

Benefits Package Summary

Agenda Item 7

PTO- Personal Time Off

Executive Staff

15 days PTO to be allocated after 90 days of employment and on your anniversary date thereafter for years 1-3. Year 5 increases to 20 days. Year 10 increases to 25 days.

All other regular fulltime employees

10 days PTO to be allocated after 90 days of employment and on your anniversary date there after for years 1-3. Year 5 increases to 15 days. Year 10 increases to 20 days.

Decisions

1. Do we want to offer partial leave benefits to regular part time employees? The city does this on a proration.

Sick Leave

8 hours of sick leave at the beginning of each month, starting on first day of employment.

Decisions

1. Do we want to offer partial leave benefits to regular part time employees? The city does this on a proration.

Health Benefits

Medical Insurance- Blue Cross Blue Shield. Two plans, PPO with low deductibles and HMO with no out of network and low deductible.

Dental and Vision is an indemnity plan through Guardian with a maximum benefit of \$200 on dental and \$1000 on vision.

We pay \$1300 dollars towards healthcare benefits for executive staff and \$600 for all other employees, they get to decide how the want to spread it out in terms of coverage and benefits.

Other Coverages

The employee would pay for these out of pocket.

- Life Insurance
- Short term and long-term disability
- Accidental death and dismemberment

Decision

1. Do we extend the \$1300 and \$600 to these additional coverages as well. So that people who are on their spouse or partner insurance can have these benefits at no cost to them? Or single folks who might want the HMO and then risk insurance.
2. Do we want to include setting up AFLAC or Health Saving Account?

Retirement Benefits

401k through Paychex. It is a guided fund where employee select the funds they want to allocate too and what percentage of allocation. The fees are pretty standard. I looked at Met Life managing our 401k and G7A Partners and while they both had more options in terms of self-guided and life insurance, their fees were significantly higher, and we would be paying fees to two parties instead of one.

The issue for the board to decide. I read in the minutes that the board had elected to follow the City of Austin benefits package. My understanding is that City of Austin has a mandatory investment by the employee and then add 18% of the behalf of the city. Employees are 100% vested after year five and are partially vested starting in year three.

We have several options related to mandatory contribution. If we follow the city plan, what percentage of mandatory investment do we require? 5%, 8%, or 10%? The state is 5%, the city is 8%, and several private companies I found online are 10%. Employees would be able to put in more, up to the legally allowed limits.

In terms of vesting:

4 year titration to 100%.

Year 1 (employed less than 12 months)	There get 100% of their investment and 0% of our investment
Year 2 (employed more than 12 months and less than 24 months)	There get 100% of their investment and 25% of our investment
Year 3 (employed more than 24 months and less than 36 months)	There get 100% of their investment and 50% of our investment
Year 4 (employed more than 36 months and less than 60 months)	There get 100% of their investment and 75% of our investment
Year 5 (employed more than 60 months)	There get 100% of their investment and 100% of our investment

5 year titration to 100%.

Year 1 (employed less than 12 months)	There get 100% of their investment and 20% of our investment
Year 2 (employed more than 12 months and less than 24 months)	There get 100% of their investment and 40% of our investment
Year 3 (employed more than 24 months and less than 36 months)	There get 100% of their investment and 60% of our investment
Year 4 (employed more than 36 months and less than 60 months)	There get 100% of their investment and 80% of our investment

Year 5 (employed more than 60 months)	There get 100% of their investment and 100% of our investment
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3 year titration to 100%.

Year 1 (employed less than 12 months)	There get 100% of their investment and 0% of our investment
Year 2 (employed more than 12 months and less than 24 months)	There get 100% of their investment and 0% of our investment
Year 3 (employed more than 24 months and less than 36 months)	There get 100% of their investment and 0% of our investment
Year 4 (employed more than 36 months)	There get 100% of their investment and 100% of our investment

Decisions

- Level of mandatory investment
- Vesting Option

Holiday Schedule

Decisions

1. Do you want to adopt the City of Austin holiday schedule?

New Year's Day - Monday, January 1

Martin Luther King Day - Monday, January 15

Presidents' Day - Monday, February 19

Memorial Day - Monday, May 28

Independence Day - Wednesday, July 4

Labor Day - Monday, September 3

Veteran's Day - Monday, November 12

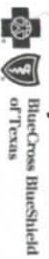
Thanksgiving Day - Thursday, November 22

Friday after Thanksgiving Day - Friday, November 23

Christmas Eve - Monday, December 24

Christmas Day - Tuesday, December 25

2. Do we pay double time or time and a half for hourly/non-exempt employees?
3. If it's your regular scheduled day off do you get another day off instead?
4. What about religious holidays? Paid or unpaid?




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The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.bcbstx.com/member/policy-forms/2018 or by calling 1-800-521-2227. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/UG-Glossary-508-MM.pdf> or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Network: \$1,500 Individual/\$4,500 Family. Out-of-Network: \$3,000 Individual/\$9,000 Family.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Certain services that charge a copayment, preventive care, and prescription drugs.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	For Network: \$4,000 Individual/\$12,000 Family. For Out-of-Network: \$8,000 Individual/\$24,000 Family.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.bcbstx.com or call 1-800-810-2583 for a list of Network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

 All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30/visit; deductible does not apply	40% coinsurance	None You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
	Specialist visit	\$50/visit; deductible does not apply	40% coinsurance	
	Preventive care/screening/immunization	No Charge; deductible does not apply	40% coinsurance	
If you have a test	Diagnostic test (x-ray, blood work)	20% coinsurance	40% coinsurance	None
	Imaging (CT/PET scans, MRIs)	20% coinsurance	40% coinsurance	Preauthorization required. 50% penalty for failure to preauthorize out-of-network (not to exceed \$500).
If you need drugs to treat your illness or condition	Preferred generic drugs	Retail Participating - No Charge Non-Participating \$10/prescription Mail - No Charge; deductible does not apply	Retail - \$10/prescription; deductible does not apply	Limited to a 30-day supply at retail (or a 90-day supply at a network of select retail pharmacies). Up to a 90-day supply at mail order. Specialty drugs limited to a 30-day supply. Payment of the difference between the cost of a brand name drug and a generic may also be required if a generic drug is available. All Out-of-Network prescriptions are subject to a 50% additional charge after the applicable copayment. Additional charge will not apply to any deductible or out-of-pocket amounts.
	Non-preferred generic drugs	Retail Participating - \$10/prescription Non-Participating \$20/prescription Mail - \$30/prescription; deductible does not apply	Retail - \$20/prescription; deductible does not apply	
	Preferred brand drugs	Retail Participating - \$50/prescription Non-Participating \$70/prescription Mail - \$150/prescription; deductible does not apply	Retail - \$70/prescription; deductible does not apply	

More information about **prescription drug coverage** is available at https://www.mypriime.com/content/dam/prime/memberportal/forms/AuthorForms/HIM/2018/TX_6T_EX.pdf

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Non-preferred brand drugs	Retail Participating - \$100/prescription Non-Participating \$120/prescription Mail - \$300/prescription; deductible does not apply	Retail - \$120/prescription; deductible does not apply	
	Preferred specialty drugs	\$150/prescription; deductible does not apply	\$150/prescription; deductible does not apply	
	Non-Preferred specialty drugs	\$250/prescription; deductible does not apply	\$250/prescription; deductible does not apply	
	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	40% coinsurance	
If you have outpatient surgery	Physician/surgeon fees	20% coinsurance	40% coinsurance	Elective abortion is not covered except in limited circumstances. 50% penalty for failure to preauthorize out-of-network (not to exceed \$500).
				Termination of pregnancy is not covered except in limited circumstances. 50% penalty for failure to preauthorize out-of-network (not to exceed \$500).
If you need immediate medical attention	Emergency room care	\$400/visit plus 20% coinsurance	\$400/visit plus 20% coinsurance	Copayment is waived if admitted.
	Emergency medical transportation	20% coinsurance	20% coinsurance	
	Urgent care	\$30/visit; deductible does not apply	40% coinsurance	
	Facility fee (e.g., hospital room)	20% coinsurance	40% coinsurance	
If you have a hospital stay	Physician/surgeon fees	20% coinsurance	40% coinsurance	None
	Outpatient services	\$30/visits; deductible does not apply or 20% coinsurance for other outpatient services	40% coinsurance	Outpatient: Preauthorization required for psychological testing, neuropsychological testing, electroconvulsive therapy, repetitive transcranial magnetic stimulation, and intensive outpatient treatment. Inpatient: \$250
If you need mental health, behavioral health, or substance abuse services	Inpatient services	20% coinsurance	40% coinsurance	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Office visits	\$30 PCP visit \$50 SPC visit; <u>deductible</u> does not apply	40% <u>coinsurance</u>	penalty for failure to preauthorize out-of-network.
If you are pregnant	Childbirth/delivery professional services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Copayment</u> applies to first prenatal visit (per pregnancy). <u>Cost sharing</u> does not apply to certain preventive services. Depending on the type of services, <u>coinsurance</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery facility services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	
	Home health care	20% <u>coinsurance</u>	40% <u>coinsurance</u>	60 visit maximum per benefit period.
	Rehabilitation services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	35 visit maximum per benefit period, including chiropractic.
If you need help recovering or have other special health needs	Habilitation services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	
	Skilled nursing care	20% <u>coinsurance</u>	40% <u>coinsurance</u>	25 day maximum per benefit period. \$250 penalty for failure to preauthorize out-of-network.
	Durable medical equipment	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Hospice services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	\$250 penalty for failure to preauthorize out-of-network.
If your child needs dental or eye care	Children's eye exam	No Charge; <u>deductible</u> does not apply	Not Covered	One visit per year. *See benefit booklet for details.
	Children's glasses	No Charge; <u>deductible</u> does not apply	Not Covered	One pair of glasses per year. *See benefit booklet for details.
	Children's dental check-up	30% <u>coinsurance</u>	30% <u>coinsurance</u>	Two visits per year. *See benefit booklet for network details.

*For more information about limitations and exceptions, see the plan or policy document at www.bcbstx.com/member/policy-forms/2018.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)			
<ul style="list-style-type: none">• Abortions (Except where a pregnancy is the result of rape or incest, or for a pregnancy which, as certified by a physician, places the woman in danger of death unless an abortion is performed)• Acupuncture• Bariatric surgery• Cosmetic surgery (Except for the correction of congenital deformities or for conditions resulting from accidental injuries, scars, tumors or diseases. When medically necessary.)	<ul style="list-style-type: none">• Dental care (Adult)• Infertility treatment (Diagnosis and treatment covered; in vitro not covered)• Long-term care• Non-emergency care when traveling outside the U.S.	<ul style="list-style-type: none">• Private-duty nursing (Except for extended care)• Routine eye care (Adult)• Routine foot care (Except in connection with diabetes, circulatory disorders of the lower extremities, peripheral vascular disease, peripheral neuropathy, or chronic arterial or venous insufficiency)• Weight loss programs	

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document)	
<ul style="list-style-type: none">• Chiropractic care (Max. 35 visits/year)	<ul style="list-style-type: none">• Hearing aids (Limited to two hearing aids every three years)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the plan at 1-800-521-2227, U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.ccio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Blue Cross and Blue Shield of Texas at or visit www.bcbstx.com, or contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit www.dol.gov/ebsa/healthreform. Contact the Texas Department of Insurance at 1-800-252-3439 or visit www.texashealthoptions.com.

Does this plan provide Minimum Essential Coverage? Yes

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Spanish (Español): Para obtener asistencia en Español, llame al 1-800-521-2227.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-521-2227.

Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-800-521-2227.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijijigo holne' 1-800-521-2227.

_____To see examples of how this plan might cover costs for a sample medical situation, see the next section._____

About These Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a baby
(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$1,500
- Specialist copayment \$50
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,800
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$1,500
Copayments	\$90
Coinsurance	\$2,200
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$3,850

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$1,500
- Specialist copayment \$50
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,400
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$1,500
Copayments	\$1,000
Coinsurance	\$70
What isn't covered	
Limits or exclusions	\$60
The total Joe would pay is	\$2,630

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The plan's overall deductible \$1,500
- Specialist copayment \$50
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

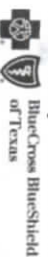
This EXAMPLE event includes services like:
Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,900
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In this example, Mia would pay:

Cost Sharing	
Deductibles	\$1,500
Copayments	\$200
Coinsurance	\$30
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$1,730

The plan would be responsible for the other costs of these EXAMPLE covered services.



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Important Questions	Answers	Why This Matters:
What is the overall deductible?	Participating: \$7,350 Individual/\$14,700 Family.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Certain services that charge a copayment, preventive care, and prescription drugs.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	For Participating: \$7,350 Individual/\$14,700 Family.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See www.bcbstx.com for a list of Participating providers.	This plan uses a <u>provider network</u> . You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	Yes.	This plan will pay some or all of the costs to see a <u>specialist</u> for covered services but only if you have a <u>referral</u> before you see the <u>specialist</u> .

only In-network



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30/visit; deductible does not apply	Not Covered	None
	Specialist visit	\$60/visit; deductible does not apply	Not Covered	
	Preventive care/screening/immunization	No Charge; deductible does not apply	Not Covered	
If you have a test	Diagnostic test (x-ray, blood work)	No Charge	Not Covered	Preauthorization required; no member penalty.
	Imaging (CT/PET scans, MRIs)	\$250/test	Not Covered	None
	Preferred generic drugs	Retail Preferred Participating - No Charge Participating \$10/prescription Mail - No Charge; deductible does not apply	Not Covered	
If you need drugs to treat your illness or condition	Non-preferred generic drugs	Retail Preferred Participating - \$10/prescription Participating \$20/prescription Mail - \$30/prescription; deductible does not apply	Not Covered	Limited to a 30-day supply at retail (or a 90-day supply at a network of select retail pharmacies). Up to a 90-day supply at mail order. Specialty drugs limited to a 30-day supply. Payment of the difference between the cost of a brand name drug and a generic may also be required if a generic drug is available.
	Preferred brand drugs	Retail Preferred Participating - \$50/prescription Participating \$70/prescription Mail - \$150/prescription; deductible does not apply	Not Covered	
More information about prescription drug coverage is available at https://www.mypriime.com/content/dam/prime/memberportal/forms/AuthorForms/HIM/2018/TX_6T_EX.pdf				

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
	Non-preferred brand drugs	Retail Preferred Participating - \$100/prescription Participating \$120/prescription Mail - \$300/prescription; deductible does not apply	Not Covered	
	Preferred specialty drugs	\$150/prescription; deductible does not apply	Not Covered	
	Non-Preferred specialty drugs	\$250/prescription; deductible does not apply	Not Covered	
	Facility fee (e.g., ambulatory surgery center)	\$200/procedure	Not Covered	
If you have outpatient surgery	Physician/surgeon fees	No Charge	Not Covered	Elective abortion is not covered except in limited circumstances. <u>Preauthorization</u> required; no member penalty.
If you need immediate medical attention	Emergency room care	\$500/visit	\$500/visit	Termination of pregnancy is not covered except in limited circumstances.
	Emergency medical transportation	No Charge	No Charge	<u>Copayment</u> is waived if admitted.
	Urgent care	\$30/visit; deductible does not apply	Not Covered	None
	Facility fee (e.g., hospital room)	\$250/admit	Not Covered	<u>Preauthorization</u> required; no member penalty.
If you have a hospital stay	Physician/surgeon fees	No Charge	Not Covered	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$30/visits; deductible does not apply or No Charge for other outpatient services	Not Covered	<u>Preauthorization</u> required; no member penalty.
	Inpatient services	\$250/admit	Not Covered	
If you are pregnant	Office visits	\$30 PCP visit \$60 SPC visit; deductible does not apply	Not Covered	<u>Cost sharing</u> does not apply to certain preventive services. Depending on the type of services, deductible may apply. Maternity care

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you need help recovering or have other special health needs	Childbirth/delivery professional services	No Charge	Not Covered	may include tests and services described elsewhere in the SBC (i.e. ultrasound). Inpatient: <u>Preauthorization</u> required; no member penalty.
	Childbirth/delivery facility services	\$250/admit	Not Covered	
	Home health care	No Charge	Not Covered	60 visit maximum per benefit period.
	Rehabilitation services	No Charge	Not Covered	35 visit maximum per benefit period, including chiropractic. <u>Preauthorization</u> required; no member penalty.
	Habilitation services	No Charge	Not Covered	35 visit maximum per benefit period, including chiropractic. <u>Preauthorization</u> required; no member penalty.
				25 day maximum per benefit period.
	<u>Skilled nursing care</u>	No Charge	Not Covered	<u>Preauthorization</u> required; no member penalty.
	<u>Durable medical equipment</u>	No Charge	Not Covered	
	<u>Hospice services</u>	No Charge	Not Covered	None
	Children's eye exam	No Charge; <u>deductible</u> does not apply	Not Covered	One visit per year. *See benefit booklet for details.
If your child needs dental or eye care	Children's glasses	No Charge; <u>deductible</u> does not apply	Not Covered	One pair of glasses per year. *See benefit booklet for details.
	Children's dental check-up	No Charge	No Charge	Two visits per year. *See benefit booklet for network details.

*For more information about limitations and exceptions, see the plan or policy document at www.bcbstx.com/member/policy-forms/2018.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Abortions (Except where a pregnancy is the result of rape or incest, or for a pregnancy which, as certified by a physician, places the woman in danger of death unless an abortion is performed)
- Acupuncture
- Bariatric surgery
- Cosmetic surgery (Except for the correction of congenital deformities or for conditions resulting from accidental injuries, scars, tumors or diseases. When medically necessary.)
- Dental Care (Adult)
- Fertility treatment (Diagnosis and treatment covered; in vitro not covered)
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing (Unless medically necessary)
- Routine eye care (Adult)
- Routine foot care (Except in connection with diabetes, circulatory disorders of the lower extremities, peripheral vascular disease, peripheral neuropathy, or chronic arterial or venous insufficiency)
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document)

- Chiropractic care (Max. 35 visits/year)
- Hearing aids (Limited to two hearing aids every three years)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the plan at 1-877-299-2377, U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.ccio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Blue Cross and Blue Shield of Texas at or visit www.bcbstx.com, or contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit www.dol.gov/ebsa/healthreform. Contact the Texas Department of Insurance at 1-800-252-3439 or visit www.texashealthoptions.com.

Does this plan provide Minimum Essential Coverage? Yes

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Spanish (Español): Para obtener asistencia en Español, llame al 1-877-299-2377.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-877-299-2377.

Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-877-299-2377.

Navajo (Dine): Dinek ehgo shika at'ohwol ninisingo, kwijijigo holne' 1-877-299-2377.

_____To see examples of how this plan might cover costs for a sample medical situation, see the next section._____

About These Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a baby
(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$7,350
■ Specialist copayment	\$60
■ Hospital (facility) copayment	\$250
■ Other	\$0

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,800
---------------------------	-----------------

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$900
Copayments	\$500
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$1,460

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$7,350
■ Specialist copayment	\$60
■ Hospital (facility) copayment	\$250
■ Other	\$0

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,400
---------------------------	----------------

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$1,900
Copayments	\$1,000
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$60
The total Joe would pay is	\$2,960

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$7,350
■ Specialist copayment	\$60
■ Hospital (facility) copayment	\$250
■ Other	\$0

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,900
---------------------------	----------------

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$1,600
Copayments	\$200
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$1,800

The plan would be responsible for the other costs of these EXAMPLE covered services.

Fee Disclosure Statement for Participants of the Austin-Travis County Sobriety Center Local Government Corporatio 401(k) Profit Sharing Plan & Trust

Overview

As a participant in the retirement plan sponsored by your employer, you are entitled to know the fees and expenses incurred to operate the plan that are paid by participant assets. The Employee Retirement Income Security Act of 1974, as amended ("ERISA"), requires that the plan administrator provide the disclosures of these fees to you, on or before the date you can first direct your investments, and annually thereafter.

The disclosure of fees is intended to make you aware of the rights and responsibilities associated with the options made available under the plan so that you may make informed decisions regarding the management of your account.

The types of information that must be disclosed are both plan-related and investment-related. Plan-related information includes general operational and identifying information, administrative expenses, and individual expenses. Investment-related information is included on a separate chart which details the fee information of the investment alternatives made available by the plan.

Part One: General Plan Information

Enrollment

Participants and beneficiaries may enroll and make investment changes at any time once eligible to participate in the plan. This may be done by enrolling via the internet, using a voice response system, or by completing an Enrollment/Change Form and either faxing or mailing it to Paychex.

- <https://benefits.paychex.com>
- **Paychex Employee Services:**
1-877-244-1771
- **Fax: 585-389-7252**
- **Mail correspondence:**
Attn: 401(k) Participant Support
1175 John St., West Henrietta, NY 14586

Automatic Enrollment

Your plan includes an automatic enrollment feature. If you fail to make an enrollment election within 30 days of becoming eligible you will be automatically enrolled. Once automatically enrolled, if you do not wish to participate, you have the ability to opt out within 90 days of enrollment via <https://benefits.paychex.com> or by calling 1-877-244-1771. Please review your Automatic Enrollment Notice.

Plan Investment Changes

There are no limitations on the frequency of when investment changes may be made; however, there may be fees associated with such changes. Review the attached Investment Chart or the fund's prospectus for additional information.

Voting of Proxy

The plan administrator shall have responsibility for instructing the trustee as to voting and the tendering of shares relating to assets held by the trust, by proxy or in person, except to the extent such responsibility is delegated to another person, under the terms of the plan or under an agreement between the adopting employer and an investment manager, in which case such persons shall have such responsibility.

Part Two: Administrative Expenses

Administrative expenses for such duties as recordkeeping, accounting, tax form preparation, and legal fees may be paid by the employer or by the plan. Your employer also has the option to be reimbursed by the plan for expenses they have paid. Fees paid with plan assets will be deducted pro-rata based on account balances and specified on your quarterly participant benefit statement as a plan administration expense.

Paychex charges administrative fees for the services provided to the plan which may be paid either by your employer or by plan assets. In the event your employer elects to have fees paid by plan assets the fees will be deducted pro-rata based on the account balances and will be specified on your quarterly participant benefit statement as Plan Administration Fee. Paychex administrative expenses include monthly fees, per participant fees, set up fees, and, when an employer selects specific service offerings or other features, an annual account fee which is charged against plan assets.

Paychex returns any payments which Paychex would have received from the investments in the Plan's lineup pro-rata to the Plan and assesses an annual account fee against the Plan assets. The annual account fee is based on the formula below.

Minimum Asset Value	Maximum Asset Value	Annual Account Fee (bps)
---------------------	---------------------	--------------------------

\$0.00	\$99,999.99	46 bps
\$100,000.00	\$499,999.99	42 bps
\$500,000.00	\$999,999.99	31 bps
\$1,000,000.00	\$2,999,999.99	25 bps
\$3,000,000.00	\$3,999,999.99	15 bps
\$4,000,000.00	\$9,999,999.99	14 bps
\$10,000,000.00	\$14,999,999.99	13 bps
\$15,000,000.00	\$39,999,999.99	10 bps
\$40,000,000.00+		8 bps
**n/a	**n/a	Bps as set forth on Quarterly Participant Benefit Statement

Basis points (bps) are a unit of measurement equal to 1/100th of 1% (e.g., 40 bps = .40%=.004).

A one-time plan document restatement fee of \$400.00 may be paid by the employer or by the plan. Restatement fees paid with plan assets will be deducted pro-rata based on account balances and specified on your quarterly participant benefit statement.

In the event that the employer decides to transfer the plan's recordkeeping services to a new service provider, there may be a plan transfer fee charged for services associated with the transfer process. The employer has the option to pay the expense with plan assets. If the expense is paid by the plan, it will be deducted on a pro-rata basis from all account balances, and the portion applied to your account will be reflected on your quarterly participant benefit statement.

The actual fee(s) for administrative expenses assessed against your account will be specified on your quarterly participant benefit statement.

Part Three: Individual Expenses

The following expenses may be charged against your account as set forth below.

The actual fee(s) for any individual expenses assessed will be listed on your quarterly participant benefit statement.

Type of Fee	Description	Amount
Loan Fee	Fee charged for the initial processing of a loan request including preparation of amortization schedule.	\$175.00 general purpose loan \$325.00 primary residence loan
Distribution Fee	Fee charged for processing a distribution of plan assets.	\$75.00
Wire/ACH Fee	Fee charged for sending loans and distributions as an automated clearing house (ACH) transaction or via wire transfer.	\$18.00
Stale Check Fee	Fees charged to participants who fail to cash their distribution check by Paychex and third-party vendor. The amount of the fee depends on the services that are necessary to locate the participant.	\$65.00 – Stale Check Processing to remit to Third-party vendor. Third-party Vendor Fees \$5.00 mailing fee to participant \$60.00 distribution of Stale Check Assets to participant or rollover of Stale Check Assets to IRA fee \$125.00 missing participant search fee
Participant Search Fee	Fee charged in event participant fails to request distribution during a plan termination and search is performed to determine current address.	\$65.00
Check Reissue Fee	Fee charged for requiring a change in the method of distribution from cash to rollover or vice versa.	\$75.00
Managed Account Fee	Fee for using GuidedChoice® managed account services. (GCAM) provides investment advisory services to retirement Participants. Services are delivered through online-based software, telephone, paper application and face-to-face meetings. Individuals may receive projections of potential income at retirement, based upon the current value of retirement assets, expected future contributions, earnings and social security. Based upon specific information, income, asset level, risk tolerance and the retirement goal established, recommended changes to saving rate, investment allocation, risk level and retirement age may be provided.	45 bps/annually or .45% of the first \$100,000 in assets with an annual maximum of \$450 regardless of asset level. These fees are prorated and charged on a quarterly basis.
Qualified Domestic Relations Order (QDRO) Processing Fee	Fee charged to the Participant for calculation and division of individual Participants Plan assets pursuant to a QDRO.	\$500.00 or as set forth on the QDRO determination status paperwork
Front/Back-End Load Fee	Sales charge or commission to compensate a sales intermediary, such as a broker or financial advisor, for their time and expertise in selecting an appropriate investment option for the investor.	None/waived

Investment Chart

This chart includes important information to help you compare the investment options under your retirement plan. Additional information about your investment options and hardcopies can be obtained via the investment option's Web site(s) listed in the chart or by contacting Rhonda G Patrick at 301 W 2nd St, Austin, TX 78701, 713-397-9098.

The investment options available within the plan may include certain trading guidelines, imposed by the Investment Company, that restrict or limit the frequency in which purchase, transfer or withdrawals may be made. Any restrictions or limitations are identified in Section II of the Investment Chart under the Shareholder-Type Fees section. This information may also be found in each investment option's prospectus, where applicable, or on the investment option's website.

Section I. Performance Information

The Variable Return Investments table focuses on the performance of investment options that do not have a fixed or stated rate of return. This table shows how these options have performed over time and allows you to compare them with an appropriate benchmark for the same time periods. Past performance does not guarantee how the investment option will perform in the future. Your investment in these options could lose money. Information about an option's principal risks is available on the Web site(s).

Variable Return Investments									
Name/ Type of Option	Ticker Symbol	Average Annual Total Return as of 12/31/2017				Benchmark			
		1yr.	5yr.	10yr.	Since Inception	1yr.	5yr.	10yr.	Since Inception
Bond Funds									
DFA INFLATION PROTECTED SECURITIES I Inflation Protected Bond	DIPSX	3.28%	0.03%	3.72%	4.27%	3.01%	0.13%	3.53%	4.12%
		www.dfaus.com				BBgBarc US Treasury US TIPS TR USD			
GOLDMAN SACHS US MORTGAGES INST Intermediate Government	GSUIX	1.82%	2.10%	3.65%	4.00%	2.30%	1.28%	3.23%	3.65%
		www.gs.com				BBgBarc US Government TR USD			
METROPOLITAN WEST TOTAL RETURN BOND I Intermediate-Term Bond	MWTIX	3.43%	2.51%	5.59%	6.10%	3.54%	2.10%	4.01%	5.06%
		www.mwamlc.com				BBgBarc US Agg Bond TR USD			
PRUDENTIAL HIGH YIELD Z High Yield Bond	PHYZX	7.76%	5.94%	7.81%	6.63%	7.48%	5.80%	7.89%	7.14%
		www.jennisondryden.com				ICE BofAML US High Yield TR USD			
VANGUARD SHORT TERM FEDERAL ADMN Short Government	VSGDX	0.80%	0.78%	2.15%	3.14%	0.69%	0.74%	2.06%	3.08%
		www.vanguard.com				BBgBarc Government 1-5 Yr TR USD			
Equity Funds									
DFA EMERGING MARKETS CORE EQUITY I Diversified Emerging Markets	DFCEX	36.55%	4.73%	3.04%	8.97%	37.28%	4.35%	1.68%	8.57%
		www.dfaus.com				MSCI EM NR USD			
DFA INTERNATIONAL CORE EQUITY I Foreign Large Value	DFIEX	28.05%	9.33%	3.41%	6.01%	27.19%	6.80%	1.84%	5.30%
		www.dfaus.com				MSCI ACWI Ex USA NR USD			
DFA US SMALL CAP I Small Blend	DFSTX	11.52%	14.63%	9.97%	10.79%	14.65%	14.12%	8.71%	9.56%
		www.dfaus.com				Russell 2000 TR USD			
GOLDMAN SACHS LARGE CAP GROWTH INSIGHTS INST Large Growth	GCGIX	29.74%	18.41%	9.42%	7.08%	30.21%	17.33%	10.00%	7.67%
		www.gs.com				Russell 1000 Growth TR USD			
JANUS HENDERSON TRITON I Small Growth	JSMGX	27.07%	16.33%	11.65%	18.56%	22.17%	15.21%	9.19%	16.42%
		www.janus.com				Russell 2000 Growth TR USD			
JHANCOCK MULTI-INDEX 2020 PRESERVATION R6 Target Date 2020	JRWSX	6.63%	4.61%	N/A	4.78%	12.79%	7.34%	5.47%	7.44%
		www.jhfunds.com				Morningstar Lifetime Mod 2020 TR USD			
JHANCOCK MULTI-INDEX 2025 PRESERVATION R6 Target Date 2025	JRESX	10.68%	6.66%	N/A	6.87%	14.54%	8.44%	5.68%	8.59%
		www.jhfunds.com				Morningstar Lifetime Mod 2025 TR USD			
JHANCOCK MULTI-INDEX 2030 PRESERVATION R6 Target Date 2030	JRHSX	14.43%	8.38%	N/A	8.58%	16.59%	9.56%	5.95%	9.76%
		www.jhfunds.com				Morningstar Lifetime Mod 2030 TR USD			
JHANCOCK MULTI-INDEX 2035 PRESERVATION R6 Target Date 2035	JRYSX	16.81%	9.40%	N/A	9.61%	18.52%	10.41%	6.22%	10.65%
		www.jhfunds.com				Morningstar Lifetime Mod 2035 TR USD			
JHANCOCK MULTI-INDEX 2040 PRESERVATION R6 Target Date 2040	JRRSX	18.17%	9.93%	N/A	10.13%	19.87%	10.84%	6.36%	11.11%
		www.jhfunds.com				Morningstar Lifetime Mod 2040 TR USD			
JHANCOCK MULTI-INDEX 2045 PRESERVATION R6 Target Date 2045	JRVSX	18.87%	10.13%	N/A	10.34%	20.53%	10.91%	6.36%	11.22%
		www.jhfunds.com				Morningstar Lifetime Mod 2045 TR USD			
JHANCOCK MULTI-INDEX 2050 PRESERVATION R6 Target Date 2050	JRISX	18.97%	10.14%	N/A	10.33%	20.78%	10.83%	6.30%	11.18%
		www.jhfunds.com				Morningstar Lifetime Mod 2050 TR USD			
JHANCOCK MULTI-INDEX INCOME PRESERVATION R6 Target Date Retirement	JRFSX	4.42%	2.79%	N/A	2.86%	8.55%	4.70%	4.69%	4.70%
		www.jhfunds.com				Morningstar Lifetime Mod Incm TR USD			
OPPENHEIMER INTERNATIONAL GROWTH Y Foreign Large Growth	OIGYX	26.90%	8.45%	4.77%	7.63%	32.01%	7.97%	2.40%	5.87%
		www.oppenheimerfunds.com				MSCI ACWI Ex USA Growth NR USD			
PRINCIPAL MID CAP R5 Mid-Cap Growth	PMBPX	25.16%	15.91%	11.25%	10.61%	25.27%	15.30%	9.10%	6.73%
		www.wamu.com/wmgrouppofunds				Russell Mid Cap Growth TR USD			
SCHWAB S&P 500 INDEX Large Blend	SWPPX	21.79%	15.69%	8.45%	7.72%	21.69%	15.71%	8.59%	8.07%
		www.schwab.com				Russell 1000 TR USD			
VANGUARD GROWTH AND INCOME ADML Large Blend	VGIAX	20.80%	15.93%	8.23%	6.60%	21.69%	15.71%	8.59%	7.06%
		www.vanguard.com				Russell 1000 TR USD			
VANGUARD INTERNATIONAL EXPLORER INV Foreign Small/Mid Blend	VINEX	38.77%	13.37%	5.49%	10.16%	29.30%	10.41%	4.22%	6.71%
		www.vanguard.com				MSCI World Ex USA SMID NR USD			
VANGUARD MID CAP INDEX FUND ADML	VIMAX	19.25%	15.01%	8.92%	10.25%	18.52%	14.96%	9.11%	10.46%

Fees and Expenses							
Name/ Type of Option	Ticker Symbol	Total Annual Operating Expenses As a %*	Per \$1000	Shareholder -Type Fees	Round Trip Period**	Restriction Frequency**	Restricted Trading Period****
Bond Funds							
DFA INFLATION PROTECTED SECURITIES I Inflation Protected Bond	DIPSX	.12 %	\$ 1.2	N/A	N/A	2	90 Days
<p>In addition to the Funds??? general ability to restrict potentially disruptive trading activity as described above,the Funds also have adopted purchase blocking procedures. Under the Funds??? purchase blocking procedures,where an investor has engaged in any two purchases and two redemptions (including redemptions that are part ofan exchange transaction) in a Portfolio in any rolling 30 calendar day monitoring period (i.e., two ???round trips???),the Funds and Dimensional intend to block the investor from making any additional purchases in that Portfoliofor 90 calendar days (a ???purchase block???). If implemented, a purchase block will begin at some point after thetransaction that caused the investor to have engaged in the prohibited two round-trips is detected by the Funds,Dimensional, or their agents. The Funds and Dimensional are permitted to implement a longer purchase block, orpermanently</p> <p>Additional Description: bar future purchases by an investor, if they determine that it is appropriate.</p>							

Bond Funds

GOLDMAN SACHS US MORTGAGES INST Intermediate Government	GSUIX	.45 %	\$ 4 5	N/A	N/A	2	0
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Additional Description: None

Bond Funds

METROPOLITAN WEST TOTAL RETURN BOND I Intermediate-Term Bond	MWTIX	.44 %	\$ 4 4	N/A	N/A	2	0
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Future purchases into a Fund may be barred if a shareholder effects more than two round trips in shares of that Fund (meaning exchanges or redemptions following a purchase) in excess of certain de minimis limits within a 30 day period. Shareholders effecting a round trip transaction in shares of a Fund in excess of the relevant de minimis threshold more than once within the above-referenced 30-day period may receive a communication from the Fund warning that the shareholder is in danger of violating the

Additional Description: Trust???s frequent trading policy.

Bond Funds

PRUDENTIAL HIGH YIELD Z High Yield Bond	PHYZX	.54 %	\$ 5 4	N/A	30 Days	2	90 Days
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Additional Description: None

Bond Funds

VANGUARD SHORT TERM FEDERAL ADMN Short Government	VSGDX	.1 %	\$ 1	N/A	N/A	2	N/A
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Additional Description: None

Equity Funds

DFA EMERGING MARKETS CORE EQUITY I Diversified Emerging Markets	DFCEX	.53 %	\$ 5 3	N/A	N/A	2	90 Days
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In addition to the Funds??? general ability to restrict potentially disruptive trading activity as described above,the Funds also have adopted purchase blocking procedures. Under the Funds??? purchase blocking procedures,where an investor has engaged in any two purchases and two redemptions (including redemptions that are part ofan exchange transaction) in a Portfolio in any rolling 30 calendar day monitoring period (i.e., two ???round trips???) ,the Funds and Dimensional intend to block the investor from making any additional purchases in that Portfoliofor 90 calendar days (a ???purchase block???) . If implemented, a purchase block will begin at some point after thetransaction that caused the investor to have engaged in the prohibited two round-trips is detected by the Funds,Dimensional, or their agents. The Funds and Dimensional are permitted to implement a longer purchase block, orpermanently

Additional Description: bar future purchases by an investor, if they determine that it is appropriate.

Equity Funds

DFA INTERNATIONAL CORE EQUITY I Foreign Large Value	DFIEX	.3 %	\$ 3	N/A	N/A	2	90 Days
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In addition to the Funds??? general ability to restrict potentially disruptive trading activity as described above,the Funds also have adopted purchase blocking procedures. Under the Funds??? purchase blocking procedures,where an investor has engaged in any two purchases and two redemptions (including redemptions that are part ofan exchange transaction) in a Portfolio in any rolling 30 calendar day monitoring period (i.e., two ???round trips???) ,the Funds and Dimensional intend to block the investor from making any additional purchases in that Portfoliofor 90 calendar days (a ???purchase block???) . If implemented, a purchase block will begin at some point after thetransaction that caused the investor to have engaged in the prohibited two round-trips is detected by the Funds,Dimensional, or their agents. The Funds and Dimensional are permitted to implement a longer purchase block, orpermanently

Additional Description: bar future purchases by an investor, if they determine that it is appropriate.

Equity Funds

DFA US SMALL CAP I Small Blend	DFSTX	.37 %	\$ 3 7	N/A	N/A	2	90 Days
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In addition to the Funds??? general ability to restrict potentially disruptive trading activity as described above,the Funds also have adopted purchase blocking procedures. Under the Funds??? purchase blocking procedures,where an investor has engaged in any two purchases and two redemptions (including redemptions that are part ofan exchange transaction) in a Portfolio in any rolling 30 calendar day monitoring period (i.e., two ???round trips???) ,the Funds and Dimensional intend to block the investor from making any additional purchases in that Portfoliofor 90 calendar days (a ???purchase block???) . If implemented, a purchase block will begin at some point after thetransaction that caused the investor to have engaged in the prohibited two round-trips is detected by the Funds,Dimensional, or their agents. The Funds and Dimensional are permitted to implement a longer purchase block, orpermanently

Additional Description: bar future purchases by an investor, if they determine that it is appropriate.

Equity Funds

GOLDMAN SACHS LARGE CAP GROWTH INSIGHTS INST Large Growth	GCGIX	.56 %	\$ 5 6	N/A	N/A	2	0
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Additional Description: None

Equity Funds

JANUS HENDERSON TRITON I Small Growth	JSMGX	.78 %	\$ 7 8	N/A	N/A	2	N/A
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Additional Description: None

Equity Funds

JHANCOCK MULTI-INDEX 2020 PRESERVATION R6 Target Date 2020	JRWXS	.33 %	\$ 3 3	N/A	N/A	2	N/A
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Additional Description: None

Equity Funds

JHANCOCK MULTI-INDEX 2025 PRESERVATION R6 Target Date 2025	JRESX	.35 %	\$ 3 5	N/A	N/A	2	N/A
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Additional Description: None

Equity Funds

JHANCOCK MULTI-INDEX 2030 PRESERVATION R6 Target Date 2030	JRHSX	.36 %	\$ 3.6	N/A	N/A	2	N/A
Additional Description: None							

Equity Funds

JHANCOCK MULTI-INDEX 2035 PRESERVATION R6 Target Date 2035	JRYSX	.36 %	\$ 3.6	N/A	N/A	2	N/A
Additional Description: None							

Equity Funds

JHANCOCK MULTI-INDEX 2040 PRESERVATION R6 Target Date 2040	JRRSX	.36 %	\$ 3.6	N/A	N/A	2	N/A
Additional Description: None							

Equity Funds

JHANCOCK MULTI-INDEX 2045 PRESERVATION R6 Target Date 2045	JRVSX	.37 %	\$ 3.7	N/A	N/A	2	N/A
Additional Description: None							

Equity Funds

JHANCOCK MULTI-INDEX 2050 PRESERVATION R6 Target Date 2050	JRISX	.38 %	\$ 3.8	N/A	N/A	2	N/A
Additional Description: None							

Equity Funds

JHANCOCK MULTI-INDEX INCOME PRESERVATION R6 Target Date Retirement	JRFSX	.34 %	\$ 3.4	N/A	N/A	2	N/A
Additional Description: None							

Equity Funds

OPPENHEIMER INTERNATIONAL GROWTH Y Foreign Large Growth	OIGYX	.89 %	\$ 8.9	N/A	N/A	2	N/A
Additional Description: None							

Equity Funds

PRINCIPAL MID CAP R5 Mid-Cap Growth	PMBPX	85 %	\$ 8.5	N/A	N/A	2	30 Days
Additional Description: None							

Equity Funds

Schwab S&P 500 Index Large Blend	SWPPX	.03 %	\$.3	N/A	N/A	2	N/A
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The funds reserve the right to contact the intermediary to provide certain shareholder transaction information and may require the intermediary to restrict the shareholder from future purchases or exchanges in the funds. Transactions by fund shareholders investing through intermediaries may also be subject to the restrictions of the intermediary's own frequent trading policies, which may differ from those of the funds. Each fund may defer to an intermediary's frequent trading policies with respect to those shareholders who invest in the fund through such intermediary. Each fund will defer to an intermediary's policies only after the fund determines that the intermediary's frequent trading policies are reasonably designed to deter transactional activity in amounts and frequency that

Additional Description: are deemed to be significant to the fund and in a pattern of activity that potentially could be detrimental to the fund.

Equity Funds

VANGUARD GROWTH AND INCOME ADML Large Blend	VGIAX	23 %	\$ 2.3	N/A	N/A	2	N/A
Additional Description: None							

Equity Funds

VANGUARD INTERNATIONAL EXPLORER INV Foreign Small/Mid Blend	VINEX	41 %	\$ 4.1	The redem...	N/A	2	N/A
Additional Description: None							

Equity Funds

VANGUARD MID CAP INDEX FUND ADML Mid-Cap Blend	VIMAX	.06 %	\$.6	N/A	N/A	2	N/A
Additional Description: None							

Equity Funds

VANGUARD WINDSOR INV Large Value	VWVNDX	.3 %	\$ 3	N/A	N/A	2	N/A
Additional Description: None							

Money Market Funds

FEDERATED US TREASURY CASH RESERVES INST Money Market	UTIXX	2 %	\$ 2	N/A	N/A	2	N/A
Additional Description: None							

Equity Funds							
JHANCOCK MULTI-INDEX INCOME PRESERVATION R6 Target Date Retirement	JRFSX	.34 %	\$ \$3.40	N/A	N/A	2	N/A
Additional Description: None							
JHANCOCK MULTI-INDEX 2020 PRESERVATION R6 Target Date 2020	JRWSX	.33 %	\$ \$3.30	N/A	N/A	2	N/A
Additional Description: None							
JHANCOCK MULTI-INDEX 2025 PRESERVATION R6 Target Date 2025	JRESX	.35 %	\$ \$3.50	N/A	N/A	2	N/A
Additional Description: None							
JHANCOCK MULTI-INDEX 2030 PRESERVATION R6 Target Date 2030	JRHSX	.36 %	\$ \$3.60	N/A	N/A	2	N/A
Additional Description: None							
JHANCOCK MULTI-INDEX 2035 PRESERVATION R6 Target Date 2035	JRYSX	.36 %	\$ \$3.60	N/A	N/A	2	N/A
Additional Description: None							
JHANCOCK MULTI-INDEX 2040 PRESERVATION R6 Target Date 2040	JRRSX	.36 %	\$ \$3.60	N/A	N/A	2	N/A
Additional Description: None							
JHANCOCK MULTI-INDEX 2045 PRESERVATION R6 Target Date 2045	JRVSX	.37 %	\$ \$3.70	N/A	N/A	2	N/A
Additional Description: None							
JHANCOCK MULTI-INDEX 2050 PRESERVATION R6 Target Date 2050	JRISX	.38 %	\$ \$3.80	N/A	N/A	2	N/A
Additional Description: None							

* = Total Operating Expense before waivers/reimbursements as taken from the Operating Fees & Expenses table of the prospectus

** = period of time between purchase and redemption of shares of the same investment option that qualifies it as a round trip transaction

*** = number of round trips permitted

**** = amount of time blocked from trading if policy is violated

The cumulative effect of fees and expenses can substantially reduce the growth of your retirement savings. Visit the Department of Labor's Web site for an example showing the long-term effect of fees and expenses at

<http://www.dol.gov/ebsa/publications/undrstndgrtrmnt.html>. Fees and expenses are only one of many factors to consider when you decide to invest in an option. You may also want to think about whether an investment in a particular option, along with your other investments, will help you achieve your financial goals.

The information set forth in this document is based upon information that Paychex has received from unaffiliated third parties. Paychex has not verified the accuracy or completeness of the information and cannot be responsible for any inaccuracies in the information from third party sources. You must independently determine how to use and interpret the information set forth in this document, including whether you need the assistance of any professionals to assist you in your interpretation of that information and if so, the nature of professional assistance that you may need. Paychex is not responsible for the manner in which you interpret the information in this document.

Note: When using this document, be aware that some, and perhaps all, of the information may be time-sensitive.

To assist you in understanding your designated investment alternatives, a general glossary of terms can be found at <http://www.morningstar.com/InvGlossary/?CustId=&CLogin=&CType=&CName>. In addition, the website provided with each investment alternative may contain its own glossary of terms relevant to that specific alternative, or a link to such a glossary.

Retirement



Guided Fund Select Non-Broker Series Enrollment Form

Enrollment Methods

- Retirement Services Online Web site: <https://benefits.paychex.com>
- Employee Services Information Line: 877-244-1771, retirement services option
- Fill out this form and fax it to: 585-389-7252

Note: By using either the Web site or Information Line, you do not need to send this form to Paychex, Inc.

Employee Information (All information is required)

Employee Name

Social Security Number

Office - Client Number

XXX - XX -

0070 - 17108273

Company Name

Austin-Travis County Sobriety Center Local Government Corporatio

Date of Birth

Date of Hire

Phone Number

E-mail Address

Enrollment (Select one)

If neither box is checked and a deferral field is filled in, you will be enrolled in the plan at the stated amount.

- ☐ Yes, I want to enroll in the plan at this time. I have indicated below the percentage that I want to contribute to the plan through payroll deduction. I agree to receive the Fee Disclosure Statement for Participants electronically and acknowledge receipt of it for this initial enrollment. I understand that to continue to receive the disclosure electronically I will have to go to <https://benefits.paychex.com>. I also have the right to receive a paper copy of the disclosure at any time free of charge. Deferrals must be in increments of 1% (non-whole numbers will be rounded down to the nearest percent).

Pretax Salary Deferral

Roth 401(k) Deferral*

Pretax Catch-up Deferral**

Roth Catch-up Deferral**

*Consult with your employer to determine if the Roth 401(k) option is available in your plan. Also, loans and hardship withdrawals will not be issued from your Roth 401(k) balance.

**For catch-up deferrals, you must be eligible to make elective deferrals under your employer's 401(k) plan and have, or will have, attained age 50 before the close of the calendar year. If you have not met the age requirement, you will not be enrolled in catch-up contributions.

Important: All deferrals that you elect in this section will be invested using the same fund allocation percentages that you select in the "Investment Selection" below.

- ☐ No, I do not want to enroll in the plan at this time. My deferral is zero.

Investment Selection

In the "Investment Selection" column, I have entered the percent of my contribution that I want allocated in the fund(s) choices. All contributions elected on this form will be allocated in the fund(s) that I have selected.

I understand the "Investment Selection" and corresponding percentage will remain in effect until I request a change, in accordance with the provisions of the plan. I will receive a confirmation of the requested change.

I understand that if this section is not completed, or if the investment percentages do not total 100%, that 100% of the contribution will be invested in the Money Market option for the first 90 days. If further reinvestment direction is not received within 90 days, all investments and any future contributions will be moved to a Guided Savings managed account.

Prior to requesting any movement between investments, please review the prospectus for policies regarding frequent trading and market timing. Please review the Fee Disclosure Statement for Participants prior to enrollment.

You may select any combination in 1% increments totaling 100% (non-whole numbers will be rounded down to the nearest percent). These investment selections are for future allocations only and will not impact currently invested funds.

Guided Fund Select Non-broker Series		Investment Selection
5160	Vanguard Windsor Inv	%
5651	Prudential High Yield Z	%
6395	Schwab S&P Index Select	%
9026	Principal Mid Cap R5	%
12072	Oppenheimer International Growth Y	%
12351	Vanguard International Explorer Inv	%
12888	Janus Triton I	%
13128	Metropolitan West Total Return Bond I	%
13928	DFA Emerging Markets Core Equity I	%
13929	DFA Inflation Protected Securities I	%
13935	DFA International Core Equity I	%
13966	DFA US Small Cap I	%
15313	Vanguard Short Term Federal Admn	%
15660	Goldman Sachs Large Growth Insights Inst	%
15699	Goldman Sachs US Mortgages Inst	%
16188	John Hancock Retirement Choices AT 2015 Portfolio R6	%
16191	John Hancock Retirement Choices AT 2020 Portfolio R6	%

16194	John Hancock Retirement Choices AT 2025 Portfolio R6	<input type="text"/>	%
16197	John Hancock Retirement Choices AT 2030 Portfolio R6	<input type="text"/>	%
16200	John Hancock Retirement Choices AT 2035 Portfolio R6	<input type="text"/>	%
16203	John Hancock Retirement Choices AT 2040 Portfolio R6	<input type="text"/>	%
16206	John Hancock Retirement Choices AT 2045 Portfolio R6	<input type="text"/>	%
16209	John Hancock Retirement Choices AT 2050 Portfolio R6	<input type="text"/>	%
17699	Vanguard Mid Cap Index Fund Adml	<input type="text"/>	%
20772	Vanguard Growth And Income Adml	<input type="text"/>	%
20028	Federated US Treasury Cash Reserves Inst.	<input type="text"/>	%
Totals		0	

RSU029 05/16

Authorization and Signature

As a participant in this plan, your employer may provide your investment and plan eligibility information to third parties necessary to administer the plan. I hereby authorize the company to make the necessary payroll deductions from my compensation as indicated above. The authorization set forth in this form shall become effective at the earliest time permitted by the terms of the plan.

Employee Signature:

Date:

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