

FORT BEND COUNTY, TEXAS

ELECTION UNDER 42 U.S.C. §300gg-21

The Fort Bend County Employee Benefit Plan of Fort Bend County, Texas, 301 Jackson, Richmond, Texas, 77469, telephone (281) 341-8630, a Texas political subdivision employees' uniform group benefits plan administered by Boon-Chapman, P. O. Box 9201, Austin, TX 78766 pursuant to 42 U.S.C. §300gg-21, hereby elects to be exempt for the plan year beginning January 1, 2016 through December 31, 2016 from the following requirements of the Health Insurance Portability and Accountability Act of 1996.

1. Standards relating to benefits for mother and newborns.
2. Parity in the application of certain limits to mental health and substance use disorder benefits (including requirements of the Mental Health Parity and Addiction Equity Act of 2008).
3. Required coverage for reconstructive surgery following mastectomies.

The Fort Bend County Employee Benefit Plan is a self-funded, non-Federal government plan and does not include commercial health insurance coverage.

This election is being made at a duly called open meeting of Commissioners Court of Fort Bend County, Texas on October 6, 2015 at Richmond, Texas.

The attached notice to Plan Participants regarding the Fort Bend County Employee Benefit Plan and Fort Bend County's Election Under 42 U.S.C. §300gg-21 will be provided to all Plan participants by being prominently printed in the Plan's summary plan document. Said notice will be given to each Plan participant at the time of enrollment.

It is hereby certified that Robert E. Hebert is the County Judge of Fort Bend County, Texas and is fully authorized to execute this election form on behalf of and at the request of the Commissioners Court of Fort Bend County, Texas.

Signed this October 6, 2015

Robert E. Hebert, County Judge

Attest:

Laura Richard, County Clerk



**Notice to Plan Participants Regarding  
The Fort Bend County Employee Benefit Plan of Fort Bend County  
Election Under 42 U.S.C. §300gg-21**

Under a Federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, as amended, group health plans must generally comply with the requirements listed below. However, the law also permits State and local governmental employers that sponsor health plans to elect to exempt a plan from these requirements for any part of the plan that is "self-funded" by the employer, rather than provided through a health insurance policy.

**Fort Bend County has elected to exempt the Fort Bend County Employee Benefit Plan from all of the following requirements:**

**1. Standards relating to benefits for mothers and newborns**

Group health plans offering health coverage for hospital stays in connection with the birth of a child generally may not restrict benefits for the stay to less than 48 hours for a vaginal delivery, and 96 hours for a cesarean section.

**2. Parity in the application of certain limits to mental health benefits**

Group health plans (of employers that employ more than 50 employees) offering mental health benefits may not set annual or lifetime dollar limits on mental health benefits that are lower than limits for medical and surgical benefits. A plan that does not impose an annual or lifetime dollar limit on medical and surgical benefits may not impose that type of limit on mental health benefits. These requirements do not apply to benefits for substance abuse or chemical dependency.

**3. Required coverage for reconstructive surgery following mastectomies**

Group health plans that provide medical and surgical benefits for a mastectomy must provide certain benefits in connection with breast reconstruction as well as certain other related benefits.

HIPAA also requires the Plan to provide covered employees and dependents with a "certificate of creditable coverage" when they cease to be covered under the Plan. There is no exemption from this requirement. The certificate provides evidence that you were covered under this Plan, because if you can establish your prior coverage, you may be entitled to certain rights to reduce or eliminate a preexisting condition exclusion if you join another employer's health plan, or if you wish to purchase an individual insurance policy.

The exemption from these Federal requirements will be in effect for the plan year 2016, beginning January 1, 2016, and ending December 31, 2016. The election may be renewed for subsequent plan years.