### Important Contacts

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>CONTACT</th>
<th>PHONE NUMBER</th>
<th>WEBSITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>Blue Cross Blue Shield</td>
<td>800-521-2227</td>
<td><a href="http://www.bcbstx.com">www.bcbstx.com</a></td>
</tr>
<tr>
<td>Telemedicine</td>
<td>Teladoc</td>
<td>800-TELADOC</td>
<td><a href="http://www.teladoc.com">www.teladoc.com</a></td>
</tr>
<tr>
<td>Flexible Spending Accounts</td>
<td>McGriff Insurance Services</td>
<td>800-768-4873</td>
<td><a href="http://www.mcgriffinsurance.com/flex">www.mcgriffinsurance.com/flex</a></td>
</tr>
<tr>
<td>Dental Discount Program</td>
<td>Quality Care Dental of America</td>
<td>800-229-0304</td>
<td><a href="http://www.gcodofamerica.com">www.gcodofamerica.com</a></td>
</tr>
<tr>
<td>Dental DHMO &amp; DPPO</td>
<td>Cigna</td>
<td>800-244-6224</td>
<td><a href="http://www.cigna.com">www.cigna.com</a></td>
</tr>
<tr>
<td>Vision</td>
<td>Surency</td>
<td>866-818-8805</td>
<td><a href="http://www.surency.com">www.surency.com</a></td>
</tr>
<tr>
<td>Life/AD&amp;D Insurance</td>
<td>Blue Cross Blue Shield</td>
<td>877-442-4207</td>
<td><a href="http://www.bcbstx.com">www.bcbstx.com</a></td>
</tr>
<tr>
<td>Short Term &amp; Long Term Disability Insurance</td>
<td>Blue Cross Blue Shield</td>
<td>877-442-4207</td>
<td><a href="http://www.bcbstx.com">www.bcbstx.com</a></td>
</tr>
<tr>
<td>Allstate</td>
<td>Accident / Critical Illness</td>
<td>800-521-3535</td>
<td><a href="http://www.allstatebenefits.com">www.allstatebenefits.com</a></td>
</tr>
<tr>
<td>Retirement</td>
<td>TIAA-CREF</td>
<td>800-842-2252</td>
<td><a href="http://www.tiaa-cref.org">www.tiaa-cref.org</a></td>
</tr>
<tr>
<td>Texas Wesleyan University</td>
<td>Human Resources</td>
<td>817-531-4403</td>
<td><a href="http://www.txwes.edu/HR">www.txwes.edu/HR</a></td>
</tr>
</tbody>
</table>

This brochure highlights the main features of the Texas Wesleyan University Employee Benefits Program. It does not include all plan rules, details, limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. Texas Wesleyan University reserves the right to change or discontinue its employee benefits plans at any time.

This booklet provides a summary of plan highlights. Please consult the carrier’s contract for complete information on covered charges, limitations, and exclusions. This is not a binding contract. The carrier’s contract will prevail. If you have further questions, please contact the carrier or McGriff Insurance Services.
Texas Wesleyan University’s most important asset is our people. That’s why we offer you an exceptional benefits program with many options, designed to meet your needs and the needs of your family. In this booklet you will find summaries of Texas Wesleyan University’s medical, dental, vision, disability, basic life and AD&D, voluntary life and worksite plans. This booklet contains important information about your benefits. Please take the time to review it and share the information with your family.

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20 Disability Resource Services  
21 Life and AD&D Insurance  
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24 Accident Coverage  
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26 Identity Theft  
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**Availability of Summary Health Information**

Our Employee Benefits Program offers two health coverage options. To help you make an informed choice and compare your options, a Summary of Benefits and Coverage (SBC) is available, which summarizes important information about your health coverage options in a standard format.
Texas Wesleyan University (TXWES) is pleased to offer you a comprehensive benefits package intended to protect your well-being and financial health. This guide will help you learn more about all of the benefits that are available to you and your eligible dependents.

The enrollment decisions you make will remain in effect April 1, 2021 through March 31, 2022. You may make changes to your benefit elections only when you have a Qualified Life Event. After such an event, you can make changes to your coverage within 30 days; otherwise, you cannot make changes to your benefit coverage until the next Open Enrollment period. Open Enrollment is a time period each year during which you may add or drop your medical insurance or make additional changes to your benefits coverage.

You are eligible for benefits if you are a regular, full-time employee working an average of 30 hours per week. Your coverage is effective the first of the month after 30 days of fulltime employment. You may also enroll eligible dependents for benefit coverage. The cost to you for dependent coverage will vary depending on the number of dependents you enroll in the plan and the particular plan you choose. When covering dependents, you must select the same plans for your dependents as you select for yourself.

Eligible Dependents include:

- Your legal spouse
- Children under the age of 26, regardless of student, dependency, or marital status
- Children who are fully dependent on you for support due to a mental or physical disability, and who are indicated as such on your federal tax return, may continue coverage past age 26
Online Enrollment Instructions

Enroll online at www.Benefitfirst.com

- Login using your login information provided above;
- Review your benefit materials on the homepage;
- Choose Enroll Now;
- Select the Enroll in or Decline Benefits as a Newly Eligible Employee option; When you get to the last enrollment screen you will be asked to review your elections and certify them by re-entering your password;
- The final step is to click Submit to complete your transaction. That’s it…the entire process can take as little as 4 minutes to complete.

Call the Benefitfirst Customer Care Center – If you have technical questions or would like to enroll by phone, please call 888-322-9374 and use Company ID 765 to speak with an Enrollment Specialist.

The Benefitfirst Customer Care Center is available Monday through Friday, 8:30 a.m. to 5:00 p.m. EST

Qualified Life Events

Once you elect your benefit options, they remain in effect for the entire plan year until Open Enrollment. You may only change coverage during the plan year if you have a Qualified Life Event and you must do so within 30 days of the event.

Qualified Life Events include:

- Marriage, Divorce or legal separation
- Birth of your child
- Death of your spouse or dependent child
- Adoption of or placement for adoption of your child
- Change of employment status by you or your spouse
- A significant change in your or your spouse’s health coverage due to your spouse’s employment
- Qualification by the Plan Administrator of a Medical Child Support Order
Medical Benefits provided through Blue Cross Blue Shield

Our medical plan provides you access to in-network and out of network providers. All covered services are subject to medical necessity, as determined by the plan. Medical coverage is provided by Blue Cross Blue Shield (BlueChoice Network). Go to www.bcbstx.com for tools and resources, such as:

- Check claims and claims history
- View your Explanation of Benefits (EOBs)
- View your benefits and covered dependents
- Find a physician, hospital or urgent care facility
- Request a new ID card

Employee contributions are made on a pre-tax basis through payroll deductions. Actual take-home pay is determined by the level of coverage selected. Note: Benefits deducted on a pre-tax basis lower your earnings and may reduce Social Security benefits.

How to find Your BCBS Providers

1. Log onto the BCBS website at www.bcbstx.com on your computer.
2. You are now in the Blue Access for Members. You can search by name or provider type.

<table>
<thead>
<tr>
<th>Medical and Prescription Monthly Contributions</th>
<th>BCBS $3,000 Base—HSA</th>
<th>BCBS $3,000 Buy-Up-PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Employee Cost</td>
<td>Monthly Employee Cost</td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>$40.00</td>
<td>$175.00</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$697.00</td>
<td>$1,048.00</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$567.00</td>
<td>$966.00</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$827.00</td>
<td>$1,730.00</td>
</tr>
</tbody>
</table>

Health Coverage Reminder

The Patient Protection and Affordable Care Act (PPACA) requires most individuals that have minimum essential health coverage. You may obtain coverage through your employer or through the Marketplace. Visit www.healthcare.gov for Marketplace information.

**REMINDER:** You may only purchase insurance through the Marketplace during Open Enrollment OR if you experience a qualifying event. The Federal Marketplace Open Enrollment dates are from November 1 through December 15th. Additionally, an executive order has been passed by President Biden that opens up a Special Open Enrollment from February 15th to May 15th, 2021 for Marketplace eligible consumers.
If you elect to purchase a Formulary/Non-Formulary Brand Name drug when “Brand Medically Necessary” is not indicated and a Generic equivalent is available, you will be required to pay the difference between the cost of the Generic and Formulary/ Non- Formulary Brand Name drug, plus the Formulary Brand Name copay.

- To locate a Retail Pharmacy, go to www.myprime.com
- The Formulary Drug list is available at www.bcbstx.com/member/rx_drugs.html
- Specialty Drugs are available through Prime Specialty Pharmacy at 877-627-6337
<table>
<thead>
<tr>
<th>BCBS BUY-UP-PPO</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lifetime Maximum Benefit</strong></td>
<td>Unlimited</td>
<td></td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>You Pay</td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$3,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Family</td>
<td>$6,000</td>
<td>$10,000</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum (Includes Deductible, Coinsurance and Copays)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$6,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>Family</td>
<td>$12,000</td>
<td>$20,000</td>
</tr>
<tr>
<td><strong>Coinsurance / Copays</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Care</td>
<td>$0</td>
<td>40% after ded.</td>
</tr>
<tr>
<td>Primary Care Physician</td>
<td>$30 copay</td>
<td>40% after ded.</td>
</tr>
<tr>
<td>Specialist</td>
<td>$50 copay</td>
<td>40% after ded.</td>
</tr>
<tr>
<td>Diagnostics, X-ray and Lab</td>
<td>$0</td>
<td>40% after ded.</td>
</tr>
<tr>
<td>Complex Imaging</td>
<td>20% after ded.</td>
<td>40% after ded.</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$75 copay</td>
<td>40% after ded.</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>Facility: $200 copay + 20% no ded.</td>
<td></td>
</tr>
<tr>
<td>Emergency Room Physician</td>
<td>20% after ded.</td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital Care</td>
<td>20% after ded.</td>
<td>40% after ded.</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>20% after ded.</td>
<td>40% after ded.</td>
</tr>
<tr>
<td><strong>Retail Rx – Up to 30-day supply</strong></td>
<td>You Pay</td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$20 copay</td>
<td>$20 copay, minus 40%, no ded.</td>
</tr>
<tr>
<td>Formulary Brand Name</td>
<td>$40 copay</td>
<td>$40 copay, minus 40%, no ded.</td>
</tr>
<tr>
<td>Non-Formulary Brand Name</td>
<td>$70 copay</td>
<td>$70 copay, minus 40%, no ded.</td>
</tr>
<tr>
<td><strong>Mail Order Rx – Up to 90-day supply</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$50 copay</td>
<td>n/a</td>
</tr>
<tr>
<td>Formulary Brand Name</td>
<td>$100 copay</td>
<td>n/a</td>
</tr>
<tr>
<td>Non-Formulary Brand Name</td>
<td>$175 copay</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Specialty Care Rx (Prime Pharmacy Only)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formulary Brand Name</td>
<td>$100 copay</td>
<td>$100 copay, minus 40%, no ded.</td>
</tr>
<tr>
<td>Non-Formulary Brand Name</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you elect to purchase a Formulary/Non-Formulary Brand Name drug when “Brand Medically Necessary” is not indicated and a Generic equivalent is available, you will be required to pay the difference between the cost of the Generic and Formulary/Non-Formulary Brand Name drug, plus the Formulary Brand Name copay.

- To locate a Retail Pharmacy, go to [www.myprime.com](http://www.myprime.com)
- The Formulary Drug list is available at [www.bcbstx.com/member/rx_drugs.html](http://www.bcbstx.com/member/rx_drugs.html)
- Specialty Drugs are available through Prime Specialty Pharmacy at 877-627-6337
HSA (Health Savings Account)

What is an HSA Plan?
The Base CDHP is a consumer driven health plan that works in conjunction with a Health Savings Account.

What is a Health Savings Account (HSA)?
An HSA is an alternative to traditional health insurance; it is a savings product that offers a different way for consumers to pay for their health care. HSAs enable you to pay for current health expenses and save for future qualified medical and retiree health expenses on a tax-free basis.

- You and Texas Wesleyan University can make contributions to your HSA account. Texas Wesleyan will contribute $350 to your account at the beginning of the plan year. You must participate in the Base High Deductible Health Plan to be eligible for contributions.
- All investment earnings are tax-free for the employee and HSA money is tax-free as long as it is used to pay for any qualified health care expense.
- You can withdraw money from your HSA to cover qualified medical expenses, or allow the account to grow over time and use it to help pay for future health-related expenses, such as long-term care insurance premiums and COBRA premiums.

Who is eligible for the HSA?
To be eligible, you must be covered by a high deductible health plan. You cannot have other health insurance coverage (including a spouse’s plan) that is not a high deductible plan. An employee cannot be enrolled in Medicare or be a dependent on another person’s tax return.

What happens to any remaining money in my HSA account at the end of the year?
Any unused funds in the account automatically roll over year after year. You won’t lose your money if you don’t spend it within the year.

What happens to my HSA if I leave my health plan or job?
You own your account, so you keep your HSA, even if you change health plans or jobs. The HSA balance, including all of your contributions as well as those from the employer, is yours to keep. There are no vesting requirements or forfeiture provisions for employer contributions. HSAs are not subject to COBRA continuation coverage.

2021 IRS MAX CONTRIBUTIONS

<table>
<thead>
<tr>
<th></th>
<th>Employee</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>$3,600</td>
<td>$7,200</td>
<td></td>
</tr>
</tbody>
</table>

CONTRIBUTION BY TEXAS WESLEYAN INTO EMPLOYEE’S HSA ACCOUNT

$350

Who can contribute to my HSA?
Any person can contribute to your account on your behalf (up to the annual contribution limit). You can have set contribution amounts deducted from your paycheck on a pre-tax basis or you can make lump-sum contributions of any amount any time, up to the maximum limit.
Who can contribute to my HSA?

Any person can contribute to your account on your behalf (up to the annual contribution limit). You can have set contribution amounts deducted from your paycheck on a pre-tax basis or you can make lump-sum contributions of any amount any time, up to the maximum limit.

When will contributions to my account be available for withdrawal?

HSA contributions will be available for withdrawal when funds are deposited. The availability of funds depends on how much has been contributed and varies by individual. Please note: You can only be reimbursed for the amount of money in your account.

What expenses can I pay for with my HSA?

Your HSA can be used to pay for “qualified medical expenses”, as defined by IRS Code 213(d). These expenses include, but are not limited to, medical plan copays and deductibles at doctors, pharmacies, medical labs, dentists, orthodontists, medical supply stores, chiropractors, hospitals, vision centers podiatrists, diagnostic service centers, over-the-counter drugs, LASIK eye surgery, eye glasses, contact lenses, prescription drugs and some nursing services. For a complete listing of the IRS-allowable expenses, you can request a copy of IRS Publication 502 by calling the IRS at 1-800-829-3676, or visit the IRS website at www.irs.gov and click on “Forms and Publications”.

Can I use my HSA to pay for non-health-related expenses?

Yes. You may withdraw money from your HSA for items other than qualified health expenses, but it will be subject to income tax and an additional penalty tax on the amount withdrawn.

How can I keep track of my HSA balance?

You should receive statements from your bank that show any contributions to, withdrawals from, and interest earned on your account.

Do the qualified expenses have to be incurred by the employee?

No. Health care expenses can be for the employee, eligible spouse or eligible dependent children.

What process do employees use to pay or be reimbursed for health care expenses?

You can mail/fax a reimbursement request form to be reimbursed or if your bank offers the debit card feature for your HSA account, you can use that to pay for health care expenses. The employee must keep supporting receipts and records to document for the IRS whether the funds were used to pay for qualified health care expenses (in case of an audit).

Who determines if HSA distributions are used exclusively for qualified health care expenses?

It is the employee’s responsibility to maintain records of expenses to show that the distributions have been made exclusively for qualified health care expenses.

Are there administrative fees associated with an HSA?

Typically, yes there are administrative fees with an HSA bank account just like fees you may have on your other bank accounts. Please check with the bank to determine their fees for the account.

How is an HSA different from a Flexible Spending Account (FSA)?

With a Flexible Spending Account, employees also make pre-tax contributions to pay for health care expenses. However, there are several differences. 1) Employees do not earn interest on the money in an FSA account. 2) With an FSA, employees must use all of the funds in the account by the end of the year or forfeit them – the “use it or lose it” rule. 3) FSAs do not allow contributions from both the employee and employer. 4) FSA balances are not portable; you can’t roll the money over to another account. 5) FSAs allow pre-tax dollars to be used for dependent daycare expenses.

Please keep in mind that any H.S.A Contribution elected is for the plan year. The IRS limits listed above are for the calendar year. You can adjust your contributions as needed throughout the year.
Talk to a Doctor Anytime

Teladoc gives you 24/7/365 access to U.S. board-certified doctors through the convenience of phone or video consults. This is a great alternative to Urgent Care and ER visits since services you receive through Teladoc are 100% paid by TXWES for employees enrolled in the PPO medical plan.

Those enrolled in the HDHP/HSA Plan will have access to Teledoc, however due to IRS rules, there will be a $55 copay per call for those on this plan.

When Can I Use Teladoc?

Teladoc does not replace your primary care physician. It is a convenient and affordable option for quality care:

- When you need care
- If you’re considering the ER or Urgent Care center for a non-emergency issue
- If you’re on vacation, on a business trip, or away from home
- For short-term prescription refills

Get the Care You Need

Teladoc doctors can treat many medical conditions, including:

- Cold and flu symptoms
- Urinary tract infection
- Allergies
- Respiratory infection
- Bronchitis
- Sinus problems

Meet Our Doctors

Teladoc is a new way to access qualified doctors. All Teladoc doctors:

- Are practicing PCPs, pediatricians, and family medicine physicians
- Average 15 years experience
- Are U.S. board-certified and licensed in your state
- Are credentialed every three years

With your consent, Teladoc is happy to provide information about your Teladoc consult to your primary care physician.

Talk to a Doctor Anytime ... Get Started Now

- Visit www.Teladoc.com and click on Set Up Account
- Call 800-Teladoc (835-2362)
- Go to www.Teladoc.com/mobile to download the mobile app
Flexible Spending Accounts provided through McGriff

A great way to plan ahead and save money over the course of a year is to participate in our Flexible Spending Account (FSA) programs. These accounts allow you to put a portion of your salary, on a pre-tax basis, into reimbursement accounts. Pre-tax means the dollars you use for eligible expenses are not subject to Social Security tax, federal income tax and, in most cases, state and local income taxes. The money you would have paid in taxes can then be used to pay qualified expenses. When you enroll, you must decide how much to set aside for each account and you will need to estimate your expenses conservatively, as the law requires that you use your expenses during the plan year with the exception of a $550 rollover amount.

Health Care Reimbursement Account

A Health Care Reimbursement Account enables you to take control of your out-of-pocket health expenses by contributing pre-tax money to your account to pay for everyday eligible expenses. The result can be savings of up to 40 percent on hundreds of products and services not covered by your medical, dental or vision plan such as copayments, coinsurance deductibles, prescription expenses, lab exams and tests, contact lenses, eyeglasses and more. For a list of eligible expenses, go to www.mcgriffinsurance.com/flex. When you incur an expense, you will be reimbursed the full amount at that time.

Dependent Care Reimbursement Account

A Dependent Care Reimbursement Account helps pay for dependent/elder care expenses associated with caring for elder or child dependents that are necessary for you or your spouse to work or attend school full-time. The dependent must be a child under age 13 and claimed as a dependent on your federal income tax return, or a disabled dependent, of any age, incapable of caring for him-or herself, and who spends at least eight hours a day in your home.

Limited Health Care Reimbursement Account

There is also a Limited Health Care Reimbursement for those employees enrolled in the HDHP/HSA Plan. Employees enrolled in this plan are allowed the option of a Limited FSA for which your pre-tax deductions can be used for dental and vision expenses only. Medical expenses should be paid through your HSA Account.
Unlike the Health Care FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is deposited in your account at that time. In order to be reimbursed, you must provide the tax identification number or Social Security number of the party providing care, and that provider cannot be anyone considered your dependent for income tax purposes.

<table>
<thead>
<tr>
<th>ACCOUNT TYPE</th>
<th>ELIGIBLE EXPENSES</th>
<th>ANNUAL CONTRIBUTION LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Reimbursement Account</td>
<td>Most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and doctor-prescribed over-the-counter medications)</td>
<td>Maximum contribution is $2,750 per year</td>
</tr>
<tr>
<td>Dependent Care Reimbursement Account</td>
<td>Dependent care expenses (such as day care, after-school programs or elder care programs) so you and your spouse can work or attend school full-time</td>
<td>Maximum contribution is $5,000 per year ($2,500 if married and filing separate tax returns)</td>
</tr>
</tbody>
</table>

**How FSAs Work:**

- Estimate what you will need for eligible out-of-pocket health care and/or dependent care expenses for the plan year or a portion thereof, depending upon your effective date of coverage. Estimate carefully and contribute only as much as you think you will need, subject to the plan limit.

- Divide your total estimated expenses by the number of paychecks you receive yearly, or portion thereof depending on your effective date of coverage. This is the amount that will be deducted from each paycheck and deposited into your non-interest-bearing account(s).

**Claims Forms and Direct Deposit**

Use your Benefit Access Visa Debit Card for easy payment to the provider. The debit card gives you immediate, electronic access to funds stored in your health care of dependent daycare accounts. Using your debit card eliminates the need for filing claim forms; however, itemized receipts may need to be submitted, if requested.

You may file a manual claim electronically by using the consumer portal (www.mcgriffinsurance.com/flex) or through the CarePlus Benefit Access Mobile App on your phone. You will simply complete the claim form and take a picture of your receipt, and upload both through your phone.

**Over-the-Counter Item Rule Reminder**

Health care reform legislation requires that certain over-the-counter (OTC) items require a “prescription” in order to be considered an eligible Health Care Spending Account expense. You will only need to obtain a one-time prescription per OTC item for the 2021-2022 plan year.
FSAs Help You Save on Your Taxes

Here is an example of how much you can save when you use the FSAs to pay for your predictable health care and dependent care expenses.

<table>
<thead>
<tr>
<th>ACCOUNT TYPE</th>
<th>With FSA</th>
<th>Without FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your taxable income</td>
<td>$50,000</td>
<td>$50,000</td>
</tr>
<tr>
<td>Pre-tax contribution to Health Care and Dependent Care FSA</td>
<td>$2,000</td>
<td>$0</td>
</tr>
<tr>
<td>Federal and Social Security taxes</td>
<td>$11,701</td>
<td>$12,355</td>
</tr>
<tr>
<td>After-tax dollars spent on eligible expenses</td>
<td>$0</td>
<td>$2,000</td>
</tr>
<tr>
<td>Spendable income after expenses and taxes</td>
<td>$36,299</td>
<td>$35,645</td>
</tr>
<tr>
<td>Tax savings with the Medical and Dependent Care FSA</td>
<td>$654</td>
<td>N/A</td>
</tr>
</tbody>
</table>

FSA Eligible Expenses

Your Health Care FSA dollars can be used for a variety of out-of-pocket health care expenses. The following is based on a list of eligible and ineligible expenses created by the IRS. It is not an all-inclusive list, but provides many examples of eligible expenses. Some eligible expenses require a Note of Medical Necessity from your health care provider to qualify for reimbursement.

Dental
- Dental X-rays
- Dentures and bridges
- Exams and teeth cleaning
- Extractions and fillings
- Oral surgery
- Orthodontia
- Periodontal services

Eyes
- Eye exams
- Eyeglasses and contact lenses
- Laser eye surgeries
- Prescription sunglasses
- Radial keratotomy

Hearing
- Hearing aids and batteries
- Hearing exams

Lab Exams/Tests
- Blood and metabolism tests
- Body scans
- Cardiograms
- Laboratory fees
- X-rays

Medications
- Insulin
- Prescription drugs
- Medical equipment supplies
- Air purification equipment
- Arches and orthotic inserts
- Contraceptive devices
- Crutches, walkers, wheel chairs
- Exercise equipment
- Hospital beds
- Mattresses
- Medic alert bracelet or necklace
- Nebulizers
- Orthopedic shoes
- Oxygen
- Post-mastectomy clothing
- Prosthetics
- Syringes

Medical Procedures/Services
- Acupuncture
- Alcohol and drug/substance abuse
- Ambulance
- Fertility enhancement and Treatment
- Hair loss treatment
- Hospital services
- Immunization
- In vitro fertilization
- Physical examination
- Service animals
- Sterilization/sterilization reversal
- Transplants (to include donor)
- Transportation

Obstetrics
- Lamaze class
- OB/GYN exams
- OB/GYN maternity fees
- Pre and postnatal

Practitioners
- Allergist
- Chiropractor
- Christian Science Practitioner
- Dermatologist
- Homeopath
- Naturopath
- Optometrist
- Osteopath
- Physician
- Psychiatrist or psychologist

Therapy
- Alcohol and drug addiction
- Counseling
- Exercise programs
- Hypnosis
- Massage (medically necessary)
- Occupational
- Physical
- Smoking cessation programs
- Speech
- Weight loss programs
Using The Mobile App

Want to check your health care account balances and submit receipts anywhere, anytime? There’s an app for that! Want to submit a dependent day care claim anywhere, anytime? There’s an app for that!

It enables you to easily and securely access your health care spending accounts. You can view account balances and detail, submit health care account claims, and capture and upload pictures of your receipts anytime, anywhere on any iPhone, Android or tablet device. You can also sign up to receive account alerts by text message.

The CarePlus Benefit Access app from MIS provides time-saving features for you to:

- Check current account balances; FSA and HSA
- View account activity and receive alerts by text message
- View FSA and HSA transaction details
- File new claims with receipt images
- Review expense information
- Enter a new expense
- Submit health care claims and upload receipts using the mobile device’s camera
- Manage expense receipts
- Promptly file claims for their reimbursement accounts

The CarePlus Benefit Access app provides you with seamless account access to the MIS portal – and doesn’t require you to set up any additional credentials. By using your smartphone you can assess your FSA and HSA account balances, and you’ll know how much money you have available to spend on qualified medical expenses at the time of purchase.

Conveniently manage your health care information when you want, from wherever you want. Simply download the CarePlus Benefit Access App for your Android or iPhone (also compatible with iPad® and iPod touch®) and log in using the same password you use to access the MIS consumer portal.

CarePlus Benefit Access Visa Card

Use your CarePlus Benefit Access Visa® Debit Card when paying for eligible out-of-pocket expenses. When paying for services with your debit card, you should keep all receipts or your Explanation of Benefits (EOB) because you may be asked to provide additional substantiation as required by the IRS. The online portal offers an easy, secure way to keep your receipts, should you need to provide documentation. You may also speak to a Benefit Representative by calling 800-768-4873 or 800-930-2441 Monday–Friday, 8 a.m.–8 p.m. ET.

You may use your FSA debit card at locations such as doctor and dentist offices, pharmacies and vision service providers. The card cannot be used at locations that do not offer services under the plan, unless the provider has also complied with IRS regulations. Should you need to submit a receipt for substantiation, you will receive an email or be mailed a Receipt Notification. Always retain receipts for your records. Note: Your debit card cannot be used for dependent care expenses.
Dental Coverage provided through Quality Care Dental of America and Cigna

Taking care of your teeth is as important as taking care of the rest of your body. Some medical problems, such as diabetes and cardiovascular disease, may be linked to oral health. To maintain good oral health, you should brush your teeth at least twice a day, replace your toothbrush every three to four months, floss daily, and schedule regular dental checkups.

Our dental plan offers three affordable options to best fit your needs. We offer a reduced fee-for-service program through Quality Care Dental of America (QCD), as well as a Dental HMO (DHMO) and Dental PPO (DPPO) through Cigna.

Dental Discount Program

The dental program offered through QCD is not insurance, but a discount program. The plan has no deductibles, coverage maximums or claim forms. You and your eligible dependents pay the negotiated discounted rate if you seek care from an In-Network provider. For a list of providers, call QCD at 800-229-0304 or visit www.qcdofamerica.com.

<table>
<thead>
<tr>
<th></th>
<th>QCD Discount Program</th>
<th>In-Network Only</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>You Pay*</td>
</tr>
<tr>
<td>Oral Exam</td>
<td></td>
<td>$9</td>
</tr>
<tr>
<td>Teeth Cleaning</td>
<td></td>
<td>$24</td>
</tr>
<tr>
<td>Full Mouth X-ray</td>
<td></td>
<td>$28</td>
</tr>
<tr>
<td>Amalgam (1 Surface)</td>
<td></td>
<td>$28</td>
</tr>
<tr>
<td>Root Canal</td>
<td></td>
<td>$185</td>
</tr>
<tr>
<td>Porcelain with Metal Crown</td>
<td></td>
<td>$350</td>
</tr>
<tr>
<td>Upper or Lower Denture</td>
<td></td>
<td>$400</td>
</tr>
</tbody>
</table>

* A fee of $8 is charged per appointment. There will be an additional charge for all lab fees less a 20% discount.
Find a Dental Provider

1. [www.mycigna.com](http://www.mycigna.com)
2. Create username/password, or login with existing account information
3. Select Find Care and Costs
4. Click Doctor by Type
5. Select Dentist
6. An aggregate list by zip code will populate, please pick zip code.
7. Select Plan
   - If you are on the DHMO plan, select Cigna Dental Care Access
   - If you are on the DPPO, select Cigna Dental PPO or EPO
   - If you want to search for a particular provider, you may do so as well
8. Select Choose
9. Select from General Dentist, Pediatric Dentist or Orthodontist
10. A list of providers will generate

### DENTAL HMO (DHMO)

<table>
<thead>
<tr>
<th>Policy Year Maximum Benefit</th>
<th>DHMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per person</td>
<td>Unlimited</td>
</tr>
<tr>
<td>You Pay</td>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>DHMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Office Visit</td>
<td>$0</td>
</tr>
<tr>
<td>Preventive Services</td>
<td>Scheduled Copay</td>
</tr>
<tr>
<td>X-ray</td>
<td>Scheduled Copay</td>
</tr>
<tr>
<td>Routine Prophylaxis</td>
<td>Scheduled Copay</td>
</tr>
<tr>
<td>Endodontics</td>
<td>Scheduled Copay</td>
</tr>
<tr>
<td>Periodontics</td>
<td>Scheduled Copay</td>
</tr>
<tr>
<td>Orthodontics (Adult and Child)</td>
<td>Scheduled Copay</td>
</tr>
<tr>
<td>DENTAL PPO (DPPO)</td>
<td>DPPO</td>
</tr>
<tr>
<td>-------------------</td>
<td>------</td>
</tr>
<tr>
<td>Calendar Year Maximum Benefit</td>
<td></td>
</tr>
<tr>
<td>Per person</td>
<td>$1,100</td>
</tr>
<tr>
<td>Orthodontic Lifetime Maximum Benefit</td>
<td>$1,000</td>
</tr>
<tr>
<td>Calendar Year Deductible</td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$50</td>
</tr>
<tr>
<td>Family</td>
<td>$150</td>
</tr>
<tr>
<td>Covered Services</td>
<td></td>
</tr>
<tr>
<td>Class I Preventive &amp; Diagnostic Care</td>
<td></td>
</tr>
<tr>
<td>Oral Exams, Routine Cleanings, Bitewing X-rays, Fluoride Applications, Sealants, Space Maintainers</td>
<td></td>
</tr>
<tr>
<td>Class II Basic Restorative Care</td>
<td></td>
</tr>
<tr>
<td>Full Mouth X-rays, Panoramic X-rays, Fillings, Oral Surgery, Simple Extractions</td>
<td></td>
</tr>
<tr>
<td>Class III Major Restorative Care</td>
<td></td>
</tr>
<tr>
<td>Oral Surgery, Complex Extractions, Denture Adjustments and Repairs, Root Canal Therapy, Periodontics, Crowns, Dentures, Bridges</td>
<td></td>
</tr>
<tr>
<td>Class IV Orthodontics</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* You may seek care from an out-of-network provider. Services will be paid based on usual, reasonable and customary rates. You are responsible for charges in excess of eligible expenses.

** After deductible

<table>
<thead>
<tr>
<th>DENTAL MONTHLY CONTRIBUTIONS</th>
<th>QCD</th>
<th>Cigna DHMO</th>
<th>Cigna DPPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$0.00</td>
<td>$12.27</td>
<td>$24.85</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$8.00</td>
<td>$20.85</td>
<td>$49.10</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$10.00</td>
<td>$21.59</td>
<td>$50.85</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$12.00</td>
<td>$30.00</td>
<td>$70.64</td>
</tr>
</tbody>
</table>
Vision Coverage provided through Surency

Vision exams can help identify certain medical conditions such as diabetes or high cholesterol. To help you manage your health, we offer vision coverage through Surency. Under this plan, you may use the eye care professional of your choice. However, when you use a participating network provider, you receive higher levels of coverage. For a list of providers, call Surency at 866-818-8805 or visit www.surency.com/vision.

### VISION COVERAGE SUMMARY

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Base Plan (In-Network)</th>
<th>Base Plan (Out-of-Network)</th>
<th>Buy-Up Plan (In-Network)</th>
<th>Buy-Up Plan (Out-of-Network)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Eye Exam</td>
<td>$10 copay</td>
<td>Up to $35</td>
<td>$10 copay</td>
<td>Up to $35</td>
</tr>
<tr>
<td>Materials</td>
<td>$25 copay</td>
<td>None</td>
<td>$25 copay</td>
<td>None</td>
</tr>
<tr>
<td>Single Lenses</td>
<td>$25 copay</td>
<td>Up to $25</td>
<td>$25 copay</td>
<td>Up to $25</td>
</tr>
<tr>
<td>Bifocal Lenses</td>
<td>$25 copay</td>
<td>Up to $40</td>
<td>$25 copay</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Trifocal Lenses</td>
<td>$25 copay</td>
<td>Up to $55</td>
<td>$25 copay</td>
<td>Up to $55</td>
</tr>
<tr>
<td>Frames</td>
<td>$130 allowance</td>
<td>Up to $55</td>
<td>$150 allowance</td>
<td>Up to $75</td>
</tr>
<tr>
<td>Contacts</td>
<td>$130 allowance, 15% off balance over $130</td>
<td>Up to $90</td>
<td>$150 allowance, 15% off balance over $150</td>
<td>Up to $90</td>
</tr>
</tbody>
</table>

**Benefit Frequency - Frames and Contact allowance can be utilized in same benefit year**

- Exams: Once per 12 months
- Lenses: Once per 12 months
- Frames: Once per 24 months
- Contacts: Once per 12 months

### VISION MONTHLY CONTRIBUTIONS

<table>
<thead>
<tr>
<th></th>
<th>Base Plan</th>
<th>Buy-Up Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee Only</strong></td>
<td>$4.36</td>
<td>$6.23</td>
</tr>
<tr>
<td><strong>Employee + Spouse</strong></td>
<td>$8.27</td>
<td>$11.85</td>
</tr>
<tr>
<td><strong>Employee + Child(ren)</strong></td>
<td>$8.71</td>
<td>$12.47</td>
</tr>
<tr>
<td><strong>Employee + Family</strong></td>
<td>$12.80</td>
<td>$18.33</td>
</tr>
</tbody>
</table>

2021/2022 EMPLOYEE BENEFITS SUMMARY
Disability Resource Services™
Extra Help When It’s Needed Most

When personal problems arise, many people may choose to cope alone, resulting in negative consequences at home and the workplace. This is why we have teamed with ComPsych® Corporation to offer Disability Resource Services to employees covered by our long-term disability (LTD) policy. Disability Resource Services provides convenient resources to help address emotional, legal and financial issues.

Face-to-Face Sessions
Disability Resource Services provides long-term disability insured employees with three face-to-face sessions in a geographically accessible location to address behavioral issues.

Unlimited Telephonic Counseling
Disability Resource Services also provides long-term disability insured employees with unlimited telephonic counseling (24 hours a day, 7 days a week) to help address behavioral issues. Master’s degree level counselors use a conversational approach to identify issues, assess needs and refer participants to specialists to help resolve their issues.

Web-Based Services
GuidanceResources® Online (guidanceresources.com) is a secure, password-protected website that contains self-assessments, extensive content on personal health and powerful tools to help with personal, relational, legal, health and financial concerns. This service is free of charge to employees who are insured with us for long-term disability insurance. It covers many topics and personal concerns, such as:

- Alcohol and drug abuse
- Depression
- Divorce and family law
- Estate planning
- Getting out of debt
- Grief and loss
- Job pressures
- Managing debt obligations
- Marital and family conflicts
- Retirement planning
- Saving for college
- Stress and anxiety
- Tax questions
- Real estate buying and selling

To Access Your Services

Call: 866-899-1363
- You will be asked what type of insurance policy you have: LTD, STD or life insurance. If you are unsure, consult with your HR representative.

Online: GuidanceResources.com
- Click “Register” to create a new account.
- Enter Your Company ID: DISRES
Life and Accidental Death and Dismemberment Insurance

Life insurance is an important part of your financial security, especially if others depend on you for support. Even if you are single, your beneficiary can use your Life insurance to pay off your debts, such as credit cards, mortgages, and other final expenses.

Basic Life and AD&D

Basic Life insurance and Accidental Death and Dismemberment (AD&D) coverage are provided—at no cost to you. You are automatically covered at $20,000 and have the option to purchase Voluntary Life insurance for you, your spouse and dependent children through Blue Cross Blue Shield.

AD&D coverage helps protect you and your family from the unforeseen financial hardship of a serious accident that causes death or dismemberment. AD&D insurance provides you specified benefits for a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that death occurs from an accident, 100% of the AD&D benefit would be payable to your beneficiary(ies).

Designating a Beneficiary

Designating a beneficiary ensures how your Life and AD&D insurance benefits are paid in case of your death. You can name more than one beneficiary, and you can change beneficiaries at any time. If you name more than one beneficiary, identify the share for each. Be sure all names are correct on the Benefitfirst website. See page 5 for log in instructions.

Voluntary Life

In addition to Basic Life and AD&D, eligible employees may purchase Voluntary Life insurance at favorable group rates. You pay for this coverage with after-tax dollars. You must elect Voluntary coverage for yourself in order to elect coverage for your spouse or children. If you leave TXWES, you may take the insurance with you by paying premiums directly to the insurance company.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$10,000 increments up to $500,000</td>
</tr>
<tr>
<td>Spouse</td>
<td>$5,000 increments up to the lesser of $250,000 or 50% of employee amount</td>
</tr>
<tr>
<td>Child</td>
<td>Birth to 6 months: $1,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Guarantee Issue*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$100,000</td>
</tr>
<tr>
<td>Spouse</td>
<td>$25,000</td>
</tr>
<tr>
<td>Child</td>
<td>$10,000</td>
</tr>
</tbody>
</table>

Additional Information

<table>
<thead>
<tr>
<th>Benefit</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Portable</td>
<td>Yes</td>
</tr>
<tr>
<td>Conversion</td>
<td>Yes</td>
</tr>
<tr>
<td>Accelerated Death Benefit</td>
<td>75% of benefit up to $250,000</td>
</tr>
</tbody>
</table>

* If you request an amount more than the Guarantee Issue amount, you will need to provide Evidence of Insurability (proof of good health) before the amount over the Guarantee Issue amount becomes effective.
<table>
<thead>
<tr>
<th>AGE</th>
<th>MONTHLY EMPLOYEE RATE PER $10,000</th>
<th>MONTHLY SPOUSE RATE PER $10,000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Uni-Smoker</td>
<td>Uni-Smoker</td>
</tr>
<tr>
<td>&lt;24</td>
<td>$0.53</td>
<td>$0.75</td>
</tr>
<tr>
<td>25-29</td>
<td>$0.53</td>
<td>$0.75</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.55</td>
<td>$0.80</td>
</tr>
<tr>
<td>35-39</td>
<td>$0.77</td>
<td>$1.16</td>
</tr>
<tr>
<td>40-44</td>
<td>$1.15</td>
<td>$1.73</td>
</tr>
<tr>
<td>45-49</td>
<td>$1.90</td>
<td>$2.79</td>
</tr>
<tr>
<td>50-54</td>
<td>$3.03</td>
<td>$4.49</td>
</tr>
<tr>
<td>55-59</td>
<td>$5.10</td>
<td>$6.94</td>
</tr>
<tr>
<td>60-64</td>
<td>$7.99</td>
<td>$12.16</td>
</tr>
<tr>
<td>65-69</td>
<td>$13.66</td>
<td>$20.69</td>
</tr>
<tr>
<td>70-74</td>
<td>$24.50</td>
<td>$36.57</td>
</tr>
<tr>
<td>75-79</td>
<td>$44.80</td>
<td>$72.73</td>
</tr>
</tbody>
</table>

**MONTHLY CHILD LIFE RATE PER $2,000: $0.460**
**EMPLOYEE AD&D PER $1,000 : $0.020**
**SPOUSE AD&D PER $1,000 : $0.060**
**CHILD AD&D PER $1,000 : $0.020**

*Please keep in kind, employees are able to increase coverage by 1 increment ($10,000) up to the guaranteed issue without Evidence of Insurability.*
Disability Insurance provided through Blue Cross Blue Shield

If you suddenly become ill or are in an accident and are unable to work, it is easy to fall behind on your rent or mortgage, car payment and other expenses. That’s why a salary replacement plan is an important benefit for you and your family.

Disability insurance is available to full-time, regular employees first of the month after 90 days of continuous employment. TXWES will provide 100% compensation for the first 30 calendar days of continuous disability after notification and documentation by a physician that you are disabled. Compensation for the first 30 calendar days of continuous disability includes utilization of all accrued sick days and vacation days.

Short Term Disability begins on the 31st day of disability.

Employees become eligible for Disability Benefits 1st of the Month following 30 days of continuous employment.

**Short Term Disability Insurance**

If you were to become disabled tomorrow due to a non-occupational accident or sickness (including pregnancy) and couldn’t work for two or three months, would you have enough savings to cover your living expenses during that time? Short Term Disability (STD) coverage is provided by Blue Cross Blue Shield— at no cost to you.

**Long Term Disability Insurance**

Becoming disabled can have devastating financial implications by stripping you of your ability to make a living. TXWES values your service and wants to ensure you and your families are protected with income replacement benefits in the event of a life changing accident or disability and provides Long Term Disability (LTD) insurance through Blue Cross Blue Shield— at no cost to you.

<table>
<thead>
<tr>
<th>COVERAGE FOR</th>
<th>BENEFIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short Term Disability/Salary Continuation</td>
<td>Covers 60% of your base annual earnings, up to $1,155 maximum per week for 22 weeks. * Benefit begins after 30 days of disability.</td>
</tr>
<tr>
<td>Long Term Disability</td>
<td>Covers 60% of your base annual earnings, up to $10,000 maximum per month. Benefit begins after 180 days of disability and continues to age 65 standard ADEAll.</td>
</tr>
</tbody>
</table>

**Pre-Existing Condition**

LTD — A sickness or injury treated three months before your coverage begins is considered a pre-existing condition and will not be insured for the first twelve months of coverage.
Accident Coverage

While you can’t predict life’s unexpected events, you can plan for them by choosing benefits that can help protect your financial future.

Accidental Injury insurance can provide you – and your family – with the coverage and additional financial protection you may need for expenses associated with an unexpected covered accident. The plan pays you (or whoever you designate) a fixed cash benefit amount. What you do with the money is all up to you.

Use the Payment for What Matters Most

We know that everyone has different needs and different ways of coping with the unplanned. This benefit can help you pay for out-of-pocket medical and nonmedical costs such as:

- Medical copays and deductibles
- Travel to see a specialist
- Child care
- Help around the house
- Alternative treatment

Filing a claim is easy.

- Claim forms are available both on Benefitfirst or on www.Allstatebenefits.com.
- You may fax your claim to 1-866-424-8482.
- You may mail your claim to:
  
  American Heritage Life Insurance Company
  P.O. Box 43067
  Jacksonville, Florida 32203-3067

- Additional claim forms are available on our website at www.AllstateBenefits.com.
- If you are filing a claim within the first 12 months your policy is in force, additional information may be required.

<table>
<thead>
<tr>
<th>ACCIDENT MONTHLY CONTRIBUTIONS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$14.24</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$24.61</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$36.18</td>
</tr>
<tr>
<td>Family</td>
<td>$47.38</td>
</tr>
</tbody>
</table>
Critical Illness

No one is ever really prepared for a life-altering critical illness diagnosis. The whirlwind of appointments, tests, treatments and medications can add to your stress levels.

You choose benefits to protect yourself and any family members if diagnosed with a critical illness. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition.

Payable Conditions Include:

- Stroke
- End Stage Renal Failure (kidney failure)
- Major Organ Transplant
- Coronary Artery Bypass Surgery
- Cancer (In Situ & Invasive)

You have two choices of benefit ($10,000 Plan 1 & $20,000 Plan 2). Dependents receive 50% of the employee’s selected benefit amount.

### ATTAINED AGE MONTHLY PREMIUMS

<table>
<thead>
<tr>
<th>AGE RANGE</th>
<th>PLAN 1 MONTHLY</th>
<th>PLAN 2 MONTHLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>EE/EE+CH EE+SP/F</td>
<td>Uni-Tobacco</td>
<td>Uni-Tobacco</td>
</tr>
<tr>
<td>18-24</td>
<td>$6.34</td>
<td>$8.54</td>
</tr>
<tr>
<td>25-29</td>
<td>$7.06</td>
<td>$9.94</td>
</tr>
<tr>
<td>30-34</td>
<td>$8.36</td>
<td>$12.50</td>
</tr>
<tr>
<td>35-39</td>
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EE + CH = Employee + Child(ren); and F = Family
Experian Identity Theft

IdentityWorks® – World-Class Identity Protection from Experian®

Safeguard Your Identity For a Brighter Future

Over 160 million records were exposed in 2017 due to data breaches. That’s why IdentityWorks checks constantly for signs that you might be at risk for identity theft. We closely monitor your personal information. We alert you to new activity in your name. Then we help you recover.

Multiple levels of vital detection and support

Daily Credit Monitoring and Timely Alerts

- Early warning Surveillance Alerts™ notify members of key credit report changes covering 50 potential indicators of fraud.
- Information on new accounts, medical collections, and other activity allows members to understand when their identities may be at risk.
- Timely notification empowers members to quickly and efficiently respond to potential identity theft.

U.S.-based Fraud Resolution Team

- Can help to investigate and address both credit and non-credit related fraud.
- Are highly trained professionals that can contact credit grantors to dispute charges, close accounts, and provide additional assistance as needed.

$1 Million Identity Theft Insurance

- Provides coverage for lost wages, legal fees, and funds lost due to unauthorized electronic fund transfers.
- Zero deductible upon enrollment.

Experian Credit Report

- Members can check for past inaccuracies and signs of identity theft.
Planning for Retirement

A consistent savings plan throughout your career is the foundation for security during your retirement years. A 403(b) plan can be a powerful tool in promoting financial security in retirement.

How the Retirement Plans Work

If you are a regular employee, you have the opportunity to participate in TXWES’s 403(b) retirement plan. Non-resident aliens and student employees are not eligible to participate. You may start contributing to your plan on the first day of employment and your contributions may be deducted from each paycheck. You specify the amount you want to contribute into the 403(b) account and you can direct how the contributions are invested.

For 2021, according to federal law — if you are less than 50 years of age, you can defer a maximum of $19,500 into your 403(b) retirement plan. If you are 50 years old or older before calendar year-end, you may contribute a maximum of $26,000. You are immediately 100% vested in the plan.

401(a) plan—Suspended as of June 1, 2020

TXWES also offers a 401(a) retirement savings plan. If you are at least 21 years of age and have worked for TXWES for at least 12 months and 1,000 hours during that 12-month period, you are eligible to participate in the 401(a) retirement savings plan. All eligible employees receive a 2% universal contribution to the account. TXWES may also match up to an additional 6% to the plan, based on your contribution to your 403(b) plan. Effective June 2016, TXWES’s discretionary match is 6%. Participants are vested 20% for each year of service and are 100% vested after five years of service. To earn a year of service, you must be credited with at least 1,000 hours of service during a plan year.

- Universal Contribution and Match amounts are reviewed annually and are subject to change.
## Vacation and Holidays

TXWES recognizes the importance of time away from work for pleasure, rest and relaxation. Vacation eligibility is dependent on length of service and employment status. Refer to your TXWES employee handbook for the vacation accrual schedule. Holidays and “break days” are observed according to TXWES policy.

TXWES observes and is typically closed on the following holidays:
- New Year’s Day
- Independence Day
- Martin Luther King, Jr.’s Birthday
- Labor Day
- Good Friday
- Thanksgiving Day
- Memorial Day
- Christmas Day

If you are a full-time employee, you will not work on the holidays listed above. You will be compensated at your regular hourly rate, which is based on your regularly scheduled number of hours for the day. If you are a full-time employee who works less than 40 hours on a regularly scheduled basis, you may not exceed your normal number of hours for the week without supervisory approval. That is, you may only exceed the normal workweek for hours actually worked — not including paid holidays hours.

If you are on an unpaid leave of absence or on disability leave, you are not eligible for holidays or break days. If you are on a paid leave, you are not eligible for any additional pay or time off.

Note: TXWES may, at its discretion, designate any or all holidays, break days or closings as paid or unpaid, or as normal business days.

### Eligibility

If you are a full-time, regular employee, you are eligible for holidays and break days provided you are on payroll and work your regularly scheduled hours, or have an excused paid absence one day immediately before and one day immediately after the holiday or break day, with the exception of the Christmas break. Employees must be on payroll at least seven calendar days immediately prior to and immediately after the commencement and conclusion of Christmas break.

If you claim sick time during these time periods, you may be required to provide a health care provider’s statement in order to be paid for the holiday. (This is subject to your supervisor’s approval.)

### Leave

TXWES provides full-time regular employees, who have completed 6 months of service, with earned sick leave. Leave accrual and utilization rates vary based on length of service and employment status. TXWES may also grant leaves under the following circumstances: military leave, family medical leave (FMLA), bereavement, jury duty, and other extended leaves of absence. See your TXWES employee handbook for additional information.
Additional Benefits

Tuition Waiver

If you are an eligible employee, you, your spouse and your children (natural, adopted, stepchildren or children under legal guardianship) may take advantage of TXWES’s Tuition Waiver benefit. Fees and incidental expenses for you and your dependents are your responsibility. TXWES is proud to offer you this valuable benefit which should be considered part of your total compensation package.

Eligibility for the Tuition Waiver benefit begins the semester following the initial semester of full-time employment. No waiver eligibility will be retroactive to any semester enrolled prior to the eligibility date. Eligible employees are limited to six credit hours per semester with supervisory approval, and Tuition Waiver applications must be accompanied with the employee’s class schedule. Other eligible family members may attend full-time. Tuition Waivers for graduate degrees for you and your dependents are fully taxable. However, the IRS provides an exclusion on the first $5,250 of Tuition Waiver income. Tuition Waiver forms are available in the Offices of Human Resources or at www.txwes.edu/HR. You must complete and submit the forms to the Office of Human Resources at least two full weeks (14 calendar days) prior to the start of a term.

If you are eligible for the Tuition Waiver, you and your dependents may also be eligible to participate in an undergraduate degree tuition exchange program offered through Tuition Exchange, Inc. and The Council of Independent Colleges. This is not a University provided benefit and eligibility varies each year. For more information, contact the Office of Financial Aid at 817-531-4420 or visit www.txwes.edu/financialaid.

Credit Union

As an employee of TXWES, you are eligible to establish banking account(s) with Educational Employees Credit Union (EECU). Membership, including payroll deduction for savings, is available with a $5 share deposit. Loans are available according to credit union guidelines. See Human Resources for additional information.
Fitness Center

You may utilize TXWES’s recreational facilities in the Sid W. Richardson Center (gymnasium & swimming pool), as well as the tennis courts on the north side of the main campus at no cost. Contact the Student Life department at 817-531-4872 to confirm hours of operation. Additionally, you may utilize the exercise equipment in TXWES’s Morton Fitness Center.

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<th>Morton Fitness Center Cost (6-Month Membership)</th>
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<tr>
<td>Students</td>
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<td>Free</td>
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Free Services & Discounts

You must present a current, University-issued Staff/Faculty ID card to benefit from the following services and opportunities.

- **Library Services** — Faculty and staff members are eligible and encouraged to take advantage of the many free resources available in the library, including extended check-out privileges.

- **Campus Events** — You and your family members may be eligible for discounted admission to campus events, including on-campus fine arts performances and athletic events, as well as local special events and entertainment facilities.

- **Foodservice** — Texas Wesleyan Dining Services — administered by Aramark — offers the $5 Fridays program in Dora’s Café (located in Dora Roberts Hall) during the regular semester that provides all-you-care-to-eat lunch between 10:30 am to 2:00 pm. Meals served in Dora’s Café on other days or during other hours, or items purchased in the Brown-Lupton Center, are full fare.

- **Bookstore** — TXWES’s main campus bookstore — managed by Follett College Stores, Inc. — provides you with a 10% discount on most items in the store, and TXWES receives a 20% discount on supplies.

University ID Card & Reserved Parking

If you are a main campus employee, each year you must obtain a photo identification card free of charge from the Eunice & James L. West Library. Identification cards are required for library services, discounts, and admission to many campus events. University I.D. Cards must be surrendered upon request or at termination of employment.

If you are a full-time faculty or staff employee, you will be assigned a parking space on campus, which will be reserved between 7:00 a.m. and 5:00 p.m., Monday through Friday. You must register your vehicle and obtain a parking sticker from Security. Two vehicles may be registered at a time. Any more than two registrations will require a $25 fee per vehicle above the first two registrations. The parking sticker should be placed on the driver’s side of the rear window.
Important Notices

Women’s Health and Cancer Rights Act: If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

• All stages of reconstruction of the breast on which the mastectomy was performed;
• Surgery and reconstruction of the other breast to produce a symmetrical appearance;
• Prostheses; and treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator as identified at the end of these notices.

Newborn’s and Mother’s Health Protection Act (NMHPA): Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Mental Health Parity Act (1996) (MHPA) and Mental Health Parity and Addiction Equity Act (2008) (MHPAEA): Texas Wesleyan University medical plan complies with the Mental Health Parity Act of 1996 (“MHPA”). Pursuant to such compliance, the annual and lifetime limits on Mental Health Benefits, if any, will not be less than the annual and lifetime plan limits on other types of medical and surgical services (if any limits apply). The plan does utilize cost containment methods, applicable for Mental Health Benefits, including cost-sharing, limits on the number of visits or days of coverage, and other terms and conditions that relate to the amount, duration and scope of Mental Health Benefits.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP): If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov. If you or your dependents are already enrolled in Medicaid or CHIP, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

To see if any other states have added a premium assistance program since January 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefit Security Administration
www.dol.gov/agencies/ebsha
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, menu Option 4, Ext. 61565

Coverage After Termination (COBRA) - Health Coverage: If you or your dependents have coverage at the time of a qualifying event, you may be eligible to elect continuation of coverage under one or more of the following:

Medical Plan
Dental
Vision
FSA

You have a legal right under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) to purchase a temporary extension of your coverage at group rates. However, you must pay the full cost of the coverage, plus a 2% administrative fee.

What is COBRA Continuation Coverage? COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a “qualifying event.” Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.”

You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect. COBRA continuation coverage must pay for COBRA continuation coverage.

If you’re an employee, you’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

• Your hours of employment are reduced, or
• Your employment ends for any reason other than your gross misconduct.

If you’re the spouse of an employee, you’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

• Your spouse dies;
• Your spouse’s hours of employment are reduced;
• Your spouse’s employment ends for any reason other than his or her gross misconduct;
• Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
• You become divorced or legally separated from your spouse.
• Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:
  • The parent-employee dies;
  • The parent-employee’s hours of employment are reduced;
  • The parent-employee’s employment ends for any reason other than his or her gross misconduct;
  • The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
  • The parents become divorced or legally separated; or
  • The child stops being eligible for coverage under the Plan as a “dependent child.”

COBRA & Retirement: Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Texas Wesleyan University and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary with respect to the bankruptcy. The retired employee’s spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA Continuation of Coverage Available? The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:
• The end of employment or reduction of hours of employment;
• Death of the employee or the employee’s becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child’s losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs.

How is COBRA continuation coverage provided? Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. There are also ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of COBRA continuation coverage: If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage: If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage? Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse’s plan) through what is called a special enrollment period. Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA’s website.) For more information about the Marketplace, visit www.HealthCare.gov.

(HIPAA) Employee Health Plan Summary Notice of Privacy Practices: This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully.

Uses and Disclosures of Health Information: Texas Wesleyan University uses health information about you for treatment, to pay for treatment, and for other allowable healthcare purposes. Health care providers submit claims for payment for treatment that may be covered by the group health plan. Part of payment includes ascertaining the medical necessity of the treatment and the details of the treatment or service to determine if the group health plan is obligated to pay. Information may be shared by paper mail, electronic mail, fax, or other methods. Subject to certain requirements, Texas Wesleyan University may give out health information without your authorization for public health purposes, for auditing purposes, for research studies, and for emergencies. Texas Wesleyan University provides information when otherwise required by law, such as for law enforcement in specific circumstances. In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you
choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures. We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and distribute the new notice. You can also request a copy of our full notice at any time. For more information about our privacy practices, contact the Office of the Privacy Officer or the Human Resources Department.

Your Health Information Rights: In most cases, you have the right to look at or get a copy of health information about you that we use to make decisions about you. If you request copies, we will charge you the normal copy fees that reflect the actual costs of producing the copies including such items as labor and materials. You also have the right to receive a list of instances where Texas Wesleyan University has disclosed health information about you for reasons other than treatment, payment, healthcare operations, related administrative purposes, and when you explicitly authorized it. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that Texas Wesleyan University correct the existing information or add the missing information. You have the right to request that Texas Wesleyan University restrict the use and disclosure, then Texas Wesleyan University must abide by the request and may only reverse the position after you have been appropriately notified. You have the right to request an alternative means of communication with Texas Wesleyan University and are not required to explain why you want the alternative means of communication.

Privacy Complaints: If you are concerned Texas Wesleyan University has violated your privacy rights, or you disagree with a decision Texas Wesleyan University has made about access to your records, you may address them to the Privacy Contact listed in this notice. You also may send a written complaint to the U.S. Department of Health and Human Services. The person listed below can provide you with the appropriate address upon request.

The Texas Wesleyan University Responsibilities: Texas Wesleyan University is required by law to protect the privacy of your information, provide this notice about Texas Wesleyan University’s information practices, follow the information practices that are described in this notice, and obtain your acknowledgement of receipt of this notice.

Detailed Notice of Privacy Practices: For further details about your rights and the federal Privacy Rule, refer to the detailed statement of this Notice. You can ask for a written copy of the detailed Notice by contacting the Privacy Contact listed in this notice.

Privacy Contact: Address any questions about this notice or how to exercise your privacy rights to the Human Resources Department.

Notice Of Opportunity To Enroll In Connection With Extension Of Dependent Coverage To Age 26: Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in Texas Wesleyan University. Individuals may request enrollment for such children for 30 days from the date of notice. Enrollment will be effective retroactively to April 1, 2021. If you would like more information, contact your Plan Administrator.

Notice Lifetime Limit No Longer Applies/ Enrollment Opportunity: The lifetime limit on the dollar value of benefits under Texas Wesleyan University benefit Plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment. If you would like more information, contact your Plan Administrator.

Your Prescription Drug Coverage and Medicare: Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Texas Wesleyan University and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

Texas Wesleyan University has determined that the prescription drug coverage offered by Blue Cross Blue Shield Medical Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan? You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan? If you decide to join a Medicare drug plan, your current coverage with Texas Wesleyan University will not be affected. You and/or your dependents can keep this coverage if you elect Part D and this plan will coordinate with Part D coverage. If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents will be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan? You should also know that if you drop or lose your current coverage with Texas Wesleyan University and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.
higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

**For More Information About This Notice Or Your Current Prescription Drug Coverage:** Contact the plan administrator. NOTE: You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Texas Wesleyan University changes. You also may request a copy of this notice at any time.

**For More Information About Your Options Under Medicare Prescription Drug Coverage:** More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage: Visit www.medicare.gov.

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help. Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice.** If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

**New Health Insurance Marketplace Coverage Options and Your Health Coverage**

**PART A: General Information:** When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

**What is the Health Insurance Marketplace?** The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2019 for coverage starting as early as January 1, 2020.

**Can I Save Money on my Health Insurance Premiums in the Marketplace?** You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

**Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?** Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution –as well as your employee contribution to employer-offered coverage– is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

**How Can I Get More Information?** For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost.

Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

*A employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

**PART B: Information About Health Coverage Offered by Your Employer:** This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

*Here is some basic information about health coverage offered by this employer:* Eligible employees are Fulltime employees who work 30 hours per week and have completed the first of the month after 30 day waiting period

Eligible dependents include the employee’s spouse and eligible dependent children up to age 26.

This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

**Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace.** The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount. If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process.
Special Enrollment Notice: If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Finally, if you or an eligible dependent has coverage under a state Medicaid or child health insurance program and that coverage is terminated due to a loss of eligibility, or if you or an eligible dependent become eligible for state premium assistance under one of these programs, you may be able to enroll yourself and your eligible family members in the Plan. However, you must request enrollment no later than 60 days after the date the state Medicaid or child health insurance program coverage is terminated or the date you or an eligible dependent is determined to be eligible for state premium assistance.

Notice Informing Individuals About Non-Discrimination and Accessibility Requirements

Discrimination is against the law: Texas Wesleyan University complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Texas Wesleyan University does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Texas Wesleyan University:
Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you believe that Texas Wesleyan University has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Texas Wesleyan University
1201 Wesleyan Street Fort Worth, TX 76105


Keep your plan informed of address changes: To protect your family’s rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.
This brochure highlights the main features of the Texas Wesleyan University Employee Benefits Program. It does not include all plan rules, details, limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. Texas Wesleyan University reserves the right to change or discontinue its employee benefits plans at any time.