



YOUR 2023-24 HEALTH BENEFITS

September 1, 2023— August 31, 2024



What's Changing

TML Health has changed their name to TX Health Benefits Pool. The Blue Cross Blue Shield of Texas (BCBSTX) network of providers remains the same. You will receive a new Medical ID card. If you are renewing coverage, your pharmacy benefits are still managed by Navitus; please continue to use the same Navitus ID card. As a reminder, Walgreens pharmacies are excluded.

Please carefully review the plan benefit summaries. There are changes to certain copays. This year introduces a NEW infusion copay for certain specialty drugs infusions: \$30 when received at a doctor's office, independent infusion center, or at home; \$500 when received at a hospital or outpatient facility. New resources include a cost-saving Member Rewards Program, SurgeryPlus and Headway.

Eligibility

You are eligible for benefits if you work 20 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Dependent verification will be required. Eligible family members include:

- Your legally married spouse
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (up to age 26).
- Disabled children of any age who meet certain criteria may continue on your health coverage.

Dependent Verification Sample Documents: Marriage Certificate, Birth Certificate or Hospital Birth Facts (for newborns), Spousal Affidavit, Court Order

When Coverage Begins

You must complete the enrollment process within 31 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following date of hire.

If you are hired in July or August, your benefits are effective September 1st.

If you fail to enroll on time, you will **NOT** have benefits coverage.

Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common *qualified life events (QLE)*:

- Marriage or divorce
- Birth or adoption of a child
- Death of a spouse or child
- You or your spouse lose coverage under your spouse's plan
- You gain access to state coverage under Medicaid or CHIP
- Medical Child Support Court Order

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns).

Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Inside

Medical Plans

Prescription Drug Plan

Benefits Value Advisor

SurgeryPlus

Member Rewards

Wellness

Employee Assistance Program

Other Resources

Contact Information

Open Enrollment:

7/17/2023—8/4/2023

Plan Year (Effective Dates):

9/1/2023—8/31/2024

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

Medical Plans

Your BCBSTX network is NOT changing and you can keep your current doctors. You will receive a **NEW ID card from BCBSTX**. If you are renewing coverage, you will continue to use your Navitus pharmacy ID card. You have the option to choose from 4 medical plans, as detailed in the next two pages. HMO plans will require that you select a Primary Care Physician (PCP) and Specialty Access requires a referral. Reference the Employee Benefits Center (EBC) for help in electing a PCP. Please remember to show your **NEW medical ID card** to your medical provider.

Key Medical Benefits	TX Health Benefits Pool HSA 3000		TX Health Benefits Pool HMO 2500	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (per calendar year)				
Individual	\$3,000	\$6,000	\$2,500	Not Covered
Family	\$6,000	\$12,000	\$5,000	Not Covered
Out-of-Pocket Maximum (per calendar year)				
Individual	\$6,900	Unlimited	\$8,000	Not Covered
Family	\$13,800	Unlimited	\$16,000	Not Covered
Covered Services				
Office Visits (OV) (physician / specialist)	Deductible / 20%	Deductible / 50%	\$30 / \$60 Copay	Not Covered
MD Live	\$48	Not Covered	No Charge	Not Covered
Routine Preventive Care	No Charge	Deductible / 30%	No Charge	Not Covered
Outpatient Diagnostic Lab & X-ray	Deductible / 20%	Deductible / 50%	Covered in OV Copay	Not Covered
Emergency Room	\$500 / Deductible / 20%		\$500 / Deductible / 20%	Not Covered
Urgent Care Facility	Deductible / 20%	Deductible / 50%	\$75 Copay	Not Covered
Inpatient Hospital Stay	Deductible / 20%	Deductible / 50%	Deductible / 20%	Not Covered
Outpatient Surgery	Deductible / 20%	Deductible / 50%	Deductible / 20%	Not Covered
Prescription Drugs (Tier 1 / Tier 2 / Tier 3/ Tier 4/ Tier 5)				
Disease Management Generic Drugs are covered at 100% with \$0 copay.				
30-day supply	\$10/ \$45/ \$90/ \$150/ \$175 after deductible	Not Covered	\$10/ \$45/ \$90/ \$150/ \$175	Not Covered
90-day supply	\$30 / \$135 / \$270 / NA/ \$525	Not Covered	\$30 / \$135 / \$270 / N/A/ \$525	Not Covered
Monthly Rates				
Employee Only	\$109.80		\$121.28	
Employee & Spouse	\$547.36		\$570.64	
Employee & Child	\$432.66		\$452.87	
Employee & Family	\$938.17		\$972.00	

Coinsurance percentages and copay amounts shown in the above charts represent the percentages that the member is responsible for paying. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Deductible: The amount of money you must pay each year before your health benefits will start covering your medical expenses.

Coinsurance: The percentage of a medical bill you pay once you've reached your deductible and your coverage has begun.

Copayment: Also called a "copay," this is the fixed dollar amount (not a percentage) you will pay for a certain kind of medical service under some plans.

Out of Pocket Maximum: After you have paid this amount of medical expenses, you will not have any more cost sharing or out-of-pocket expenses to pay your in-network medical claims will be covered at 100% for the rest of your plan year.

Contribution: The amount you or your company pays for your health benefits.

Primary Care Provider: Also called a Primary Care Physician (PCP), this is the generalist medical professional you select who can act as your first touch point for anything health-related.

Medical Plans

Your BCBSTX network is NOT changing and you can keep your current doctors. You will receive a **NEW ID card from BCBSTX**. If you are renewing coverage, you will continue to use your Navitus pharmacy ID card. You have the option to choose from 4 medical plans, as detailed here and in the prior page. HMO plans will require that you select a Primary Care Physician (PCP) and Specialty Access requires a referral. Reference the Employee Benefits Center (EBC) for help in electing a PCP. Please remember to show your **NEW medical ID card** to your medical provider.

Key Medical Benefits	TX Health Benefits Pool PPO (Copay) 2500		TX Health Benefits Pool HMO 1500	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (per calendar year)				
Individual	\$2,500	\$5,000	\$1,500	Not Covered
Family	\$5,000	\$10,000	\$3,000	Not Covered
Out-of-Pocket Maximum (per calendar year)				
Individual	\$8,000	Unlimited	\$7,000	Not Covered
Family	\$16,000	Unlimited	\$14,000	Not Covered
Covered Services				
Office Visits (OV) (physician / specialist)	\$30 / \$60 Copay	Deductible / 50%	\$30 / \$60 Copay	Not Covered
MD Live	No Charge	Not Covered	No Charge	Not Covered
Routine Preventive Care	No Charge	Deductible / 50%	No Charge	Not Covered
Outpatient Diagnostic Lab & X-ray	Covered in OV Copay	Deductible / 50%	Covered in OV Copay	Not Covered
Emergency Room	\$500 / Deductible / 20%		\$500 / Deductible / 20%	Not Covered
Urgent Care Facility	\$75 Copay	Deductible / 50%	\$75 Copay	Not Covered
Inpatient Hospital Stay	Deductible / 20%	Deductible / 50%	Deductible / 20%	Not Covered
Outpatient Surgery	Deductible / 20%	Deductible / 50%	Deductible / 20%	Not Covered
Prescription Drugs (Tier 1 / Tier 2 / Tier 3/ Tier 4)				
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90-day supply	\$30 / \$135 / \$270 / N/A/ \$525	Not Covered	\$30 / \$135 / \$270 / N/A/ \$525	Not Covered
Monthly Rates				
Employee Only	\$141.10		\$162.26	
Employee & Spouse	\$610.89		\$653.83	
Employee & Child	\$487.74		\$524.99	
Employee & Family	\$1,030.48		\$1,092.91	

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Prescription Drug Plan

The prescription drug plan included with your new medical benefits is managed by **Navitus** and uses a network of participating (in-network) pharmacies. **To receive benefits, you must use a participating pharmacy.** Reference the Employee Benefits Center (EBC), visit www.navitus.com, or call 844-268-9789 for a list of participating pharmacies in your area. While all of your medications now fall under a copay arrangement, your medications may fall under a different cost tier. Reference your plan's Summary of Benefits and Coverage (SBC) for more information.

Disease Management Maintenance Drugs

Certain generic Disease Management Maintenance Drugs are offered at \$0, including medications for hypertension, high cholesterol, and diabetes. You can see a complete list of eligible medications by logging in at

www.tmlhealthbenefits.org

Generic Drugs

You can get your medicine from either a retail network pharmacy or through the Navitus mail order program. To make the most of your savings, we encourage you to ask for a generic medicine whenever possible. Generic medicines must meet the same FDA safety requirements as more expensive medicines to treat the same condition.

Wellness Drugs for HSA Plans (HSA 3000)

If you are enrolled in the HSA Plan (HSA 3000), certain wellness drugs (for prevention rather than treatment) are only subject to copays after the deductible is met. Non-wellness drugs are subject to the in-network deductible.

Refer to your Summary of Benefits and Coverage (SBC) to determine which Plan design applies.

Prior Authorization

Some medicines have to be approved by a doctor before you can start them. The reason is because some medicines are only approved or effective for certain health conditions. Prior authorizations help manage costs, control drug abuse, and protect your safety. They give you a chance to have the best possible treatment outcomes.

To start the prior authorization process:

- You, your pharmacist, or your doctor will contact us.
- We'll work with your doctor to get the information that's needed for the review.

For more information, call Navitus Customer Care at 855-673-6504.

Step Therapy

Most health conditions can be treated using various medicines.

Although they may work in much the same way, their prices can vary quite a lot. With the step therapy program, you can still get the treatment you need—often at a lower cost.

Here's how the step therapy program works:

- You'll try a **Step 1 medicine** *before* a **Step 2 medicine** will be covered.
- That means you'll try a less expensive medicine (**Step 1**) before trying one that costs more (**Step 2**).
- Based on the results of **Step 1**, a **Step 2** medicine may be processed and covered.
- When you bring a prescription to your pharmacy, our system will automatically check to see if it meets the requirements for step therapy.
- If you have already filed pharmacy claims and they show you've tried a **Step 1** medicine that didn't work for you, the **Step 2** medicine may then be processed.
- But, if you have not recently tried a **Step 1** medicine, **the pharmacist will ask your doctor for more details.**

Always talk with your doctor about the choices you have for your treatments and medicines and check the Navitus app while you're at the doctor's office. That way, you will know whether a drug requires step therapy before you go to the pharmacy.

Specialty Review Unit

The Specialty Review Unit helps ensure that you are getting the right prescription based on the latest research, the best dosage for you, and other factors. If they believe there is a better alternative, they will reach out to your medical provider to discuss your prescription.

Benefits Value Advisor

Overwhelmed with cross-checking hospitals, doctors, and your network to get the best prices? Then meet your Benefits Value Advisor (BVA). You have 24/7 access to a personal customer service concierge dedicated to getting you the best deals on any medical expense in Texas. Contact a BVA via Blue Access for Members on the BCBSTX website, or the BCBSTX mobile app, or by calling the BCBSTX Helpline at 855-762-6084.

These trained advisors maximize your savings by keeping you up to date on all of the best options and costs for procedures by:

Using the Member Liability Estimator (MLE)

- A price comparison tool you can also access on the BCBSTX website that has more than 1600 procedures you can search for the best price one.
- All results are tailored to your plan, including deductibles and history, if you access the MLE tool through your login.
- You can search by doctor, hospital, or procedure.

Being your personal medical secretary

- Your BVA may find you a better option that can save you money. If so, they'll take care of everything. Your BVA will cancel your previous appointment, reschedule with a more cost-efficient provider, and then contact your Primary Care Provider letting them know of the change.
- Your BVA will provide you with "after-call summaries" to ensure you have a written breakdown of how you can get the best price on your procedure.

And they are located right in Texas!

- Every BVA is located at our call center in Marshall, TX. That means when you pick up the phone, you'll be talking to a fellow Texan that knows the area and which doctors to point you to.



SurgeryPlus



SurgeryPlus is a NEW medical benefit that provides you with access to excellent and affordable care for many planned surgical procedures. In partnership with the TX Health Benefits Pool, SurgeryPlus covers the most expensive costs associated with your surgery so you don't have to. You're automatically enrolled in the benefit as part of the medical benefits offered by the TX Health Benefits Pool, at no additional cost.

How do I access the benefit?

Make SurgeryPlus your first call. If you or one of your dependents need surgery, you may be required to work with one of SurgeryPlus' surgeons. To learn more, contact a SurgeryPlus Care Advocate today at 855-715-1684.

Who will help me through this process?

Your SurgeryPlus Care Advocate will:

- Provide personalized support throughout your surgical journey;
- Educate you on the benefit with an understanding of your surgical need;
- Provide you with resources to help you make best decisions regarding care, including how to find the best in-network surgeon.

How do I know if a surgery is covered?

Contact SurgeryPlus at 855-715-1684 to confirm whether your procedure is covered.

How do I find the right surgeon?

With an understanding of your healthcare needs, your SurgeryPlus Care Advocate will provide a list of the best in-network surgeons so you can choose the one that is right for you. If you already have a surgeon, call your SurgeryPlus Care Advocate to confirm whether your current surgeon is in-network.

What will my surgery cost?

SurgeryPlus covers the most expensive costs associated with surgery; so, you'll pay less for your procedure when you use this benefit. All payments are required to be paid (with a credit card) in full prior to surgery via the SurgeryPlus portal. Pre or post-surgical imaging and diagnostics go through the normal medical plan benefits and are not part of the SurgeryPlus episode of care. To maximize your savings, call your SurgeryPlus Care Advocate as soon as possible to confirm the details of your benefit.

What happens after my surgery?

Your SurgeryPlus Care Advocate will follow up to ensure you received the highest quality of care and schedule any post-procedure appointments.



You deserve excellent and affordable surgical care.
Call us to learn more at 855.715.1684

Earn Cash With Member Rewards!

Most of us look for value when we're shopping—why not apply this practice to shopping for health care services? With **Member Rewards** you can reduce your costs and take more control of your health care financial decisions.

The Member Rewards program is part of your medical plan benefits and is administered by Sapphire Digital. It is quick and easy to shop and compare in-network medical care for surgeries like sinus or shoulder surgery, screenings and scans like CT Scans, MRIs, and more. **Save money, and earn cash rewards!**

Compare Costs and You May Earn Cash with Member Rewards

Prices for the same quality medical services can differ by thousands of dollars within the same region and health plan network. BlueCross and BlueShield of Texas (BCBSTX) provides **Member Rewards**, a program administered by Sapphire Digital that offers cash rewards when a lower-cost, quality option is selected. Rewards can range from \$25-\$500.

- Compare it to where you park your car—the \$30 lot or the \$15 one just a few blocks away
- Member Rewards allows you to shop for health care services in a similar way, and as the examples in the chart show, you can save money depending on the option you select.
- Best of all, shopping with Member Rewards could help lower your out-of-pocket costs and help get you a cash reward.

Reward-Eligible Procedure	Provider A Cost	Provider B Cost
MRI of the Brain	\$682	\$2,723

Example shown is for illustration purposes and is not intended to represent costs for procedures in your area.

Program Benefits

Member Rewards uses our Provider Finder® tool to help you:

- Compare costs and quality for numerous procedures and services, which can vary by provider
- Estimate and save on your out-of-pocket costs
- Earn cash rewards when you select a reward-eligible provider
- Save money and make efficient use of your health care benefits
- Consider treatment decisions with your doctors

Don't miss out on cost savings and cash rewards. Get started with Member Rewards today!

It is quick and easy to use.



Step 1

Call a Benefits Value Advisor 24/7 at 855-762-6084 or shop online by logging in to bcbstx.com to find a reward-eligible location for your procedure or service. Or, register or log into Blue Access for Members (BAM) and select "Find Care."



Step 2

Get the procedure or service at your chosen reward-eligible location.



Step 3

Receive a cash reward by check, which will be mailed directly to your home, after your claim is paid and the location is verified as reward-eligible.

Wellness

Your TX Health Benefits Pool Membership gives you access to TWO incredible wellness programs: **TML Well** and **BCBSTX Well onTarget!** Between them, you have access to a robust collection of benefits that are completely FREE for you to use. Blue Cross Blue Shield of Texas' Well onTarget® program includes a health incentive program called Blue Points, a mobile app with fitness and nutrition tracking, lifestyle coaching, and a library of online resources.



TML Well's Online Wellness Video Library

From one-shot topics to entire video courses, TML Well gives you access to a wealth of online material to learn about mental and behavioral health.

Videos cover subjects like depression, schizophrenia, tobacco cessation, nutrition, and so much more. And to top it all off, designated video courses can even count towards your annual \$150 Wellness Incentive Check-all from the comfort of your own device!

Earn \$150 for Completing Wellness Challenges on TML Well

Employees and spouses earn rewards each year by taking a wellbeing survey and completing either a biometric, individual challenges, group challenges, or "Wellness Your Way" challenges through TML Well.

Option 1

Preventive Care Screening (Biometrics)
Wellness Survey

Option 2

Quarterly Challenge (4-6 weeks in length)
Wellbeing Survey

Option 3

2 Personal Challenges (must be in the nutrition or physical activity category)
Wellbeing Survey

Option 4

Wellness Your Way Challenge offered by SST
Wellbeing Survey

Well onTarget®



Blue Points - Rewards for Healthy Living

By regularly participating in health activities, you can earn Blue Points that can be redeemed in an online rewards store through BCBSTX's Well

onTarget program. From camping equipment to smart wearables, there are plenty of exciting rewards waiting to be unlocked by doing activities as simple as:

- Filling in health assessments
- Engaging in fitness classes
- Tracking your own steps, diet, etc.
- Connecting and using fitness wearables
- Learning about various health topics



Wellness

Your membership gives you access to additional, important wellness resources. This year we introduce a new partnership with Headway, a behavioral health services platform that provides quick and easy access to in-network mental health providers in your area.



Need Help Finding Mental Health Care?

Have you ever needed behavioral health services but not known where/how to find a network provider? Or thought you found the right provider only to find out it was going to take weeks to schedule an appointment?

Headway can help you find behavioral health treatment that fits your needs. Headway can match you with an in-network behavioral health provider either virtually or in-person, typically within 48 hours or less and it's easy to get started:

1. Visit Headway Online at <https://headway.co/tmlhealth>
2. Add your insurance details and provider preferences so we can get the exact cost for your sessions.
3. Book an appointment and we'll handle the rest. You will only be billed after your session.



Airrosti for Musculoskeletal Recovery

Airrosti is an outcome-based program, dedicated to quick recovery from common conditions or injuries through physical therapy for those who wish to avoid surgeries or other unnecessary invasive care options.

You have the option to choose in-office care or virtual and remote treatment to start feeling like yourself in as little as 3-4 visits.



Ovia Health for Women's and Family Health

Get support from Ovia Health's complete app suite to provide support from pre-pregnancy to delivery all the way through parenting. On top of being great tracking apps for every step of the parenting journey. Ovia Health helps manage both the children's and the mother's health, including support for postpartum depression.

See your Welcome Packet for more details on everything Ovia Health has to offer!

Other Resources

24/7 Nurseline

A nurse at the 24-hour Advisor Line can help you decide if you should call your doctor, visit the ER or urgent care, wait to see your doctor when you can, or treat the problem yourself.

Services are available in many languages.

Teens can also call and speak to a nurse in private about teen health issues.

By calling this line, you can also listen to audio tapes on hundreds of health topics that may concern you, such as:

- Pregnancy
- Diabetes
- Children's health
- High blood pressure
- Insomnia
- Sexually transmitted diseases



Access TX Health Benefits Pool Online

TX Health Benefits Pool offers you tools and resources to help you save money and stretch your health care dollar. Find in-network providers, view your ID card, check claims, deductibles and out of pocket balances.

1. Visit www.tmlhealthbenefits.org
2. Click Login then Login as Member
3. Click Register
4. Read the License Agreement and Agree
5. Create username, password, create security questions.

MDLIVE[®]

Virtual Visits with MD Live

Remotely connect with a board-certified doctor via online video, mobile app, or phone, anytime, anywhere. Address a variety of non-emergency care issues, ranging from the cold and flu to pink eye. It's a great tool for behavioral health concerns as well. MD Live doctors can also send prescriptions to nearby pharmacies for many common medical conditions. There is No Charge for general visits if you are enrolled in HMO 2500, PPO 2500 or HMO 1500. Download the app and register today.

It is important that you access and register for MD Live benefits through the Blue Access for Members on the BCBSTX website to access appropriate prices associated with your plans.



Blue Access for Members

BlueCross BlueShield of Texas helps you get the most out of your healthcare benefits with Blue Access for Members (BAM). You and all covered dependents age 18 and up can create a BAM account.

- Use **Provider Finder** [®] tool to search for a healthcare provider, hospital or pharmacy.
- Request or print your ID card
- Check the status or history of a claim
- View or print your Explanation of Benefits (EOB)
- Use the Cost Estimator tool to find the price of hundreds of tests, treatments, and procedures
- Sign up for text emails/alerts and download the app

Human Resources

If you have additional questions, you may also contact the Benefits Coordinator at benefits@sstx.org

Contact Information

Access	Questions About...	Phone #	Website/Email
BlueCross BlueShield of Texas Helpline	<ul style="list-style-type: none"> ▪ Medical benefits ▪ Medical procedures ▪ Major imaging like MRI, CT, etc. (call before your appointment) ▪ Cost estimates for procedures ▪ Medical claims, EOBs ▪ Select or Change PCP ▪ Deductibles or Coinsurance ▪ Find In-network providers ▪ Blue Access for Members (BAM) 	<p>855-762-6084</p> <p>24 hours / 7 days</p>	<p>www.bcbstx.com/member</p>
TX Health Benefits Pool Member Services	<ul style="list-style-type: none"> ▪ TX Health Benefits Pool Website ▪ TX Health Benefits Pool Online password reset ▪ General questions ▪ Access to benefit books ▪ Health/Wellness Resources ▪ Elect your Primary Care Provider (HMO) 	<p>800-282-5385</p> <p>M-F 7a-6p CT</p>	<p>www.tmlhealthbenefits.org</p>
Navitus Customer Care	<ul style="list-style-type: none"> ▪ Prescription drugs ▪ Rx copays and lower cost options ▪ mail order pharmacy ▪ Specialty pharmacy ▪ Pharmacy network ▪ Prescription drug plan benefits 	<p>855-673-6504</p> <p>24 hours / 7 days</p>	<p>www.navitus.com</p>
Medical Preauthorization Helpline	Medical procedures requiring prior approval (prior authorization)	<p>800-441-9188</p> <p>M-F 6a-6p CT</p>	
Mental Health Prior Authorization Substance Use Prior Authorization	Mental Health/Chemical Dependency (SUD) Preauthorization Helpline	<p>800-528-7264</p> <p>24 Hours / 7 Days</p>	
Behavioral Health	Mental healthcare (ie. Anger Management, Depression, Eating Disorder, LGBTQIA+, PTSD and more)	<p>866-327-2400</p>	<p>https://headway.co/tmlhealth</p>
MD Live	<ul style="list-style-type: none"> ▪ Non-emergency symptoms ▪ Prescriptions ▪ Behavioral Health 	<p>24 Hours / 7 Days</p>	<p>www.mdlive.com</p>
24/7 Nurseline	<ul style="list-style-type: none"> ▪ Healthcare options/decisions ▪ Teen health ▪ Diabetes and blood pressure ▪ Sexually Transmitted Diseases 	<p>877-351-8392</p> <p>TTY: 800-386-4424</p>	

Important Note: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The Company will distribute all required notices annually.

What's Next?

New employees have 31 days from an actively-at-work date to make elections. During annual open enrollment, First Financial Account Representatives will be onsite to assist you with making your elections. While the annual open enrollment window is open, your elections can be made anytime from your work or home computer. Your online enrollment platform is the same. Visit <https://ffga.benselect.com/enroll/login.aspx?ReturnUrl=%2fenroll> to enroll today.

The Employee Benefits Center (EBC) at <https://ffbeneffits.ffga.com/schsctec> is still your one-stop-shop to find all things benefits related. Find open enrollment and plan year dates, benefit descriptions, carrier contact information, product brochures, claim forms and enrollment details.



Are you waiving medical coverage?

Proof of other minimum essential coverage, i.e. a medical ID card, is required when you waive enrolling in our medical coverage. A minimum essential qualified health plan is a plan that provides all essential health benefits as defined by the ACA and follows established limits on cost sharing. If you are waiving our medical coverage, visit <https://tmlwaivers.benefitconnector.com/> **within 30 days of completing your enrollment** to upload proof of other coverage.

Examples of other coverage:

- You were hired after retiring and receiving medical coverage through your previous employer due to retirement; or,
- You are under age 26 and have medical coverage through a parent; or,
- You are covered by a spouse's medical plan; or,
- You are covered by the Veterans Administration (VA) or TRICARE; or,
- You are enrolled in Medicare; or,
- You are enrolled in a tribal medical plan; or,
- You are employed by another employer and are enrolled in the other employer Medical plan;
- You were enrolled in a qualified health or medical plan prior to employment with the organization and chose to keep that medical plan.

Proof of other coverage:

- Copy of current medical ID Card; or,
- Letter from employer verifying current coverage in another employer plan; or,
- Copy of enrollment confirmation in other current coverage; or
- Copy of a current invoice for other privately held insurance; or,
- Letter from a previous employer verifying current coverage in another retiree plan

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