bi-Weekly Accident Rates	
Employee	\$3.29
Employee + Spouse	\$4.70
Employee + Child(ren)	\$5.82
Employee + Family	\$7.64

Life and AD&D Coverage – Ochs

Basic Life and Accidental Death & Dismemberment (AD&D) Insurance

Life and accidental death and dismemberment (AD&D) insurance can provide economic security for your loved ones if you die, become disabled, or experience an injury or illness. Johnson County provides you with this coverage at no cost to you. You automatically receive basic employee life and AD&D coverage in the amount of \$10,000.

Be sure to choose a beneficiary to receive benefits in the event of your death. And don't forget to change your beneficiary when your life changes.

The basic plan also offers \$5,000 of basic dependent life coverage for your spouse and child(ren).

Voluntary Life and AD&D Insurance

You have the opportunity to purchase additional life and AD&D insurance coverage for yourself at group rates. Consider costs such as funeral expenses, legal expenses, and general living expenses for your surviving family members when determining an appropriate amount of additional coverage.

Benefit	
Class Description	All Full-time employees
Voluntary Life and AD&D Amount for Employees	\$10,000 increments up to \$750,000
Guarantee Issue	\$300,000
Dependent Life and AD&D Amount for Spouses	\$5,000 increments up to \$250,000
Guarantee Issue	\$50,000
Dependent Life Amount for Children up to age 26	Elect \$10,000, \$15,000 or \$20,000

Questions? Call 800-392-7295 or email ochs@ochsinc.com.

Voluntary Life Rates	
AGE	MONTHLY RATES PER \$1,000
Under 25	\$0.091
25-29	\$0.091
30-34	\$0.101
35-39	\$0.111
40-44	\$0.154
45-49	\$0.234
50-54	\$0.395
55-59	\$0.645
60-64	\$0.851
65-69	\$1.333
70-74	\$2.608
Child Life Rates	
\$10,000	\$1.16
\$15,000	\$1.74
\$20,000	\$2.32

Lifestyle Benefits

Automatic Access to Lifestyle Benefits

Your employer's group insurance programs help protect your financial wellness. And you and your family can rely on a suite of additional tools, support, guidance and services to help make life a little easier.



Legal, financial and grief resources
From Lifeworks by Morneau Shepell

Access professional services for a variety of needs - from legal matters and financial situations to coping with loss - through comprehensive web and mobile resources, as well as consultations.

- **Legal:** Includes resources such as will prep templates - and a free, 30-minute consultation per issue, by phone or in an attorney's office (additional services available at 25 percent discount).
- **Financial:** Includes telephone consults or 45-minute counseling session per issue on many topics - from budget analysis to tax planning. Includes online access to a financial fitness assessment.
- **Grief support:** Access master's-level consultants by phone for any stage of grief and referrals for loss support.

How to access:

[LifeBenefits.com/Lfg](https://www.lifebenefits.com/Lfg)

username: lfg password: resources

1-877-849-6034



Travel assistance
From RedpointWTP LLC

24/7 online, pre-trip resources and support for emergency travel assistance and other services when traveling 50+ miles from home.

- **Pre-trip planning and trip support:** Get passport, visa, immunization and currency conversion info.
- **Medical evacuation services:** Pre-hospital/ rental vehicle assistance, transport to nearest appropriate medical facility once hospitalized, mortal remains repatriation, return of dependent children/pets, family member visitation, and travel companion transport.
- **Security evacuation services:** Transfer to nearest safe area, ID theft support and assistance replacing lost/stolen luggage.

How to access:

[LifeBenefits.com/travel](https://www.lifebenefits.com/travel)

U.S./Canada:

1-855-516-5433

All other locations:

1-415-484-4677

Before traveling, call Redpoint to learn more and add this contact info into your phone.



Legacy Planning resources
From Securian Financial

Access a variety of online information/resources, including end-of-life and funeral planning, final arrangements, important directives and survivor assistance. After a claim is started, these additional services are available to beneficiaries by phone.

- **Funeral concierge:** Allows for coverage verification and direct payment to a funeral home so services can be provided before insurance payment is made.
- **Express Assignment™:** Same-day funeral home assignment service reduces concern about paying funeral expenses by working with the funeral home or lending agency.

How to access:

[securian.com/legacy](https://www.securian.com/legacy)



Beneficiary financial coaching
From PricewaterhouseCoopers LLP

Independent, objective and free financial coaching program for beneficiaries includes:

- **Dedicated financial coaching:** Available monthly via phone for help with financial decisions during first 6 months after claim is paid. Includes coaching the following 6 months, as needed.
- **Access to PwC Envision™:** 12 months of mobile-enabled web application with budgeting, planning tools and content.
- **Financial fitness assessment:** Personalized wellness report outlines key action items to discuss with a financial coach.
- **Survivor guide workbooks:** Help make financial and legal decisions less overwhelming.

How to access:

Beneficiaries receiving \$25,000 or more will be invited to take advantage of this program when the life insurance claim is paid. Telephone financial guidance provided to beneficiaries receiving \$100,000+.

Employee Gym

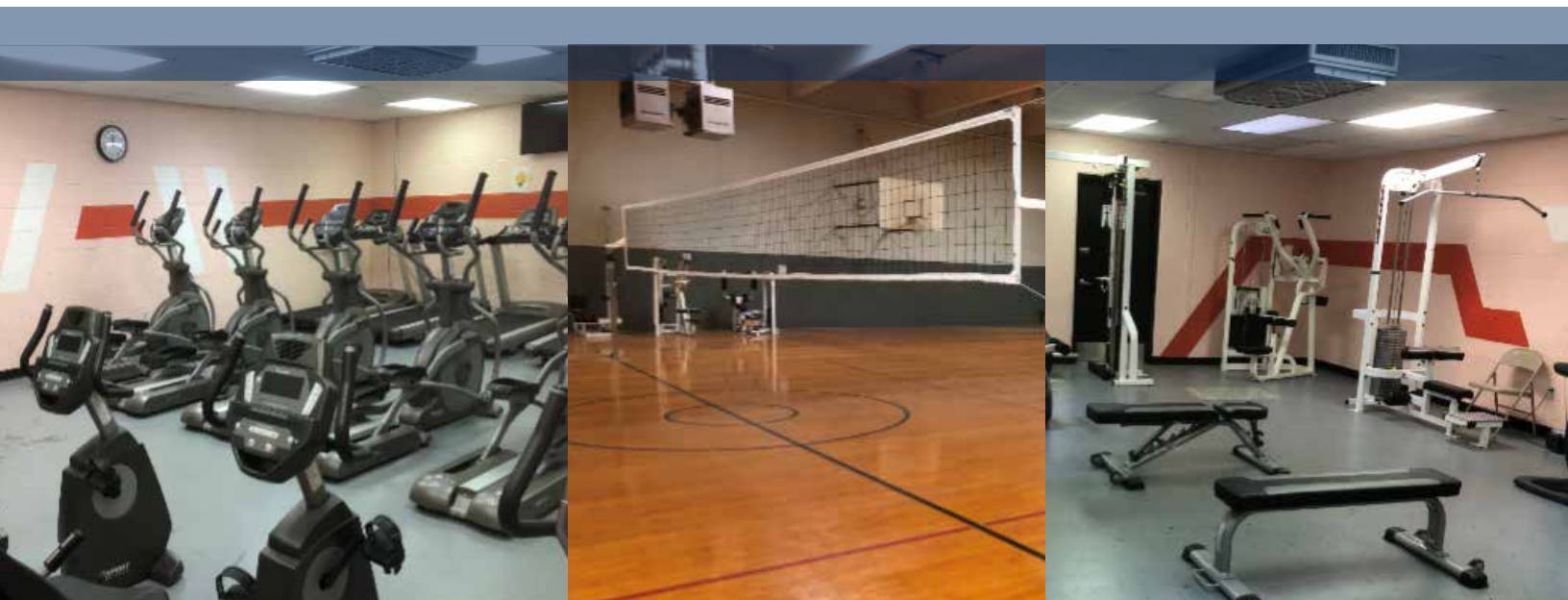
We are pleased with the overwhelming response and utilization of our employee gym. This facility is intended to remove the barrier of cost for individuals who have the desire to change their lifestyle habits and become more active. Being in good physical health directly correlates to our health plan costs.

The Johnson County gym facility is only available to Johnson County employees and spouses who accompany the Johnson County employees to the gym facility. If you would like to use the gym facility, you must have a signed Waiver of Liability on file with the Personnel Office.

Johnson County Employee Gym Policies and Procedures

All employees use the Johnson County gym facility at their own risk. Johnson County is not responsible for any preexisting conditions or injuries, or injuries sustained while using the gym facility. Johnson County strongly encourages all County employees and spouses to obtain a physician's clearance before the first visit to the gym facility or participation in any exercise programs.

Contact the Personnel Office for detailed policies and procedures.



Well onTarget

Experience Wellness Your Way

Well onTarget can give you the support you need to make healthy choices — while rewarding you for your hard work.

Member Wellness Portal

The heart of Well onTarget is the member portal, available at wellontarget.com.* It links you to a suite of inviting programs and tools.

- » **Health Assessment (HA):** The HA presents a series of questions to learn more about you. After you take the HA, you will get a personal and confidential wellness report. The report offers you tips for living your healthiest life. Your answers will help tailor the Well onTarget portal with the programs that may help you reach your goals. If you choose, you can share this report with your health care provider.
- » **Self-Management Programs:** These programs let you work at your own pace to reach your health goals. Learn more about nutrition, fitness, losing weight, quitting smoking, managing stress and more. Track your progress as you make your way through each lesson. Reach your milestones and earn Blue PointsSM.
- » **Online Wellness Challenges:** Challenge yourself to meet your wellness goals.
- » **Tools and Trackers:** These resources can help keep you on course while making wellness fun. Use symptom checkers and health trackers.
- » **Fitness Tracking:** Track your fitness activity using popular fitness devices and mobile apps.
- » **Blue Points Program:** Blue Points can help motivate you to maintain a healthy lifestyle. Earn points for participating in wellness activities. You can redeem points in the online shopping mall.
- » **Health and wellness content:** Reader-friendly articles about conditions and medicines.

Start experiencing the wellness portal today. Go to wellontarget.com.

Fitness Program

Fitness can be easy, fun and affordable. The Fitness Program gives you unlimited access to a nationwide network of more than 10,000 fitness locations.

You can visit locations while you're on vacation or traveling for work.

Other program perks include:

- » **No Long-Term Contract:** Membership is month to month. Flexible plans from \$19 to \$99 per month and studio classes are available.
- » **Blue Points:** Get 2,500 points for joining the Fitness Program. Earn additional points for weekly visits.
- » **Convenient Payment:** Monthly fees are paid via automatic credit card or bank account withdrawals.
- » **Web Resources:** You can go online to search for locations and track your visits.
- » **Complementary and Alternative Medicine (CAM):** Discounts through the Whole Health Living Choices Program, a nationwide network of 40,000 health and well-being providers, such as acupuncturists, massage therapists and personal trainers. Register at whlchoices.com.

It's easy to join the Fitness Program! Just call the toll-free number 888-762-BLUE (2583) Monday through Friday, between 7 a.m. and 7 p.m. CT (6 a.m. and 6 p.m. MT).

Wellness Program Questions?

Call Customer Service at **877-806-9380**.

Take Wellness on the Go
Check out the AlwaysOn Wellness mobile app, available for iPhone® and Android™ smartphones. It can help you work on your health and wellness goals — anytime and anywhere.

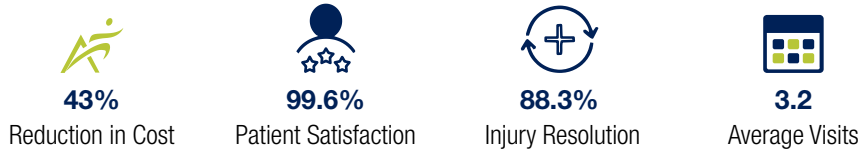


Lasting Relief from Acute and Chronic Injuries

Airrosti provides highly effective, personalized care for acute and chronic musculoskeletal pain and conditions. Each Airrosti treatment plan, in-person or virtual, includes:

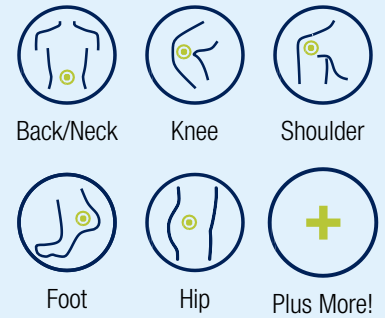
- » Thorough assessment and orthopedic testing to provide an accurate diagnosis and injury education.
- » Conservative manual treatment to restore function, increase mobility, and reduce pain.
- » Personalized, active rehab and at-home exercises designed to speed recovery and prevent future injuries.

Our goal is to give patients a quick and safe return to activity.



Pain We Treat.

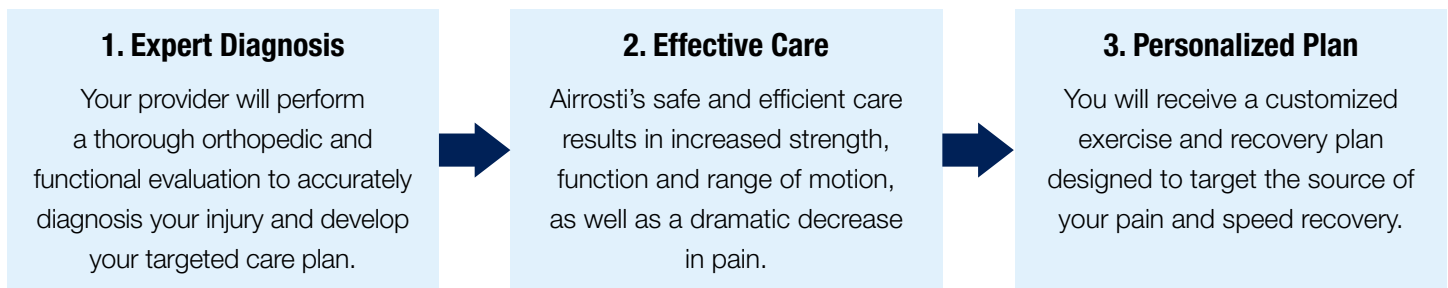
Below are some common injuries our doctors successfully treat on a daily basis.



Airrosti's quality approach to care leads to rapid recovery and lasting results — while helping patients avoid surgeries, pharmaceuticals, MRIs and other costly procedures.

In Person and Virtual Care Options

Airrosti proudly offers two convenient, highly effective care options to help you live life pain free. Experience the Airrosti difference.



Airrosti	Airrosti Remote Recovery
In-Clinic Care	Virtual Care
<ul style="list-style-type: none"> – 250+ Locations in TX, WA, OH, and VA – One Full Hour of One-on-One Care – Evidence-Based Manual Therapy to Eliminate Pain and Restore Function – Active Care Exercises to Speed Recovery 	<ul style="list-style-type: none"> – Connect remotely with an Airrosti Provider for video consultations and guided exercise prescription – Receive an Airrosti Remote Recovery Kit with tools to perform self-myofascial release and eliminate pain – Video check-ins and unlimited in-app messaging give you access to clinical support anywhere, anytime
airrosti.com	airrosti.com/remoterecovery

Benefit Information

- » Customizable copay
- » Airrosti & Airrosti Remote Recovery in-network
- » No referral required
- » Complimentary education & engagement programs
- » No additional cost or admin fees for implementation



BCBSTX Extras

24/7 Nurseline

Nurses available anytime you need them.

Health happens – good or bad, 24 hours a day, seven days a week. That is why we have registered nurses waiting to talk to you whenever you call our 24/7 Nurseline.

Our nurses can answer your health questions and try to help you decide whether you should go to the emergency room or urgent care center or make an appointment with your doctor. You can also call the 24/7 Nurseline whenever you or your covered family members need answers to health questions about:

- » Asthma
- » Dizziness or severe headaches
- » Cuts or burns
- » Back pain
- » High fever
- » Sore throat
- » Diabetes
- » A baby’s nonstop crying
- » And much more

Plus when you call, you can access an audio library of more than 1,000 health topics – from allergies to surgeries – with more than 500 topics available in Spanish.

So, put the 24/7 Nurseline phone number in your contacts today, because health happens 24/7.

Call the 24/7 Nurseline number on the back of your member ID card. Hours of Operation: Anytime



Blue Access for MembersSM

Health care at your fingertips.

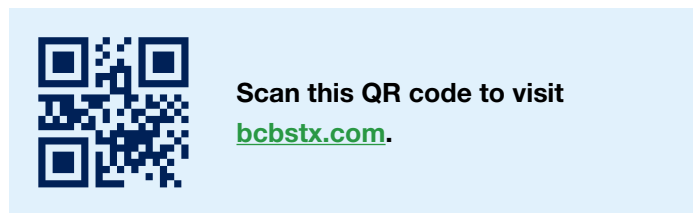
Blue Cross and Blue Shield of Texas (BCBSTX) helps you get the most from your health care benefits with Blue Access for Members (BAMSM). You and all covered dependents age 18 and up can create a BAM account.

With BAM, you can:

- » Find care – search for in-network doctors, hospitals, pharmacies and other health care providers
- » Get your digital member ID card
- » Check the status or history of a claim
- » View or print Explanation of Benefits statements
- » Sign up for text or email alerts

It’s easy to get started.

Use your member ID card to create a BAM account at [bcbstx.com](https://www.bcbstx.com), or text* **BCBSTXAPP** to **33633** to download our mobile app.



Scan this QR code to visit [bcbstx.com](https://www.bcbstx.com).

*Message and data rates may apply.

Go Ahead. Make Your Day!

Use Your Health and Wellness Programs to Help You Live Better

Taking one, small, first step can set you on a path to better health throughout your life. Whether you need support for a specific health issue or you're looking to boost your overall wellbeing, you'll have help along the way. Here are a few things you can do with the tools included with your Blue Cross and Blue Shield of Texas plan:

- » Improve your mental health with digital programs for stress, depression, panic, resiliency and more
- » Get help to manage your pre-diabetes, diabetes, high blood pressure or joint and spine pain
- » Join a weight-loss program
- » Download apps for support with fertility, pregnancy and parenting issues
- » Talk with a nurse, any time, day or night
- » Complete online programs to help reach your wellness goals
- » Earn rewards for healthy activities
- » Access a nationwide network of fitness centers*

Learn more about your health and wellness programs:

1. Go to bcbstx.com.
2. Register for Blue Access for MembersSM.
3. Click the Wellness tab.

* Fees apply. Individuals must be at least 18 years old to purchase a membership. The Fitness Program is provided by Tivity HealthTM, an independent contractor that administers the Prime Network of fitness centers. The Prime Network is made up of independently owned and operated fitness centers.



Important Contacts

Benefit	Contact	Telephone	Websites
General Information	Johnson County Personnel Office	817-556-6350	www.johnsoncountytexas.org
Medical BCBS of Texas Prescription BCBS of Texas	BCBS Customer Service	PPO & HSA Customer Service: 866-837-4359 (will activate on 10/01/2023) HMO Customer Service: 877-299-2377	www.bcbstx.com
Dental BlueCare Dental	BlueCare Dental Customer Care	800-521-2227	www.bcbstx.com
Vision Superior Vision	Superior Vision Customer Service	800-507-3800	www.superiorvision.com
Life and AD&D Securian Life	Ochs	800-392-7295	www.Securian.com
Voluntary Critical Illness Insurance Mutual of Omaha	Mutual of Omaha	T – 800-775-8805 F – 402-997-1898	www.mutualofomaha.com
Voluntary Accident Insurance Mutual of Omaha	Mutual of Omaha	T – 800-775-8805 F – 402-997-1898	www.mutualofomaha.com
Retirement System TCDRS	TCDRS Customer Service	800-823-7782	www.tcdrs.org
Deferred Compensation Nationwide	Kelli Kincaid, Retirement Specialist Greg Russell, Program Director	888-401-5272 470-216-6872	www.nrsforu.com https://RetirementSpecialists.MyRetirementAppt.com
Deferred Compensation Corebridge Financial	Ava Overman, Financial Advisor Doris G. Silva, CRC Financial Advisor	Cell: 817-701-6747	Corebridgefinancial.com/retirementservices Doris.Silva@corebridgefinancial.com
Benefits Enrollment Platform PlanSource		Call center support: 844-396-5676	www.plansource.com/login

Notes

A series of horizontal dotted lines for writing notes.



This communication highlights some of your Johnson County benefit plans. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail. Johnson County reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.