Welcome
Montgomery County, TX
Employee

Risk Management Department
The mission of the Risk Management Department is to identify and manage all risks associated with the operation of County government by utilizing the most cost effective methods available in order to insure the lowest possible tax rate for the tax payers of Montgomery County.

Montgomery County, TX has provided the Employee Benefits Guide as a resource guide for “off the job” and “on the job” benefits, programs, policies & procedures. The complete manuals and forms are provided in the Risk Management Department webpage of the Montgomery County website. You will be able to log in and have access to the webpage after you received your first paycheck.

The Employee Benefits Guide briefly describes the benefits offered to you and your dependents. It is not intended to modify the Group Policies and/or contracts, policies, endorsements or language between the carriers and the County. You may obtain a detailed description of coverage provisions from the Montgomery County Employee Benefit Plan Document, Risk Management Department’s webpage, or each carrier’s website. Brochures and documents are available upon request at the Risk Management Department. The Plan Document and Group policies and contracts will prevail if there is any variation between the information provided in the Guide & Overview, the Plan Document, or Group policies and contracts.
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Assistance Directory

MONTGOMERY COUNTY, TX  www.mctx.org
Risk Management Department
(936) 760–6935/FAX (936) 760–6916/H.I.P.A.A. FAX (936) 538–8169
Workers Compensation after business hours phone (936) 520–1931,
Safety Officer 24/7

➤ Medical Benefit

Third Party Claims Administrator
Boon Chapman Claims Administrator  www.boonchapman.com
Participant Services (800) 252–9653/FAX (512) 454–8700
Member Advocate (888) 660–0467
(Claims, Billing, ID Cards, Eligibility, and Network Questions)

Preferred Provider Organization
Aetna Signature Administrators P.P.O.
www.aetna.com/asa

Precertification/Utilization Review
Prime Dx Participant Services (800) 477–4625

Prescription Drug Card Benefit
Maxor Plus Customer Service  www.maxorplus.com
Participant Services (800) 687–0707/FAX (806) 324–5493
Mail–order (800) 687–8629

Employee Assistance Service (EAP)
Deer Oaks EAP Services
www.deeroakseap.com
Participant Services (866) 327–2400 (24/7) / T.D.D. (800) 735–2989
Assistance Directory (cont.)

- **Optional Dental Benefit**
  Metlife
  [www.metlife.com](http://www.metlife.com) – Search for provider
  [www.mybenefits.metlife.com](http://www.mybenefits.metlife.com) – Create account and print ID Card

- **Optional Vision Benefit**
  Metlife
  [www.metlife.com](http://www.metlife.com) – Search for provider
  [www.mybenefits.metlife.com](http://www.mybenefits.metlife.com) – Create account and print ID Card

- **Optional Long/Short Term Disability Benefit**
  UNUM
  [www.unum.com](http://www.unum.com)
  Claims (866) 679-3054  [www.unum.com/claims](http://www.unum.com/claims)

- **Retirement Benefit**
  TEXAS COUNTY & DISTRICT RETIREMENT SYSTEM(TCDRS) [www.tcdrs.org](http://www.tcdrs.org)
  Participant Services (800) 823-7782 / FAX (512) 328-8887

- **Optional Retirement Benefit**
  IRS SECTION 457 DEFERRED COMPENSATION PLAN
  TRANSAMERICA Retirement Solutions [www.my.trsretire.com](http://www.my.trsretire.com)
  Active Participants (800) 755-5801

- **Montgomery County Wellness Center**
  Triage Line 7:00am to 9:00pm (281) 783-8162
  Wellness Center (936) 538-3779 [www.nextlevelurgentcare.com](http://www.nextlevelurgentcare.com)
Section One – Off the Job Benefits
Enrollment Information

**Eligible Current and New Employees Only:**

- **Benefits Enrollment**

  **New Employees** – Please read your Employee Benefit Guide & Overview of Plan Benefits, view the Benefits area of the Risk Management Department website or request brochures for additional information. You must complete your online enrollment within **30 days** of your hire date to either elect to participate or waive benefits. Failure to complete the online enrollment will result in the employee to be auto enrolled on the medical plan with the high deductible option with no election in optional benefits.

  **Current Employees** – You are **required** to complete your annual enrollment every November using the directions listed below. This is also the same site you will use to make eligible changes throughout the year. As noted above, failure to complete your enrollment will result in the employee being auto enrolled on the high deductible medical plan option with no election in optional benefits.

- **Online Access**

  Access your enrollment online at [https://boonchapman.benselect.com/Enroll](https://boonchapman.benselect.com/Enroll)

  Enrollment can be completed from any computer or mobile device with internet access. After enrolling online, you will have access to your benefit information year-round.

- **Login – Username and PIN**

  **Username** – Social Security Number
  **PIN** – Last 4 of social security number + Last 2 of birth year

  **Example Employee Info:**
  **Example Login:**

  - Social Security Number: 123–45–6789
  - Date of Birth: 01/02/1970
  - Username: 123456789
  - PIN: 678970
Enrollment Information (cont.)

- **Forms Library**
  Within the online enrollment you will have availability to view Benefit Summaries for all plans available. These may be viewed online during enrollment to assist you in selecting the benefits you wish to participate in. Required notices and the necessary forms will also be available in the library.

- **Upload Documents**
  - Required Dependent documentation must be submitted at the bottom of the dependent add/edit screen.

- **Sign and Submit**
  Once you have completed the enrollment for each plan available, the system will take you to the Sign and Submit page.
  - Review/Sign Forms using your PIN that you logged in with.
  - If you need to log off before completing enrollment, any data you entered will be saved.
  - Enrollment is complete when you see the CONGRATULATIONS! Message. (IMPORTANT: If you do not see the CONGRATULATIONS! Message, you have not completed and submitted your enrollment.)
  - Always make sure to log out upon completion.
Enrollment Information (cont.)

- **New Hire Employee Benefits Effective Dates**

  The waiting period for new hire enrollment is the 1st of the month following 58 days from full time/or hire date for Medical, Dental, Vision, 457 Deferred Compensation Plan, Basic Group Life with AD&D, Supplemental Life Benefits, Short–Term and Long–Term Disability Benefits.

<table>
<thead>
<tr>
<th>HIRE DATE</th>
<th>BENEFITS EFFECTIVE</th>
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<tbody>
<tr>
<td>Oct 5, 2018 to Nov 4, 2018</td>
<td>Jan 1, 2019</td>
</tr>
<tr>
<td>Nov 5, 2018 to Dec 5, 2018</td>
<td>Feb 1, 2019</td>
</tr>
<tr>
<td>Dec. 6, 2018 to Jan 2, 2019</td>
<td>Mar 1, 2019</td>
</tr>
<tr>
<td>Jan 3, 2019 to Feb 2, 2019</td>
<td>Apr 1, 2019</td>
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<tr>
<td>Feb 3, 2019 to Mar 4, 2019</td>
<td>May 1, 2019</td>
</tr>
<tr>
<td>Mar 5, 2019 to Apr 4, 2019</td>
<td>June 1, 2019</td>
</tr>
<tr>
<td>Apr 5, 2019 to May 4, 2019</td>
<td>July 1, 2019</td>
</tr>
<tr>
<td>May 5, 2019 to June 4, 2019</td>
<td>Aug 1, 2019</td>
</tr>
<tr>
<td>June 5, 2019 to July 5, 2019</td>
<td>Sept 1, 2019</td>
</tr>
<tr>
<td>July 6, 2019 to Aug 4, 2019</td>
<td>Oct 1, 2019</td>
</tr>
<tr>
<td>Aug 5, 2019 to Sept 4, 2019</td>
<td>Nov 1, 2019</td>
</tr>
<tr>
<td>Sept 5, 2019 to Oct 4, 2019</td>
<td>Dec 1, 2019</td>
</tr>
<tr>
<td>Oct 5, 2019 to Nov 4, 2019</td>
<td>Jan 1, 2020</td>
</tr>
<tr>
<td>Nov 5, 2019 to Dec 5, 2019</td>
<td>Feb 1, 2020</td>
</tr>
</tbody>
</table>

- **Annual Re–Enrollment**

  Annual Re–Enrollment is in November each year effective January 1 of the following year and is **REQUIRED** in order for your benefits to be continued.
Basic Group Life and AD&D

For Employees Only:

- **Plan Type**
  A Group Term Life and Accidental Death & Dismemberment Insurance policy with the following coverage:
  - Up to Age 70 $20,000.00 MAX
  - Age 70 to 75th birthday (benefit reduction to 65%) $13,000.00 MAX
  - Age 75 and older (50% reduction in benefit) $10,000.00 MAX

- **Eligibility**
  Each eligible full-time employee of Montgomery County will be covered by Group Term Life and AD&D Insurance policy effective 1st of the month following 58 days of active service. A completed application is required.

- **Rates**
  Basic Group Life and AD&D is a County paid benefit.

  - **Accidental Death & Dismemberment (AD&D)**
    AD&D Insurance included with the Employee Basic Group Term Life for loss means loss of life, hand, foot or sight which is caused solely and directly by an accident. Proof of accidental loss must be provided.

For Dependents Only:

- **Dependent Life**
  If you choose to enroll in medical coverage with a status of Employee+Child(ren), Employee+Spouse, or Employee+Family each eligible dependent will be covered with term life when the employee’s benefits become effective.
  - Spouse $2,000.00 MAX
  - Child $1,000.00 MAX Each

- **Rates**
  Dependent Life is a monthly deduction of $0.62.
Optional Group Term Life Insurance

For Employees Only:

- **Eligibility**

This insurance policy is a term policy and does not accrue cash value. It is in addition to the Basic Group Term Life Insurance Benefit. Employees pay rates through payroll deductions. Each eligible full-time employee may enroll in the optional Group Term Life Insurance Coverage through Standard Life Insurance Company at the time of active service in amount of 1 or 2 times their annual earnings up to a maximum of $200,000.00. After that time, application must be made as a Late Entrant through the Risk Management Department subject to insurability. This also applies for requests to increase from 1 to 2X’s your annual salary. You may cancel or decrease coverage at any time.

- **Rates**

Based on the employee’s age and salary rounded up to the next thousand and are adjusted annually effective January 1st of each year.

- Ages 70 thru 74 (reduction in benefit to 65%)
- Age 75 and older (reduction in benefit to 50%)

- **Rate Example**

An employee who is 25 years old and earns $31,512.00 annually; rounded up to the next $1,000.00.

- 1X’s: $32,000.00 = 32
  
  32 X $.09 = $2.88 monthly

- 2X’s: $64,000.00 = 64
  
  64 X $.09 = $5.76 monthly

<table>
<thead>
<tr>
<th>Optional Additional Term Life</th>
<th>Rate per $1000 of Coverage</th>
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<tr>
<td>30 &amp; Under</td>
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<tr>
<td>31 – 39</td>
<td>$0.14</td>
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<tr>
<td>40 - 45</td>
<td>$0.23</td>
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<td>46 – 50</td>
<td>$0.38</td>
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<td>51 – 55</td>
<td>$0.61</td>
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<td>56 - 60</td>
<td>$0.97</td>
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<tr>
<td>61 -65</td>
<td>$1.39</td>
</tr>
<tr>
<td>66 - 69</td>
<td>$2.29</td>
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<tr>
<td>70 +</td>
<td>$3.63</td>
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Information/Forms @ Risk Management Department Website
Medical Benefit

- **Plan Name**
The Plan name is the Montgomery County Employee Benefit Plan. Please review the Medical Plan Document.

- **Group #**
The group number is 002248.

- **Plan Type**
The Plan is a Self-Funded, Non-Federal Governmental Comprehensive Major Medical Plan that is regulated under the Texas Local Government Code Chapter’s 172 and 175.

- **Grandfathered Plan Status**
This Montgomery County Employee Benefit Plan, is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act).

- **Summary of Benefits and Coverage/Uniform Glossary**
As required by the revised Public Health Service Act (PHS Act) Section 2715 and Patient Protection and Affordable Care Act, a Summary of Benefits and Coverage/Uniform Glossary are available to view and/or print from the Risk Management Department “Medical” webpage of the County website or upon request at the Risk Management Department. *Available in Spanish too!*

- **Plan Year**
The Plan Year is a Calendar Year from January 1st to December 31st.

- **Calendar Year Maximum**
There is not a Calendar Year Maximum per Plan Participant.

- **Eligibility**
To be eligible to enroll you must be a full-time regular employee in a budgeted position in Active Service for Montgomery County, TX that works a minimum of 30 hours per week. Elected Officials/Appointed Officials who hold a County Office who satisfy the waiting period and who are actively at work on their first day in their elected/appointed position.
Medical Benefit (cont.)

- **New Hire Waiting Period**
  New hires that elect to participate in the medical plan, and their eligible dependents will have coverage effective the 1st day of the month following a 58 day waiting period.

- **Waiver**
  You have the option to waive participation on the Medical Plan for you and your eligible dependents. If you need coverage after the initial enrollment period, you must have an eligible status change or make application as a late entrant.

- **Current Dependents**
  - Spouse: Certified Marriage License or Certified Informal Marriage Certificate and Social Security card.
  - Natural children: Certified birth certificate (legal parent must be an employee) and Social Security card.
  - Step–children: Certified birth certificate (legal parent must be an employee or spouse of the employee) and Social Security card.
  - Adopted Children: Certified copy of a legal certificate of Adoption Decree (adopted parent must be the employee) and Social Security card.

  Additional required documentation: Certified Divorce Decree, Certified Court Order signed by a Judge or Order for Support by the Attorney General for the State of Texas stating responsibility for Dependent medical coverage.

- **Age 19 to 26 Adult Children**
  A dependent adult child, age 19 up to the attainment of age 26, is an eligible dependent. Once a dependent adult child attains age 26, he/she is not eligible for coverage unless qualified under the disability provision. Coverage will end the last day of the month.
Medical Benefit (cont.)

- **Special Enrollment for Loss of Other Medical Coverage**
  You must log in to your benefit enrollment to request coverage under the medical plan due to Special Enrollment (documentation required);
  - Within 30 days of loss of other medical coverage for yourself and/or eligible dependent(s); or
  - Within 60 days of loss eligibility for Medicaid or C.H.I.P.S. or of gaining eligibility of premium assistance subsidy under Medicare or C.H.I.P.S.
  Application is not complete until the proof of loss and dependent documentation from page 8 is uploaded to your benefit enrollment and must meet the above timelines. Coverage is effective the 1st day of the following month.

- **Special Enrollment for Family Status Change**
  You must log in to your benefit enrollment to request coverage under the medical plan within 30 days of the following events (documentation required page 8). Coverage is effective on the date of the event.
  - New Marriage
  - Newborn Birth
  - Adoption

- **Late Entrant**
  You must log in to your benefit enrollment to make application for late entrant if you do not apply for coverage within the appropriate timelines for either of the Special Enrollments or if you choose to:
  - “Waive” your medical benefits and/or
  - Elect not to cover dependents you currently have. You and/or your dependents that do not have a qualifying status change will be required to apply as a “Late Entrant”. Coverage is effective 1st of the month following a 58 day waiting period. I.R.S. Section 125 Cafeteria Plan participants can only submit an application October 5 – November 4 to be effective January 1 the following plan year.

- **Creditable Coverage**
  The Plan will issue Letters of Creditable Coverage.

- **Limitations & Exclusions**
  Refer to the Limitations and Exclusions Section of the Medical Plan Document
Medical Benefit (cont.)

Deductible and Co-Insurance Flow Chart (See the Medical Plan Document for Complete detail of Eligible Charges and Annual Maximums.)

ACTIVE FULLTIME EMPLOYEE MEDICAL PLAN(S) RATES
MONTHLY RATES 2019

<table>
<thead>
<tr>
<th>COVERAGE ELECTION</th>
<th>LOW DEDUCTIBLE</th>
<th>HIGH DEDUCTIBLE</th>
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</thead>
<tbody>
<tr>
<td>EMPLOYEE ONLY</td>
<td>$75.00</td>
<td>$-0-</td>
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<tr>
<td>EMPLOYEE &amp; SPOUSE</td>
<td>$220.00</td>
<td>$80.00</td>
</tr>
<tr>
<td>EMPLOYEE &amp; CHILD/CHILDREN</td>
<td>$210.00</td>
<td>$70.00</td>
</tr>
<tr>
<td>EMPLOYEE &amp; FAMILY</td>
<td>$355.00</td>
<td>$150.00</td>
</tr>
</tbody>
</table>
Medical Benefit (cont.)

- **Preferred Provider Organization (P.P.O.)**
  The medical plan is a Preferred Provider Organization (P.P.O.) Plan. Review the Risk Management webpage under Medical to select P.P.O. Providers and Hospitals.

- **Precertification**
  Expenses incurred while confined to a hospital as an in-patient, or any out-patient surgical procedures are subject to the pre-certification provisions. Your physician or facility will call and pre-certify on the patients behalf, however it is the patients responsibility to verify. You will be given a pre-certification number if the procedure has been pre-certified. A 50% penalty in coverage is assessed if not pre-certified.

- **Employee Assistance Program (E.A.P.)**
  Participants on the medical plan are eligible for 8 free counsel visits per participant, per problem, per calendar year. The toll free number is listed on the medical card and available 24/7. The EAP maintains privacy for all participants. After the EAP has been accessed and it is determined that treatment is required beyond the counseling provided that requires a diagnosis and precertification, the EAP will make a referral to the mental health coordinator of the Medical Plan/P.P.O. *Brochures available in Spanish too!*

- **Mental Health**
  The E.A.P. will refer participants to the mental health coordinator at Prime Dx to manage treatment. If access to the P.P.O. and the Medical Plan is required, Prime Dx will coordinate this referral. You will be subject to all Plan provisions, including the deductible and co-insurance provisions. In the event of an inpatient Emergency Hospital admission or a scheduled inpatient Hospital admission, you must utilize the providers approved by Prime Dx.
Medical Benefit (cont.)

- **Boon–Chapman Member Advocate**
  - ***Call 888–860–0467***

Member Advocates are dedicated experts to assist you with your health plan. Below are areas that they can assist members with:

- Replacement ID Cards
- Eligibility Questions
- Healthcare Bluebook
- Provider Concerns
- Explanation of Benefits (EOB)
- Medical Bills
- Benefit Questions
- Claim Status
- PPO Network Questions

ID Cards will be mailed directly from Boon–Chapman for 2019. Any additional cards or replacements can be requested from Boon–Chapman online or by phone. Risk Management will no longer provide generic ID Cards.

- **Healthcare Bluebook (Price Transparency Tool)**
  
  www.healthcarebluebook.com/cc/boonchapman or Smartphone App – Healthcare Bluebook (Mobile Code – Boonre597899)

  Compares cost for services and offers rewards for using a Bluebook Fair Price Provider while also providing Quality rankings to help you make the best decisions regarding your healthcare needs.

<table>
<thead>
<tr>
<th>Abdominal MRI (with and without contrast)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fair Price $1,161</td>
</tr>
</tbody>
</table>

Go Green to Get Green

You are eligible to earn a reward for this service by using a Bluebook Fair Price provider.

Mobile Code - Boonre597899

To install Bluebook on your mobile phone, have an email or text sent to your device by clicking one of the buttons below.
Medical Benefit (cont.)

- Outpatient, Non-emergency Office Visit (Medical) Inside the P.P.O.

**EXAMPLE**

**OUT-PATIENT NON-EMERGENCY P.P.O.OFFICE VISIT**

<table>
<thead>
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<th>Description</th>
<th>Amount</th>
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<td>P.P.O. Medical Physician’s charge</td>
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<tr>
<td>Minus P.P.O. Discount</td>
<td>- $30.00</td>
</tr>
<tr>
<td>Balance</td>
<td>$70.00</td>
</tr>
<tr>
<td>Minus Participant co-pay</td>
<td>- $25.00</td>
</tr>
<tr>
<td>Plan pays 100% of balance of physician charge</td>
<td>$45.00</td>
</tr>
</tbody>
</table>

The plan will pay other charges incurred during office visit such as Lab, X-Ray, injections and any other eligible charges, **at 90% if billed by a Preferred Provider, after the patient's deductible is satisfied.**

- Outpatient, Non-emergency Office Visit (Medical) Outside the P.P.O.

The Participant will be required to satisfy the per Participant calendar year deductible of the Plan Option they participate in, before Expenses will be eligible. The plan will pay other charges incurred during office visit such as Lab, X-Ray, injections and any other eligible charges, **at 50% if billed from the provider Outside the P.P.O., after the patient's deductible is satisfied.**

All eligible charges incurred during an office visit, other than physician’s charges, shall be subject to the deductible and co-insurance provisions of the plan option that you participate in. Whether inside or outside the P.P.O., adult immunizations are excluded.

- Emergency Room Co-Pay

The co-pay per visit at an emergency room is $150.00. The co-pay will **not** apply toward the calendar year deductible or co-Insurance. The co-pay will be waived if you are admitted into the hospital through the emergency room. All eligible charges incurred at the time of the visit will be subject to the deductible and co-insurance provision of the plan option that you participate in.
Medical Benefit (cont.)

- **Annual Health Screening Benefit / Well Care Per Calendar Year**

Participants in the Plan are eligible to receive the following benefits without a medical diagnosis as indicated below. Any service listed below that is billed with a diagnosis will not be considered as an eligible benefit under the “Annual Health Screening Benefit / Well Care” benefit. The benefits listed below, with the exception of child immunizations birth to the 6th birthday, will be subject to the $25.00 office co-pay and the balance will be paid by the Plan at 100% up to $750.00 per calendar year for any one benefit or a total of all benefits listed below. These benefits may be used only once during the calendar year with the exception of Outpatient Colonoscopy or Well Baby checkups below. Eligible Expenses, for any one benefit or a total of all benefits listed below, that exceed the $750.00 benefit during the calendar year will be subject to the appropriate calendar year deductible and co-insurance provisions.

- **Mammogram**, including interpretation by radiologist at a Preferred Provider only
- **Pap smear**, including office visit at a Preferred Provider only.
- **Colorectal cancer screening**, including office visit a Preferred Provider only for any one (1) of the following tests or procedures per calendar year: Digital rectal exam, barium enema, fecal occult blood test; or an outpatient colonoscopy screening with Pre-certification required. Colonoscopies are limited to one (1) every three (3) years.
- **Proctoscopy, occult blood work** and **prostate specific antigen (P.S.A.) test**, including office visit at a Preferred Provider only.
- **Physical exam** including cholesterol testing and blood work at a Preferred Provider only.
- **Bone density** testing at a Preferred Provider only.
- **Well Baby checkups** out-patient office visits at a Preferred Provider only. Participants are required to pay the $25.00 office visit co-pay on a per visit basis when accessing the benefit and limited to no more than:
  - six (6) visits up to the first birthday;
  - three (3) up to the second birthday; and
  - one (1) visit per calendar year thereafter.
- **Child Immunizations – birth to the 6th birthday** – immunizations paid at 100%
- **Child Immunizations – ages 6 to the later of the 18th birthday or through 12th grade** – immunizations paid at 100% at a Preferred Provider only.
Medical Benefit (cont.)

- **Prescription benefit**
  You will receive a benefit plan ID card which includes the Prescription Drug Benefit Card. Your card is for outpatient prescription drugs. You can fill a 30 day supply or less at a retail pharmacy, subject to co-pay or percentage whichever is greater. Prescriptions for greater than 30 day supply may be filled through the mail order pharmacy by completing a mail order form and may opt in or out of automatic refill.

- **Retail Pharmacy – 30–day supply or less ONLY**
  Generic $15.00 minimum co–pay or a 10% co–pay, whichever is greater
  Preferred Brand Name $25.00 minimum co–pay or a 20% co–pay, whichever is greater
  Non–Preferred Brand Name $35.00 minimum co–pay or a 30% co–pay, whichever is greater
  Compound Prescriptions $35.00 minimum co–pay or a 30% co–pay, whichever is greater

- **Mail–order Pharmacy – Greater than a 30 day supply**
  Generic $15.00 co–pay per prescription per participant
  Preferred Brand Name $25.00 co–pay per prescription per participant
  Non–Preferred Brand Name $35.00 co–pay per prescription per participant

- **Maxor Specialty Pharmacy – Up to 90 day supply**
  Generic 10% with a maximum patient pay of $15.00 per prescription
  Preferred Brand Name 20% with a maximum patient pay of $25.00 per prescription
  Non–Preferred Brand Name 30% with a maximum patient pay of $35.00 per prescription

*Co–payments are required for refills. **If your prescription cost is less that the co–pay you will only pay the actual cost of the prescription. If a patient request a brand name drug when a generic equivalent exits, the patient will pay the difference between the brand and the generic medication in addition to the applicable brand copay.
- **Notification of Premium Assistance Under Medicaid and Children’s Health Insurance Program**

Under the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) you may be eligible for premium assistance under Medicaid and the Children’s Health Insurance Program (CHIP). Notices are provided online when completing your online enrollment and available under “Medical” in the Risk Management webpage of the County website.

- **DOL New Health Insurance Marketplace Coverage Options**

The Department of Labor requires that you receive notice regarding the Health Insurance Marketplace options for Federal and Private Exchanges under the Affordable Care Act (ACA). This notice is available online when completing your online enrollment.
Health Insurance and Portability Accountability Act (H.I.P.A.A.)

- **H.I.P.A.A. Exemption for Medical Program**
  The Montgomery County Employee Benefit Plan, is a self-funded, non-Federal government plan and does not include health insurance coverage. Montgomery County, TX elects under authority of section 2722(a)(2) of the Public Health Service (PHS) Act, and 45 CFR 146.180 of Federal regulations, to exempt the Montgomery County Benefit Plan from the requirement of title XXVII of the PHS Act:
  - Standards related to benefits for mothers and newborns.
  - Parity in the application of certain limits to mental health benefits.
  - Required coverage for reconstructive surgery following mastectomies. A Notice to Plan Participants is provided annually during online enrollment.

- **H.I.P.A.A. Policy / Procedures and Forms**
  Montgomery County Employee Benefit Plan Participants receive a notice of Privacy Practices as required under the Health Insurance Portability and Accountability Act. This notice is available online when completing your online enrollment. We are required by law to maintain the privacy of your protected health information. Should you or dependents need assistance with medical claims or issues, a H.I.P.A.A. Authorization form must be completed and provided to the Risk Management Department. Participants age 18 or older will need to sign the authorization.
Montgomery County Wellness Center

- **Medical Professional Services/Staff Provided by:**

  ![Next Level Health & Wellness](image)

  521 N. Thompson Street
  Conroe, TX 77301
  936–538–3779
  (Beside the Alan B. Sadler Commissioners Court Building)

  **Monday through Friday**
  7:00am– 5:00pm

- **Convenient Access To Medical Care**
  Schedule/change/cancel appointments by calling (936) 538–3779, online at [www.nextlevelurgentcare.com](http://www.nextlevelurgentcare.com), or by downloading the Next Level Urgent Care App on your smartphone. The Nurse Line is also available from 7:00 am – 9:00 pm at (281) 783–8162.

- **Eligibility**
  - **Workers’ Compensation:** Employees who have an on the job injury, illness or exposure have access to the Wellness Center day one of employment.
  - **Medical:** Employees can access the Wellness Center after attending New Employee Orientation and turning in the New Hire Packet electing participation on the Medical Plan. Dependents added to your medical plan will have access to the Wellness Center once your benefits become effective.
Montgomery County Wellness Center (cont.)

- **Services at the Wellness Center:** Provided at **no charge** to employees and dependents who are enrolled on the medical plan.
  - Primary Care Visits
  - Chronic Disease Management
  - Wellness Physicals
  - Sports Physicals
  - Urgent/Sick Visits
  - Pediatric Services (The Wellness Center Staff will see children age 2 and up for sick visits.)

- **Medical Services Not Available** (not a comprehensive list)
  - Office visits with ADD & ADHD diagnosis including prescriptions
  - Prescriptions for Weight Management, Smoking Cessation and other conditions that are specifically excluded in your Medical Plan Document
  - Refractive Eye Exams
  - Dental
  - Obstetric Services
  - Prescription refills unless original prescription was prescribed by the Wellness Center Physician
  - Child immunizations

- **Accessing Medical Services Outside of the Wellness Center**
  
  If you or your covered dependents access medical services outside of the Wellness Center you are subject to all benefit provisions of the Montgomery County Medical Plan including limitations and exclusions. The Montgomery County Employee Benefit Plan will be in effect for services or procedures incurred outside the Wellness Center regardless of a referral by the Wellness Center Staff to an outside physician or facility.
Montgomery County Wellness Center (cont.)

- **Lab Orders**
  Lab services are provided at the Wellness Center when ordered by the Wellness Center Physician. Outside lab orders must be submitted to the Wellness Center staff before this service will be provided. Outside lab orders may be faxed (see Assistance Directory) or dropped off to the Wellness Center front desk. The Wellness Center staff will contact the patient and schedule the patient’s appointment accordingly.

- **Confidentiality**
  Personal health or medical information will not be shared with Montgomery County with exception of Workers’ Compensation related injuries.

- **Annual Health Risk Assessment (HRA)**
  A Biometric Screening to catch problems early and better understand your health!

- **Referrals to Specialists**
  The Wellness Center Medical Staff will refer within the P.P.O. network or approved facility when you need specialty care, mammograms, etc.
Optional Dental Plan

➢ **Plan Type**
Montgomery County, TX offers three optional dental plans through MetLife. If you enroll, you will participate for the full year.

➢ **Eligibility**
Participation is optional annually, for full time eligible employees and their dependents. Adult children lose eligibility effective the last day of the month at attainment of age 25.

➢ **Proof of Coverage**
ID Cards will not be mailed. Go to www.mybenefits.metlife.com to create an account so that you can view your coverage and print off ID Cards.

### Choice 1 DHMO Plan 335

- Broad Network of participating dentists to choose from.
- You must choose a dental facility for you and your dependents from the dental network in the dental carrier website.
- No deductible to meet and no claim forms to submit
- There are no annual maximum limitations and no waiting periods.
- An exact cost for procedure. See Dental Provider Website for breakdown.

### Choice 2 – PPO Low Plan PDP Plus

- Choose a PPO Dentist at the time of service.
- A percentage of eligible services are paid based on the type of services, Type A- Preventative= 100%, Type B- Basic= 80%, Type C- Major=50%.
- Annual deductible applies to Type B&C at $50 and $150 consecutively, and aggregate for family.
- Calendar Year Max for ALL Types is $1K
- Orthodontia pays at 50% and Orthodontia Lifetime Maximum is at $1K
- Claims are paid both in and out of the PPO network, however a PPO Network provider is contracted and has agreed to reduce certain charges.

### Choice 3 – PPO High Plan PDP Plus

- Choose a PPO Dentist at the time of service.
- A percentage of eligible services are paid based on the type of services, Type A- Preventative=100%, Type B- Basic=80%, Type C-Major=50%
- Annual deductible applies to Type B&C at $50 & $150 consecutively, and aggregate for family.
- Calendar Year Max for ALL Types is $2,500
- Orthodontia pays at 50% and Orthodontia Lifetime Maximum is at $1,500
- Claims are paid both in and out of the PPO network, however a PPO Network provider is contracted and has agreed to reduce certain charges.

### Rates

<table>
<thead>
<tr>
<th>COVERAGE ELECTION</th>
<th>CHOICE 1 – DHMO Plan 335</th>
<th>CHOICE 2 – PPO Low Plan PDP Plus</th>
<th>CHOICE 3 – PPO High Plan PDP Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMPLOYEE ONLY</td>
<td>$12.62</td>
<td>$17.90</td>
<td>$51.99</td>
</tr>
<tr>
<td>EMPLOYEE &amp; 1 DEP</td>
<td>$23.97</td>
<td>$35.56</td>
<td>$78.22</td>
</tr>
<tr>
<td>EMPLOYEE &amp; FAMILY</td>
<td>$35.95</td>
<td>$52.51</td>
<td>$135.52</td>
</tr>
</tbody>
</table>

**2019 MONTHLY RATES**
Optional Vision Plan

➢ Plan Type
Montgomery County, TX offers two optional vision plans through MetLife. If you enroll, you will participate for the year.

➢ Eligibility
Participation is optional annually for full time eligible employees and their dependents. Adult children lose eligibility effective the last day of the month at their attainment of age 25.

➢ Proof of Coverage
ID Cards will not be mailed. Go to www.mybenefits.metlife.com to create an account so that you can view your coverage and print off ID Cards.

➢ Plan 1 (12/12/24)
- Comprehensive Exam Every 12 Months
- Spectacle Lenses Every 12 Months
- Frames Every 24 Months
- Contact Lenses in Lieu of Eye Glasses Every 12 Months

➢ Plan 2 (12/12/12)
- Comprehensive Exam Every 12 Months
- Spectacle Lenses Every 12 Months
- Frames Every 12 Months
- Contact Lenses in Lieu of Eye Glasses Every 12 Months

For both plans the In-Network Exam Co-Pay is $10, the lenses Co-Pay is $25 and the frame or contacts allowance is at $130 with a 20% discount. This plan pays nothing out of network.

➢ Rates
ACTIVE FULLTIME EMPLOYEE VISION PLAN(S) RATES

<table>
<thead>
<tr>
<th>COVERAGE ELECTION</th>
<th>PLAN 1 (12/12/24)</th>
<th>PLAN 2 (12/12/12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMPLOYEE ONLY</td>
<td>$6.94</td>
<td>$9.21</td>
</tr>
<tr>
<td>EMPLOYEE + FAMILY</td>
<td>$17.47</td>
<td>$20.74</td>
</tr>
</tbody>
</table>
## Optional Disability Plans

### Plan Types
Montgomery County, offers two optional disability plans through UNUM.

### Eligibility
Participation is optional for full time eligible employees.

### Short Term Disability
- Starts after an accident or illness keeps you from working a set number of days.
- Pays a percentage of your weekly salary until you can work or 90 days.
- A maternity benefit is included as well.
- Subject to pre-existing conditions.

<table>
<thead>
<tr>
<th>Weekly Benefit:</th>
<th>Up to $2,000 a week</th>
<th>Benefits are tax free to the Employee</th>
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</thead>
<tbody>
<tr>
<td><strong>Employee</strong></td>
<td>Weekly Benefit</td>
<td>Elimination Period</td>
</tr>
<tr>
<td><strong>Option(s):</strong></td>
<td>Percentage:</td>
<td>Injury/Sickness:</td>
</tr>
<tr>
<td><strong>Choice 1:</strong></td>
<td>50%</td>
<td>30/30 days</td>
</tr>
<tr>
<td><strong>Choice 2:</strong></td>
<td>60%</td>
<td>14/14 days</td>
</tr>
<tr>
<td><strong>Choice 3:</strong></td>
<td>66.6667%</td>
<td>0/7 days</td>
</tr>
</tbody>
</table>
Optional Disability Plans  
(Cont.)

- **Long Term Disability**
  - Starts after an accident or illness keeps you from working 90 days.
  - Pays a percentage of your weekly salary until you can work or the end of your benefit period.
  - Subject to pre-existing conditions.

<table>
<thead>
<tr>
<th>Monthly Benefit:</th>
<th>Up to $10,000 a month</th>
<th>Benefits are Tax Free to the ee.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Employee Option(s):</th>
<th>Monthly Benefit Percentage:</th>
<th>Maximum Benefit Duration:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choice 1:</td>
<td>50%</td>
<td>5 Year Benefit Period</td>
</tr>
<tr>
<td>Choice 2:</td>
<td>60%</td>
<td>10 Year Benefit Period</td>
</tr>
<tr>
<td>Choice 3:</td>
<td>66.67%</td>
<td>Social Security Retirement Age/Reducing Benefit Duration</td>
</tr>
</tbody>
</table>

- **Rates**
  - Premium is calculated within the open enrollment system based on a number of factors.
    - Employee age
    - Income
    - Benefits selected
Optional
I.R.S. Section 125

➢ **Plan Type**
The Internal Revenue Service Section 125, Cafeteria Plan, is a group of non-taxable employee benefits offered to employees, regulated by the I.R.S. under Section 125 of the I.R.S. Code. The Flexible Spending Account and Reimbursement Account are administered by the claims administrator.

➢ **Eligibility**
You must enroll or decline participation in the I.R.S. Section 125 Cafeteria Plan when you are first eligible and subsequently during annual re-enrollments. If you enroll, you are enrolled for that plan year. Participation in the Premium Account is required in order to participate in the Medical Reimbursement Account and/or the Dependent Care Expense Account.

➢ **Deductions**
The minimum deduction from payroll is $10.00. The maximum annual deductions are established and regulated by the I.R.S each year.

➢ **Three Benefit Parts**

  A. **Premium Account** – Reduces taxable income for medical, dental and vision premiums deducted pre-tax from your paycheck.

  Monthly administration fee: $0.85 Paid by the County

  B. **Flexible Spending Account** – A pre-tax deduction account used to pay or reimburse your portion of medical, dental, vision expenses, such as your deductible and/or co-pays and other eligible expenses as listed by the I.R.S. Flex Card will be loaded at eligibility with the amount elected for the plan year. Up to $500 rollover.

  Monthly administration fee: $1.75 Through Payroll Deduction

  C. **Dependent Care Reimbursement Account** – A pre-tax deduction account used to reimburse eligible dependent care expenses as listed by the I.R.S.

  Monthly administration fee: $1.75 Through Payroll Deduction

➢ **Claims** – Claims may be substantiated with an eligible expense receipt by uploading to the Boon Chapman Flex app or the Boon Chapman Flex webpage.
Optional I.R.S. Section 457 Deferred Compensation Plan

➢ Plan Type
The Internal Revenue Service Section 457, Deferred Compensation Plan, is an optional retirement plan provided for the employee to defer compensation into, on a pre-tax basis, through payroll deductions. The employee will either choose or create a Portfolio to indicate the investment allocations for their contributions using whole percentages which equal 100%. There is no employer match of funds.

➢ Eligibility
Newly hired full time employees are eligible to participate the first of the month following their waiting period or subsequent enrollment periods in January 1st or July 1st of any given year.

➢ Contributions
Your contributions are deducted from all pay checks to a maximum of 26 if paid biweekly or 12 if paid monthly. The minimum deduction through payroll is $10.00. The maximum annual deductions are established and regulated by the IRS each year. Application link located online benefit enrollment.

➢ You can choose to decrease or stop your contribution during any payroll period effective the following month. Visit your online benefit enrollment.

➢ You can increase your contribution every November during annual enrollments effective January 1st or June effective July 1st of each year.

➢ Vesting
You are always 100% vested in your contributions to this plan.

➢ Withdrawals
You may apply for withdrawal of funds with certain conditions and restrictions for the following events:

➢ Attainment of age 70 ½
➢ Severance of employment
➢ Unforeseeable emergency
➢ Death
Texas County & District Retirement System (T.C.D.R.S.)

- **Plan Type**
  Montgomery County participates in the Texas County & District Retirement System (T.C.D.R.S.) with its own individual defined–benefit plan funded by employee deposits, employer contributions and interest from investments.

- **Eligibility**
  Participation is required for all regular Part Time and Full Time employees.

- **Deductions**
  There is a mandatory 6% deduction from gross pay per pay period.

- **Contributions**
  The County currently contributes 12.27% and the contribution will vary by year. Currently, the ratio of matching credits upon retirement is 2.5:1.

- **Vesting**
  You are 100% vested at 8 years.

- **3 Methods to Qualify for Retirement:**
  - Your age and years of service = 75
  - Age 60 and 8 years of service
  - 30 years of service at any age

- **Forms**
  After TCDRS receives the first deposit from payroll deduction, they will mail a new member packet that will direct you to the TCDRS website to register, view your participation, designate beneficiaries, and make any future address and beneficiary changes.
Retirement Process

Eligibility

Full time and part time employees considering retirement must contact Texas District and Retirement System (TCDRS) to inquire about eligibility to retire.

Application

Employees that are eligible to retire must print the Retirement application forms from the TCDRS website or request them from Internal Audit in the Auditors Office. Full-time employees can request a Retirement Instruction Packet from Risk Management that includes the TCDRS Retirement application forms.

- Deliver or interoffice the completed TCDRS Retirement application forms to the Auditor to certify and submit to TCDRS.
- Notify your Supervisor of your retirement date. Your Supervisor will complete Section A of a Payroll Change Request Form (PCR) and submit to Internal Audit. Auditor will complete Section B and submit to Human Resources to finalize and present to Commissioners Court for approval. Montgomery County Employee Separation Equipment List to be completed by your Supervisor.
- **Full-time Employees** would meet with Risk Management prior to their last employment date to review and complete:
  - If participating, an offer of Continuation of Health Coverage for Retirees under the medical plan. (See the Risk Management webpage of the County website for the links to TCDRS, Medical for the Medical Plan Document Article II, Sec L. – Retiree Participation, and for each of the Resolutions – Qualifications for County Paid/Subsidized Retiree Medical/EE Hired prior to 10/01/2009 and Qualifications for County Paid/Subsidized Retiree Medical/EE Hired on or after 10/01/2009.)
    - **For an acceptance of continuation**, the employee would retire on the last day of the month and become a Retiree under the medical plan effective the first day of the following month. The retiree will receive Annual Re-enrollment Packets to change deductible plan options, drop participating dependents, or waive. Contact Risk Management regarding coordination with Medicare questions.
    - **For a declination of continuation**, the employee would choose any date of retirement.
  - 31 Day Right of Conversion offer to move from the Group Term Life Coverage to a individual whole life policy.
  - If participating, notification of an impending COBRA offer for optional Dental and Vision benefits.
  - If participating, the IRS Section 457 options for a Distribution Request or Direct Rollover Request.
  - If participating, the IRS Section 125 Medical Reimbursement and/or Dependent Care Expense Accounts must have eligible charges incurred for that plan year prior to separation from the County. Claims with receipts must be presented prior to the March deadline of the following year.

January 1, 2019 Page 29
For all Montgomery County, TX Employees

Property & Casualty

Montgomery County, TX manages and protects the assets and employees of the County and requires timely reporting of any property and casualty exposures that may arise.

- **Add/Delete Reporting**
  
  The **supervisor** must submit an Add/Delete reporting form for County property that has been obtained or purchased through the Purchasing Department or deleted from inventory from a sale or auction.
  
  - Added County owned vehicles will be issued a coverage letter to be placed in the glove box to be presented at the scene of an accident.

- **Incident/Accident Reporting**

  For Incidents/Accidents involving County Employees or County property:

  - Immediately dial “911” for citizen injuries requiring medical attention and/or motor vehicle accidents.
  - Incidents/Accidents involving citizens require that the citizen be referred to Risk Management.
  - Alert the County Safety Officer to determine if a County investigation is required at the scene and for post accident drug screening.
  - Follow required departmental procedures and notify your **supervisor** to complete and submit the Incident/Accident reporting form and/or Workers Compensation reporting forms to Risk Management.
Workers’ Compensation

Montgomery County, TX provides Workers’ Compensation coverage for injuries, illness and exposures to all County employees. If you receive an injury, illness or exposure while in the course and scope of employment, you should:

- Notify your **supervisor** immediately. If you fail to report an injury to your supervisor, your claim could be considered non-compensable by the Workers’ Compensation Third Party Administrator.

- The Workers’ Compensation Third Party Administrator is York Risk Services Group. Compensability for any injury, illness or exposure will be determined by the Workers’ Compensation Third Party Administrator.

- The **supervisor** must complete and submit the required reporting forms to the Risk Management Department.

- If you need medical attention you must be treated by an approved Workers’ Compensation provider. In the case of an emergency, go straight to the nearest Hospital. All Emergency Rooms accept Workers’ Compensation.

- Do not present your Montgomery County Employee Benefit Plan ID/Prescription Card for medical services or prescriptions that relate to a workers’ compensation injury. Call the Risk Management Department for the billing information to provide to the medical facility or pharmacy at the time of the services.
On the Job Benefits, Programs, Policies, and Procedures – (cont.)

- If you have been removed from duty and your position is classified as a Certified Law Enforcement, you will continue to receive pay in accordance with Article III Section 52(e) of the Texas Constitution. All other positions, may opt to use accumulated time for the first 7 days of compensable lost time due to a workers’ compensation injury, illness or exposure. Temporary Income Benefits are figured at your average weekly wage prior to the date of injury, with a maximum set by the Texas Department of Insurance.

- If you seek medical attention you must return a doctor’s release (DWC 73) also known as a work status report to your supervisor with a full duty release or with restrictions in order to return to work. Light duty restrictions must be approved by your department.

- The after business hours phone number is listed in the Montgomery County phone book under Risk Management and also in the Assistance Directory of this summary. Call for assistance with after business hours emergencies or to pick up a prescription after business hours.

- If you have returned to work and require continuing medical treatment, those appointments should be scheduled after work, before work or on your lunch break to prevent use of accumulated time balances during the time you miss from work for such appointments.

- **Safety Policy Manual**

  The Montgomery County Safety Program was established to prevent injuries, illnesses and exposures to employees due to hazards in the work place and to provide a safe environment for the public that use County facilities. All employees should read and be familiar with the Safety Policy Manual and follow all applicable policies, procedures and rules contained therein.

  All Drivers of County owned vehicles must complete an Authorized Driver Form with their supervisor's signature and return to the Risk Management Department and attend Defensive Driver Training sponsored by the Risk Management Department.
On the Job Benefits, Programs, Policies, and Procedures – (cont.)

- **CPR/AED Training**
  Montgomery County, TX offers to all employees as allowed by each Department’s Supervisor a half day course in CPR/AED training.

- **Hazardous Communication Policy**
  Montgomery County, TX has established the Hazardous Communication Program to ensure potentially hazardous materials be evaluated so that precautionary measures can be taken for proper handling by any employee that may come into contact with them.

- **Blood Borne Pathogens Exposure Control Plan**
  The Blood Borne Pathogens Exposure Control Plan contains policies and procedures to reduce the likelihood of an employee being exposed to blood or other potentially infectious material. In the event you are exposed to blood or other potentially infectious material while performing your job duties you should:
  - Notify your *supervisor* immediately
  - Fill out the Immediate Report of Injury, Illness or Exposure along with the Blood or Bodily Fluid Exposure Report and fax to the Risk Management Department.

- **Hepatitis B Immunization Program**
  Montgomery County, TX offers all employees, the opportunity to receive the Hepatitis B vaccination at no cost to the employee. The vaccination is a three shot series administered at the Montgomery County Wellness Center by appointment. Each employee is given the option to consent or decline the vaccination during New Employee Orientation. Existing employees may contact the Risk Management Department for necessary forms to begin the shot series. If you consent to the vaccination you must complete the series within the timeframe requirements.
On the Job Benefits, Programs, Policies, and Procedures – (cont.)

- **Continuity Of Operations Plan (COOP)**
  Montgomery County, TX requires all new employees receive basic COOP training on emergency action procedures during a catastrophic event. Each department’s supervisor/COOP coordinator must instruct new employees on emergency procedures and job requirements (departmental annex) that are specific to their department.

- **Surety/Notary Bonds**
  Montgomery County places Surety bonds onto Commissioners Court as required for appointed/elected officials and certain positions. Notary bond applications/renewals are processed for employees of various departments. The supervisor must complete and submit the Bond Authorization form to Risk Management on each employee to be bonded. Bond Authorization forms and instruction is available under each bond type:
  - Surety Bonds
  - Notary Bonds

- **Tenant Users Liability Policy (TULIP)**
  Montgomery County offers special event liability coverage known as Tenant Users Liability Insurance Policy (TULIP) to protect the County and tenant user against claims arising from rental of Montgomery County facilities and venues. An event quote is based upon the type of event or activity, the number of days coverage is needed, the number of attendees and if there are any special requirements, such as liquor liability, performers, exhibitors or concessionaires.