

# Benefits in *focus*

## OVERVIEW OF BENEFITS FOR GALVESTON COUNTY EMPLOYEES AND THEIR FAMILIES

*The financial security and general welfare of our employees is of vital importance to Galveston County. Because of this, we offer you and your family a comprehensive employee benefits package. Our primary objective in selecting these products is quality, insurance company stability, and the opportunity to purchase additional coverage you might need at competitive prices.*

## Benefits For You and Your Family

Welcome to the community of public servants that make up Galveston County Government. We are excited to have you as a part of our team! From elected officials to temporary employees, our job is to respectfully work together to serve our residents and neighbors, meet their needs, and earn their trust. Thank you for being a part of our workforce and for dedicating your time and effort in providing services to the

wonderful citizens of Galveston County! The citizens, as well as visitors and vacationers to our County, expect excellence and high quality services from government. As public servants, we have a duty to conduct ourselves with integrity and in a manner that is honorable and ethical. The expectation for each member of Galveston County's workforce is to serve with Honor, Dignity, and Integrity.



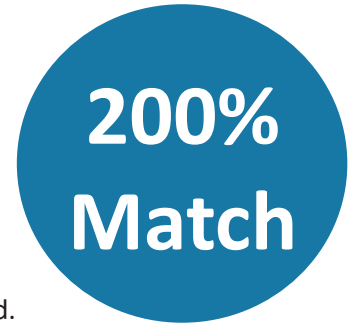
## Special Notice

This document is an overview of the coverages available. It is not a Summary of Benefits & Coverage (SBC) as prescribed by the Patient Protection and Affordable Care Act. Official plan and insurance documents govern your rights and benefits, including covered benefits, exclusions and limitations. Commissioners Court will review benefit plans annually for all employees and retirees. After this review, Commissioners Court can change or terminate benefit plans for employees and/or retirees at any time. Listed within is an overview of benefits currently available. It is not to be construed as an expressed or implied guarantee of these benefits.

# TCDRS Retirement

Texas County & District Retirement System (TCDRS)

Defined as a 401(a) by the Internal Revenue Service (IRS)  
www.tcdrs.org  
Contact Member Services at (800) 823-7782  
Plan: Galveston County—183



## Deposits & Vesting:

You must contribute **7%** of your gross pay into your account (pre-tax) each pay period.  
You will earn **7%** compound interest annually on your account balance.  
Vesting period is **8** years of service.  
For vested employees, the County will match your account **200%** at the time of retirement.

## Service Time

Service time with sister systems of TCDRS, service with another Texas county and even military service time can count towards your retirement eligibility with Galveston County.

*Other Eligible Texas public retirement system accounts are:*

- Employees Retirement System of Texas (ERS) (877) 275-4377
- Texas Municipal Retirement System (TMRS) (800) 924-8677
- City of Austin Employees Retirement System (COAERS) (512) 458-2551
- Teacher Retirement System of Texas (TRS) (800) 223-8778
- Judicial Retirement System of Texas (JRS) (877) 275-4377

*Military Service credit requirement:*

- Your discharge was under honorable conditions.
- You have 8 years of service and vested with Galveston County.
- You may receive service time for up to 60 months of active military service.

## Register your account online

- \* View Account Balance
- \* Estimate Retirement Benefits
- \* Apply for Retirement Benefits
- \* Add Service time from another Texas County
- \* Designate or Update a Beneficiary

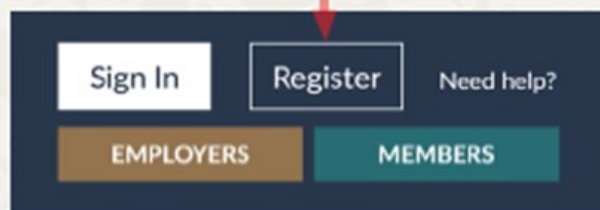
## Registering online is fast and easy!

1. Go to [www.TCDRS.org](http://www.TCDRS.org) and click "Register".

2. Have your account number ready and follow the screen prompts.

3. Enter or confirm your primary phone number on file to set up two-factor authentication. This extra layer of security helps keep your information safe.

4. If you have any questions or need help finding your TCDRS account number, please call TCDRS Member Services at 800-823-7782.



**REGISTER TODAY AT [WWW.TCDRS.ORG](http://WWW.TCDRS.ORG)**



# The Alternate Plan (AUL) *Social Security Alternate Plan*

Defined as a 457(b) by the Internal Revenue Service (IRS)  
www.oneamerica.com  
Managed by First Financial— 800-523-8422

## Contributions, Interest & Investments:

All Employees must contribute **6.13%** of their gross salary on a pre-tax basis into an individual, private account. Galveston County contributes an additional **3.607% each pay period**.

For employees hired after **04/01/2019**, contributions will automatically be placed into a Target mutual fund rather than the traditional Fixed mutual fund. A Target mutual fund is age appropriate, and investment strategies change based upon a participant's age. After initial enrollment in a Target fund account, an employee can switch at any time to other mutual fund options if they so choose.

The annual interest rate for Target fund accounts is variable and changes with the market. As with any variable rate, there is risk but the potential is greater for a higher return.

## Important Notes

You may choose to invest your deposits in an array of different options besides the Target or Fixed funds. Please contact Kathy Trussell with First Financial at (713)-530-4054 to schedule a meeting and discuss the various investment options. Plan/Contract Numbers:

Employees hired **prior** to 04/01/2019 **G74855**  
Employees hired **after** 04/01/2019 **G76941**

LOG IN TO YOUR ACCOUNT  
\* indicates Required Field

User ID \*  
User ID  
Forgot User ID

Password \*  
Password  
Remember my User ID  
Forgot Password

Log in

LOG IN TO OUR OTHER SITES:  
[OneAmerica Retirement Services LLC](#)  
[McCready and Keene, Inc. Plan Participants](#)  
[McCready and Keene, Inc. Plan Sponsors](#)

DONT HAVE AN ACCOUNT?  
Register  
Need help?

## Register for Online Access to your AUL Account

- Login to <https://www.oneamerica.com/>
- Click "Register" on the right hand side of the page
- Select "Account Services" (the first options to access an individual account)
- Select "I have a retirement plan"
- Enter your SSN, DOB and zip code
- Setup a username & password



## Voluntary Retirement Accounts

Employees have the option of establishing a third retirement account by electing a voluntary contribution to their AUL account to save additional money for retirement. This account is also tax-deferred, but **does not** receive any additional contributions from the County. This account is the only account eligible for future loans or hardship withdrawal requests.

For more information about a Voluntary Contribution to your AUL account please contact *Kathy Trussell with First Financial* - at 713-530-4054.



# County Paid Benefits

## 100% County Paid Benefits—Free To You!

Galveston County offers several benefits to all benefit eligible employees as a part of the standard benefits package: life insurance, long-term disability, employee assistance program and 11 paid holidays a year .

In addition, Galveston County also offers direct deposit services of wages to the financial institution of your choice. If you do not have a checking or savings account, the County can assist you in setting up an account free of charge.

You will have several options for supplemental enrollments, but Galveston County provides the following benefits because you are an intricate part of our workforce:

### Life Insurance Policy

Guaranteed Issue!

The value of your policy depends on your annual salary

#### Full-Time Employees

Under age 70: 4 x Annual Salary + \$15,000  
(no less than \$75,000, no more than \$215,000)

#### Half-Time/Part-Time Employees with Benefits

Under age 70: 2 x Annual Salary + \$15,000  
(no less than \$37,500, no more than \$115,000)

#### Benefits will be reduced at the following ages

Age 70 = Benefit reduced to 67%

Age 75 = Benefit reduced to 43%

### Long-Term Disability (LTD)

180-day elimination period

60% of your basic monthly salary rate

\$100 monthly minimum

\$5,000 monthly maximum

### 11 paid holidays a year!

(See page 6 for list of paid holidays)

### Employee Assistance Program (EAP)

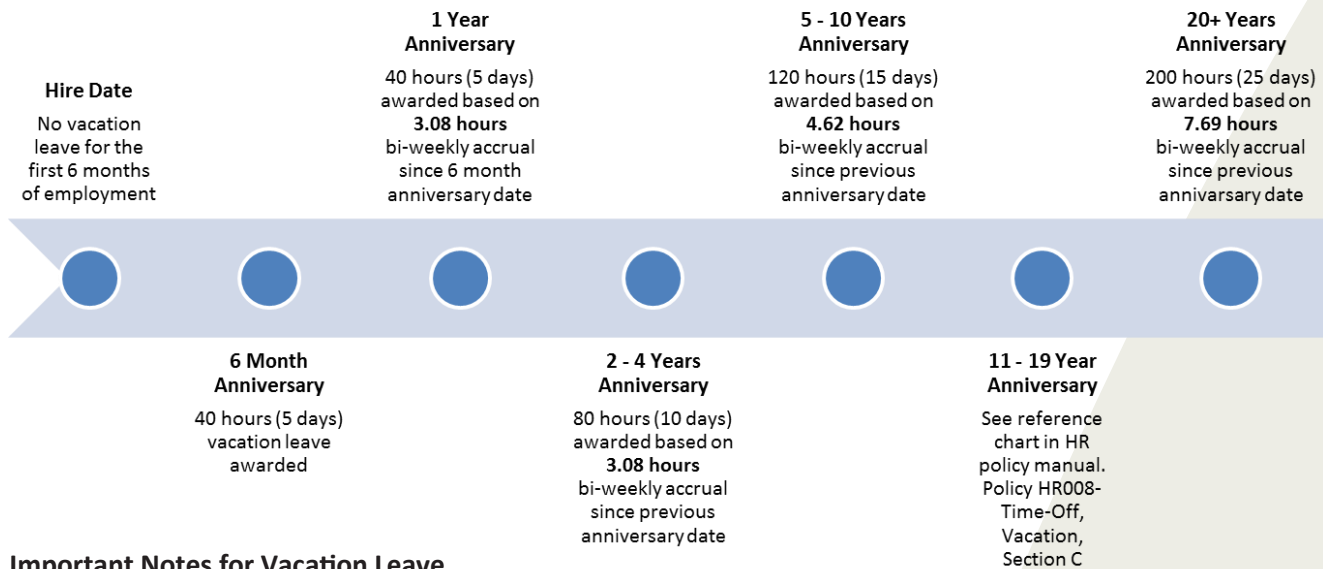
In addition to the standard medical insurance options, the County offers an Employee Assistance Program (EAP). EAP provides **confidential** counseling assistance for eligible employees or their dependents dealing with problems such as marital or family discord, drug or alcohol dependency, work performance issues and legal assistance. An employee receives six (6) free visits per year. No employee will jeopardize their position with the County as a result of seeking EAP assistance. Work/Life, Financial and Wellness Resources are also available at [www.4eap.com](http://www.4eap.com) or **1-800-324-4327**.

#### No-Cost, Convenient and Confidential. EAP Benefits are:

- ⇒ **Voluntary:** You decide when to use the program's services.
- ⇒ **Confidential:** Your personal information will not be shared with your employer or anyone in your family. Only you know when you call for assistance.
- ⇒ **Convenient:** EAP Offers services with professional providers with offices nationwide. Services can be accessed through In-person Therapy or Tele-Therapy.
- ⇒ **No-Cost:** Services under the EAP are available to you, your spouse and your dependents under the age of 26 at no-Cost—even if you are not enrolled in the Health Plan.

# Paid Vacation Leave

## Awards & Accumulation Rates



### Important Notes for Vacation Leave

- Full-Time, benefit-eligible employees may accumulate up to 150% of their yearly entitlement.
- Excess unused hours will be forfeited each year upon reaching anniversary date.
- Half-Time, benefit-eligible employees accrue vacation leave at one-half the rate of full-time employees.
- Employees may use their bi-weekly accrual hours as it accrues.
- Hourly, non-benefit employees do not accumulate vacation leave.

For Employees hired on or after October 1, 2011, Employees are paid a maximum accumulated vacation leave up to 120 hours of accumulated leave upon separation from the County.

# Paid Sick Leave

## Awards & Accumulation Rates



### Important Notes for Sick Leave

- Full-Time, benefit eligible employees may not accumulate sick leave in excess of ninety (90) days or 720 hours.
- Half-Time, benefit eligible employees are awarded sick leave at one-half the rate of full-time employees.
- Hourly, non-benefit employees are not awarded sick leave.

Active Employees who were hired on or after October 1, 2011, and are eligible for regular service retirement or disability retirement under the TCDRS or AUL programs will not be paid for unused sick leave upon separation/retirement of employment from the County.

## 2023 Bi-Weekly Payroll Schedule

PAY PERIOD	WORK PERIOD COVERED	TIMECLOCK PLUS DUE DATE	PAY DAY
1	12/22/2022-01/04/2023	01/05/23	01/11/23
2	01/05/2023-01/18/2023	01/19/23	01/25/23
3	01/19/2023-02/01/2023	02/02/23	02/08/23
<b>*4</b>	<b>02/02/2023-02/15/2023</b>	<b>*02/16/23*</b>	<b>02/22/23</b>
5	02/16/2023-03/01/2023	03/02/23	03/08/23
6	03/02/2023-03/15/2023	03/16/23	03/22/23
7	03/16/2023-03/29/2023	03/30/23	04/05/23
8	03/30/2023-04/12/2023	04/13/23	04/19/23
9	04/13/2023-04/26/2023	04/27/23	05/03/23
10	04/27/2023-05/10/2023	05/11/23	05/17/23
<b>*11</b>	<b>05/11/2023-05/24/2023</b>	<b>*05/25/23*</b>	<b>05/31/23</b>
12	05/25/2023-06/07/2023	06/08/23	06/14/23
13	06/08/2023-06/21/2023	06/22/23	06/28/23
14	06/22/2023-07/05/2023	07/06/23	07/12/23
15	07/06/2023-07/19/2023	07/20/23	07/26/23
16	07/20/2023-08/02/2023	08/03/23	08/09/23
17	08/03/2023-08/16/2023	08/17/23	08/23/23
<b>*18</b>	<b>08/17/2023-08/30/2023</b>	<b>*08/31/23*</b>	<b>09/06/23</b>
19	08/31/2023-09/13/2023	09/14/23	09/20/23
20	09/14/2023-09/27/2023	09/28/23	10/04/23
21	09/28/2023-10/11/2023	10/12/23	10/18/23
22	10/12/2023-10/25/2023	10/26/23	11/01/23
23	10/26/2023-11/08/2023	11/09/23	11/15/23
<b>*24</b>	<b>11/09/2023-11/22/2023</b>	<b>***11/23/23***</b>	<b>11/29/23</b>
25	11/23/2023-12/06/2023	12/07/23	12/13/23
<b>*26</b>	<b>12/07/2023-12/20/2023</b>	<b>*12/21/23*</b>	<b>12/27/23</b>

**\*Denotes an early Time Sheet Due Date\***

**\*\*\*Denotes Payroll Due**

## 2023 County Holiday Schedule

<u>Holiday</u>	<u>Date</u>	<u>Day of the Week</u>
Martin Luther King Day	Jan. 16	Monday
Presidents' Day	Feb. 20	Monday
Good Friday	April 7	Friday
Memorial Day	May 29	Monday
Juneteenth	June 19	Monday
Independence Day	July 4	Tuesday
Labor Day	Sept. 4	Monday
Thanksgiving	Nov. 23	Thursday
Day after Thanksgiving	Nov. 24	Friday
Christmas Day	Dec. 25	Monday
Day after Christmas	Dec. 26	Tuesday

# Key County Contact Numbers

Questions	Department Contact	Phone Number
Health Benefit Coverage / Plans	Human Resources	409-770-5346
FMLA / Worker's Compensation	Human Resources	409-770-5352
Direct Deposit / W-4 Changes	Human Resources	409-770-5348
Child Support / Garnishments	Human Resources	409-770-5348
Retirement Eligibility / Accounts	Human Resources	409-770-5352
Employment Verifications	Human Resources	409-770-5352
Replace / Lost ID Badge	Human Resources	409-770-5345
Payroll/Paycheck Questions	Treasurer's Office	409-770-5390
Employee Online Password Reset	Information Technology	409-770-2685

# Key Benefit Contact Numbers

Company/Department	Contact Name	Phone Number
Aetna (Retiree Program)	Medicare PPO Plan	800-338-4533
American Fidelity Cancer Plan	Customer Service	800-654-8489
BlueCross BlueShield of Texas	Medical Plan Network	855-357-5228
BlueCross BlueShield of Texas	24/7 Nurse line	800-581-0393
Ameriflex	FSA & HSA Accounts	888-868-FLEX (3539)
Interface EAP	Employee Assistance Program	800-324-4327
First Financial—AUL Questions	Kathy Trussell	713-530-4054
First Financial	FFenroll Online Assistance	855-523-8422
Guardian	Dental & Vision	888-600-1600
Lincoln Financial	Short-Term Disability Claims	800-423-2765
MDLIVE	Telemedicine	855-357-5228
Medicare	Customer Service	800-633-4227
Navitus Health Solutions	Prescription Drugs	866-333-2757
Social Security Administration	League City Office	866-299-3254
Social Security Administration	Angleton Office	866-338-2940
TCDRS	Member Services	800-823-7782
Texas Association of Counties	Medical / Heath Plan	855-357-5228



# Medical

*Network Name: Blue Choice - BlueCross BlueShield of Texas*

*Administered by:  
Texas Association of Counties (TAC)*

*Financial problems due to hospital and medical costs can be severe if you are not properly protected. With this in mind, Galveston County is making medical plans available to all eligible employees and their families. We urge you to take advantage of the enrollment period so you may better protect yourself and family against the high cost of medical care.*

## PPO Network - Blue Choice (BlueCross BlueShield of Texas)

The PPO network is Blue Choice through BlueCross BlueShield of Texas. You may conduct a provider search by visiting their website at <https://www.bcbstx.com/find-a-doctor-or-hospital>

## Health Plan Administrator

For claim status, benefit verification or other customer service questions, you may contact BlueCross BlueShield of Texas at 855-357-5228 or via the internet at [www.bcbstx.com](http://www.bcbstx.com).

Galveston County TAC Group Numbers

Base & Buy-Up Plans: **300915**

High Deductible Health Plan (HDHP): **303222**

## Medical Coverage Basics and Definitions to Know

**Deductible?** You must pay all the costs (excluding co-pays on the Base and Buy-Up plans) up to the deductible amount before co-insurance applies for covered services you use. Our plan years run from January 1 through December 31 which means your deductible will start over every January 1. Deductible is waived for all preventative services on the HDHP plan and now on the PPO plans too.

**Out-of-pocket limit?** The maximum amount of co-insurance you pay every year. Once you reach the out-of-pocket maximum, as an individual or family, benefits for those covered health services that apply to the out-of-pocket maximum are paid at a percent of eligible charges during the rest of that year. Deductibles and copays apply to the out-of-pocket maximum.

**PPO Network?** If you use an in-network doctor or other health care **provider**, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network **provider** for some services. Plans use the term in-network, **preferred**, or participating for **providers** in their **network**.

**Co-payments** are fixed amounts (for example, \$35) you pay for covered health care, usually at the time you receive the service.

**Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.

The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)

## The Affordable Care Act and You

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage."

**All of Galveston County's medical plans provide at least the minimum essential coverage.**

The ACA also establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value).

**All Galveston County plans meet at least the minimum value standard for the benefits it provides.**



## Medical

**HDHP**  
TAC GROUP # 303222

**BASE PLAN**  
TAC GROUP # 300915

**BUY-UP PLAN**  
TAC GROUP # 300915

Network Blue Choice (BCBSTX)	PPO In-Network Only	PPO Out-of-Network	PPO In-Network Only	PPO Out-of-Network	PPO In-Network Only	PPO Out-of-Network
<b>ANNUAL DEDUCTIBLE</b>						
Individual	\$3,250	\$6,250	\$2,250	\$4,250	\$1,500	\$2,250
Family	\$6,500	\$12,500	\$4,500	\$8,500	\$4,250	\$6,500
3-Month Deductible Carryover	No	No	Yes	No	Yes	No
Coinsurance (Plan Pays)	80%	50%	80%	50%	80%	50%
<b>ANNUAL OUT-OF-POCKET MAXIMUM (Includes Calendar Year Deductible)</b>						
Individual	\$6,450	Unlimited	\$7,000	Unlimited	\$4,500	Unlimited
Family	\$12,900	Unlimited	\$17,100	Unlimited	\$13,500	Unlimited
<b>COPAYS / COINSURANCE (YOU PAY)</b>						
Preventive & Wellness Care	Covered at 100%	50% after Deductible	Covered at 100%	50% after Deductible	Covered at 100%	50% after Deductible
Physician Office Visit	20% after Deductible	50% after Deductible	20% after Deductible	50% after Deductible	\$35 copay	50% after Deductible
Urgent Care	20% after Deductible	50% after Deductible	20% after Deductible	50% after Deductible	\$35 copay	50% after Deductible
Emergency Room	20% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible
Hospital - Inpatient	20% after Deductible	50% after Deductible	20% after Deductible	50% after Deductible	20% after Deductible	50% after Deductible
Maximum Lifetime Benefits	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>OTHER BENEFITS</b>						

## Prescription

**HDHP**

**BASE PLAN**

**BUY-UP PLAN**

Network Navitus Health Solutions	PPO In-Network Only	PPO In-Network Only	PPO In-Network Only
<b>RETAIL – (30 DAY SUPPLY)</b>			
	RETAIL CO-PAYS AFTER DEDUCTIBLE		
Tier 1 Drug	\$10 copay	\$16 copay	\$18 copay
Tier 2 Drug	\$35 copay	\$50 copay	\$55 copay
Tier 3 Drug	\$45 copay	\$65 copay	\$70 copay
Tier 4 Drug (Specialty)	10% up to \$100	10% up to \$140	10% up to \$152
<b>MAIL ORDER – (90 DAY SUPPLY)</b>			
Tier 1 Drug	\$25 copay	\$40 copay	\$45 copay
Tier 2 Drug	\$88 copay	\$125 copay	\$137.50 copay
Tier 3 Drug	\$112 copay	\$162.50 copay	\$178 copay

Note: This chart is illustrative only. Should there be any discrepancies the master plan document will take precedence. Please refer to Summary Plan Description for a full outline of your medical coverage.

# Medical Premium Rates - Monthly & Bi-Weekly (Pre-tax deduction)

## Effective Dates of Coverage

Effective date: 1<sup>st</sup> of the month following 30 days (January 1 for open enrollment changes)

Termination date: Last day of the month following termination/separation of employment.

## Annual Health Assessment (AHA) - New Enrollees

All newly enrolled employees will have until **October 31** of the plan year in which their plan becomes effective to have an Annual Health Assessment (AHA) performed. If the AHA is not performed prior to October 31, the medical plan premium will increase to the No-AHA rate at the start of the new plan year on January 1 of the following year.

## Annual Health Assessment (AHA) - Current Enrollees

Current employees enrolled on any of the County's medical plans have between **January 1 - October 31** every year to complete an Annual Health Assessment in order to secure the lower premium rates and/or prove nicotine results.

## Preferred Provider Organization (PPO) Network - Blue Choice (BlueCross BlueShield of Texas)

The PPO network is Blue Choice through BlueCross BlueShield of Texas.

You may conduct a provider search by visiting their website at <https://www.bcbstx.com/find-a-doctor-or-hospital>

## Health Plan Administrator

For claim status, benefit verification or other customer service questions, you may contact BlueCross BlueShield of Texas at 855-357-5228 or via the internet at [www.bcbstx.com](http://www.bcbstx.com).

Galveston County TAC Group Numbers

Base & Buy-Up Plans: **300915**

High Deductible Health Plan (HDHP): **303222**

Non-Nicotine Rates	HDHP		BASE PLAN		BUY-UP PLAN	
	<u>Monthly</u>	<u>Bi-Weekly</u>	<u>Monthly</u>	<u>Bi-Weekly</u>	<u>Monthly</u>	<u>Bi-Weekly</u>
Employee Only	\$47	\$21.69	\$104	\$48	\$212.50	\$98.08
Employee & Spouse	\$192	\$88.62	\$251	\$115.85	\$367	\$169.38
Employee & Child(ren)	\$132	\$60.92	\$204	\$94.15	\$342	\$157.85
Employee & Family	\$262	\$120.92	\$335	\$154.62	\$518	\$239.08

Nicotine Rates	HDHP		BASE PLAN		BUY-UP PLAN	
	<u>Monthly</u>	<u>Bi-Weekly</u>	<u>Monthly</u>	<u>Bi-Weekly</u>	<u>Monthly</u>	<u>Bi-Weekly</u>
Employee Only	\$169.40	\$78.18	\$237.80	\$109.75	\$368	\$169.85
Employee & Spouse	\$314.40	\$145.11	\$384.80	\$177.60	\$522.50	\$241.15
Employee & Child(ren)	\$254.40	\$117.42	\$337.80	\$155.91	\$497.50	\$229.62
Employee & Family	\$384.40	\$177.42	\$468.80	\$216.37	\$673.50	\$310.85

No Annual Health Assessment (AHA)	HDHP		BASE PLAN		BUY-UP PLAN	
	<u>Monthly</u>	<u>Bi-Weekly</u>	<u>Monthly</u>	<u>Bi-Weekly</u>	<u>Monthly</u>	<u>Bi-Weekly</u>
Employee Only	\$230.60	\$106.43	\$304.70	\$140.63	\$445.75	\$205.73
Employee & Spouse	\$375.60	\$173.35	\$451.70	\$208.48	\$600.25	\$277.04
Employee & Child(ren)	\$315.60	\$145.66	\$404.70	\$186.78	\$575.25	\$265.50
Employee & Family	\$445.60	\$205.66	\$535.70	\$247.25	\$751.25	\$346.73

# Health Savings Account (HSA)

*If you enroll in the High Deductible Health plan (HDHP), you may be eligible to participate in a Health Savings Account. This account sets money aside from your paycheck, pre-taxed, lowering your taxable income and setting money aside for Health Expenses—tax free!*

## What is a Health Savings Account (HSA)?

An HSA is a special savings account for people who are enrolled in a HDHP. The HSA allows you to set aside tax-free dollars to pay for IRS-qualified medical expenses that aren't reimbursed under the HDHP.

HSAs have other benefits, too. For example: your HSA and savings are yours to keep year after year. There's no "use it or lose it" penalty—even if you change jobs or healthcare plans!

## Are you qualified for a Health Savings Account (HSA)?

It's easy to determine if you are qualified for a Health Savings Account (HSA).

You are qualified for an HSA if:

- You are covered by a single or family qualified high-deductible health plan (HDHP). The County's HDHP is qualified.
- You are not covered by any other health plan that provides any of the same benefits as the HDHP.
- You are not enrolled in Medicare parts A, B or D.
- You cannot be claimed as a dependent on another person's tax return.

To enroll in an HSA, you must have a primary U.S. residence as well as a valid Social Security Number.

## What expenses qualify for reimbursement from my HSA?

The IRS defines qualified medical expenses as amounts paid for the "diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body." Qualified medical expenses are eligible for reimbursement through your HSA as long as they are not reimbursed through insurance or other sources. Want even more info? Go to the IRS publication 502 at <https://www.irs.gov/pub/irs-pdf/p502.pdf>.

## How does a Health Savings Account (HSA) work?

Here's how it works. Once you sign up for a Health Savings Account, you will receive a Debit Card. Each pay period money is taken from your paycheck and added to your Health Savings Account. You can use the debit card to pay for qualified medical expenses and co-pays for your Healthcare.

When you go to the doctor or dentist, fill a prescription, or get your eyes checked, you already have money set aside to pay for your health plan deductible and other out-of-pocket expenses. Your HSA acts like a safety net to help you pay for expected AND unexpected healthcare expenses. You can use your account along with your HSA-qualified health plan to get the care you need.

Your HSA goes where you go. Even if you get a new job, switch health insurance providers, or retire, you can still use your HSA. It's your money, your account! And you can carry-over money from year-to-year and save it for retirement as there is no "use it or lose it" rule with an HSA!

2023 HSA Limits	
Individual	\$3,850
Family	\$7,750
Age 55 & older	Option for an additional \$1,000/year

# Dental Plans *(Pre-tax deduction on premiums)*

## Guardian PPO - DentalGuard Preferred Network

Plan Number: 00577847 www.GuardianAnytime.com

You can visit any dentist; but you pay less out-of-pocket when you choose a PPO (DentalGuard Preferred Network) dentist.

	Low Plan	High Plan
Calendar Year Deductible	\$50 Individual; \$150 Family	\$50 Individual; \$150 Family
Deductible Waived for Preventive	Yes	Yes
Preventive Care	100%	100%
Basic Care	80%	80%
Major Care	50%	50%
Endodontics & Periodontics	80%	80%
Waiting Period	None	None
Orthodontia	Not Covered	Not Covered
Calendar Year Benefit Maximum	\$1,000*	\$2,000*
	*Maximum Rollover Benefit up to \$250 annually to a max of \$1,000	*Maximum Rollover Benefit up to \$400 annually to a max of \$1,500

## Guardian DHMO - Managed DentalGuard Network

Plan Number: 00577847 www.GuardianAnytime.com

You enjoy negotiated discounts from network (Managed DentalGuard Network) dentists.  
You pay a fixed copay for each covered service. Out-of-Network visits are not covered.

	Managed Dental Care
Calendar Year Deductible	No Deductible
Office Visit	\$5 Co-Pay
Periodic Oral Evaluation	\$0
Sealant Per Tooth	\$6
Crown (Porcelain Fused to High Noble Metal)	\$260
Orthodontia Treatment (24 months)	Adult: \$2,195 Child: \$1,895
All Covered Charges	You pay a copay for each covered procedure

Premiums	DHMO Plan		PPO - Low Plan		PPO - High Plan	
	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly
Employee Only	\$11.63	\$5.37	\$24.08	\$11.11	\$35.64	\$16.45
Employee & Spouse	\$23.25	\$10.73	\$48.17	\$22.23	\$71.28	\$32.90
Employee & Child(ren)	\$24.51	\$11.31	\$48.17	\$22.23	\$71.28	\$32.90
Employee & Family	\$36.46	\$16.83	\$73.21	\$33.79	\$108.85	\$50.24





# Vision Plan

*(Pre-tax deduction on premiums)*

Vision coverage is not only useful if you know you need glasses or contacts, but getting yearly eye exams can help determine the warnings signs for larger health risk such as



Premiums	Guardian	
	<u>Monthly</u>	<u>Bi-Weekly</u>
Employee Only	\$8.92	\$4.12
Employee & Spouse	\$15.54	\$7.17
Employee & Child(ren)	\$15.87	\$7.32
Employee & Family	\$25.55	\$11.79

## Guardian

Plan Number: 00577847 Davis Vision Network

	In-Network	Out-of-Network
<b>Exams</b>	<b>Once Every 12 Months</b>	
	\$10 copay	Up to \$50 **
<b>Lenses: Standard</b>	<b>Once Every 12 Months</b>	
Single Vision	\$10 copay	Up to \$48 **
Bifocal	\$10 copay	Up to \$67 **
Trifocal	\$10 copay	Up to \$86 **
<b>Frame</b>	<b>Once Every 12 Months</b>	
	\$150 allowance + 20% discount	Up to \$48 **
<b>Contacts (in lieu of glasses)</b>	<b>Once Every 12 Months</b>	
Fitting and Evaluation	Covered in full; when contacts are purchased	N/A
Elective Contact Lenses	\$150 allowance + 15% off amount above allowance	Up to \$105 **
Medically Necessary	Covered in full	Up to \$210 **
Laser Vision Correction	40-50% savings off of Lasik at a Davis Vision participating center	N/A
Notes:	** Reimbursed Additional \$50 frame allowance at VisionWorks stores or at visionworks.com	

# Flexible Spending Account *(Pre-tax deduction)*

## Eligible Expenses

With the Flexible Spending Account (FSA), you can pay for un-reimbursed out-of-pocket health care expenses for yourself, your spouse and all of your eligible dependents for health, dental, and vision care expenses. The services must be incurred while you are actively participating in the FSA plan. The eligible expenses may be reimbursed regardless of whether you, your spouse or dependents are covered by your employer's medical, dental, or vision plan. Eligible expenses are limited by IRS guidelines which can be found at [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf)

## Ineligible Expenses

Some expenses that you incur during your plan year may not be eligible for reimbursement under current IRS regulations.

### EXPENSES NOT YET INCURRED

Expenses that have been paid, but not yet incurred (i.e. Prepayment of service), cannot be reimbursed until the service is rendered. Expenses don't necessarily have to be PAID, but merely incurred.

### PREMIUMS FOR INSURANCE

Premiums and payments to insurance policies are not eligible for reimbursement.

### EXPENSES PAID BY ANOTHER PLAN OR THIRD PARTY

Expenses that have already been paid by an insurance company or other reimbursement through your FSA plan are not eligible for reimbursement.

### EXPENSES INCURRED AFTER TERMINATION/SEPARATION FROM YOUR EMPLOYER

If you are no longer participating in the FSA plan through your employer (termination, resignation, etc.) any claims incurred after your participation ends are not eligible for reimbursement.

## Filing a Claim

Before submitting your claim, make sure you have had the service(s).

### To file your claim:

1. Complete a claim form, and be sure to sign and date it.
2. Attach a receipt(s) for the service(s) provided or an Explanation of Benefits showing:
  - » A description of the service or a list of supplies furnished.
  - » The charge(s) for each service.
  - » The date(s) of service.
  - » The name of the person(s) receiving the service.
  - » The amount you are responsible to pay.
3. For convenient direct deposit, complete the Automatic Deposit Agreement form.

### Or use your FSA Benefits Card

## Requesting Services

Phone: 888.868.FLEX (3539)

Email: [service@myameriflex.com](mailto:service@myameriflex.com)

Chat: [myameriflex.com](http://myameriflex.com)

Online: [myameriflex.com/participants](http://myameriflex.com/participants)

Note: FSA Accounts are limited to an annual maximum of **\$3,050**

## WARNINGS!

- This plan is a "use it or lose it" benefit. There is no roll over of funds from year to year; however, it does offer a two and half month grace period. Any money not used will be forfeited and lost after the grace period expires.
- You cannot be enrolled in both a Flexible Spending Account (FSA) and a Health Savings Account (HSA) at the same time.



## COMMON ELIGIBLE EXPENSES

- » Co-Payments
- » Co-Insurance
- » Deductibles
- » Over-the Counter Drugs  
(with physician's prescription)
- » Dental Treatment
- » Orthodontia
- » Lab Fees
- » X-Rays
- » Vision Expenses
- » Lasik Surgery
- » Physical Therapy
- » Chiropractor Services
- » Acupuncture
- » Eye Contact Solution
- » Eye Drops

## COMMON INELIGIBLE EXPENSES

- » Cosmetic Surgery
- » Teeth Whitening
- » Veneers
- » Botox
- » Non Prescribed Vitamins  
and Supplements
- » Toiletries
- » Medical Insurance Premiums
- » Health Club Membership Fees

# Dependent Care FSA *(Pre-tax deduction)*

The Dependent Care FSA allows you to pay for day care expenses for your qualified dependent/child with pre-tax dollars.

## Eligibility Requirements

Eligible dependents must be claimed as an exemption on your tax return. These dependents can include step-children, grandchildren, adopted children, or foster children. In a divorce situation, you must have custody of the child in order for the child to be considered an eligible dependent. Under IRS regulations, eligible dependents are further defined as: under the age of 13, and/or physically or mentally unable to care for themselves, such as a disabled spouse, disabled child, or elderly parents that live with you.

## Eligible Expenses

Eligible dependent care expenses are those expenses you must pay for the care of a dependent while you (and your spouse) are working, seeking employment, or attending school as a full-time student for at least 5 months during the year. The care may be provided in your home or at a licensed center outside of your home. If the care is in your home, the service cannot be provided by another child of yours under the age of 19, by your spouse, or by your dependents.

## Ineligible Expenses

Only those dependent care expenses described above are eligible. Some expenses that you incur during your plan year may not be eligible for reimbursement under current IRS regulations such as: educational costs, weekends/evening-out babysitting, transportation, books, clothing, food, activities, entertainment, and registration fees.

## Limits

This reimbursement (when aggregated with all other dependent care reimbursements during the same calendar year) may not exceed the least of \$5,000, or \$2,500, if married but filing separate tax returns.

### COMMON ELIGIBLE EXPENSES

- » Day Camps
- » Before/After School Care
- » Babysitters/Day Care Centers
- » Au Pair
- » Nanny
- » Nursery School

### COMMON INELIGIBLE EXPENSES

- » Registration Fees
- » Care for child while not working
- » Kindergarten
- » Food/Activity expenses if separate from cost of care
- » Care provided by anyone under age 19
- » Pre-School
- » Books and Supplies
- » Field Trips

### Daycare Submission Guidelines:

#### Acceptable Documentation

to accompany the reimbursement voucher:

1. Receipt for Dependent Care signed by the Provider. Receipt must also be completed with the Provider's tax identification number or Social Security number and dates of service, Or...
2. Receipt from Provider, including Provider name, Provider signature, dates of service, amount for service, and tax identification/ social security number.

IRS regulations do not allow reimbursing dependent care yearly contracts. Monthly submissions are

#### Unacceptable Documentation

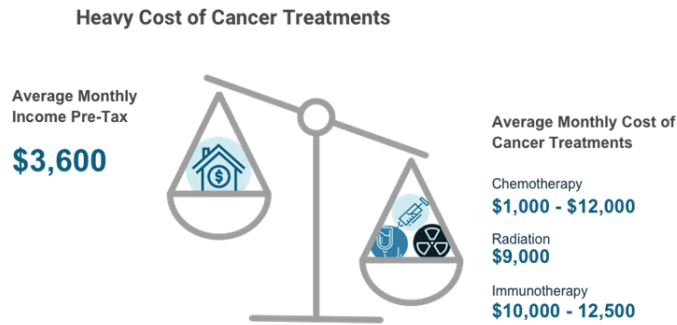
1. Cancelled checks / Credit card receipts
2. Bill or receipt that only shows a balance forward or previous balance
3. Cash register receipt

Note: It is important to note that the date of service, not the date of payment, must fall within the dates of the plan year for which you are enrolled.



## American Fidelity Cancer Insurance *(Pre-tax deduction)*

A cancer diagnosis can change your life. With Limited Benefit Cancer Insurance from American Fidelity, you can concentrate on your treatment and healing. Benefit payments are paid directly to you to help with out-of-pocket expenses such as co-pays, mortgage, car payments, meals, lodging and travel expenses.



Sources: U.S. Bureau of Labor Statistics, 2018; DrugPricingLab, 2019; JAMA Oncology, 2019

### Features

Benefit payments are made directly to you. Base policy is guaranteed renewable, provided the premiums are paid as required. Optional Hospital Intensive Care and Critical Illness Riders are available to purchase. Individual, individual and spouse, individual and children, and family coverage available.

## Lincoln Financial Short-Term Disability (STD) *(Post-tax deduction)*

If your paycheck suddenly stopped today, what would you do? 70% of the working population live paycheck to paycheck. It could be a financial concern if you suffer a disabling injury or sickness. A disability plan through **Lincoln Financial Group** offers you income protection when you are disabled and cannot work. Plan benefits are paid directly to you and can be used however you like. Consider it insurance on your income!

**Features:** Pays you 60% of your weekly salary up to \$1,750 per week after you exhaust all available paid leave (vacation, sick and comp). 8th, 15th & 31st day waiting periods available depending on your needs. Maximum benefit duration of 26 weeks. Once you satisfy the 180 elimination period for long-term disability (LTD), your short-term disability (STD) will automatically rollover to LTD without a separate claim process.

**Disclaimer:** Please be aware that the rate quoted on your enrollment, and the benefit pay that you would receive if a claim is made, is related to your weekly salary as of **October 30, 2021 or your date of hire**, if you began employment after open enrollment. This is the salary that will be used in calculating the 60% benefit you will receive. The rates change only during open enrollment, therefore, if your salary changes during the year and you file a claim it will not be based on your salary at the time that you file, it will be based on the salary associated with the premium rate you are paying. If you have any questions, HR is happy to help.

## Additional Voluntary Life Insurance *(Post-tax deduction)*

Life insurance coverage can help your family meet daily expenses, maintain their standard of living, pay off debt, secure your children's education, and more in the event of your passing.

### Manhattan Life (formerly Humana) - Employee, spouse & children

Additional employee term life coverage from \$10,000 - \$100,000.

Optional spouse coverage for up to \$50,000. Spouse coverage cannot exceed employee's coverage amount.

Coverage available for dependent children between the ages of 0 - 24.

### Standard - Spouse coverage only

Standard Insurance Company (The Standard) offers voluntary spousal life insurance.

	Minimum	Incremental Unit	Guarantee Issue Amount <i>(for new hires only)</i>	Maximum
Spouse	\$5,000	\$5,000	\$50,000	\$215,000

You cannot be insured as both an employee and as a dependent.

Spouse means a person to whom you are legally married or your domestic partner as recognized by state law.

Your spouse must not be a full-time member of the armed forces.

Amounts of coverage elected above the guarantee issue amount are subject to medical underwriting approval.

Coverage for over age 65 subject to medical underwriting approval.



# Wellness Initiatives

*Galveston County wants to help you maintain a healthy lifestyle by offering Gym Reimbursement.*

## Gym Membership Reimbursement

If you are covered under one of the County's medical plans and you prove that you have worked out at least nine (9) days per calendar month at the gym, the County will reimburse up-to \$40 towards your monthly gym membership fee.

*The rules of the program are as follows:*

- 1) **Gym:** Your gym must have electronic tracking capabilities for monitoring dates and frequency of your workouts.
- 2) **Workout Frequency:** You must work out at least nine (9) days per calendar month.
- 3) **Documentation:** You or your gym must produce a printed document from the gym's electronic tracking system
- 4) **Filing for reimbursement:** Each month, after you have met the minimum workout requirements, you must submit a completed "Reimbursement Form" along with the printed attendance document from your gym to the HR Department. **EFFECTIVE 01/01/2022, a copy of your membership fee payment receipt must be included with your reimbursement form. If your membership is paid yearly, an average monthly total will be used for reimbursement purposes.**



- 5) **Reimbursement:** This program will reimburse the employee up-to \$40 each month towards the actual amount of the paid monthly membership fee. Proper documentation must be met for reimbursement. This is a reimbursement program; therefore, reimbursement will only be provided after the employee has paid their monthly membership fee.

## Wellness Programs & Benefits through Texas Association of Counties (TAC)

Through our partnership with TAC, you will have a lot of great opportunities, resources and benefits available.

### Blue Access for Members

Take charge of your health – and save time and money – with BCBSTX Blue Access for Members. Review your health coverage, examine claims, find doctors and hospitals through Provider Finder,<sup>®</sup> estimate costs for a medical service and more.

### Blue Points Rewards

Earn points from the Well onTarget program from Blue Cross and Blue Shield of Texas (BCBSTX) by participating in healthy activities. Redeem points for clothing, books, health and personal care, jewelry, electronics, music, sporting goods and more.

### Healthy County (Sonic Boom) Portal

This integrated health and physical activity portal gives you access to Healthy County wellness contests, a fitness device subsidy and the storefront, where you can find activity trackers, free health education courses and more.

### Women's and Family Health Programs

These programs focus on maternity management and parenting support. Maternity management consists of low risk maternity management support via Ovia Health, more specialized management for high risk pregnancies via Special Beginnings and a self management program via Well onTarget.

### Gym Discount Program

Join the BCBSTX Fitness Program for unlimited access to thousands of participating fitness locations nationwide. There is a \$19 one-time enrollment fee + tiered network options with prices ranging from \$19 to \$99 a month with no annual contract.

### Telemedicine with MDLIVE

Conduct a virtual visit with a doctor or therapist who can provide a diagnosis and prescribe medications (when appropriate) via videoconference, mobile app or telephone 24/7. Services include general health, pediatric care and behavioral health.

The cost of a MDLIVE visit is \$10 for Medical or \$35 for Mental Health.

ONLINE: [www.mdlive.com/BCBSTX](http://www.mdlive.com/BCBSTX) or PHONE: Call (888) 680-8646

### Free Diabetic Supplies with Livongo

Your diabetic supplies are 100% paid for by the Livongo program offered through TAC. Simply call (800) 945-4355.

Care When and  
Where You Need It  
Just Got Easier

## Virtual Visits

Convenient health care  
at your fingertips



Powered by  
**MDLIVE**<sup>®</sup>

**Base & Buy-Up Plans Only \$10 Medical Copay and \$35 Behavioral Health Copay.  
Visit is subject to deductible and coinsurance for the High Deductible Health Plan (HDHP).**

Getting sick is never convenient, and finding time to get to the doctor can be hard. Blue Cross and Blue Shield of Texas (BCBSTX) provides you and your covered dependents access to care for non-emergency medical issues and behavioral health needs through MDLIVE.

Whether you're at home or traveling, access to an independently contracted board-certified doctor is available 24 hours a day, seven days a week. You can speak to a doctor immediately or schedule an appointment based on your availability. Virtual visits can also be a better alternative than going to the emergency room or urgent care center.

MDLIVE doctors or therapists can help treat the following conditions and more:

### General Health

- Allergies
- Asthma
- Nausea
- Sinus infections

### Pediatric Care

- Cold
- Flu
- Ear problems
- Pinkeye

### Behavioral Health

- Anxiety/depression
- Child behavior/learning issues
- Marriage problems



#### Website:

Visit the website

**MDLIVE.com/BCBSTX**

- Choose a doctor
- Video chat with the doctor
- You can also access through Blue Access for Members<sup>SM</sup>



#### Mobile app:

- Download the MDLIVE app from the Apple App Store<sup>SM</sup> or Google Play<sup>TM</sup> Store
- Open the app and choose an MDLIVE doctor
- Chat with the doctor from your mobile device



#### Telephone:

- Call MDLIVE **888-680-8646**
- Speak with a health service specialist
- Speak with a doctor



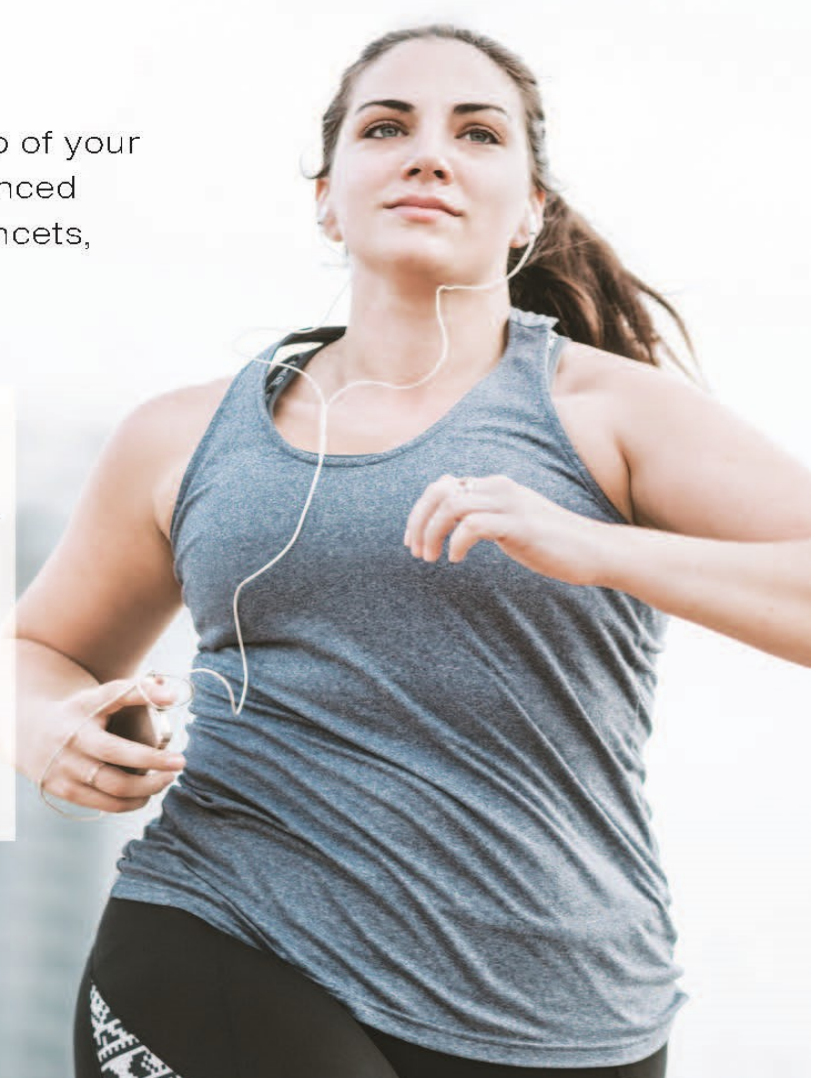


# Livongo Means Diabetes Management, Simplified

Livongo helps you stay on top of your health. It comes with an advanced meter, unlimited strips and lancets, and on-demand coaching.

## PROGRAM BENEFITS

- ✓ An advanced blood glucose meter
- ✓ Unlimited strips and lancets
- ✓ Personalized insights
- ✓ One-on-one coaching
- ✓ Guidance on healthy habits



**GET  
STARTED** 

You can join by visiting [Join.LIVONGO.com/BCBSTX-HEALTH/hi](https://Join.LIVONGO.com/BCBSTX-HEALTH/hi) or call 800-945-4355.

REGISTRATION CODE: BCBSTX-HEALTH  
TEXT "GOBCBSTX-HEALTH to 85240 to Join

The program is provided to you and your family members with diabetes and coverage through Blue Cross and Blue Shield of Texas (BCBSTX).

Las comunicaciones del programa Livongo están disponibles en español. Al inscribirse, podrá configurar el idioma que prefiera para las comunicaciones provenientes del medidor y del programa. Para inscribirse en español, llame al (800) 945-4355 o visite [bienvenido.livongo.com/BCBSTX](https://bienvenido.livongo.com/BCBSTX).

Members must have primary insurance coverage through the Blue Cross and Blue Shield of Texas (BCBSTX) plan offering the Livongo program. For Administrative Services Only (ASO) and Preferred Provider Organizations (PPO) only. Not available for Fully Insured (FI) or Health Maintenance Organizations (HMO).

PM09661.A PM09374.A

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# Tobacco/Nicotine Cessation Workshops

*FREE programs are offered and available to help you quit tobacco and/or nicotine for good. It is extremely important for us to reduce tobacco and/or nicotine usage rates among Galveston County employees and retirees.*



Through our partnerships with Texas Association of Counties (TAC), the County offers tobacco/nicotine cessation courses throughout each year. All employees, retirees under the age of 65, and covered dependents on one of the three County medical plans are eligible to participate in the program.

For each participant who enrolls in the tobacco/nicotine cessation course, the County will cover the cost of participation and materials, as well as a majority of the costs associated with an approved tobacco/nicotine cessation product that works best for you during the course of your participation. Employees and retirees under age 65 will be asked to commit to completing a consecutive 6-week program and be required to provide a certificate of completion at the end of the program.

**Employees and retirees under age 65 who successfully complete a cessation program each year will avoid paying the higher nicotine-user premiums for the following year.**

If you test positive for nicotine (*Cotinine - Nicotine Metabolite*) in your most recent Annual Health Assessment (AHA), you will be subject to the higher nicotine premium rates, unless you:

1. Quit and get retested to achieve a NEGATIVE nicotine result before the annual AHA deadline of 10/31 or;
2. Successfully complete the tobacco cessation program each year that you test positive for nicotine.

To Enroll in the Online Self-Guided Tobacco Cessation Program log in to [mybenefits.county.org](http://mybenefits.county.org) or register with Well on Target at [www.wellontarget.com](http://www.wellontarget.com).

Note: Even if you are not able to quit using nicotine products and still have a positive result on file through your AHA as long as you successfully complete the tobacco cessation workshops before the end of the year, you will NOT be subject to the higher nicotine user premiums on the medical plan.



# Other Useful Information

## Employee Online

Employee Online is an efficient and up-to-date option for retrieving your check stubs, W-2s and ACA 1095-C forms. You will also be able to view and update your personal information with Human Resources, such as your W-4, address changes and direct deposit, just to name a few. You will have the ability to access and print your information anytime you need.

<https://employeeonline.galvestoncountytexas.gov/>

To log in, the User ID is your **Employee ID**. Your password is your **Social Security Number**. After you log in for the first time, you will be required to change your password.

## Check Stub

Copies of check stubs can be obtained in Employee Online. Once logged in, click on the "Check Stub" link located under the Pay Information section.

To view or print a check stub, click on the underlined date corresponding to the desired check.

To get a paper copy, select "Click here to print" at the top of the page. For detailed information about what appears on your stub, click the link at the bottom of the page labeled "Check Stub Explanation."

NAME		DOE, JOHN A		CHECK #		090470782		GROSS PAY		1,164.97	
EMP ID#		E00001		CHECK DATE		09/14/2016		DEDUCTIONS		431.41	
DEPT #		151519		PAY PERIOD END		09/07/2016		NET PAY		733.56	
FED STATUS/EXEMPT		S / 0 ADD'L WH. 0.00		HIRE DATE		04/20/2010					
GROSS EARNINGS				EMPLOYEE DEDUCTIONS				COUNTY PAID BENEFITS			
DESCRIPTION	HOURS	RATE	CURR. AMT	YTD AMT	DESCRIPTION	CURR. AMT	YTD AMT	DESCRIPTION	CURR. AMT	YTD AMT	
SALARY	48.0	13.49	647.55	11912.82	<b>Pre-Tax Deductions:</b>			TXABLGLI	2.98	35.41	
JURY LV	12.0	13.49	161.89	161.89	AUL	71.41	863.38	TXABLGLI	-2.98	-35.41	
CMPUSED	8.0	13.49	107.93	539.65	TCDRS	81.55	985.93	AUL	42.02	508.04	
HOLIDAY	8.0	13.49	107.93	858.14	VISN-HUM	4.51	58.63	MEDICARE	16.94	204.73	
OT 1.5	3.0	20.23	60.71	60.71	HUMANA-S	8.04	104.40	HEALTH	246.92	3,209.96	
VC USED	2.0	13.49	26.98	350.76	MEDICAL	92.77	1,206.01	AUL/WAIVE	1.16	14.09	
SK USED	2.0	13.49	26.98	175.38	AUL VOLU	30.00	30.00	STD LIFE	18.41	222.52	
+AJTBOT			25.00	25.00	NATIONWD	30.00	30.00	JPL	13.75	166.25	
OT-REG	1.0	13.49	13.49	13.49				TCDRS	130.59	1,578.91	
DOCK HRS	-1.0	13.49	-13.49	-13.49				STDL RLR	26.77	323.65	
								SUI	5.24	63.41	
<b>TOTAL</b>			<b>1,164.97</b>	<b>14,084.35</b>							
BANKING INFORMATION				After-Tax Deductions:							
2999 EFT NET				683.56	COUNTY	0.00	100.00				
2987 EFT 1				50.00							
					Federal Taxes:						
					MEDICARE	16.94	204.73				
					IRS-WH	96.19	1,220.31				
					<b>TOTAL</b>	<b>431.41</b>	<b>4,803.39</b>	<b>TOTAL</b>	<b>501.80</b>	<b>6,291.56</b>	
FEDERAL TAXES				LEAVE RECORD							
					Description	Begin	Change (+/-)	End			
<b>Gross Earnings</b>			1,164.97	14,084.35	VacTot			70.86			
					Curryr	56.00	-2.00	57.00			
<b>FIT Taxable Earnings</b>			846.69	10,806.00	Accru	9.24	4.62	13.86			
					Sick	109.00	-5.00	104.00			
<b>Net Pay</b>			733.56	9,280.96	Comp	22.64	-5.00	17.64			
<b>MESSAGE</b>											
BIWEEKLY#19 TEST PAID ON 09/14/2016											

## Section 125 Cafeteria Plan (Automatic participation. No need to opt-in or enroll)

The Internal Revenue Code Section 125 allows an employer to establish a salary redirection agreement for the benefit of employees. The employee's portion of the insurance premiums and other eligible expenses are deducted from the employee's gross income before taxes are calculated. The amount of taxes withheld uses the lower net taxable income amount. Since deductions are before taxes are calculated, the employee's taxable income is reduced. The employee's take-home pay increases because tax withholding and Medicare tax are not paid on the amount deducted. Because these deductions are taken out on a pre-tax basis, your elections can only be changed once a year during annual open enrollment or may be changed mid-year due to a qualifying life event.

Here is an example of how it works

Without 125		With 125	
Gross Salary	\$2,000	Gross Salary	\$2,000
Tax (20%)	-\$400	Benefits (Insurance)	-\$300
Subtotal	\$1,600	Subtotal	\$1,700
Benefits (Insurance)	-\$300	Tax (20%)	-\$340
<b>Take Home Pay</b>	<b>\$1,300</b>	<b>Take Home Pay</b>	<b>\$1,360</b>

Potential \$60 SAVINGS with the Section 125 Cafeteria Plan!

# Legal Notices

## Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your eligible dependents lose eligibility for that other coverage. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. Any enrollment requests made as the result of any of the events cited above must be made within 30 days of the date of the qualifying event. To request special enrollment or obtain more information contact Human Resources.

## Equal Employment Opportunity Statement

The County of Galveston is an equal opportunity employer and does not discriminate on the basis of race, color, national origin, religion, sex, sexual orientation, age, disability, gender identity or expression, genetic information, veteran status or any other characteristic protected by law.

## Americans with Disabilities Act (ADA)

Galveston County complies with the anti-discrimination statutes in each of the localities in which it operates. Galveston County recognizes its duty to comply with the American with Disabilities Act and when applicable, the Rehabilitation Act of 1973. Contact the Human Resources Department with questions regarding ADA accommodations or discrimination issues at 409-770-5352.

## Continuation of Coverage (COBRA)

If your employment terminates for any reason, you and/or your covered dependents may be able to continue medical, dental and vision coverage under the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA). You may be eligible for COBRA continuation when you terminate employment with the County of Galveston. Your covered dependents may be eligible for COBRA continuation when you terminate employment, divorce, death, or when your dependent children are no longer eligible due to age. Details will be provided to you and your dependents if you terminate employment or pass away.

## Genetic Information Nondiscrimination Act of 2008 (GINA)

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, you are not required to provide any genetic information when responding to a request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

## Family and Medical Leave Act of 1993 (FMLA)

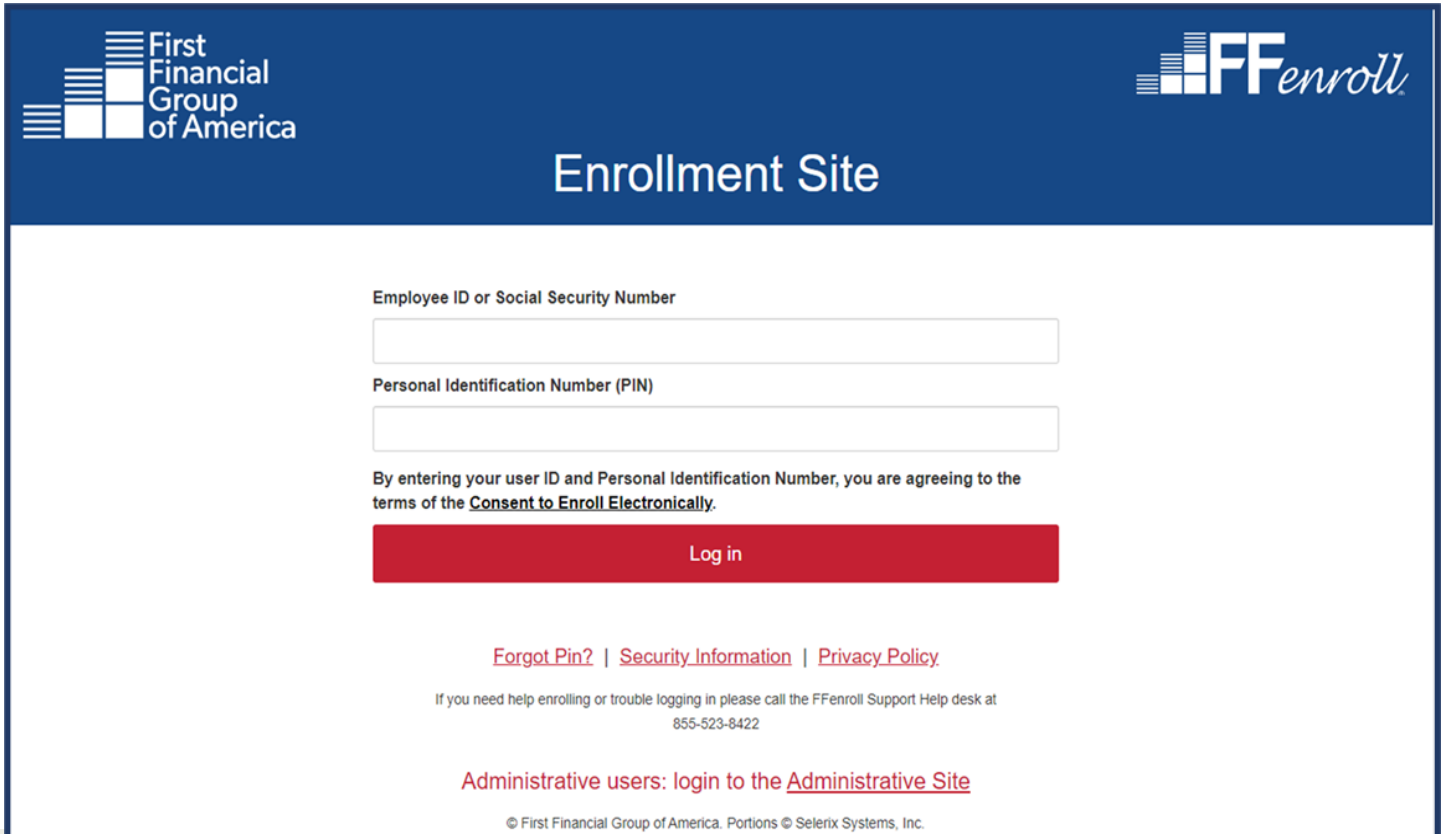
The FMLA entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave. Eligible employees are entitled to: Twelve workweeks of leave in a 12-month period for: the birth of a child and to care for the newborn child within one year of birth; the placement with the employee of a child for adoption or foster care and to care for the newly placed child within one year of placement; to care for the employee's spouse, child, or parent who has a serious health condition; a serious health condition that makes the employee unable to perform the essential functions of his or her job; any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on "covered active duty;" or Twenty-six workweeks of leave during a single 12-month period to care for a covered service member with a serious injury or illness if the eligible employee is the service member's spouse, son, daughter, parent, or next of kin (military caregiver leave).

## Future Changes to Benefits

Commissioners Court will review benefit plans for all employees and retirees annually. After this review, the Commissioners Court can change or terminate benefit plans for employees and/or retirees at any time. Listed within was an overview of benefits currently available. It is not to be construed as an expressed or implied guarantee of these benefits.

## Online Enrollment Instructions

First Financial Group of America is happy to provide you with an online web based benefits communication system. Here you can enroll or make changes to your Benefits plan. Below you will find the easy steps to make your benefits selections. If, during your enrollment, you experience technical difficulty or have trouble maneuvering through the enrollment process, please call our IT Help Desk at **855-523-8422**, 8:00 a.m.-5:00p.m. Central Standard Time.



The screenshot shows the FFenroll Enrollment Site login page. At the top left is the First Financial Group of America logo, and at the top right is the FFenroll logo. The page title is "Enrollment Site". Below the title are two input fields: "Employee ID or Social Security Number" and "Personal Identification Number (PIN)". Below these fields is a red button labeled "Log in". Underneath the button are links for "Forgot Pin?", "Security Information", and "Privacy Policy". A note states: "If you need help enrolling or trouble logging in please call the FFenroll Support Help desk at 855-523-8422". At the bottom, it says "Administrative users: login to the Administrative Site" and "© First Financial Group of America. Portions © Selerix Systems, Inc."

- Point your web browser to <https://ffga.benselect.com/enroll>
- **Login ID:** your **SSN** or your **Employee ID**
- Personal Identification Number (**PIN**) is the **last 4 digits** of your **SSN** and the **last 2 digits** of the year you were born (this should be a 6 digit number)



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**Human Resources Department**

Hours of Operation

Monday - Friday

8:00AM - 5:00PM

E-mail: [HumanResources@galvestoncountytexas.gov](mailto:HumanResources@galvestoncountytexas.gov)

