

Enrollment Guide

PLAN YEAR 2019-2020



Welcome to the TML Health Benefits Pool

You're joining TML Health Benefits Pool (TML Health) at a great time. To recognize our 40th year of service, we've made big changes. But those changes aren't just to celebrate our success. They reflect something much more important: **Our goal to simplify healthcare for members like you.**

Making healthcare simpler

It's no secret: Healthcare can be complex. And we want to do something about it. In this guide, we will share tools and information to help you maximize your benefits and stretch your healthcare dollar such as:

- Mobile apps and tools to help you manage your healthcare
- Benefit plans that are easier to understand
- Customer service reps who are ready to give you the answers you need
- Lower cost options for care

Inside, you'll find the information you need about eligibility, our programs and plan specifics to help you make smart decisions about your healthcare coverage. However, remember the official plan and insurance documents will govern your rights and benefits under each plan.

DISCLAIMER

The information in this guide or booklet is meant to provide guidelines and should be used as a general reference or resource only.

TML Health is a self-insured risk pool that provides healthcare and other employee benefits to its members. We use terms that are common in the insurance industry to make it easier to understand your benefits; but TML Health is not an insurance company.

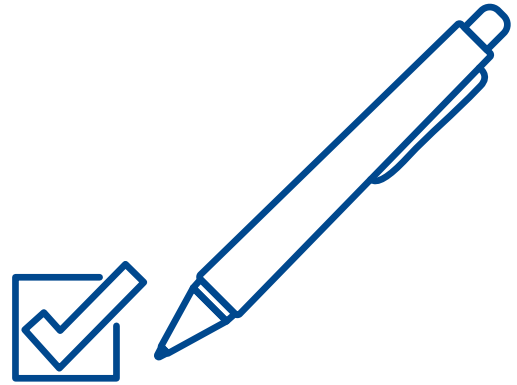


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Checklist to better health

There are many things to think about when choosing benefits that are right for you and your family. Use this checklist to help you get started on the right foot.



- Read this Benefit Guide** to understand all the tools, resources and services available to you from TML Health.
- Review the benefit highlights** (located in the back pocket of this Guide) for more information on the specific benefits being offered by your employer.
- Confirm your current primary care physician is in the network.** If you currently do not have a primary care physician, we encourage you to identify one and schedule your annual exam.
- Complete** one of the scheduled Open Enrollments meetings. Please see your supervisor for a list of times available for your department.

When you receive your TML Health ID Card:

- Register your TML Health portal account** at www.tmlhealthbenefits.org.
- Download the TML Health mobile app** to your smartphone.
- Register and set up your Teladoc account.**
- Download the Teladoc mobile app** to your smartphone.
- Register and set up your OptumRx account.**
- Download the OptumRx mobile app** to your smartphone.

When You Can Choose Your Benefits

When You Are Newly Hired

To get you started with a TML Health plan, please provide us with your enrollment information within 31 days of your hire date or within 31 days of the date your coverage is effective — whichever date is later. You'll need to do this whether or not your employer has a waiting period, or a waiting and orientation period.

During Open Enrollment

Each year you have the opportunity to review your current benefits and make changes including benefit choices and/or adding/dropping dependents. Changes made during open enrollment will be effective on the plan's effective date. If we don't receive your changes within the open enrollment period, your current benefits will remain in effect for the new plan year.

When you enroll during the correct time period, your coverage will begin during one of these dates — whichever is later:

1. The date you became an active full time employee.
 2. The date you complete any waiting period established by your employer.
 3. The Anniversary Date of your plan following your Open Enrollment period.
-

When You Have a Qualifying Life Event

Sometimes an event, such as a marriage or birth, may mean you need to change your benefits during the plan year. The following are qualified life events that allow you to make changes to your benefits during the plan year.

- Marriage
- Divorce
- Birth
- Adoption or placement of a foster child
- Death
- Change in Medicare or Medicaid eligibility status
- Loss of State Children's Health Insurance Program (SCHIPS), but not gain of SCHIPS benefits
- Significant change in the financial terms of health benefits provided through a spouse's employer or another carrier
- Unpaid leave of absence taken by employee or spouse
- Changing a dependent care provider or having a significant increase or decrease in provider payment
- Spouse, dependent or both gains or loses coverage through employment

You must submit your enrollment within 31 days of the date of the life event (60 days for a birth/adoption). If you qualify, your coverage will start on the date the life event took place. You will also be responsible for any payroll deductions associated with the change.

Dependent Eligibility

It is important for you to understand who can and cannot be considered a dependent on your plan. Documentation is required to support the eligibility status of each of your dependents. All dependent eligibility documentation must be provided to your employer along with your enrollment form. All covered dependents are enrolled in the same plan as the employee.

Who is Eligible?	Required Supporting Documentation	Eligibility Details
Spouse	Copy of Certified Marriage Certificate or Declaration and Registration of Informal Marriage	Documents written in foreign language must be accompanied by a certified English translation
Biological Child	<ul style="list-style-type: none"> • Birth certificate or other court document listing the employee as the parent of the child, or • A Verification of Birth Facts or birth record (up to age 5 only). 	Coverage available up to age 26. Coverage ends on the last day of the month in which the dependent turns 26.
Adopted Child	<ul style="list-style-type: none"> • Adoption Agreement, or • Legal guardianship documents, or • Divorce decree documents identifying the dependent child, or • Qualified Medical Support Court Order (QMSCO) 	Coverage available up to age 26. Coverage ends on the last day of the month in which the dependent turns 26.
Stepchild	<ul style="list-style-type: none"> • Birth certificate or other court document listing the employee's spouse as the parent of the child, and • Marriage license of the employee and parent of the child 	Coverage available up to age 26. Coverage ends on the last day of the month in which the dependent turns 26.
Grandchild	<ul style="list-style-type: none"> • Certification of Financial Dependency form (obtain from your Benefits Coordinator), and • Birth certificate of the grandchild, and • Birth certificate of the grandchild's mother or father to prove relationship to employee 	<ul style="list-style-type: none"> • Grandchild must be related to the employee by birth or adoption. • Cannot be employee's spouse's grandchild. • Grandchild must be claimed as a dependent on the employee's Federal Tax return every year to remain on the plan. • Coverage available up to age 26. Coverage ends on the last day of the month in which the dependent turns 26.
Foster Child	Foster care placement agreement between the employee and Texas Department of Family & Protective Services or its subcontractor	
Legal Custody or Guardianship	Court documents signed by a judge that grant permanent legal custody or permanent legal guardianship to the employee	

Understanding how your Medical Plan works

Benefit Plan Designs

The specific benefit plans offered by your employer are located in the back pocket of this Guide.

In-Network vs. Out-of-Network

The UnitedHealthcare Choice Plus PPO network provides coverage for the TML Health Benefits Pool medical plans. With this PPO network, you are not required to select a primary care physician (PCP) and you have the flexibility of seeing providers in and out of the network.

Your best option is to always select an in-network provider or facility. This will not only save you money, but your employer will save, too. If you use an out-of-network provider or facility, you may be responsible for paying the difference between the covered amount and the amount charged by the provider/facility.

Premium Designated Provider

Within the Choice Plus PPO network, there are doctors who have been recognized as ‘premium’ providers for their quality and cost-effective care. If you choose one of these Premium Designated Providers for your care, TML Health will reduce your applicable coinsurance charges by 5%. You can easily locate these providers on www.myuhc.com® or call the provider before your appointment to confirm they are a Premium Designated Provider. Look for the **TWO BLUE HEARTS**.

Premium Designated Physician Specialist Categories

Premium care physicians fall under several specialist categories including:

- Family Medicine
- Internal Medicine
- Obstetrics & Gynecology
- Pediatrics
- Allergy
- Cardiology
- ENT (Ear, Nose and Throat)
- Endocrinology
- Gastroenterology
- General Surgery
- Neurology
- Neurosurgery, Orthopedics & Spine
- Nephrology
- Pulmonology
- Rheumatology
- Urology

To Find a Premium Designated Doctor

- Visit www.myUHC.com
- Go to **Find a Doctor**
- Select the directory for the type of provider you need
- Click on **All United Healthcare Plans**
- Select **Shopping Around**
- Select **Choice Plus**
- Enter your location by zip code
- Select **Search**
- Look for the doctors with **Two Blue Hearts**



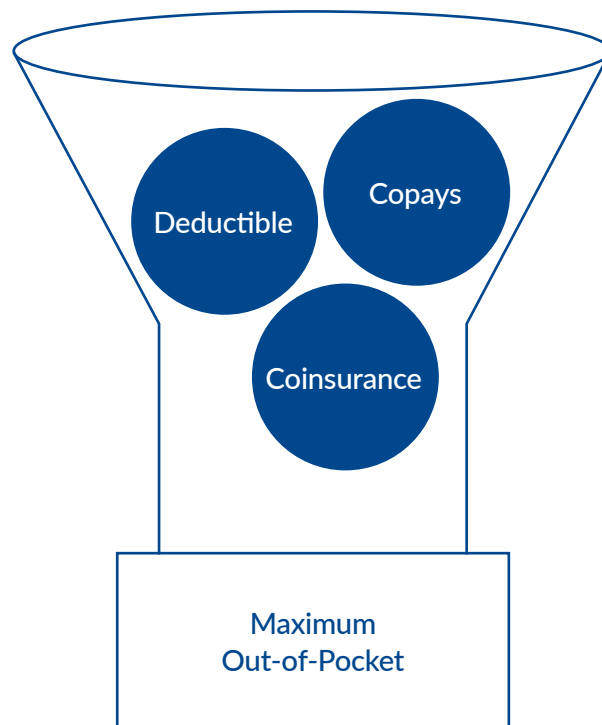
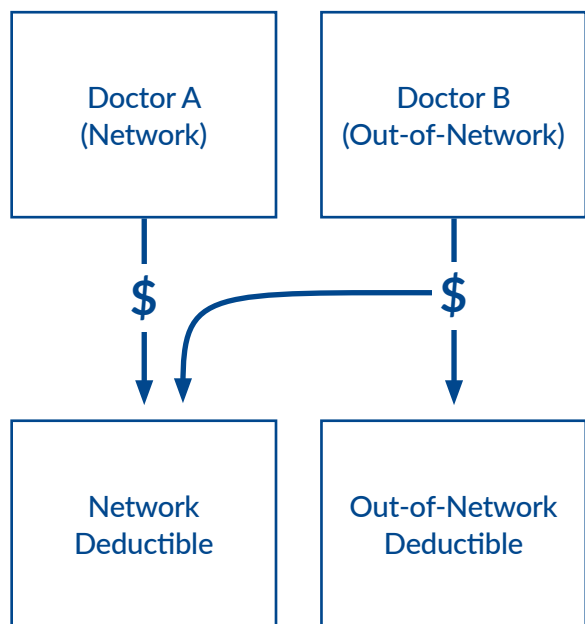
Terms to Know

A **COPAY** is the fixed dollar amount you will pay for a healthcare service.

A **DEDUCTIBLE**, when applicable, is the initial amount you pay before TML Health begins covering certain services such as hospitalization or outpatient surgery. All out-of-network deductible amounts will also count towards your in-network deductible.

COINSURANCE is the percentage of the cost of a covered healthcare service that you pay (20%, for example) after you've paid your deductible until you reach the plan's maximum out-of-pocket.

A **MAXIMUM OUT-OF-POCKET** is the most you will pay each calendar year for covered healthcare costs including prescription drugs received from a Network provider. Any copays, deductibles and coinsurance amounts go toward this maximum amount. Once the Network maximum out-of-pocket is met, the plan will pay 100% of eligible expenses for the rest of the calendar year. There is no maximum out-of-pocket for services received from an Out-of-Network provider.



Medical Management

TML Health's benefit plans include several programs designed to help you manage your health and your costs. Below is a summary of key programs we feel are important for you to know in order to understand how your plan works.

Pre-Authorizations

Some services covered under your medical plan may require an authorization prior to (before) receiving services. If you are using an in-network provider (doctor or facility), the in-network provider is responsible for obtaining the pre-authorization on your behalf. We recommend that you confirm with your provider that this has been done before you receive your treatment.

When Do I Need a Pre-Authorization?

Services that may require a pre-authorization are:

- Inpatient (hospital) admissions
- Outpatient surgeries
- Complex radiology (such as MRI, CT scans, PET scans, and nuclear medicine)
- Certain specialty medications

Please refer to your plan document for a complete list of services that require a pre-authorization or contact Customer Care at (800) 282-5385 for assistance.

Case Management

If you or a member of your family covered under the medical plan experience a complex or catastrophic health condition or injury, TML Health will provide case management services to help you manage your care. One of our registered nurses will be your advocate to make sure you receive appropriate and cost-effective treatment, coordinate care between doctors and, if needed, set up any home care services your condition requires.

Our case managers can help:

- Monitor your care
- Share information about healthcare resources
- Communicate between providers
- Support you and your family when you have a medical condition such as:
 - Chemotherapy
 - Radiation therapy
 - Transplants
 - Newborn intensive care unit (NICU) babies
 - Trauma/Rehabilitation
 - Mental Health/Substance Abuse

When TML Health learns that you are experiencing one of the conditions listed above, a case manager will contact you directly to offer help. However, you can also call us directly at (800) 282-5385 if you feel you need help from our case management services.

Disease Management

If you or a member of your family (enrolled in the medical plan) are diagnosed with certain chronic illnesses, TML Health can help you manage your condition at no added cost. Using one-on-one coaching calls, our registered nurses can provide education, an action plan and continued assessment for one or more of seven health conditions:

- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Heart failure
- Coronary artery disease
- Diabetes
- Hypertension (high blood pressure)
- Depression

Maternity Management *(Available October 1, 2019)*

For women who are thinking of having a baby, our Maternity Management program provides prenatal education and coaching related to having a healthy pregnancy. Our registered nurse case managers also provide education, follow-up calls and support based on the woman's individual risks including pregnancy-induced hypertension, premature birth weight and pregnancy related stress. Our goal is to make sure you have a healthy, full-term delivery and not a costly, extended hospital stay.

A case manager may contact you directly about signing up for the Maternity Management program. However, you can also call us directly at (800) 282-5385 to enroll.



Using Your Medical Plan

TML Health offers you and your family tools and resources to help you save money while using your medical plan. Below are some key ways to stretch your healthcare dollar.

TML Health Portal

The TML Health portal helps you easily manage and track your benefits information through your laptop or smartphone — all on a secure online account. Through the TML Health portal, you can:

- Find a network provider in the UnitedHealthcare Choice Plus PPO.
- View your health plan benefits and summaries.
- See your member ID card.
- Check your claims, deductibles, and out-of-pocket balances.

When you receive your ID card, register here:

1. Go to www.tmlhealthbenefits.org.
2. Click on **Login as a Member**
3. Click on **Register Account**
4. Read the License Agreement and click **Agree**
5. Using information from your TML Health ID Card, enter your personal information to validate your account.

The screenshot displays the TML Health Benefits Pool website. At the top, there is a navigation bar with links for 'Reset Text Size', 'Español', 'Tutorials', 'Webinars', 'Careers', and 'LOGIN'. Below the navigation bar, there are dropdown menus for 'ABOUT US', 'BENEFITS & SERVICES', and 'HEALTH'. A large banner features a silhouette of a person running against a sunset background, with the text 'A BRIGHT NEW DAY' and 'We're moving forward simplifying healthcare.' Below the banner, there is a logo for 'TML MultiState Intergovernmental Employee Benefits Pool' and the text 'is now...' followed by the 'TML Health Benefits Pool' logo. On the right side, there is a login menu with three options: 'Login as a Member' (with a person icon), 'Login as a Provider' (with a medical cross icon), and 'Login as a Fund Contact' (with a group of people icon). Below the banner, there are three columns of information: 'PLAN MEMBERS' (with a person icon), 'FUND CONTACTS' (with a group of people icon), and 'PROVIDERS' (with a medical cross icon). Each column contains a brief description of the service and a call to action to 'Login'.

Get the Care You Need at the Right Price

We understand healthcare can seem complicated. That's why TML Health is working to simplify healthcare by helping you know where to go for treatment at the lowest cost. Below is a quick reference to understand which care options are best for meeting medical needs you or a covered family member may have.



<p>Teladoc No Cost to \$</p> <ul style="list-style-type: none"> • Available 24/7 via telephone or video chat • Lowest cost option • Best for minor issues such as colds, flu, allergies, ear infections, etc • Dermatology and behavioral health services available too
<p>Retail Health Clinic \$</p> <ul style="list-style-type: none"> • Based upon retail store hours • Usually lower out-of-pocket cost to you than urgent care • Often located in stores and pharmacies to provide convenient, low-cost treatment for minor medical problems
<p>Doctor's Office \$\$</p> <ul style="list-style-type: none"> • Office hours vary • Generally the best place for non-emergency care • Doctor-to-patient relationship established and therefore able to treat, based on knowledge of medical history
<p>Urgent Care Provider \$\$\$</p> <ul style="list-style-type: none"> • Generally includes evenings, weekends, and holidays • Often used when your doctor's office is closed, and there is no true emergency • Many have online and/or telephone check-in
<p>Hospital ER \$\$\$\$</p> <ul style="list-style-type: none"> • Open 24/7 • Potentially long wait time • Multiple bills for services such as doctor and facility
<p>Freestanding ER \$\$\$\$\$</p> <ul style="list-style-type: none"> • Open 24/7 • Could be transferred to a hospital ER based on medical situation • Services do not include trauma care • Multiple bills for services such as doctor and facility • Many freestanding ERs are out-of-network. If you receive care from an out-of-network provider, you may have to pay more. Providers outside the network may "balance bill" you, which means they may charge you more than your health plan's fee schedule.

Health Cost Estimator

The secret to managing your health benefits is knowing how much your care may cost. The Health Cost Estimator is an online tool that gives you easy access to the information you need including cost and quality information for providers and medical facilities in your area. You can get an estimate based on your chosen location and medical provider. Our quality and cost efficiency measurements make sure that you get the best service at a reasonable price.

How to access the Cost Estimator Tool

1. Login to your TML Health portal at tmlhealthbenefits.org
2. Click on **Find a Provider**
3. Register on UMR.com
4. Click on **Health cost estimator**

The screenshot displays the TML Health Benefits Pool portal interface. At the top, the logo for TML Health Benefits Pool is shown, administered by UMR. Navigation icons for Home, Messages, Contact us, Account settings, and Log out are visible. The main content area features a 'myMenu' sidebar with options for 'Benefits & coverage' and 'Health center'. The 'My plan details' section is highlighted, showing a blurred plan summary, 'Group number', 'Member ID', and 'Current plan choices' (Medical and Dental). A 'View benefit details' button is present. A notice at the bottom states: 'Your experience is important to us. As we make updates to enhance umr.com throughout the year, you may be asked to update your account or security settings. We appreciate your patience as we work to optimize your digital experience.' Below this, four tiles are shown: 'Other dental insurance' (tooth icon), 'Health cost estimator' (shopping cart icon), 'Health education library' (book icon), and 'Health news' (speech bubble icon).

Teladoc

There will be times when you or a family member are dealing with a routine health problem like a cold, the flu or allergies. You can't get in to see your regular doctor, but the situation isn't severe enough for an emergency room (ER) or urgent care facility. Teladoc is perfect for those times. Teladoc offers a secure, convenient, cost-saving way for you to talk with a doctor. This national network of U.S. board-certified doctors and pediatricians can speak with you 24/7 by phone from wherever you happen to be.

Use it only for minor health problems

Teladoc is best for certain routine health problems when you want a doctor's care right way but it's not an emergency.

- colds
- flu
- ear infections
- allergies
- respiratory infection
- pink eye

TAKE ACTION

Talk with a doctor 24/7, every day of the year. In just a few easy, convenient steps, a typical Teladoc call with a doctor works like this:

1. Set up a call with a Teladoc doctor by phone or by using the online tool.
2. Your call is scheduled with the best doctor to handle your health need.
3. Submit your health history online.
4. The doctor reviews your health history before calling you.
5. After the call, if you need a prescription, it's sent to your pharmacy.
6. The doctor updates and stores your health information in your online member portal.



To Set up Your Teladoc Account

1. Login to your TML Health portal at tmlhealthbenefits.org
2. Click on **Find a Provider** or **Facility Quick Link**
3. Click the **Teladoc** link.
4. Or you can visit member.teladoc.com/signin

NurseLine *(Available October 1, 2019)*

NurseLine gives you and your family access to highly trained registered nurses for guidance and support when making healthcare decisions. They are there to educate you on specific conditions and treatment options. NurseLine is available 24/7 at (877) 950-5083.

The nurses help members determine the right:

- **Care** — by assisting with decisions about when and where to seek care
- **Medication** — by informing you about lower cost options and appropriate use of medications
- **Lifestyle** — by helping you adopt healthy behaviors for your unique situation

Language Assistance

NurseLine is available in English, Spanish and more than 140 other languages through the use of a Language Line service.

Health Education Audio Library

NurseLine also provides an large health education library that contains 1,100 recorded topics (over 600 in Spanish). Within the audio library, you can listen to pre-recorded information on a huge volume of topics including aging, common illnesses, fitness, senior health and surgical procedures.



Prescription Drug Plan

The prescription drug plan included with your medical benefits is managed by OptumRx and uses a network of participating pharmacies. To receive the highest level of benefits, you must use a participating pharmacy.

Using your Prescription Drug Benefits

You can get your medicines from either a retail network pharmacy or through the OptumRx mail order program. But, 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.

TAKE ACTION

To make the most of your prescription drug benefits, you can access your prescription benefits using the OptumRx site. You can:

- Refill mail service pharmacy prescriptions.
- Track and check the status of orders.
- Locate a pharmacy by ZIP code.
- View your prescription history.
- Set up text-message reminders about your medicines.
- Search your formulary (drug list) by generic or brand-name drug, status, or class.



How to Access OptumRx portal

1. Login to your TML Health portal at tmlhealthbenefits.org
2. Under **Quick Links**, click on **Manage my Prescriptions**
3. Click on the **OptumRx single sign-on link** to go straight to the OptumRx site.

If you prefer, you can also access your prescription drug benefits using the **OptumRx** mobile app.

Wellness Drugs

Taking preventive medicines that are prescribed by your doctor can help you avoid serious illness and high healthcare costs. To help make sure you stay healthy and keep your out-of-pocket costs low, we offer a \$0 copay for certain generic medicines used to help manage the following chronic conditions:

- High blood pressure and heart disease
- High cholesterol
- Diabetes

If you have one of these conditions, it's important to talk to your doctor to see if one of these no-cost options will work for you. You can get the complete list of \$0 copay drugs for your condition by calling Customer Care at (800) 282-5385.

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 OptumRx 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.

Pre-Authorization

Some medicines have to be approved (authorized) 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.

As part of this process, a group of doctors and pharmacists meet often to review medicines that are part of prescription drug plans. They also recommend prior authorization guidelines.

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 Customer Care at (800) 282-5385.

Specialty Drugs

Specialty drugs are oral or injectable medicines that are usually very expensive because they're used to treat complex medical conditions and rare diseases. As a result, these drugs require prior authorization, special handling and high-touch care management and delivery. This helps control side effects and makes sure you and your family use the medicine correctly. Should you find that you or a family require a specialty drug, TML Health's preferred specialty pharmacy BriovaRx will help you coordinate any specialty drugs you may require. Should you have any additional questions, please contact BriovaRx at (866) 218-5445 or (855) 4BRIOVA.



A drug is considered a specialty drug when it has at least one of these features:

High cost

High-cost medicines are usually priced at more than \$1,000 for a 30-day supply. These include:

- Self-administered injectables (medicines you inject yourself)
 - Professionally-administered medicines (those given by a healthcare professional or in a healthcare setting)
 - Injectable and infusion medicines
 - Oral medicines
-

High complexity

This means the medicines are:

- Biotechnology products (protein or protein-based drugs)
 - Orphan or ultra-orphan drugs (used to treat rare diseases or conditions)
 - Included in a specialty therapeutic drug class strategy
-

High touch

This means the medicines require:

- Temperature control such as refrigeration or freezing, or other special handling and shipping
- Ongoing drug management by pharmacists, doctors, or both, to treat the patient's condition
- Focused, in-depth patient education
- Patient compliance
- Closely managing side effects
- Teaching about injection methods

Tools & Resources

TML Health portal

To access your TML Health portal:

- Go to www.tmlhealthbenefits.org
- Click on **Login as a Member**
- Click on **Register Account**
- Read the License Agreement and click **Agree**.
- Using information from your TML Health ID Card, enter your personal information to validate your account.

Customer Care

(800) 282-5385

7:00 AM – 6:00 PM Central

Health care provider claim status and benefit verification:

(800) 282-6186



OptumRx portal

To access the OptumRx from the TML Health portal:

- Click on **Manage my Prescription** Quick Link
- Click on the **OptumRx single sign-on link** to go straight to the OptumRx site.

For more information, contact

TML Health Customer Care at:

(800) 282-5385



Teladoc

To set up your Teladoc account:

1. Log into your myHealth portal at tmlhealthbenefits.org
2. Click on **Find a Provider or Facility** Quick Link.
3. Click the **Teladoc** link.
4. Or you can visit member.teladoc.com/signin.

Health cost
estimator



Cost Estimator

To access the Cost Estimator Tool:

1. Log into your myHealth portal at tmlhealthbenefits.org
2. Click on **Find a Provider**.
3. Register on UMR.com
4. Click on **Health Cost Estimator** icon.

