

Benefits in *focus*

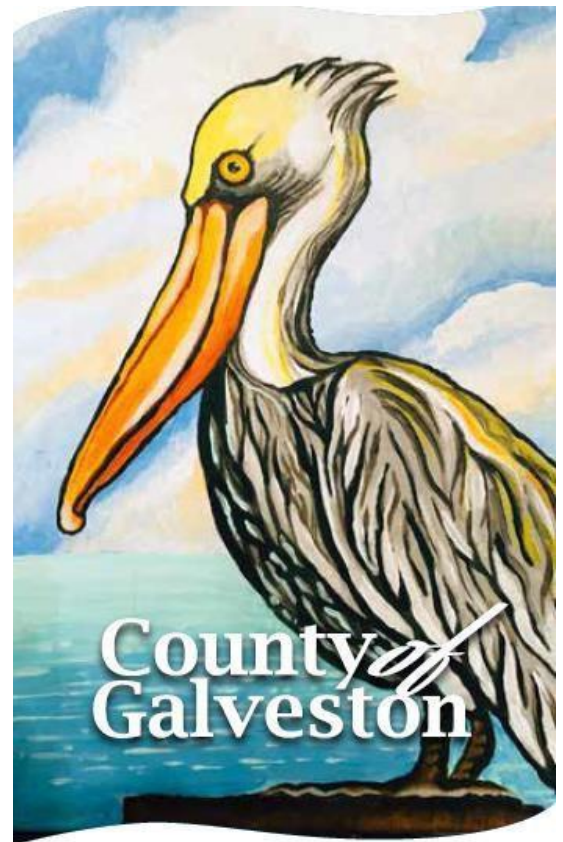
OVERVIEW OF BENEFITS FOR GALVESTON COUNTY EMPLOYEES AND THEIR FAMILIES

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 being part of a 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.



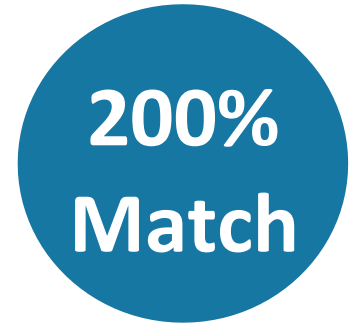
Special Notice

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 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



Galveston County Retirement Plan

The County of Galveston does not participate in Social Security. Instead, employees contribute to the Social Security Replacement Plan with Voya Financial.

Galveston County Employees' Social Security Replacement Plan—Plan Number 971618—401(a)

All Employees must contribute **6.13%** of their gross salary on a pre-tax basis into the Social Security Replacement Plan. Galveston County contributes an additional 3.607% each pay period. These funds will be deposited into an account with Voya.

The Alternate Plan for Galveston County Employees—Plan Number 971617—457(b)

Employees have the option of establishing a voluntary retirement contribution to their Voya account to save additional money for retirement. Options to contribute tax-deferred amounts or a post-tax Roth are available. This account is the only account eligible for future loans or hardship withdrawal requests.

Each employee has the option to make investment elections for these plans. If no investment elections are made, all contributions to these plans will be placed in a Target Date Fund.

Please log in to your Voya account to add beneficiaries, view, and select investment options.

www.voyaretirementplans.com

VOYA

[Contact Us](#)

Your Retirement Plan

Log In

Username SHOW

[Forgot Username?](#)

Password SHOW

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Remember Me

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[Need Help?](#)

Working towards
a more confident
future

Financial Wellness with Wealthspire at Work.

Wealthspire at Work provides financial guidance and support to Galveston County Employees. Their goal is to help employees meet their retirement goals. To schedule a one-on-one meeting to discuss your financial investment options for your Voya account, please call 800-959-0071 or email financialeducation@wealthspire.com. You can also visit the Financial Resource Center at www.atwork.wealthspire.com/galveston

W
WEALTHSPIRE
at Work

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 programs, and 11 paid holidays a year.

You will have several options for supplemental enrollments, but Galveston County provides the following benefits to all benefit-eligible employees at no cost to you.

Term Life Insurance Policy (MetLife)

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%

Whole Life Policy (Aflac)

All benefit eligible employees will receive a \$50,000 whole life policy. Once you are vested and eligible for retirement, you will have this policy for life at no cost to you. If you leave employment, you will have the option to take over the premiums for this policy.

Long-Term Disability (LTD) (MetLife)

180-day elimination period
60% of your basic monthly salary rate
\$100 monthly minimum
\$10,000 monthly maximum

11 paid holidays a year!
(See page 6 for list of paid holidays)



Alliance Work Partners - Employee Assistance Program (EAP)

Alliance Work Partners (AWP) is much more than an employee assistance program (EAP). In addition to offering a 24-Hour Call Center, they also offer Wellness and Work-Life solutions for you and your family.

No-Cost, Convenient, and Confidential. Services include: Six (6) sessions per year.

- 24-Hour Call Center staffed and answered by live trained counselors.
- Convenient Counseling Locations (geo-matched from home and/or work)
- AWPgo Virtual, Telephonic & Online Counseling & Chat
- SafeRide Program encourages employees and their family members who driving may be impaired to call a cab. With a saved receipt, participants will be reimbursed by AWP.
- Legal and Financial Assistance through LawAccess

Learn more about AWP programs by contacting Alliance Work Partners:

www.alliancewp.com

24-Hour access - 800-343-3822

Teen Hotline: 800-3334-TEEN (8336)

E-Mai: eap@alliancewp.com

Marketplace Care Partners

Marketplace Care Partners offers an Employee Support Program. This program is available to all county employees and dependents - at no cost to you.



YOUR Galveston County CARE TEAM

A personal and proactive employee care service for you and your family members using Care Partners--at no cost!



24/7 AVAILABILITY

Your Care Team makes regular on-site visits and is available anytime via the free Care Partner App.

ALL CONVERSATIONS ARE STRICTLY CONFIDENTIAL.



YOU CHOOSE

You choose if, when, and where* to engage with your Care Team.

*They can meet you at a neutral site away from the workplace or visit a home, hospital, nursing home, funeral home, or jail upon request.



PERSONAL CARE

Your Care Team will extend compassion, concern, help, and hope in any situation.

*Available to provide care for grief, family deaths, and funerals.

YOUR CARE TEAM WILL NOT:

- Break confidentiality*
- Judge your lifestyle or personal conduct
- Force a conversation
- Interfere with your work
- Report to management about your work
- Promote a particular religious organization or proselytize
- Accept gifts or gratuities
- Represent you to management or management to you

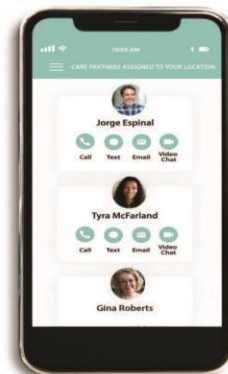
Galveston County Location IDs

- North County Annex - 128187
- Sheriff's Office - 128235
- Justice Center - 128236
- Courthouse - 128237
- Road & Bridge/Fleet - 128239
- Juvenile Justice Center - 128240
- Parks & Cultural Services - 128241
- West County Annex - 128242
- Bacliff Annex - 128243
- Bolivar/Crystal Beach Annex - 128244
- Texas City Annex - 128245



Login using your unique Location ID

Connect with Your Care Team 24/7 through the Care Partner App!



Download the app today!



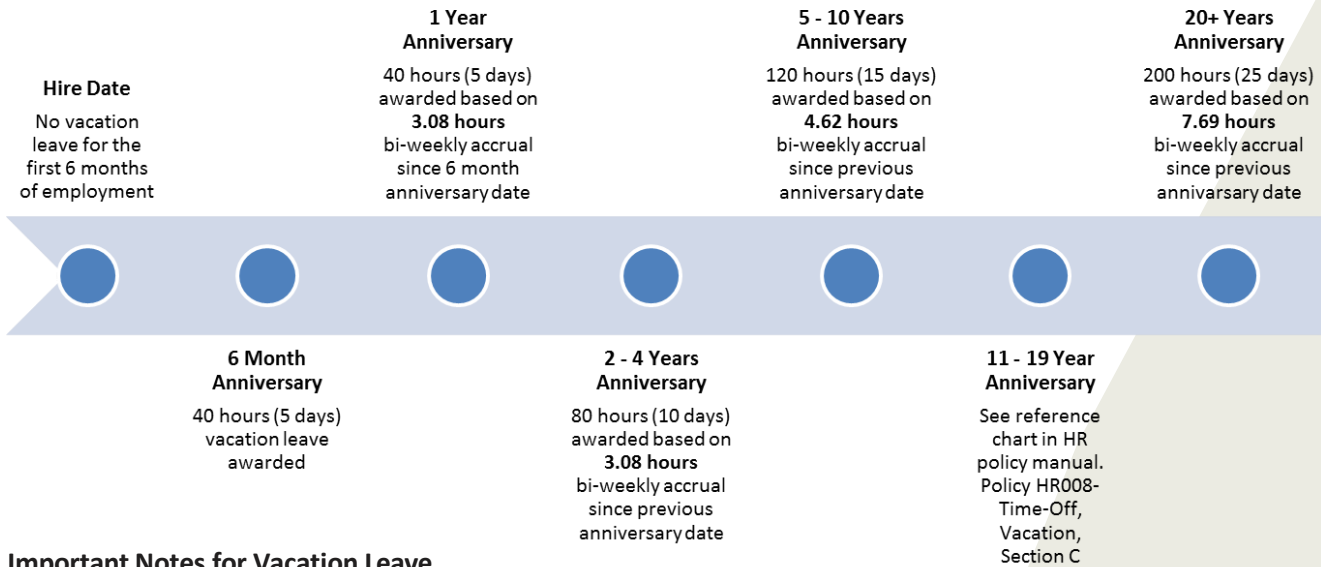
COMMON DISCUSSION TOPICS

- Stress & Mental Wellness
- Parenting
- Relationships
- Finances
- Addiction
- Aging Parents
- Health
- and more . . .



Paid Vacation Leave

Awards & Accumulation Rates



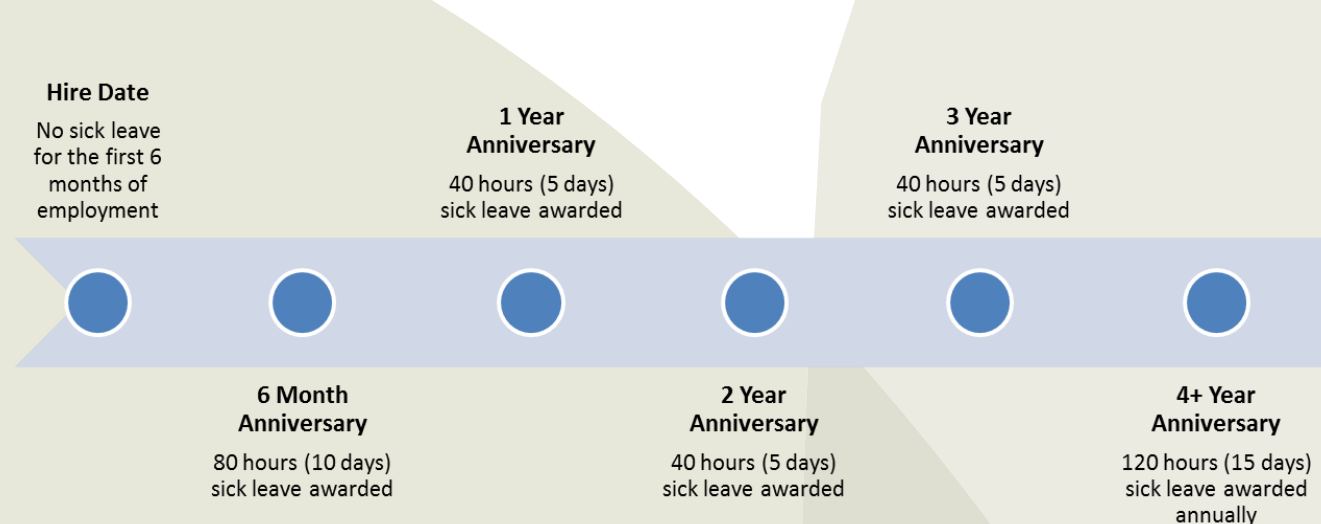
Important Notes for Vacation Leave

- Full-Time, benefit-eligible employees may accumulate up to 150% of their yearly entitlement.
- Once an employee reaches their maximum vacation balance, they no longer accrue vacation time.
- 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 they accrue.
- Hourly, non-benefit employees do not accumulate vacation leave.

Employees are paid a maximum accumulated vacation leave of up to 120 hours 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.

2026 Bi-Weekly Payroll Schedule

PAY PERIOD	WORK PERIOD COVERED	DUE DATE	PAY DAY
*1	12/18/2025-12/31/2025	***01/01/26***	01/07/26
*2	01/01/2026-01/14/2026	*01/15/26*	01/21/26
3	01/15/2026-01/28/2026	01/29/26	02/04/26
4	01/29/2026-02/11/2026	02/12/26	02/18/26
5	02/12/2026-02/25/2026	02/26/26	03/04/26
6	02/26/2026-03/11/2026	03/12/26	03/18/26
7	03/12/2026-03/25/2026	03/26/26	04/01/26
8	03/26/2026-04/08/2026	04/09/26	04/15/26
9	04/09/2026-04/22/2026	04/23/26	04/29/26
10	04/23/2026-05/06/2026	05/07/26	05/13/26
*11	05/07/2026-05/20/2026	*05/21/26*	05/27/26
12	05/21/2026-06/03/2026	06/04/26	06/10/26
*13	06/04/2026-06/17/2026	*06/18/26*	06/24/26
*14	06/18/2026-07/01/2026	*07/02/26*	07/08/26
15	07/02/2026-07/15/2026	07/16/26	07/22/26
16	07/16/2026-07/29/2026	07/30/26	08/05/26
17	07/30/2026-08/12/2026	08/13/26	08/19/26
18	08/13/2026-08/26/2026	08/27/26	09/02/26
19	08/27/2026-09/09/2026	09/10/26	09/16/26
20	09/10/2026-09/23/2026	09/24/26	09/30/26
21	09/24/2026-10/07/2026	10/08/26	10/14/26
22	10/08/2026-10/21/2026	10/22/26	10/28/26
23	10/22/2026-11/04/2026	11/05/26	11/11/26
24	11/05/2026-11/18/2026	11/19/26	11/25/26
25	11/19/2026-12/02/2026	12/03/26	12/09/26
26	12/03/2026-12/16/2026	12/17/26	12/23/26

2026 County Holiday Schedule

<u>Holiday</u>	<u>Date</u>	<u>Day of the Week</u>
New Year's Day	January 1st	Thursday
Martin Luther King's Day	January 19th	Monday
Good Friday	April 3rd	Friday
Memorial Day	May 25th	Monday
Juneteenth	June 19th	Friday
Independence Day	July 3rd	Friday (observed)
Labor Day	Sept 7	Monday
Veteran's Day	Nov 11th	Wednesday
Thanksgiving Day	Nov 26th	Thursday
Day after Thanksgiving	Nov 27th	Friday
Christmas Eve	Dec 24 th	Thursday
Christmas Day	Dec 25 th	Friday



Medical

*Network Name: Blue Choice
BlueCross BlueShield of Texas*

Medical coverage, also known as health insurance or medical insurance, is a type of financial protection that helps pay for healthcare expenses when they arise. With this in mind, Galveston County offers three medical plan options for eligible employees to choose from, protecting you and your family from the high cost of healthcare.

PPO Network - Blue Choice (BlueCross BlueShield of Texas)

The PPO network is **Blue Choice** through BlueCross BlueShield. 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 800-521-2227 or via the internet at www.bcbstx.com.

Galveston County Group Numbers:

Base & Buy-Up Plans: **375298**

High Deductible Health Plan (HDHP): **375299**

Medical Coverage Basics and Definitions to Know

Deductible? You must pay all the costs (excluding co-pays on the Buy-Up plan) up to the deductible amount before co-insurance applies for covered services. Our plan year runs 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 PPO plans.

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 (ACA) 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.

Medical

HDHP
TAC GROUP # 375299

BASE PLAN
TAC GROUP # 375298

BUY-UP PLAN
TAC GROUP # 375298

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
ANNUAL DEDUCTIBLE						
Individual	\$3,400	\$6,250	\$2,250	\$4,250	\$1,500	\$2,250
Family	\$6,800	\$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%
ANNUAL OUT-OF-POCKET MAXIMUM (Includes Calendar Year Deductible)						
Individual	\$6,450	Unlimited	\$7,000	Unlimited	\$4,500	Unlimited
Family	\$12,900	Unlimited	\$17,100	Unlimited	\$13,500	Unlimited
COPAYS / COINSURANCE (YOU PAY)						
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	\$100 co-pay & 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
Specialty Visit	20% after Deductible	50% after Deductible	20% after Deductible	50% after Deductible	\$50 copay	50% after Deductible
OTHER BENEFITS						

Prescription

HDHP

BASE PLAN

BUY-UP PLAN

Network BCBSTX	PPO In-Network Only	PPO In-Network Only	PPO In-Network Only
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\$0 PREVENTIVE DRUG PROGRAM CAN BE OBTAINED AT THE PHARMACY OF YOUR CHOICE BY USING YOUR BCBS CARD.

RETAIL – (30 DAY SUPPLY)	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
MAIL ORDER – (90 DAY SUPPLY)			
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 the 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: 1st 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 800-521-2227 or via the internet at www.bcbstx.com.

Galveston County Group Numbers:

Base & Buy-Up Plans: **375298**

High Deductible Health Plan (HDHP): **375299**

Non-Nicotine Rates	HDHP		BASE PLAN		BUY-UP PLAN	
	<i>Monthly</i>	<i>Bi-Weekly</i>	<i>Monthly</i>	<i>Bi-Weekly</i>	<i>Monthly</i>	<i>Bi-Weekly</i>
Employee Only	\$0	\$0	\$112	\$51.69	\$298	\$137.54
Employee & Spouse	\$192	\$88.62	\$271	\$125.08	\$514	\$237.23
Employee & Child(ren)	\$132	\$60.92	\$220	\$101.54	\$479	\$221.08
Employee & Family	\$262	\$120.92	\$362	\$167.08	\$725	\$334.62

Nicotine Rates	HDHP		BASE PLAN		BUY-UP PLAN	
	<i>Monthly</i>	<i>Bi-Weekly</i>	<i>Monthly</i>	<i>Bi-Weekly</i>	<i>Monthly</i>	<i>Bi-Weekly</i>
Employee Only	\$169.40	\$78.18	\$245.80	\$113.45	\$453.50	\$209.31
Employee & Spouse	\$314.40	\$145.11	\$404.80	\$186.83	\$669.50	\$309.00
Employee & Child(ren)	\$254.40	\$117.42	\$353.80	\$163.29	\$634.50	\$292.85
Employee & Family	\$384.40	\$177.42	\$495.80	\$228.83	\$880.50	\$406.38

No Annual Health Assessment (AHA)	HDHP		BASE PLAN		BUY-UP PLAN	
	<i>Monthly</i>	<i>Bi-Weekly</i>	<i>Monthly</i>	<i>Bi-Weekly</i>	<i>Monthly</i>	<i>Bi-Weekly</i>
Employee Only	\$230.60	\$106.43	\$312.70	\$144.32	\$531.25	\$245.19
Employee & Spouse	\$375.60	\$173.35	\$471.70	\$217.71	\$747.25	\$344.88
Employee & Child(ren)	\$315.60	\$145.66	\$420.70	\$194.17	\$712.25	\$328.73
Employee & Family	\$445.60	\$205.66	\$562.70	\$259.71	\$958.25	\$442.27

Health Savings Account (HSA)

Service Provided by:



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!

2026 HSA Limits	
Individual	\$4,400
Family	\$8,750
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	\$25.28	\$11.66	\$37.42	\$17.27
Employee & Spouse	\$23.25	\$10.73	\$50.58	\$23.34	\$74.84	\$34.54
Employee & Child(ren)	\$24.51	\$11.31	\$50.58	\$23.34	\$74.84	\$34.54
Employee & Family	\$36.46	\$16.83	\$76.87	\$35.48	\$114.29	\$52.75



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 diabetes and strokes.



Premiums	Guardian	
	<i>Monthly</i>	<i>Bi-Weekly</i>
Employee Only	\$8.03	\$3.70
Employee & Spouse	\$13.99	\$6.46
Employee & Child(ren)	\$14.28	\$6.59
Employee & Family	\$23.00	\$10.62

Guardian

Plan Number: 00577847 Davis Vision Network

	In-Network	Out-of-Network
Exams	Once Every 12 Months	
	\$10 copay	Up to \$50 **
Lenses: Standard	Once Every 12 Months	
Single Vision	\$10 copay	Up to \$48 **
Bifocal	\$10 copay	Up to \$67 **
Trifocal	\$10 copay	Up to \$86 **
Frame	Once Every 12 Months	
	\$150 allowance + 20% discount	Up to \$48 **
Contacts (in lieu of glasses)	Once Every 12 Months	
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)*

Services provided by:



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

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 already paid the provider and the expense is eligible for reimbursement.

To file your claim:

1. Login to your online account or Mobile App provided by WEX Health.
2. Navigate to the Home tab and select "pay a service" or "reimburse myself"
 - » Upload Valid Documentation
 - » Complete the required information:
 - The date(s) of service
 - The providers name
 - 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 information.

Customer Service:

Phone: 866-451-3399

Email: customerservice@wexhealth.com

Note: FSA Accounts are limited to an annual maximum of **\$3,400**

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 for current year expenses. 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 **\$7,500**, or **\$3,750**, if married but filing separate tax returns.

Services provided by:



Daycare Submission Guidelines:

Acceptable Documentation

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.

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.

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



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



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 MetLife 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). 7th, 14th & 30th 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.

Supplemental Life Insurance

Voluntary Whole Life Insurance—Employee & spouse *(post-tax deduction)*

Aflac’s Whole Life Plan is permanent life insurance with living benefits to help provide you and your family with a financial cushion when dealing with the loss of a loved one.

Additional Voluntary Term Life Insurance—Employee, spouse & children *(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. Coverage options below:

	Minimum	Incremental Unit	Guarantee Issue Amount <i>(for new hires only)</i>	Maximum
Employee	\$10,000	\$10,000	\$100,000	\$300,000
Spouse	\$10,000	\$5,000	\$50,000	100% of EE amount (Max of \$50K)
Child(ren)	\$1,000	\$1,000	\$10,000	10% of EE amount

Amounts of coverage elected above the Guarantee Issue (GI) amount are subject to medical underwriting.

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.

Coverage for over age 65 subject to medical underwriting approval.

Supplemental Health Insurance -

When your health is dealt an unexpected blow, your time and energy should be spent on getting well - not worrying about how to pay for the care you need while staying on top of household bills. Supplemental health benefits support you when you must deal with unforeseen medical challenges. Whether it's an X-ray for a sprained ankle, surgery after an accident, or critical care for a serious diagnosis, the financial support these benefits provide can make all the difference to you and your family. Each type of supplemental health insurance plays a crucial role in supporting employee well-being. Your supplemental benefit offerings include:

Hospital Indemnity Insurance *(pre-tax deduction)*

An injury or sickness that requires an extended hospital stay can happen to anyone at any time, and usually comes when employees least expect it. Medical insurance can help with hospital bills, but other everyday costs can add up, especially if income is reduced or missing due to the hospital stay. This is where Guardian’s Hospital Indemnity Insurance can help.

Accident Insurance *(pre-tax deduction)*

Accidents can happen to anyone. Accident insurance pays a benefit based on a covered injury, regardless of what is covered by medical insurance.

Critical Illness Insurance *(post-tax deduction)*

When an employee suffers a serious illness such as cancer, stroke or a heart attack, critical illness can help with expenses that other insurances may not.

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.
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:

Employee Wellness GLP-1 Program (\$100 per month)

Personalized weight-loss GLP-1 program offered through partnerships with local providers:

Janke Fit: 2850 Gulf Freeway, La Marque, TX 77568 (Text Only – 409-440-4966) www.jankefithealth.com

Thomas Family Clinic: 357 East Parkwood Ave, Friendswood, TX 77546. Walk-Ins welcome.

Dr. T's Med Spa: 2111 West Parkwood Ave, Friendswood, TX 77546. Walk-Ins welcome.

T360: 18201 Gulf Freeway, Suite C, Webster, TX 77598. Walk-Ins welcome.

Telemedicine with MDLIVE

Conduct a virtual visit with a doctor or therapist who can provide a diagnosis and prescribe medications (when appropriate) via video conference, 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 \$50 for Mental Health.

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

HDHP must meet deductible before co-pay applies)

Omada (No cost to you)

Omada is a personalized, virtual health program designed to help individuals manage diabetes, prediabetes, hypertension, and weight loss through behavioral changes. To enroll in the Omada program, visit omadahealth.com/omadaforbcbstx.

WondrHealth (100% covered by your employer)

Wondr is a digital weight loss program with on-demand classes, recipes, and more. Learn simple, repeatable skills through weekly lessons designed to help you focus on your personal health and wellness.



New

DIABETES MANAGEMENT PROGRAM

Healthier living made easier

Your health and the health of your family is important to your employer. With that in mind, the Diabetes Management program by Teladoc Health is now being offered **at no cost to you** so you can live your healthiest life and feel your best.

Tools and support, tailored to you:



Expert coaching

Coaches provide guidance and offer real-time support for out-of-range readings.



Unlimited strips

Get as many strips and lancets as you need, delivered right to your door.



A connected meter

The meter provides real-time tips and automatically uploads your blood sugar readings.

Get started today at no cost to you

Visit TeladocHealth.com/Register/BCBSTX-HEALTH
or call Teladoc Health Member Support at 800-835-2362.



Galveston County Employee Program



Galveston County is partnering with Coastal Health & Wellness (CHW) to provide specialty medications to covered individuals at a reduced cost! There's a \$0 prescription co-pay when utilizing this program (unless on a high deductible health plan).

Steps to utilize the program:

- 1 Register with CHW using the QR code above. Please be sure to sign the PHI release on the 3rd tab. (Please allow 24-48 hours for your registration to be received and processed).
- 2 Call 409-938-2234 to schedule an appointment.
- 3 Be prepared for your appointment by having all medications and specialist information, if applicable, to share with your provider.
- 4 After your appointment, a referral will be sent to your specialist & the specialist will send your prescription to Hitchcock Hometown Pharmacy.
- 5 Hitchcock Hometown Pharmacy will notify you by phone when the prescription is available for pick-up. (Delivery is also available)


Locations


Coastal Health & Wellness

CHW has clinics located in Galveston and Texas City, with evening and Saturday appointments available.

Visit www.coastalhw.org/location-hours for more information on location and hours.

Hitchcock Hometown Pharmacy

 8719 Highway 6, Hitchcock, TX 77563

 409-209-0847

 Monday - Friday: 9 a.m. - 5 p.m.

Questions?

For program questions, email GCempProgram@gchd.org



Coastal Health & Wellness is a community health center under the Galveston County Health District.



409-938-2234



www.coastalhw.org



Galveston County: Employees, Dependents, and Retirees

Welcome to The University of Texas Medical Branch (UTMB Health). Our patient care team is looking forward to providing outstanding health care to you and your family. As part of your new health benefits through UTMB Health, you and your dependents will receive:

- Preferred access to our **Minor Injury and Illness Clinic** (\$15 fee per visit)
- Preferred access to the **Chronic Care Assessment and Coordination Clinic** (\$15 fee per visit) for high blood pressure, diabetes, etc.
- **Same-day appointments** (subject to medical plan primary care copayment) at all **urgent care** locations and, if not same day, within twenty-four (24) hours at many primary care locations throughout the service area
- Access to **MyChart**, UTMB Health's electronic medical record system
- Online scheduling through www.utmbhealth.com/galveston-county **webpage** and MyChart
- **Health Risk Assessments** and a tele-consult with a nurse to review your results
- UTMB **Access Services support** that is available 24/7, 365 days a year to schedule appointments and provide **nurse triage services**

MyChart Access:

UTMB Health's MyChart is a secure online tool that allows you to view your health record including lab results, immunization history, upcoming appointments and billing information, any time, 24/7/365. You can also view medical records for children and parents through authorized proxy.

Sign up or learn how to link an existing account at utmbhealth.com/galveston-county.

Schedule an Appointment Today:

Visit www.utmbhealth.com/galveston-county or contact the UTMB Health Access

Minor Injury and Illness Clinics:

Galveston-Island West Clinic

Adult & Pediatrics
6416 Broadway
Monday-Friday
8 a.m. - 5 p.m.

Texas City

Adult & Pediatrics
10121 Emmett F. Lowry ~~Expy.~~
Monday-Friday
8 a.m. - 5 p.m.

League City

Pediatrics
2785 Gulf Fwy South, Ste. 2.200

Adult

2785 Gulf Fwy South, Ste 165
Monday-Friday
8 a.m. - 5 p.m.

Webster/Clear Lake

Adult & Pediatrics
17448 Highway 3, 2nd Floor
Monday-Friday
8 a.m. - 5 p.m.

Chronic Care Assessment and Coordination Clinic:

Galveston

Adults only for this clinic
6416 Broadway
Monday-Friday
8 a.m. - 5 p.m.



Scan to find a provider, call (409) 266-6328, or visit utmbhealth.com/galveston-county



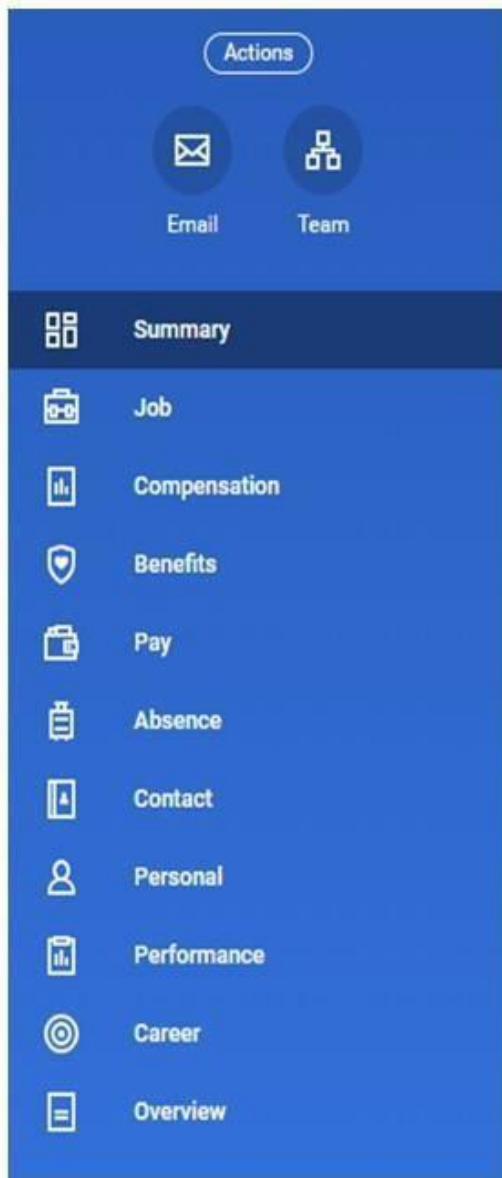


Key Benefit Contact Numbers

Company/Service	Contact Name	Phone Number
Aetna (Retiree Program)	Medicare PPO Plan	800-338-4533
Aflac—Whole Life	Customer Service	800-433-3036
BlueCross BlueShield of Texas	Medical Plan Network	800-521-2227
BlueCross BlueShield of Texas	Pharmacy	888-697-0683
Coastal Health & Wellness	Specialty	409-938-2234
COBRA	WEX Customer Service	866-451-3399
Employee Assistance Program (EAP)	Alliance Work Partners	800-343-3822
Guardian Dental & Vision	Dental & Vision Customer Service	888-600-1600
Guardian Accident / Critical Illness / Hospital Indemnity	Customer Service	800-541-7846
Guardian Voluntary Life Insurance	Customer Service	800-525-4542
Hitchcock Hometown Pharmacy	Customer Service	409-209-0847
Human Resources	Benefits / FMLA	409-770-5352
Human Resources	Recruiting / Onboarding	409-770-5418
Human Resources	Workers Compensation	409-770-5348
Marketplace Care Partners	Care Partner	214-769-1646
MetLife—Short Term Disability	Customer Support Team	800-300-4296
MDLIVE	Telemedicine	888-680-8646
Medicare	Customer Service	800-633-4227
Nationwide Retirement	Customer Service	888-401-5272
Social Security Administration	League City Office	866-299-3254
Social Security Administration	Angleton Office	866-338-2940
TCDRS	Member Services	800-823-7782
Teladoc (Diabetic Supplies)	Customer Service	800-835-2362
UTMB Minor Illness & Injury Clinic	Appointments	409-266-6328
Voya Financial	Social Security Replacement Plan	800-584-6001
Wealthspire at Work	Financial Investment Support	800-959-0071
WEX Health	FSA & HSA Accounts	866-451-3399



workday®



Workday allows Galveston County Employees 24/7 access to self-service.

Using the navigation menu and the Actions button, you will be able to:

- View Pay Slips
- Update Direct Deposit
- W-4 Changes
- Benefit Enrollment
- Update Contact Information
- Request Time Off

Access Workday Mobile App:



Organizational ID: galvestoncountytx

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.



Visit us online

www.galvestoncountytexas.gov/HR

Human Resources Department

Hours of Operation

Monday - Friday

8:00AM - 5:00PM

E-mail: HumanResources@co.galveston.tx.us

