



PALS HOME HEALTH

PASSIONATE ABOUT PEDIATRIC HEALTH

CENTRAL TEXAS

EMPLOYEE BENEFITS PACKET

For Employees and their Dependents

Plan Year:

January 1, 2024 – December 31, 2024



PALS HOME HEALTH

PASSIONATE ABOUT PEDIATRIC HEALTH

PALS Home Health is excited to continue with our expanded benefits package for the 2024 plan year!

As one of our Core Values, this expanded benefits package demonstrates our Commitment to you!

All full-time employees are eligible for the Benefits Package. New employees, and employees transitioning to full time status, eligibility effective dates are on the first day of the month following 30 days from hire date or full-time status date.

The 2024 Plan Year will run from January 1st, 2024 through December 31st, 2024. The open enrollment period will be December 2023.

Below is a summary of the Benefits Package. Each benefit is described in detail in the following packet.

Summary of Benefits Package:

- **Scott and White Health Plan Health Insurance**
 - **Bronze 4000**
 - **Silver 2000**
- **United Health Care Dental Plan**
 - **PPO 20 – P3305**
 - **PPO 30 – P3384**
- **United Health Care Vision Plan**
 - **S105V**
- **United Health Basic Life Insurance**
 - **\$25,000**
 - **\$25,000 AD&D**
- **Field Staff PTO Program**
- **401(k)**
- **AT&T Cell Phone Discount Plan**


As a growing company we are always looking for new and better ways to make your employment at PALS as meaningful and beneficial as possible.

We hope you are as excited about this year's benefits package as we are!



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE:** Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. **This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call 844-633-5325 or visit us at <https://www.bswhealthplan.com/Group/Pages/Default.aspx#large>. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at [HealthCare.gov/sbc-glossary](https://www.healthcare.gov/sbc-glossary) or call 844-633-5325 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	\$4,000 per member / \$8,000 per family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible ?	Yes. Preventive care and Affordable Care Act (ACA) preventive drugs are covered before you meet your deductible .	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible . See a list of covered preventive services at HealthCare.gov/coverage/preventive-care-benefits .
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	\$7,500 per member / \$15,000 per family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Premiums and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. See https://www.bswhealthplan.com/Pages/Provider.aspx or call 844-633-5325 for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No	You can see the specialist you choose without a referral .

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-participating Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Adult: No charge for the first non-preventive sick visit in the plan year. \$25 copayment per visit for subsequent visits in that plan year, deductible does not apply Pediatric: No charge per visit, deductible does not apply	Not covered	None
	Specialist visit	\$50 copayment per visit, deductible does not apply	Not covered	
	Preventive care/screening/immunization	No charge, deductible does not apply	Not covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (X-ray, blood work)	No charge, deductible does not apply	Not covered	None
	Imaging (CT/PET scans, MRIs)	30% coinsurance , deductible does not apply	Not covered	Services requiring preauthorization that are not preauthorized will be denied. Refer to BSWHealthPlan.com or call 844-633-5325.
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at BSWHealthPlan.com/Grou	Affordable Care Act (ACA) preventive drugs	No charge, deductible does not apply	Not covered	Copayments are per 30-day supply. Maintenance drugs are allowed up to a 90-day supply for 2.5 copayments if obtained through a participating pharmacy. Mail Order: Available for a 1- to 90-day supply. Non-maintenance drugs obtained through mail order are limited to a 30-day supply maximum. Specialty drugs
	Tier 1: Preferred generic drugs	\$20 copayment per prescription	Not covered	
	Tier 2: Preferred	\$65 copayment per	Not covered	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-participating Provider (You will pay the most)	
p/Pages/Pharmacy.	brand name drugs	prescription		limited to a 30-day supply. Formulary insulin prescriptions have a maximum copayment of \$25 per prescription per 30-day supply. If a brand name drug is requested when a generic equivalent is available, the member is responsible for the non-preferred copayment plus the difference in cost of the brand name drug and generic equivalent drug.
	Tier 3: Non-preferred generic drugs and non-preferred brand name drugs	\$120 copayment per prescription	Not covered	
	Specialty drugs	Tier 1: 20% coinsurance Tier 2: 20% coinsurance Tier 3: 30% coinsurance	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	30% coinsurance after deductible	Not covered	Services requiring preauthorization that are not preauthorized will be denied. Refer to BSWHealthPlan.com or call 844-633-5325.
	Physician/surgeon fees	30% coinsurance after deductible	Not covered	
If you need immediate medical attention	Emergency room care	\$500 copayment per visit, plus 30% coinsurance , deductible does not apply	\$500 copayment per visit, plus 30% coinsurance , deductible does not apply	Emergency room copayment waived if episode results in hospitalization for the same condition within 24 hours.
	Emergency medical transportation	\$500 copayment per service, plus 30% coinsurance , deductible does not apply	\$500 copayment per service, plus 30% coinsurance , deductible does not apply	None
	Urgent care	\$50 copayment per visit, deductible does not apply	\$50 copayment per visit, deductible does not apply	
If you have a hospital stay	Facility fee (e.g., hospital room)	30% coinsurance after deductible	Not covered	Services requiring preauthorization that are not preauthorized will be denied. Refer to BSWHealthPlan.com or call 844-633-5325.
	Physician/surgeon fees	30% coinsurance after deductible	Not covered	
If you need mental	Outpatient services	Adult: \$25 copayment per visit, 30% coinsurance	Not covered	Services requiring preauthorization that are not

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-participating Provider (You will pay the most)	
health, behavioral health, or substance abuse services		after <u>deductible</u> for all other outpatient services Pediatric: No charge per visit, <u>deductible</u> does not apply		preauthorized will be denied. Refer to BSWHealthPlan.com or call 844-633-5325.
	Inpatient services	30% <u>coinsurance</u> after <u>deductible</u>	Not covered	
If you are pregnant	Office visits	\$25 <u>copayment</u> per visit, <u>deductible</u> does not apply	Not covered	Cost sharing does not apply for preventive services . Depending on the type of services, a copayment , coinsurance , or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound). Inpatient care for the mother and newborn child in a health care facility is covered for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated delivery by caesarean section.
	Childbirth/delivery professional services	30% <u>coinsurance</u> after <u>deductible</u>	Not covered	
	Childbirth/delivery facility services	30% <u>coinsurance</u> after <u>deductible</u>	Not covered	
If you need help recovering or have other special health needs	Home health care	30% <u>coinsurance</u> after <u>deductible</u>	Not covered	Limited to 60 visits per plan year. Services requiring preauthorization that are not preauthorized will be denied. Refer to BSWHealthPlan.com or call 844-633-5325. Limited to 35 visits for rehabilitation services and 35 visits for habilitation services per plan year. The limit is combined for physical therapy, occupational therapy, and speech therapy. Limits do not apply for therapies for children with developmental delays, autism spectrum disorder and mental health services. Services requiring preauthorization that are not
	Rehabilitation services	\$25 <u>copayment</u> per visit, <u>deductible</u> does not apply	Not covered	
	Habilitation services	\$25 <u>copayment</u> per visit, <u>deductible</u> does not apply	Not covered	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		<u>Participating Provider</u> (You will pay the least)	<u>Non-participating Provider</u> (You will pay the most)	
				preauthorized will be denied. Refer to BSWHealthPlan.com or call 844-633-5325.
	Skilled nursing care	30% <u>coinsurance</u> after <u>deductible</u>	Not covered	Limited to 25 days per plan year. Services requiring preauthorization that are not preauthorized will be denied. Refer to BSWHealthPlan.com or call 844-633-5325.
	Durable medical equipment	30% <u>coinsurance</u> after <u>deductible</u>	Not covered	Services requiring preauthorization that are not preauthorized will be denied. Refer to BSWHealthPlan.com or call 844-633-5325.
	Hospice services	No charge, <u>deductible</u> does not apply	Not covered	
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	None
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None

Excluded Services & Other Covered Services:

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

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Dental care (Adult and Child)
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Routine eye care (Adult and Child)
- Routine foot care
- Weight loss programs

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

- Chiropractic care (Limited to 35 visits per [plan](#) year)
- Hearing aids (Limited to one device per ear every 3 years for members through the age of 18)
- Private duty nursing (when [medically necessary](#) and [preauthorized](#). Limitations apply when used under [Home Health Care](#))

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is Baylor Scott & White Care Plan at 844-633-5325 or [BSWHealthPlan.com](#); Department of Labor's Employee Benefits Security Administration at 866-444-EBSA (3272) or [DOL.gov/ebsa/healthreform](#). Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit [HealthCare.gov](#) or call 800-318- 2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the [explanation](#) of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Baylor Scott & White Care Plan at 844-633-5325 or [BSWHealthPlan.com](#); Department of Labor's Employee Benefits Security Administration at 866-444-EBSA (3272) or [DOL.gov/ebsa/healthreform](#); Texas Department of Insurance at 800-578-4677 or [TDI.texas.gov](#).

Does this [plan](#) provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this [plan](#) meet the Minimum Value Standards? Yes

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

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 844-633-5325.

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



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

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$4,000
■ Specialist copayment	\$50
■ Hospital (facility) copayment	30%
■ Other coinsurance	30%

This EXAMPLE event includes services like:

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

Total Example Cost	\$12,700
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$4,000
Copayments	\$10
Coinsurance	\$2,200
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$6,270

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$4,000
■ Specialist copayment	\$50
■ Hospital (facility) copayment	30%
■ Other coinsurance	30%

This EXAMPLE event includes services like:

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

Total Example Cost	\$5,600
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$800
Copayments	\$700
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$1,520

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$4,000
■ Specialist copayment	\$50
■ Hospital (facility) copayment	30%
■ Other coinsurance	30%

This EXAMPLE event includes services like:

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

Total Example Cost	\$2,800
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In this example, Mia would pay:

Cost Sharing	
Deductibles	\$1,100
Copayments	\$900
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$2,000

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

Nondiscrimination Notice



ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-844-633-5325 (TTY: 711).

Baylor Scott & White Care Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Baylor Scott & White Care Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Baylor Scott & White Care Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print and accessible electronic formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Baylor Scott & White Care Plan Compliance Officer at 1-214-820-8888 or send an email to HPCompliance@BSWHealth.org.

If you believe that Baylor Scott & White Care Plan 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:

Baylor Scott & White Care Plan, Compliance Officer
1206 West Campus Drive, Suite 151
Temple, Texas 76502

Compliance HelpLine; 1-888-484-6977 or <https://app.mycompliancereport.com/report?cid=swhp>

You can file a grievance in person or by mail, online, or email. If you need help filing a grievance, the Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>.

English:

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-844-633-5325 (TTY: 711).

Spanish:

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-633-5325 (TTY: 711).

Vietnamese:

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-633-5325 (TTY: 711).

Chinese:

注意: 如果使用繁體中文, 可以免費獲得語言援助服務。請致電 1-844-633-5325 (TTY: 711)。

Korean:

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-633-5325 (TTY: 711) 번으로 전화해 주십시오.

Arabic:

هاتف الصم والبكم: 711. ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-633-5325 (رقم 711)

Urdu:

کریں (711 TTY: 1-844-633-5325 خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال

Tagalog:

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-633-5325 (TTY: 711).

French:

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-633-5325 (ATS : 711).

Hindi:

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-844-633-5325 (TTY: 711) पर कॉल करें।

Persian:

فراهم می باشد. با 1-844-633-5325 (TTY: 711) تماس بگیرید. توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما

German:

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-633-5325 (TTY: 711).

Gujarati:

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-844-633-5325 (TTY: 711).

Russian:

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-633-5325 (телетайп: 711).

Japanese:

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-844-633-5325 (TTY: 711) まで、お電話にてご連絡ください。


Laotian:

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-844-633-5325 (TTY: 711).



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Important Questions	Answers	Why This Matters:
What is the overall deductible ?	\$2,000 per member / \$4,000 per family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible ?	Yes. Preventive care and Affordable Care Act (ACA) preventive drugs are covered before you meet your deductible .	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible . See a list of covered preventive services at HealthCare.gov/coverage/preventive-care-benefits .
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	\$5,500 per member / \$11,000 per family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Premiums and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. See https://www.bswhealthplan.com/Pages/Provider.aspx or call 844-633-5325 for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No	You can see the specialist you choose without a referral .

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-participating Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Adult: No charge for the first non-preventive sick visit in the plan year. \$30 copayment per visit for subsequent visits in that plan year, deductible does not apply Pediatric: No charge per visit, deductible does not apply	Not covered	None
	Specialist visit	\$60 copayment per visit, deductible does not apply	Not covered	
	Preventive care/screening/immunization	No charge, deductible does not apply	Not covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (X-ray, blood work)	No charge, deductible does not apply	Not covered	None
	Imaging (CT/PET scans, MRIs)	20% coinsurance , deductible does not apply	Not covered	Services requiring preauthorization that are not preauthorized will be denied. Refer to BSWHealthPlan.com or call 844-633-5325.
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at BSWHealthPlan.com/Grou	Affordable Care Act (ACA) preventive drugs	No charge, deductible does not apply	Not covered	Copayments are per 30-day supply. Maintenance drugs are allowed up to a 90-day supply for 2.5 copayments if obtained through a participating pharmacy. Mail Order: Available for a 1- to 90-day supply. Non-maintenance drugs obtained through mail order are limited to a 30-day supply maximum. Specialty drugs
	Tier 1: Preferred generic drugs	\$10 copayment per prescription	Not covered	
	Tier 2: Preferred	\$50 copayment per	Not covered	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-participating Provider (You will pay the most)	
p/Pages/Pharmacy.	brand name drugs	prescription		limited to a 30-day supply. Formulary insulin prescriptions have a maximum copayment of \$25 per prescription per 30-day supply. If a brand name drug is requested when a generic equivalent is available, the member is responsible for the non-preferred copayment plus the difference in cost of the brand name drug and generic equivalent drug.
	Tier 3: Non-preferred generic drugs and non-preferred brand name drugs	\$95 copayment per prescription	Not covered	
	Specialty drugs	Tier 1: \$250 copayment per prescription Tier 2: \$250 copayment per prescription Tier 3: 20% coinsurance	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance after deductible	Not covered	Services requiring preauthorization that are not preauthorized will be denied. Refer to BSWHealthPlan.com or call 844-633-5325.
	Physician/surgeon fees	20% coinsurance after deductible	Not covered	
If you need immediate medical attention	Emergency room care	\$500 copayment per visit, plus 20% coinsurance , deductible does not apply	\$500 copayment per visit, plus 20% coinsurance , deductible does not apply	Emergency room copayment waived if episode results in hospitalization for the same condition within 24 hours.
	Emergency medical transportation	\$500 copayment per service, plus 20% coinsurance , deductible does not apply	\$500 copayment per service, plus 20% coinsurance , deductible does not apply	None
	Urgent care	\$50 copayment per visit, deductible does not apply	\$50 copayment per visit, deductible does not apply	
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance after deductible	Not covered	Services requiring preauthorization that are not preauthorized will be denied. Refer to BSWHealthPlan.com or call 844-633-5325.
	Physician/surgeon fees	20% coinsurance after deductible	Not covered	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-participating Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Adult: \$30 <u>copayment</u> per visit, 20% <u>coinsurance</u> after <u>deductible</u> for all other outpatient services Pediatric: No charge per visit, <u>deductible</u> does not apply	Not covered	Services requiring <u>preauthorization</u> that are not <u>preauthorized</u> will be denied. Refer to BSWHealthPlan.com or call 844-633-5325.
	Inpatient services	20% <u>coinsurance</u> after <u>deductible</u>	Not covered	
If you are pregnant	Office visits	\$30 <u>copayment</u> per visit, <u>deductible</u> does not apply	Not covered	<u>Cost sharing</u> does not apply for <u>preventive services</u> . Depending on the type of services, a <u>copayment</u> , <u>coinsurance</u> , or <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
	Childbirth/delivery professional services	20% <u>coinsurance</u> after <u>deductible</u>	Not covered	Inpatient care for the mother and newborn child in a health care facility is covered for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated delivery by caesarean section.
	Childbirth/delivery facility services	20% <u>coinsurance</u> after <u>deductible</u>	Not covered	
If you need help recovering or have other special health needs	Home health care	20% <u>coinsurance</u> after <u>deductible</u>	Not covered	Limited to 60 visits per <u>plan</u> year. Services requiring <u>preauthorization</u> that are not <u>preauthorized</u> will be denied. Refer to BSWHealthPlan.com or call 844-633-5325.
	Rehabilitation services	\$30 <u>copayment</u> per visit, <u>deductible</u> does not apply	Not covered	Limited to 35 visits for <u>rehabilitation services</u> and 35 visits for <u>habilitation services</u> per <u>plan</u> year. The limit is combined for physical therapy, occupational therapy, and speech therapy. Limits do not apply for therapies for children with developmental delays, autism
	Habilitation services	\$30 <u>copayment</u> per visit, <u>deductible</u> does not apply	Not covered	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-participating Provider (You will pay the most)	
				spectrum disorder and mental health services. Services requiring preauthorization that are not preauthorized will be denied. Refer to BSWHealthPlan.com or call 844-633-5325.
	Skilled nursing care	20% <u>coinsurance</u> after <u>deductible</u>	Not covered	Limited to 25 days per plan year. Services requiring preauthorization that are not preauthorized will be denied. Refer to BSWHealthPlan.com or call 844-633-5325.
	Durable medical equipment	20% <u>coinsurance</u> after <u>deductible</u>	Not covered	Services requiring preauthorization that are not preauthorized will be denied. Refer to BSWHealthPlan.com or call 844-633-5325.
	Hospice services	No charge, <u>deductible</u> does not apply	Not covered	
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	None
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None

Excluded Services & Other Covered Services:

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

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Dental care (Adult and Child)
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Routine eye care (Adult and Child)
- Routine foot care
- Weight loss programs

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

- Chiropractic care (Limited to 35 visits per [plan](#) year)
- Hearing aids (Limited to one device per ear every 3 years for members through the age of 18)
- Private duty nursing (when [medically necessary](#) and [preauthorized](#). Limitations apply when used under [Home Health Care](#))

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is Baylor Scott & White Care Plan at 844-633-5325 or [BSWHealthPlan.com](#); Department of Labor's Employee Benefits Security Administration at 866-444-EBSA (3272) or [DOL.gov/ebsa/healthreform](#). Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit [HealthCare.gov](#) or call 800-318- 2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the [explanation](#) of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Baylor Scott & White Care Plan at 844-633-5325 or [BSWHealthPlan.com](#); Department of Labor's Employee Benefits Security Administration at 866-444-EBSA (3272) or [DOL.gov/ebsa/healthreform](#); Texas Department of Insurance at 800-578-4677 or [TDI.texas.gov](#).

Does this [plan](#) provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this [plan](#) meet the Minimum Value Standards? Yes

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

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 844-633-5325.

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



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

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$2,000
■ Specialist copayment	\$60
■ Hospital (facility) copayment	20%
■ Other coinsurance	20%

This EXAMPLE event includes services like:

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

Total Example Cost	\$12,700
---------------------------	-----------------

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$2,000
Copayments	\$10
Coinsurance	\$1,900
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$3,970

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$2,000
■ Specialist copayment	\$60
■ Hospital (facility) copayment	20%
■ Other coinsurance	20%

This EXAMPLE event includes services like:

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

Total Example Cost	\$5,600
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$800
Copayments	\$700
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$1,520

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$2,000
■ Specialist copayment	\$60
■ Hospital (facility) copayment	20%
■ Other coinsurance	20%

This EXAMPLE event includes services like:

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

Total Example Cost	\$2,800
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In this example, Mia would pay:

Cost Sharing	
Deductibles	\$1,100
Copayments	\$1,000
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$2,100

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

Nondiscrimination Notice



ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-844-633-5325 (TTY: 711).

Baylor Scott & White Care Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Baylor Scott & White Care Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Baylor Scott & White Care Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print and accessible electronic formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Baylor Scott & White Care Plan Compliance Officer at 1-214-820-8888 or send an email to HPCompliance@BSWHealth.org.

If you believe that Baylor Scott & White Care Plan 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:

Baylor Scott & White Care Plan, Compliance Officer
1206 West Campus Drive, Suite 151
Temple, Texas 76502

Compliance HelpLine; 1-888-484-6977 or <https://app.mycompliancereport.com/report?cid=swhp>

You can file a grievance in person or by mail, online, or email. If you need help filing a grievance, the Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>.

English:

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-844-633-5325 (TTY: 711).

Spanish:

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-633-5325 (TTY: 711).

Vietnamese:

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-633-5325 (TTY: 711).

Chinese:

注意: 如果使用繁體中文, 可以免費獲得語言援助服務。請致電 1-844-633-5325 (TTY: 711)。

Korean:

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-633-5325 (TTY: 711) 번으로 전화해 주십시오.

Arabic:

هاتف الصم والبكم: 711. ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-633-5325 (رقم 711)

Urdu:

کریں (711 TTY: 1-844-633-5325 خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال

Tagalog:

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-633-5325 (TTY: 711).

French:

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-633-5325 (ATS : 711).

Hindi:

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-844-633-5325 (TTY: 711) पर कॉल करें।

Persian:

فراهم می باشد. با 1-844-633-5325 (TTY: 711) تماس بگیرید. توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما

German:

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-633-5325 (TTY: 711).

Gujarati:

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-844-633-5325 (TTY: 711).

Russian:

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-633-5325 (телетайп: 711).

Japanese:

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-844-633-5325 (TTY: 711) まで、お電話にてご連絡ください。

Laotian:

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-844-633-5325 (TTY: 711).

PALS HOME HEALTH

Scott & White Group Coverage

Effective:

1/1/2024 - 12/31/2024

Bronze Plan

Silver Plan

MONTHLY PREMIUM	LC4HB3J2 Premier HMO	LC4HA2F2 Plus HMO
Employee Only	\$226.00	\$312.00
Employee + Spouse	\$770.00	\$952.00
Employee + Child(ren)	\$634.00	\$792.00
Employee + Family	\$1,222.00	\$1,490.00
Primary Care Physician	Adult \$25 / Pediatric \$0	Adult \$30 / Pediatric \$0
Specialist	\$50.00	\$60.00
Urgent Care	\$50.00	\$50.00
ER	\$500 + 30%	\$500 + 20%
Lab/Xray	No Charge	No Charge
MRI, CT	Ded + 30%	Ded + 20%
I/P & O/P Surgery	Ded + 30%	Ded + 20%
Rx Plan	\$20/\$65/\$120	\$10/\$50/\$95
Deductible	\$4,000.00	\$2,000.00
Out of Pocket Max	\$7,500.00	\$5,500.00
Coinsurance S&W pays	70%	70%
	No referral needed	No referral needed

Please see benefit administrator for Summary of Benefits of Coverages.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Understanding Your Health Record/Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you.

This Notice of Privacy Practices ("Notice") describes the privacy practices of Baylor Scott & White Health ("BSWH") and its Affiliated Covered Entity ("BSWH ACE") members. An Affiliated Covered Entity ("ACE") is a group of Covered Entities, Health Care Providers and Health Plan under common ownership or control that designates itself as a single entity for purposes of compliance with the Health Insurance Portability and Accountability Act ("HIPAA"). The members of the BSWH ACE will share Protected Health Information ("PHI") with each other for the treatment, payment and health care operations of the BSWH ACE and as permitted by HIPAA and this Notice. As an ACE, BSWH may add or remove Covered Entities as part of the BSWH ACE. For a complete current list of the members of the BSWH ACE, please visit our website at www.BSWHealth.com/PrivacyMatters. The list will also be made available upon request either at our facilities or by contacting us toll-free at 1-866-218-6920.

This Notice will tell you about the ways in which we may use and disclose medical information about you and how you can get access to this information. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your records

- You can ask to see or get an electronic or paper copy of your medical records and other health information we have about you by:
 - Contacting the Health Information Management Department at the hospital or the outpatient clinic directly where you received care; or
 - Calling the Scott & White Health Plan ("SWHP") Customer Advocacy line at 254-298-3000 or toll-free at 1-800-321-7947 or

writing to 1206 West Campus Drive, Temple, TX 76502, ATTN: Customer Advocacy, if you are a member of the health plan.

- We will provide a copy or a summary of your health information in accordance with applicable state and federal requirements. We may charge a reasonable, cost-based fee.
- You may revoke an authorization to use or disclose your health information except to the extent that action has already been taken in reliance on your authorization. To revoke your authorization:
 - Send written notice to the Office of HIPAA Compliance, 2001 Bryan St., Suite 2200, Dallas, TX 75201.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.
- To request an Amendment:
 - Send written notice to the Office of HIPAA Compliance, 2001 Bryan St., Suite 2200, Dallas, TX 75201.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.
- We will not ask you the reason for your request.
- You may request a confidential communication by:
 - Contacting us in writing at the Office of HIPAA Compliance, 2001 Bryan St., Suite 2200, Dallas, TX 75201.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- You may request this restriction by:
 - Contacting us in writing at the Office of HIPAA Compliance, 2001 Bryan St., Suite 2200, Dallas, TX 75201.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or

our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared your information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with and why.
- We will include all the disclosures except for those about treatment, payment, health care operations and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- To request a list of those with whom we've shared information:
 - Contact us in writing at the Office of HIPAA Compliance, 2001 Bryan St., Suite 2200, Dallas, TX 75201.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- You may also view a copy of this Notice on our BSWH and SWHP member websites.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your privacy rights have been violated

- You can complain if you feel we have violated your privacy rights by:
 - Contacting us toll-free at 1-866-218-6920, by visiting www.BSWHealth.com/PrivacyMatters or in writing at the Office of HIPAA Compliance, 2001 Bryan St., Suite 2200, Dallas, TX 75201.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling toll-free at 1-

877-696-6775, or visiting

www.hhs.gov/ocr/privacy/hipaa/complaints/.

- For questions or other complaints, you may also contact:
 - The outpatient clinic directly or the Patient Relations Department at the hospital where you received care toll-free at 1-866-218-6919.
- For questions or other complaints relating to Health Plan Coverage:
 - SWHP members contact the Customer Advocacy line at 254-298-3000 or toll-free at 1-800-321-7947.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In the following cases, you have both the right and choice to tell us to:

- Share information with your family, close friends or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

Fundraising

- We may contact you for fundraising efforts, but you can tell us not to contact you again by letting us know you wish to opt-out of any further fundraising communications.
- Information on how to opt-out will be included in any fundraising communications you may receive.

OUR USES & DISCLOSURES

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

- We may use your health information to give you information about treatment alternatives or health related benefits/services that may be of interest to you.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

- We can use and share your health information as necessary to operate and manage our business activities related to providing and managing your health care insurance.

Example: We might talk to your physician to suggest a disease management or wellness program that could help improve your health or we may analyze data to determine how we can improve our services.

Communications regarding treatment alternatives and appointment reminders

- We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Bill for our services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for our services.

For payment

- We can use and share your health information for payment of premiums due to us, to determine your coverage, and for payment of health care services you receive.

Example: We might tell a doctor if you are eligible for coverage and what percentage of the bill might be covered.

For underwriting purposes

- We may use or share your health information for underwriting purposes; however, we will not use or share your genetic information for such purposes.

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as the ways mentioned below. We have to meet many conditions in the law before we can share

your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Student immunizations to schools

- We may disclose proof of your child's immunizations to their school based on your verbal or written permission.

Do research

- We can use or share your information for health research.

Food and Drug Administration (FDA)

- We may disclose to the FDA health information relative to adverse events with respect to food, medications, devices, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services, if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner or funeral director when an individual dies.

Address worker's compensation, law enforcement and other government requests

We can use or share health information about you:

- For worker's compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law

- For special government functions such as military, national security and presidential protective services

request and on our BSWH and SWHP member websites.

Effective Date: December 2018

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Electronic Health Information Exchange (HIE)

- We maintain electronic health information about you from other health care providers or entities that are not part of our healthcare system who have treated you or who are treating you and this information is also stored in the HIE.
- Our healthcare system and these other providers can use the HIE to see your electronic health information for the purposes described in this Notice, to coordinate your care and as allowed by law.
- We monitor who can view your information, but the individuals and entities who use the HIE may disclose your information to other providers.
- You may opt-out of the HIE by providing a written request to the Office of HIPAA Compliance, 2001 Bryan St., Suite 2200, Dallas, TX 75201. If you opt-out, your information will still be stored in the HIE, but your information will not be viewable through the HIE.
- You may opt back in to the HIE at any time.
- You do not have to participate in the HIE to receive care.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here, unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new notice will be available upon

**Healthcare
for the
whole family.
That's my plan.**



Member Guide

BSW Premier HMO



Dear Member,

Welcome to the Baylor Scott & White Health Plan family! Whether you've been with us for years or are a brand-new member, we're glad you've chosen us as your plan.

As part of the Baylor Scott & White Health family of companies, we are dedicated to offering high-quality health plans, technology and services to meet the needs of everyone we serve. We're here to help you and your family with your healthcare.

You'll find information about your benefits in this guide—and if you have questions, we're happy to answer them.



Got a question?

Our Customer Advocates are ready to help! Whatever your question or concern may be, they will work with you to resolve it as quickly as possible—often before you hang up the phone.

Call us at 844.633.5325

7 AM – 7 PM, Monday – Friday

MyBSWHealth member portal

Chat live with Customer Service when you see this icon (not available on all screens)



OR send a secure message anytime. Available at [BSWHealthPlan.com](https://www.BSWHealthPlan.com) or in the MyBSWHealth app.

Need advice?

Contact a nurse

If you're not feeling well, nurses are available 24/7 to talk through your symptoms and help you make decisions on next steps, whether that's an appointment or an at-home remedy. The number is on the back of your member ID card.

YOUR MEMBER ID CARD

Your member ID card will be mailed to your home. You can view your card on the MyBSWHealth app and download/print a copy or request a replacement through the member portal at [MyBSWHealth.com](https://www.myswhealth.com).



		1 Group: 2 Group #: 3 Network: 4 Benefit Effective Date:
5 SUBSCRIBER John Sample	6 MEMBER ID 000000000000	IN-NETWORK PLAN BENEFITS* 7 Adult PCP/Spec: 8 Pediatric PCP/Spec: 9 ER/Urgent: Med Deductible: Out-of-Pocket Max: Rx Ded: Rx:
DEPENDENTS Jane Sample Jack Sample	000000000000 000000000000	*Deductible may apply. Refer to plan document. PHARMACISTS ONLY Pharmacy Help Desk: 855-205-9182 BIN: 610011 PCN: IRX GRP: SWPBSWCP

- | | |
|---------------------------------|--|
| 1 Group name | 6 Member ID number |
| 2 Group ID number | 7 Copays/coinsurance |
| 3 Network name | 8 Deductible |
| 4 Benefit effective date | 9 Pharmacy/
prescription drug info |
| 5 Member name | |

FOR PROVIDERS Electronic Claims: Availity: 94999 Paper Claims: Baylor Scott & White Health Plan ATTN: Claims PO Box 211342 Eagan, MN 55121-1342 Prior Authorization: Visit the provider portal Fax: 800-626-3042 Phone: 888-316-7947 Provider Portal: swnpprovider.firstcare.com Card Issue Date: 08/15/2022	FOR MEMBERS Possession of this card or obtaining precertification does not guarantee coverage or payment for the service or procedure reviewed. Important Information: <ul style="list-style-type: none"> In a medical emergency, call 911 or go to the nearest emergency facility. Customer Service: 844-633-5325 (TTY: 711) Telehealth Options: <ul style="list-style-type: none"> 1. MyBSWHealth app or MyBSWHealth.com 2. MDLIVE app or 800-718-5082 24/7 Nurse Line: 877-505-7947 Self-Service Portal: MyBSWHealth.com To avoid out-of-network costs and provider balance billing, find a provider at BSWHealthPlan.com
CUSTOMER SERVICE: 844-633-5325 • BSWHealthPlan.com	

- | | |
|--|------------------------------------|
| A Customer service phone number | C Member portal information |
| B 24/7 Nurse Line | D BSWHP website |

The ID card shown above is a sample. The exact location of certain elements may vary on your card.

Care at your fingertips 24/7

Our members have access to board-certified doctors, pediatricians, licensed therapists and more using your smartphone, tablet or computer.

MyBSWHealth

eVisits are online interviews that take about 5-10 minutes; you'll receive a response within one hour. Behavioral Health eVisits are available 8:00AM-4:30PM and offer referrals for care options.

Same-Day Video Visits are scheduled, live conversations with a provider.

Prescriptions: After your visit, any prescriptions needed will be sent directly to pharmacy of your choice.

MDLIVE

Access board-certified doctors and mental health professionals for common conditions from allergies to addictions. To learn more and register, visit MDLIVE.com, call 800.718.5082 or download the MDLIVE app.

Be sure to tell them you're a Baylor Scott & White Health Plan member and have your member ID card available.



Where to go for care

Choosing the right option for your condition can save you time and money.

Less \$

VIRTUAL CARE - \$0 COPAY

Using your mobile device or computer

For conditions like acne, allergies, bladder infection, cold, flu, pink eye, Quit tobacco, sinus infection, stomach problems or yeast infections.



PRIMARY CARE DOCTOR

Your best choice for care when it's not an emergency

For conditions like asthma, diabetes management, earache, high blood pressure, headaches, preventive health, sprains, etc.



WALK-IN CLINICS

Same-day appointments when your doctor is not available; includes select primary care clinics and some pharmacy locations

For conditions like asthma, bladder infection, ear or sinus pain, flu, sore throat or sprains.



URGENT CARE

Needs immediate attention but is not life-threatening, or an appointment is not available with your doctor

For conditions like back pain, bladder infection, earache, minor burns, minor eye injuries, minor cuts that may need stitches, sore throat or sprains.



EMERGENCY ROOM

Any condition you believe to be life-threatening

For conditions like chest pain, deep cuts or wounds, difficulty breathing, poisoning, overdoses and suicidal behavior, abdominal pain, coughing or vomiting blood, severe burns, severe head injuries, sudden loss of balance, vision change, facial droop, arm or leg weakness.



More \$

MyBSWHealth member portal

With the MyBSWHealth member portal, you can manage your health-care needs in one place, 24/7. Inside the portal, you can:

- Find doctors and locations in your network and schedule appointments with ease
- View or print your ID card and benefit plan documents
- Securely communicate with your care team
- View lab results and past visit summaries
- Review and pay bills
- Complete a telehealth visit and get a diagnosis and prescription on your smart phone without leaving home
- View deductible, out-of-pocket max, and claims information
- Transfer or refill prescriptions at BSW pharmacies
- Upload health and fitness data
- Manage your family's healthcare needs from a single place

MyBSWHealth is just one way Baylor Scott & White is helping to make healthcare the way it should be. Create an account or log in at MyBSWHealth.com.




HEALTHCARE TO GO

Virtually all of the information in the member portal is available on your phone through the highly rated MyBSWHealth app. For example, you can view a digital copy of your ID card, see plan details, and track your deductible and out-of-pocket maximum for yourself and your dependents. Use the same user name and password you set up for the member portal to log in to the app. To learn more, visit our website:

BSWHealthPlan.com.

Be sure to link your account in the app:

1. Tap the gear icon 
(top right corner of app welcome screen)
2. Tap “Manage Linked Accounts”
3. Tap “Link Account”
4. Enter member information



Manage your whole family's healthcare

MyBSWHealth makes it easy to keep track of appointments, prescriptions, bills and more for every member of the family—from young children to elderly parents. It's called proxy access. With proxy access, you can manage care needs for the whole family, all in one place and all conveniently on your favorite mobile device.

[Learn more about proxy access and how to set it up.](#)



Pharmacy benefits

When you need a prescription filled, you can use your pharmacy benefits at more than 68,000 pharmacies nationwide, including most national chains and many local pharmacies.

Find an in-network pharmacy near you:

- Log in to MyBSWHealth.com and go to Find Care OR
- Use the Find a Provider button on BSWHealthPlan.com

Fill your prescriptions through the mail:

- Call toll-free 855.388.3090,
Monday – Friday, 7 AM – 7 PM; Saturday 9 AM – 1 PM

Learn more about your prescription drug plan at [BSWHealthPlan.com](https://www.BSWHealthPlan.com)

Click on the Pharmacy link at the top of the page or scroll down for pharmacy/prescription resources.

Questions?

Specialty pharmacy benefit questions: Call **844.288.3179** or **855.427.4682** or visit specialty.optumrx.com.

Prescription drug/benefit questions: **844.633.5325**.

Did you know?

FDA-approved generic medications are the same as the brand-name version when it comes to dosage, safety, effectiveness, strength, stability, and quality, as well as in the way it is taken. Generic medications generally cost about 85% less than brand-name medications.*

Ask your doctor, pharmacist or other healthcare provider about cost-saving generic options.

* U.S. Food & Drug Administration Generic Drug Facts; content updated as of 11/01/2021.

Take charge of your own well-being

Our digital wellness platform, powered by WebMD, provides personalized support for various health conditions and health risks. Log in to MyBSWHealth and click on Wellness to get started today!

WELL-BEING ASSESSMENT

Start with a simple digital health survey that helps you take steps toward a healthier and more vibrant life.

The well-being assessment:

- Provides individualized health scores
- Assigns a level of health risk
- Customizes next steps based upon your responses and level of risk

WELLNESS CHALLENGE

Join a wellness challenge for the motivation to go the extra mile. Challenges encourage sustainable, healthy habits through activities that challenge and boost your well-being, such as:

- **Physical Activity:** Ready! Set! Move!
- **Nutrition:** Five to Thrive
- **Stress:** Stressless
- **Sleep:** Seize the Zzzz
- **Water:** Rethink Your Drink

DAILY HABITS DIGITAL HEALTH COACHING

Stay engaged, track progress and accomplish your well-being goals. Daily Habits offers you a personalized set of activities based on your health information and personal interests. Topics include:

- Nutrition
- Physical Activity
- Stress
- Sleep
- Tobacco

DIGITAL HEALTH LIBRARY

Support a healthier life with:

- Articles
- Videos
- Recipes
- Motivational apps

You can search for condition-specific information or explore other health topics of interest.



BeWell newsletter

This newsletter is packed with information and helpful tips about how to get and stay well. It's emailed four times a year and you'll always find the current issue on the Wellness page at [BSWHealthPlan.com](https://www.bswhealthplan.com).

Wellness webinars

Did you know BSWHP has health education opportunities at no additional cost that you can access from the comfort of home? There's a whole series of topics, from nutrition to happiness, and you can come to one or all. Learn more in the Wellness section at [BSWHealthPlan.com](https://www.bswhealthplan.com).



Finding help just got easier. Findhelp is a Texas-based platform created to connect all people in need with programs that serve them. You can search for local resources like medical care, food, job training, transportation and more. Organizations in your community are ready to help.

Findhelp is free, private, and easy to use. Search and connect at [BSWHealthPlan.findhelp.com](https://www.bswhealthplan.com/findhelp).



Nacho ordinary weight loss plan

Wondr is a weight loss program that is clinically proven to help you lose weight, sleep better, stress less, and so much more.

As a Baylor Scott & White Health Plan member, you have access to Wondr – a digital weight loss program that teaches the science of health and nutrition, so you can enjoy the foods you love. No counting calories.

No restrictions. No guilt.

Learn more [here](#) or at BSWHealthPlan.com.

*Members, spouses, and adult dependents (ages 18 and older) are eligible to apply.

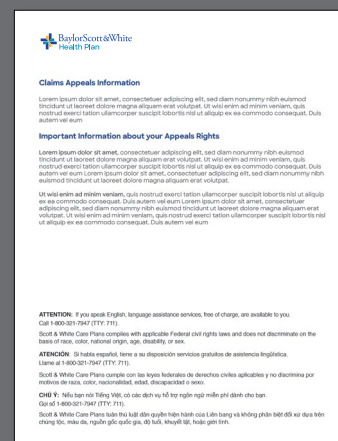


When your provider submits a claim for services you received, an Explanation of Benefits (EOB) is created. An EOB is not a bill; it's a document designed to help you understand:

- Your EOB will also show any remaining balances for deductibles and out-of-pocket expenses for the current month and year-to-date. Statements are not provided for prescription claims.

If you owe a balance, you may receive a bill for the amount due. You may be able to pay this bill through the MyBSWHealth member portal.

Your EOBs are available in the member portal shortly after your doctor visits and can also be mailed to your home upon request. To request mailed EOBs, log in to the Member Portal and select “Update Preferences.”



COMPLEX CASE MANAGEMENT

If you have chronic conditions or complex care needs, our nurse case managers will work with you, your family, and your physician to create and manage your care plan.

Case managers advocate for you and can help you navigate the healthcare system and arrange the services you need. They can also answer questions and help you understand your condition and care plan. If you are enrolled in a Disease Management program, they'll incorporate that program into your care.

MANAGE YOUR HEALTH



DISEASE MANAGEMENT

Six in 10 Americans live with at least one chronic disease, like diabetes, heart disease or cancer.* If you're one of them, our disease management program will empower you to manage your condition and help prevent complications.

We work with your healthcare providers to identify chronic conditions quickly and treat them effectively. We can also identify self-care activities to help you manage your condition at home. Together, we'll work to slow down the progression of your disease and help you maintain or improve your quality of life.

NOTE: There is no additional cost to you for these voluntary programs. It's all part of our goal to help you get the best possible results and the greatest value from your health plan. You can opt-in or opt-out of either Disease Management or Complex Case Management by calling **844.279.7589**.

*Centers for Disease Control and Prevention cdc.gov/chronicdisease



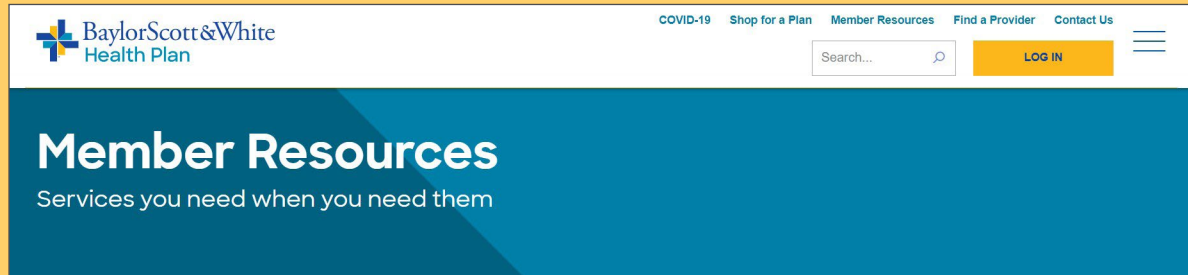
Maternity Care Management

Helpful tips and assistance during pregnancy and for one year after birth.
Benefits include:

- Access to a nurse 24/7 during pregnancy
- In-home support for high-risk conditions (such as diabetes, hypertension and severe nausea)
- Depression screening following delivery
- Parental education for newborn health during the first year
- Immunization reminders
- Planning for returning to work

Sign up by calling the customer service number on the back of your ID card.

Looking for something? Start here.



Frequently requested documents and forms can be found in the Tools and Resources section at BSWHealthPlan.com.

Plus, you'll find information on transition of care (for new members who are in active treatment for medical conditions with non-BSWHP network providers), claims, appeals and grievances, and more.

BSWHealthPlan.com/Resources



Founded as a Christian ministry of healing more than 100 years ago, Baylor Scott & White Health promotes the well-being of all individuals, families and communities.

As one of the top-rated* private health insurers in Texas, Baylor Scott & White Health Plan is proud to serve members across North, Central and West Texas as a trusted leader in value-based care.

844.633.5325

7 AM – 7 PM, Monday – Friday

[BSWHealthPlan.com](https://www.BSWHealthPlan.com)

Health Maintenance Organization (HMO) products are offered through Scott and White Health Plan dba Baylor Scott & White Health Plan and Scott & White Care Plans dba Baylor Scott & White Care Plan. PPO and EPO products are offered through Baylor Scott & White Insurance Company. Baylor Scott & White Health Plan serves as a third-party administrator for self-funded employer-sponsored plans. Baylor Scott & White Care Plan and Baylor Scott & White Insurance Company are wholly owned subsidiaries of Baylor Scott & White Health Plan and are referred to collectively in this document as Baylor Scott & White Health Plan.



*According to the National Committee for Quality Assurance NCQA rating for accredited commercial HMO products (2020–2021).



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

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 2013 for coverage starting as early as January 1, 2014.

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.¹

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 **Elissa Kent (Broker) 254-751-1254 elissa.kent@gwinsurancesolutions.com**

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.

¹ An 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.

3. Employer name PALS Home Health		4. Employer Identification Number (EIN) 47-3287377	
5. Employer address 3640 West Waco Dr		6. Employer phone number 254-307-8607	
7. City Waco	8. State TX	9. ZIP code 76710	
10. Who can we contact about employee health coverage at this job? Tyler Martin or Elissa Kent "Broker"			
11. Phone number (if different from above) 254-751-1254 Elissa Kent, "Broker"		12. Email address elissa.kent@gwinsurancesolutions.com	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☒ All employees. Eligible employees are:

All Full Time Employees

☐ Some employees. Eligible employees are:

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

Dependents of Full Time Employees

☐ We do not offer coverage.

☒ If checked, 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](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

- ☐ **Yes** (Continue)
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage?_____ (mm/dd/yyyy) (Continue)
- ☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?
☐ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.
- a. How much would the employee have to pay in premiums for this plan? \$_____
- b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?_____
- ☐ Employer won't offer health coverage
- ☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)
- a. How much would the employee have to pay in premiums for this plan? \$_____
- b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

• An 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 (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

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 and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you 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)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2020. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	INDIANA – Medicaid
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAUCO_nt.aspx Phone: 1-800-541-5555	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864

IOWA – Medicaid and CHIP (Hawki) Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563	NEBRASKA – Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KANSAS – Medicaid Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	NEVADA – Medicaid Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	NEW HAMPSHIRE – Medicaid Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
LOUISIANA – Medicaid Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	NEW JERSEY – Medicaid and CHIP Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	NEW YORK – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP Website: http://www.mass.gov/cohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	NORTH CAROLINA – Medicaid Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MINNESOTA – Medicaid Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp [Under ELIGIBILITY tab, see “what if I have other health insurance?”] Phone: 1-800-657-3739	NORTH DAKOTA – Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MONTANA – Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

	NETWORK	NON-NETWORK
Individual Annual Deductible	\$50	\$50
Family Annual Deductible	\$150	\$150
Annual Maximum Benefit <i>(The total benefit payable by the plan will not exceed the highest listed maximum amount for either Network or Non-Network services.)</i>	\$1200 per person per Calendar Year	\$1200 per person per Calendar Year
Annual Deductible Applies to Preventive and Diagnostic Services	No	
Waiting Period	No waiting period	

COVERED SERVICES*	NETWORK PLAN PAYS**	NON-NETWORK PLAN PAYS***	BENEFIT GUIDELINES
PREVENTIVE & DIAGNOSTIC SERVICES			
Periodic Oral Evaluation	100%	100%	Limited to 2 times per consecutive 12 months.
Radiographs - Bitewing	100%	100%	Bitewing: Limited to 1 series of films per calendar year. Complete/Panorex: Limited to 1 time per consecutive 36 months.
Radiographs - Intraoral/Extraoral	100%	100%	Limited to 2 films per calendar year.
Lab and Other Diagnostic Tests	100%	100%	
Dental Prophylaxis (Cleanings)	100%	100%	Limited to 2 times per consecutive 12 months.
Fluoride Treatments	100%	100%	Limited to covered persons under the age of 16 years and limited to 2 times per consecutive 12 months.
Sealants	100%	100%	Limited to covered persons under the age of 16 years and once per first or second permanent molar every consecutive 36 months.
Space Maintainers	100%	100%	For covered persons under the age of 16 years, limit 1 per consecutive 60 months.
BASIC DENTAL SERVICES			
Restorations (Amalgam or Anterior Composite)*	80%	80%	Multiple restorations on one surface will be treated as a single filling.
General Services - Emergency Treatment	80%	80%	Covered as a separate benefit only if no other service was done during the visit other than X-rays.
General Services - Occlusal Guards	80%	80%	Limited to 1 guard every consecutive 36 months.
General Services - Anesthesia	80%	80%	When clinically necessary.
MAJOR DENTAL SERVICES			
Simple Extractions	50%	50%	Limited to 1 time per tooth per lifetime.
Oral Surgery - Brush Biopsy	50%	50%	
Oral Surgery - Surgical Extractions	50%	50%	
Oral Surgery - Partial/Bony	50%	50%	
Oral Surgery - Other	50%	50%	
Endodontics - Pulpotomy	50%	50%	Root Canal Therapy: Limited to 1 time per tooth per lifetime.
Endodontics - Other	50%	50%	
Periodontal Maintenance	50%	50%	Limited to 2 times per consecutive 12 months following active and adjunctive periodontal therapy, exclusive of gross debridement.
Periodontics - Non Surgical	50%	50%	Scaling and Root Planing: Limited to 1 time per quadrant per consecutive 24 months.
Periodontics - Surgical	50%	50%	Limited to 1 quadrant or site per consecutive 36 months per surgical area.
Periodontics - Osseous Surgery	50%	50%	Limited to 1 quadrant or site per consecutive 36 months per surgical area.
Inlays/Onlays/Crowns*	50%	50%	Limited to 1 time per tooth per consecutive 60 months.
Dentures and other Removable Prosthetics	50%	50%	Full Denture/Partial Denture: Limited to 1 per consecutive 60 months. No additional allowances for precision or semi-precision attachments.
Fixed Partial Dentures (Bridges)*	50%	50%	Limited to 1 time per tooth per consecutive 60 months.

* Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement on the least costly treatment alternative. If you and your dentist have agreed on a treatment which is more costly than the treatment on which the plan benefit is based, you will be responsible for the difference between the fee for service rendered and the fee covered by the plan. In addition, a pre-treatment estimate is recommended for any service estimated to cost over \$500; please consult your dentist.

** The network percentage of benefits is based on the discounted fee negotiated with the provider.

*** The non-network percentage of benefits is based on the allowable amount applicable for the same service that would have been rendered by a network provider.

In accordance with the Illinois state requirement, a partner in a Civil Union is included in the definition of Dependent. For a complete description of Dependent Coverage, please refer to your Certificate of Coverage.

The Prenatal Dental Care (not available in WA) and Oral Cancer Screening programs are covered under this plan. The material contained in the above table is for informational purposes only and is not an offer of coverage. Please note that the above provides only a brief, general description of coverage and does not constitute a contract. For a complete listing of your coverage, including exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage or contact your benefits administrator. If differences exist between this Summary Benefits and your Certificate of Coverage/benefits administrator, the Certificate/benefits administrator will govern. All terms and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features.

UnitedHealthcare Dental® Voluntary Options PPO Plan is either underwritten or provided by: UnitedHealthcare Insurance Company, Hartford, Connecticut; UnitedHealthcare Insurance Company of New York, Hauppauge, New York; Unimerica Insurance Company, Milwaukee, Wisconsin; Unimerica Life Insurance Company of New York, New York, New York; or United Healthcare Services, Inc.

UnitedHealthcare/dental exclusions and limitations

Dental Services described in this section are covered when such services are:

- A. Necessary;
- B. Provided by or under the direction of a Dentist or other appropriate provider as specifically described;
- C. The least costly, clinically accepted treatment; and
- D. Not excluded as described in the Section entitled, General Exclusions.

GENERAL LIMITATIONS

1. **PERIODIC ORAL EVALUATION** Limited to 2 times per consecutive 12 months.
2. **COMPLETE SERIES OR PANOREX RADIOGRAPHS** Limited to 1 time per consecutive 36 months.
3. **BITEWING RADIOGRAPHS** Limited to 1 series of films per calendar year.
4. **EXTRAORAL RADIOGRAPHS** Limited to 2 films per calendar year.
5. **DENTAL PROPHYLAXIS** Limited to 2 times per consecutive 12 months.
6. **FLUORIDE TREATMENTS** Limited to covered persons under the age of 16 years, and limited to 2 times per consecutive 12 months.
7. **SPACE MAINTAINERS** Limited to covered persons under the age of 16 years, limited to 1 per consecutive 60 months. Benefit includes all adjustments within 6 months of installation.
8. **SEALANTS** Limited to covered persons under the age of 16 years, and once per first or second permanent molar every consecutive 36 months.
9. **RESTORATIONS (Amalgam or Composite)** Multiple restorations on one surface will be treated as a single filling.
10. **PIN RETENTION** Limited to 2 pins per tooth; not covered in addition to cast restoration.
11. **INLAYS AND ONLAYS** Limited to 1 time per tooth per consecutive 60 months. Covered only when a filling cannot restore the tooth.
12. **CROWNS** Limited to 1 time per tooth per consecutive 60 months. Covered only when a filling cannot restore the tooth.
13. **POST AND CORES** Covered only for teeth that have had root canal therapy.
14. **SEDATIVE FILLINGS** Covered as a separate benefit only if no other service, other than x-rays and exam, were performed on the same tooth during the visit.
15. **SCALING AND ROOT PLANING** Limited to 1 time per quadrant per consecutive 24 months.
16. **ROOT CANAL THERAPY** Limited to 1 time per tooth per lifetime.
17. **PERIODONTAL MAINTENANCE** Limited to 2 times per consecutive 12 months following active or adjunctive periodontal therapy, exclusive of gross debridement.
18. **FULL DENTURES** Limited to 1 time every consecutive 60 months. No additional allowances for precision or semi-precision attachments.
19. **PARTIAL DENTURES** Limited to 1 time every consecutive 60 months. No additional allowances for precision or semi-precision attachments.
20. **RELINING AND REBASING DENTURES** Limited to relining/rebasing performed more than 6 months after the initial insertion. Limited to 1 time per consecutive 12 months.
21. **REPAIRS TO FULL DENTURES, PARTIAL DENTURES, BRIDGES** Limited to repairs or adjustments performed more than 12 months after the initial insertion. Limited to 1 per consecutive 6 months.
22. **PALLIATIVE TREATMENT** Covered as a separate benefit only if no other service, other than the exam and radiographs, were performed on the same tooth during the visit.
23. **OCCUSAL GUARDS** Limited to 1 guard every consecutive 36 months and only covered if prescribed to control habitual grinding.
24. **FULL MOUTH DEBRIDEMENT** Limited to 1 time every consecutive 36 months.
25. **GENERAL ANESTHESIA** Covered only when clinically necessary.
26. **OSSEOUS GRAFTS** Limited to 1 per quadrant or site per consecutive 36 months.
27. **PERIODONTAL SURGERY** Hard tissue and soft tissue periodontal surgery are limited to 1 quadrant or site per consecutive 36 months per surgical area.
28. **REPLACEMENT OF COMPLETE DENTURES, FIXED OR REMOVABLE PARTIAL DENTURES, CROWNS, INLAYS OR ONLAYS** Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays or onlays previously submitted for payment under the plan is limited to 1 time per consecutive 60 months from initial or supplemental placement. This includes retainers, habit appliances, and any fixed or removable interceptive orthodontic appliances.

GENERAL EXCLUSIONS

1. Dental Services that are not Necessary.
2. Hospitalization or other facility charges.
3. Any Dental Procedure performed solely for cosmetic/aesthetic reasons. (Cosmetic procedures are those procedures that improve physical appearance.)
4. Reconstructive surgery, regardless of whether or not the surgery is incidental to a dental disease, injury, or Congenital Anomaly, when the primary purpose is to improve physiological functioning of the involved part of the body.
5. Any Dental Procedure not directly associated with dental disease.
6. Any Dental Procedure not performed in a dental setting.
7. Procedures that are considered to be Experimental, Investigational or Unproven. This includes pharmacological regimens not accepted by the American Dental Association (ADA) Council on Dental Therapeutics. The fact that an Experimental, Investigational or Unproven Service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in Coverage if the procedure is considered to be Experimental, Investigational or Unproven in the treatment of that particular condition.
8. Placement of dental implants, implant-supported abutments and prostheses.
9. Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the patient visit.
10. Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue.
11. Treatment of benign neoplasms, cysts, or other pathology involving benign lesions, except excisional removal. Treatment of malignant neoplasms or Congenital Anomalies of hard or soft tissue, including excision.
12. Replacement of complete dentures, fixed and removable partial dentures or crowns if damage or breakage was directly related to provider error. This type of replacement is the responsibility of the Dentist. If replacement is Necessary because of patient non-compliance, the patient is liable for the cost of replacement.
13. Services related to the temporomandibular joint (TMJ), either bilateral or unilateral. Upper and lower jaw bone surgery (including that related to the temporomandibular joint). No Coverage is provided for orthognathic surgery, jaw alignment, or treatment for the temporomandibular joint.
14. Charges for failure to keep a scheduled appointment without giving the dental office 24 hours notice.
15. Expenses for Dental Procedures begun prior to the Covered Person becoming enrolled under the Policy.
16. Fixed or removable prosthodontic restoration procedures for complete oral rehabilitation or reconstruction.
17. Attachments to conventional removable prostheses or fixed bridgework. This includes semi-precision or precision attachments associated with partial dentures, crown or bridge abutments, full or partial overdentures, any internal attachment associated with an implant prosthesis, and any elective endodontic procedure related to a tooth or root involved in the construction of a prosthesis of this nature.
18. Procedures related to the reconstruction of a patient's correct vertical dimension of occlusion (VDO).
19. Occlusal guards used as safety items or to affect performance primarily in sports-related activities.
20. Placement of fixed partial dentures solely for the purpose of achieving periodontal stability.

GENERAL EXCLUSIONS

21. Services rendered by a provider with the same legal residence as a Covered Person or who is a member of a Covered Person's family, including spouse, brother, sister, parent or child. This exclusion does not apply for groups situated in the state of Arizona, in order to comply with state regulations.
22. Dental Services otherwise Covered under the Policy, but rendered after the date individual Coverage under the Policy terminates, including Dental Services for dental conditions arising prior to the date individual Coverage under the Policy terminates.
23. Acupuncture; acupressure and other forms of alternative treatment, whether or not used as anesthesia.
24. Orthodontic Services.
25. Foreign Services are not Covered unless required as an Emergency.
26. Dental Services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country.

	NETWORK	NON-NETWORK
Individual Annual Deductible	\$50	\$50
Family Annual Deductible	\$150	\$150
Annual Maximum Benefit* <i>(The total benefit payable by the plan will not exceed the highest listed maximum amount for either Network or Non-Network services.)</i>	\$1000 per person per Calendar Year	\$1000 per person per Calendar Year
Annual Deductible Applies to Preventive and Diagnostic Services	No	
Waiting Period	No waiting period	

COVERED SERVICES**	NETWORK PLAN PAYS***	NON-NETWORK PLAN PAYS****	BENEFIT GUIDELINES
PREVENTIVE & DIAGNOSTIC SERVICES			
Periodic Oral Evaluation	100%	100%	Limited to 2 times per consecutive 12 months.
Radiographs - Bitewing	100%	100%	Bitewing: Limited to 1 series of films per calendar year. Complete/Panorex: Limited to 1 time per consecutive 36 months.
Radiographs - Intraoral/Extraoral	100%	100%	Limited to 2 films per calendar year.
Lab and Other Diagnostic Tests	100%	100%	
Dental Prophylaxis (Cleanings)	100%	100%	Limited to 2 times per consecutive 12 months.
Fluoride Treatments	100%	100%	Limited to covered persons under the age of 16 years and limited to 2 times per consecutive 12 months.
Sealants	100%	100%	Limited to covered persons under the age of 16 years and once per first or second permanent molar every consecutive 36 months.
Space Maintainers	100%	100%	For covered persons under the age of 16 years, limit 1 per consecutive 60 months.
BASIC DENTAL SERVICES			
Restorations (Amalgam or Anterior Composite)**	80%	80%	Multiple restorations on one surface will be treated as a single filling.
General Services - Emergency Treatment	80%	80%	Covered as a separate benefit only if no other service was done during the visit other than X-rays.
General Services - Occlusal Guards	80%	80%	Limited to 1 guard every consecutive 36 months.
General Services - Anesthesia	80%	80%	When clinically necessary.
Simple Extractions	80%	80%	Limited to 1 time per tooth per lifetime.
MAJOR DENTAL SERVICES			
Oral Surgery - Brush Biopsy	50%	50%	
Oral Surgery - Surgical Extractions	50%	50%	
Oral Surgery - Partial/Bony	50%	50%	
Oral Surgery - Other	50%	50%	
Endodontics - Pulpotomy	50%	50%	Root Canal Therapy: Limited to 1 time per tooth per lifetime.
Endodontics - Other	50%	50%	
Periodontal Maintenance	50%	50%	Limited to 2 times per consecutive 12 months following active and adjunctive periodontal therapy, exclusive of gross debridement.
Periodontics - Non Surgical	50%	50%	Scaling and Root Planing: Limited to 1 time per quadrant per consecutive 24 months.
Periodontics - Surgical	50%	50%	Limited to 1 quadrant or site per consecutive 36 months per surgical area.
Periodontics - Osseous Surgery	50%	50%	Limited to 1 quadrant or site per consecutive 36 months per surgical area.
Inlays/Onlays/Crowns**	50%	50%	Limited to 1 time per tooth per consecutive 60 months.
Dentures and other Removable Prosthetics	50%	50%	Full Denture/Partial Denture: Limited to 1 per consecutive 60 months. No additional allowances for precision or semi-precision attachments.
Fixed Partial Dentures (Bridges)**	50%	50%	Limited to 1 time per tooth per consecutive 60 months.

* This plan includes a maximum benefit award program. Some of the unused portion of your annual maximum benefit may be available in future benefit periods.

** Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement on the least costly treatment alternative. If you and your dentist have agreed on a treatment which is more costly than the treatment on which the plan benefit is based, you will be responsible for the difference between the fee for service rendered and the fee covered by the plan. In addition, a pre-treatment estimate is recommended for any service estimated to cost over \$500; please consult your dentist.

*** The network percentage of benefits is based on the discounted fee negotiated with the provider.

**** The non-network percentage of benefits is based on the schedule of usual and customary fees in the geographic area in which the expenses are incurred.

In accordance with the Illinois state requirement, a partner in a Civil Union is included in the definition of Dependent. For a complete description of Dependent Coverage, please refer to your Certificate of Coverage.

The Prenatal Dental Care (not available in WA) and Oral Cancer Screening programs are covered under this plan. The material contained in the above table is for informational purposes only and is not an offer of coverage. Please note that the above provides only a brief, general description of coverage and does not constitute a contract. For a complete listing of your coverage, including exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage or contact your benefits administrator. If differences exist between this Summary Benefits and your Certificate of Coverage/benefits administrator, the Certificate/benefits administrator will govern. All terms and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features.

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UnitedHealthcare/dental exclusions and limitations

Dental Services described in this section are covered when such services are:

- A. Necessary;
- B. Provided by or under the direction of a Dentist or other appropriate provider as specifically described;
- C. The least costly, clinically accepted treatment; and
- D. Not excluded as described in the Section entitled, General Exclusions.

GENERAL LIMITATIONS

1. **PERIODIC ORAL EVALUATION** Limited to 2 times per consecutive 12 months.
2. **COMPLETE SERIES OR PANOREX RADIOGRAPHS** Limited to 1 time per consecutive 36 months.
3. **BITEWING RADIOGRAPHS** Limited to 1 series of films per calendar year.
4. **EXTRAORAL RADIOGRAPHS** Limited to 2 films per calendar year.
5. **DENTAL PROPHYLAXIS** Limited to 2 times per consecutive 12 months.
6. **FLUORIDE TREATMENTS** Limited to covered persons under the age of 16 years, and limited to 2 times per consecutive 12 months.
7. **SPACE MAINTAINERS** Limited to covered persons under the age of 16 years, limited to 1 per consecutive 60 months. Benefit includes all adjustments within 6 months of installation.
8. **SEALANTS** Limited to covered persons under the age of 16 years, and once per first or second permanent molar every consecutive 36 months.
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10. **PIN RETENTION** Limited to 2 pins per tooth; not covered in addition to cast restoration.
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12. **CROWNS** Limited to 1 time per tooth per consecutive 60 months. Covered only when a filling cannot restore the tooth.
13. **POST AND CORES** Covered only for teeth that have had root canal therapy.
14. **SEDATIVE FILLINGS** Covered as a separate benefit only if no other service, other than x-rays and exam, were performed on the same tooth during the visit.
15. **SCALING AND ROOT PLANING** Limited to 1 time per quadrant per consecutive 24 months.
16. **ROOT CANAL THERAPY** Limited to 1 time per tooth per lifetime.
17. **PERIODONTAL MAINTENANCE** Limited to 2 times per consecutive 12 months following active or adjunctive periodontal therapy, exclusive of gross debridement.
18. **FULL DENTURES** Limited to 1 time every consecutive 60 months. No additional allowances for precision or semi-precision attachments.
19. **PARTIAL DENTURES** Limited to 1 time every consecutive 60 months. No additional allowances for precision or semi-precision attachments.
20. **RELINING AND REBASING DENTURES** Limited to relining/rebasing performed more than 6 months after the initial insertion. Limited to 1 time per consecutive 12 months.
21. **REPAIRS TO FULL DENTURES, PARTIAL DENTURES, BRIDGES** Limited to repairs or adjustments performed more than 12 months after the initial insertion. Limited to 1 per consecutive 6 months.
22. **PALLIATIVE TREATMENT** Covered as a separate benefit only if no other service, other than the exam and radiographs, were performed on the same tooth during the visit.
23. **OCCUSAL GUARDS** Limited to 1 guard every consecutive 36 months and only covered if prescribed to control habitual grinding.
24. **FULL MOUTH DEBRIDEMENT** Limited to 1 time every consecutive 36 months.
25. **GENERAL ANESTHESIA** Covered only when clinically necessary.
26. **OSSEOUS GRAFTS** Limited to 1 per quadrant or site per consecutive 36 months.
27. **PERIODONTAL SURGERY** Hard tissue and soft tissue periodontal surgery are limited to 1 quadrant or site per consecutive 36 months per surgical area.
28. **REPLACEMENT OF COMPLETE DENTURES, FIXED OR REMOVABLE PARTIAL DENTURES, CROWNS, INLAYS OR ONLAYS** Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays or onlays previously submitted for payment under the plan is limited to 1 time per consecutive 60 months from initial or supplemental placement. This includes retainers, habit appliances, and any fixed or removable interceptive orthodontic appliances.

GENERAL EXCLUSIONS

1. Dental Services that are not Necessary.
2. Hospitalization or other facility charges.
3. Any Dental Procedure performed solely for cosmetic/aesthetic reasons. (Cosmetic procedures are those procedures that improve physical appearance.)
4. Reconstructive surgery, regardless of whether or not the surgery is incidental to a dental disease, injury, or Congenital Anomaly, when the primary purpose is to improve physiological functioning of the involved part of the body.
5. Any Dental Procedure not directly associated with dental disease.
6. Any Dental Procedure not performed in a dental setting.
7. Procedures that are considered to be Experimental, Investigational or Unproven. This includes pharmacological regimens not accepted by the American Dental Association (ADA) Council on Dental Therapeutics. The fact that an Experimental, Investigational or Unproven Service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in Coverage if the procedure is considered to be Experimental, Investigational or Unproven in the treatment of that particular condition.
8. Placement of dental implants, implant-supported abutments and prostheses.
9. Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the patient visit.
10. Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue.
11. Treatment of benign neoplasms, cysts, or other pathology involving benign lesions, except excisional removal. Treatment of malignant neoplasms or Congenital Anomalies of hard or soft tissue, including excision.
12. Replacement of complete dentures, fixed and removable partial dentures or crowns if damage or breakage was directly related to provider error. This type of replacement is the responsibility of the Dentist. If replacement is Necessary because of patient non-compliance, the patient is liable for the cost of replacement.
13. Services related to the temporomandibular joint (TMJ), either bilateral or unilateral. Upper and lower jaw bone surgery (including that related to the temporomandibular joint). No Coverage is provided for orthognathic surgery, jaw alignment, or treatment for the temporomandibular joint.
14. Charges for failure to keep a scheduled appointment without giving the dental office 24 hours notice.
15. Expenses for Dental Procedures begun prior to the Covered Person becoming enrolled under the Policy.
16. Fixed or removable prosthodontic restoration procedures for complete oral rehabilitation or reconstruction.
17. Attachments to conventional removable prostheses or fixed bridgework. This includes semi-precision or precision attachments associated with partial dentures, crown or bridge abutments, full or partial overdentures, any internal attachment associated with an implant prosthesis, and any elective endodontic procedure related to a tooth or root involved in the construction of a prosthesis of this nature.
18. Procedures related to the reconstruction of a patient's correct vertical dimension of occlusion (VDO).
19. Occlusal guards used as safety items or to affect performance primarily in sports-related activities.
20. Placement of fixed partial dentures solely for the purpose of achieving periodontal stability.

GENERAL EXCLUSIONS

21. Services rendered by a provider with the same legal residence as a Covered Person or who is a member of a Covered Person's family, including spouse, brother, sister, parent or child. This exclusion does not apply for groups situated in the state of Arizona, in order to comply with state regulations.
22. Dental Services otherwise Covered under the Policy, but rendered after the date individual Coverage under the Policy terminates, including Dental Services for dental conditions arising prior to the date individual Coverage under the Policy terminates.
23. Acupuncture; acupressure and other forms of alternative treatment, whether or not used as anesthesia.
24. Orthodontic Services.
25. Foreign Services are not Covered unless required as an Emergency.
26. Dental Services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country.



Dental

Questions about your dental coverage?

Visit myuhcdental.com



You want to get the most from your dental plan — and we want to help you do just that. That's why we've created an online resource for your dental plan questions: myuhcdental.com.

When you become a UnitedHealthcare dental plan member, you can use myuhcdental.com to find a dentist, review your coverage, check a claim and more. And your plan details are available online, so you can make sure you're getting the most value from your benefits.

Getting started.

When you become a member, visit myuhcdental.com and click "Register Now." You'll need your ID card to register, so be sure to have that handy. It is important to register so that when you search for a network dentist you will only see those dentists who are in your network. While most information is available online, remember that Customer Care is always available to help. Call them at the number on the back of your ID card.

In brief:

- Quickly locate a network dentist
- Get the most from your plan by reviewing your plan benefits
- Save money by comparing treatment costs ahead of time¹



The information you need, all in one place.

When you sign in at **myuhcdental.com**, you can quickly find answers and complete important tasks 24 hours a day:

Locate a dentist	<p>Search for a network dentist in your area, or find just the right specialist. If you register, you will only see those dentists who are in your network. If you do not register, you will need to know the name of your dental network. You can find the name of your network at the top of your benefit summary or call Customer Care at the number listed on your ID card.</p> <p>> Select Locate Dentist</p>
Review your coverage	<p>Check specific information like:</p> <ul style="list-style-type: none"> • Your current eligibility to confirm that you are currently covered • Your copay – the set amount you're responsible for at each visit² • Your deductible – the amount you must pay before coverage begins³ • Your out-of-pocket costs – the total amount you must pay including deductibles, copays and services not covered by your plan <p>> Select Plan Info</p>
Compare costs¹	<p>Save money by comparing network and non-network costs, as well as costs for specific treatments. Avoid surprises by determining your out-of-pocket costs before your dentist visit</p> <p>> Select Plan Info > Treatment Cost Calculator</p>
Check your dental claims	<p>Review your dental claims online, view pretreatment estimates and determine claim status – all with up-to-the-minute information</p> <p>> Select Claims Info</p>
Get answers to the most frequently asked questions	<p>Have questions about how your plan works? Get answers in our FAQs section</p> <p>> Select Plan Info > FAQs</p>
Learn about oral health and dental treatments	<p>Need help understanding a dental issue you're having? Get clear answers and advice on caring for your teeth and gums</p> <p>> Select Dental Education</p>
Request a dental ID card	<p>Misplaced your card? Get a new one anytime</p> <p>> Select Plan Info > Request ID Card</p>



For more information, members can call the Customer Care number on the back of their member ID card.



¹The Treatment Cost Calculator is not applicable for Managed Care (DHMO and Direct Compensation) plan members.

²Some plans have copays, while others do not. See your plan document for details.

³Preventive care is generally not subject to a deductible. Check your plan documents to verify your coverage or call Customer Care at the number on the back of your member ID card.

UnitedHealthcare Dental® coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, or its affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), United HealthCare Services, Inc. or their affiliates.



Vision Benefit Summary

Powered by UnitedHealthcare Vision Network

Customer Service and Provider Locator: (800) 638-3120

myuhcvision.com

Plan S105V

UnitedHealthcare Vision has been trusted for more than 50 years to deliver affordable, innovative vision care solutions to the nation's leading employers through experienced, customer-focused people and the nation's most accessible, diversified vision care network.

Exam with Materials

Benefit Frequency

Comprehensive Exam(s)	Once every 12 months
Comprehensive Exam(s) for persons with diabetes	Twice every 12 months
Eyeglass Lenses	Once every 12 months
Frames	Once every 12 months
Contact Lenses instead of Eyeglasses	Once every 12 months

In-Network Services

Copays

Exam(s)	\$ 20.00
Eyeglasses (lenses and frame)	\$ 20.00
Contact lenses instead of Eyeglasses	\$ 20.00
Retinal Screening for persons with diabetes	\$ 0.00

Frame Benefit (for frames that exceed the allowance, an additional 30% discount may be applied to the overage)¹

Private Practice Provider	\$130.00 retail frame allowance
Retail Chain Provider	\$130.00 retail frame allowance

Lens Options

Standard Scratch-resistant Coating, Polycarbonate Lenses for Dependent Children (up to age 19) - covered in full.

Contact Lens Benefit²

Elective contact lenses Allowance is applied toward the purchase of contact lenses. Contact lens copay is waived.	\$125.00
Elective contact lens fitting and evaluation Allowance is applied toward the contact lens fitting/evaluation fees.	\$40.00
Necessary contact lenses³	Covered in full after copay (if applicable).

Children's and Maternity Eye Care Benefit

Members age 0-12 and members pregnant or breastfeeding are eligible for a 2nd exam 60 days after the initial exam. Members age 0-12 and members pregnant or breastfeeding are also eligible for a replacement frame and lenses if they have a prescription change of 0.5 diopter or more. The 2nd exam and replacement benefits are the same as the initial exam, frame and lens benefits.

Out-of-Network Reimbursements (Copays do not apply)

Exam(s)	Up to \$40.00
Frames	Up to \$45.00
Single Vision Lenses	Up to \$40.00
Lined Bifocal and Progressive Lenses	Up to \$60.00
Lined Trifocal Lenses	Up to \$80.00
Lenticular Lenses	Up to \$80.00
Elective Contacts instead of Eyeglasses ²	Up to \$100.00
Contact Lens Fitting and Evaluation	Up to \$0.00
Necessary Contacts instead of Eyeglasses ³	Up to \$210.00

Discounts	
	<p>Laser vision UnitedHealthcare has partnered with QualSight LASIK, the largest LASIK manager in the United States, to provide our members with access to discounted laser vision correction services. Member savings represent up to 35% off the national average price of Traditional LASIK. Contracted prices start at \$945 per eye for Traditional LASIK and \$1,395 per eye for Custom LASIK. Discounts are also provided on newer technologies such as Custom Bladeless (all laser) LASIK. For more information, visit mvuhcvision.com.</p>
	<p>Additional Material At a participating in-network provider you will receive up to a 20% discount on an additional pair of eyeglasses or contact lenses. This program is available after your vision benefits have been exhausted. Please note that this discount shall not be considered insurance, and that UnitedHealthcare shall neither pay nor reimburse the provider or member for any funds owed or spent. Additional materials do not have to be purchased at the time of initial material purchase.</p>
	<p>Contact Lens Order extra contact lenses at uhcontacts.com for 10% off.</p>
	<p>Hearing Aids As a UnitedHealthcare Vision plan member, you can save on custom-programmed hearing aids when you buy them from UnitedHealthcare Hearing. To find out more go to UHChearing.com. When placing your order use promo code MYVISION to get the special price discount.</p>
	<p>Blue Light Eyesafe UnitedHealthcare Vision has collaborated with Eyesafe® to provide members with a 20% discount off the retail price on blue-light screen filters for their devices. Members can receive the discount by visiting myuhcvision.com and clicking on the Eyesafe link.</p>

¹30% discount available at most participating in-network provider locations. May exclude certain frame manufacturers. Please verify all discounts with your provider.

²Contact lenses are instead of eyeglass lenses and/or eyeglass frames.

³Necessary contact lenses are determined at the provider's discretion for certain conditions. If your provider considers your contacts necessary, you should ask your provider to contact UnitedHealthcare Vision confirming the reimbursement that UnitedHealthcare will make before you purchase such contacts.

Important to Remember:

In-Network

- Always identify yourself as a UnitedHealthcare Vision member when making your appointment. This will assist the provider in obtaining your benefit information.
- Patient lens options which are not covered-in-full may be available at a discount at participating providers. Based on state guidelines, lens materials and options may not be available at these discounted prices at all provider locations. Please ask your provider for details. The Lens Options list can be found at mvuhcvision.com.

Choice and Access of Vision Care Providers

UnitedHealthcare offers its vision program through a national network including both private practice and retail chain providers. To access the Provider Locator service or for a printed directory, visit our website myuhcvision.com or call (800) 638-3120, 24 hours a day, seven days a week. You may also view your benefits, search for a provider or print an ID card online at myuhcvision.com.

In-Network Provider - Copays and non-covered patient options are paid to provider by program participant at the time of service.


Out-of-Network Provider - Participant pays all billed charges to the provider, and UnitedHealthcare reimburses the participant for services rendered up to the maximum allowance. Copays do not apply to out-of-network benefits. Receipts for payments should be submitted within 90 days after the date of service to the following address: UnitedHealthcare Vision, Attn. Claims Department, P.O. Box 30978, Salt Lake City, UT 84130. If it was not reasonably possible to give written proof in the time required, the Company will not reduce or deny the claim for this reason. However, proof must be filed as soon as reasonably possible, but no later than 1 year after the date of service unless the Covered Person was legally incapacitated.

Customer Service is available toll-free at (800) 638-3120 from 8:00 a.m. to 11:00 p.m. Eastern Time Monday through Friday, and 9:00 a.m. to 6:30 p.m. Eastern Time on Saturday.

READ YOUR PLAN CAREFULLY - THIS BENEFIT SUMMARY PROVIDES A VERY BRIEF DESCRIPTION OF THE IMPORTANT FEATURES OF YOUR PLAN. THIS IS NOT THE INSURANCE CONTRACT. YOUR FULL RIGHTS AND BENEFITS ARE EXPRESSED IN THE ACTUAL PLAN DOCUMENTS THAT ARE AVAILABLE TO YOU UPON YOUR REQUEST TO US.

UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or its affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06.TX, VPOL.13.TX or VPOL.18.TX and associated COC form number VCOC.INT.06.TX, VCOC.CER.13.TX or VCOC.18.TX. Plans sold in Virginia use policy form number VPOL.06.VA, VPOL.13.VA or VPOL.18.VA and associated COC form number VCOC.INT.06.VA, VCOC.CER.13.VA or VCOC.18.VA. If you opt to receive vision care services or vision care materials that are not covered benefits under this plan, a participating vision care provider may charge you their normal fee for such services or materials. Prior to providing you with vision care services or vision care materials that are not covered benefits, the vision care provider will provide you with an estimated cost for each service or material upon your request. This cost may be higher than if you had received only covered vision services and you may incur additional out-of-pocket expenses. Eyewear materials may be ordered through our national lab network.

UnitedHealthcare®



There's always a provider in sight because there's a large vision network.

Finding a provider you can trust and who meets your lifestyle, eye care and eyewear needs is easy with UnitedHealthcare.

With our large national eye care network, Spectera Eyecare Networks, you can choose to get more personalized care from a private practice. Or, take advantage of the convenience retail chains offer with evening and weekend hours. Either way, we're focused on providing you with a better eye care experience.

Well-known practices and brands in our large national network include:

- 20/20 Vision Center
- 3 Guys Optical
- AccurateOptical
- All About Eyes
- Allegany Optical
- America's Best
- Bard Optical
- BJ's Optical
- Boscov's Optical
- Clarkson Eyecare
- Co/Op Optical
- Cohen's Fashion Optical
- Costco Optical
- Crown Vision Center
- Dr. Travel Family Eye Care
- Eye Boutique
- EyeCare Associates
- Eye Express
- Eye Care Center
- Eyeglass World
- EyeMart Express
- Eyetique
- For Eyes
- General Vision Services
- H. Rubin Vision Centers
- Henry Ford OptimEyes
- Horizon Eye Care
- Houston Eye Associates
- JC Penney Optical
- Midwest Vision Centers
- MyEyeDr.
- National Optometry
- National Vision
- Nationwide Vision



Making it easier for you to find a provider.

To find the provider who best meets your needs, log in to myuhcvision.com or call **1-800-638-3120**.

Some providers or locations may not participate in your plan.

CONTINUED

- NUCROWN
- Optical Shop at Meijer
- Optyx
- Ossip Optometry
- Pearle Vision
- Rosin Eyecare
- RX Optical
- Sam's Club
- Schaeffer Eye Centers
- Sears Optical
- See Inc.
- Shawnee Optical
- Shopko
- Site for Sore Eyes
- Spex
- Standard Optical
- Stanton Optical
- Sterling Optical
- SVS Vision
- Target Optical
- Texas State Optical
- The Eye Gallery
- The Hour Glass
- Thoma & Sutton Eye Care
- Today's Vision
- Virginia Eye Institute
- Vision4Less
- Visionmart Express
- Visionworks
- Vision Source
- Vision Trends
- Vista Optical
- Walmart
- Warby Parker - New for 2018!
- Wisconsin Vision



Making it easier for you to find a provider.

To find the provider who best meets your needs, log in to myuhcvision.com or call **1-800-638-3120**.

Some providers or locations may not participate in your plan.



The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter.

To ask for help, please call 1-800-638-3120, TTY 711, Monday through Friday, 7 a.m. to 10 p.m. CST.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-800-638-3120, TTY 711.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請致電：1-800-638-3120, TTY 711。

Note: Our doctors may also refer to us as Spectera Eyecare Networks.

UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates.

[Facebook.com/UnitedHealthcare](https://www.facebook.com/UnitedHealthcare) [Twitter.com/UHC](https://twitter.com/UHC) [Instagram.com/UnitedHealthcare](https://www.instagram.com/UnitedHealthcare) [YouTube.com/UnitedHealthcare](https://www.youtube.com/UnitedHealthcare)

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Employee Basic Life/AD&D Benefit Summary

Benefit Amount: \$ 25,000

*Basic life insurance provided by UnitedHealthcare Insurance Company. The Accidental Death and Dismemberment (AD&D) portion is automatically included with Basic Life and provides the employee with additional insurance coverage for the loss of life or injuries sustained in an accident on or off the job.**

Coverage	Definition
Age Reduction Schedule	<i>The benefits will be reduced to 65% of original amount at age 65 and 50% of the original amount at age 70.</i>
Accelerated Benefit	<i>This benefit provides an advanced payout of benefits for covered persons who are terminally ill and not expected to live for more than one year. The benefit pays 50% not to exceed \$50,000 of life insurance amount to employee.</i>
Waiver of Premium	<i>If eligible employee becomes totally disabled before age 60, life premiums will be waived and life coverage continued until age 65 (annual proof of disability required).</i>

Accidental Death & Dismemberment (AD&D) Benefit Schedule

Loss must occur within 90 days of the accident. Only one amount, the highest, will be paid if you suffer more than one loss in one accident.

Coverage	Benefit
Loss of Life	100%
Loss of Both hands or Both Feet	100%
Loss of Entire Sight of Both Eyes	100%
Loss of One Hand or One Foot and Sight of One Eye	100%
Quadriplegia	100%
Paraplegia	50%
Hemiplegia	50%
Loss of One Hand or One Foot	50%
Loss of Entire Sight of One Eye	50%
Loss of Speech	25%
Loss of Hearing	25%

Insurance underwritten by United HealthCare Insurance Company or Unimerica Life Insurance Company of New York,

Benefit provisions, exclusions and limitations may vary as a result of state specific requirements.

** Limitations for AD&D Disease, bodily or mental infirmity, suicide or intentionally self-inflicted injury, commission of an assault or felony, war, use of any drug unless prescribed by physician, driving while intoxicated, engaging in any hazardous activities, or travel in a private aircraft.*

Additional Value Added services are included at no cost to the employee. These include:

- *Beneficiary Services*
- *Travel Assistance Services*
- *Will and Trust Services*

This Benefit Summary is intended only to highlight your benefits and should not be relied upon to fully determine coverage. More complete descriptions of benefits and the terms under which they are provided are contained in the Certificate of Coverage that you will receive upon enrollment in the plan. If this Benefit Summary conflicts in any way with the Policy issued to your employer, the Policy shall prevail.



For groups with 2–99 employees

Life insurance

Quick reference guide





Life insurance

Quick reference guide

UnitedHealthcare Specialty Benefits unites a comprehensive portfolio of specialty insurance products that can be purchased efficiently and cost-effectively alongside medical for groups with 2–99 employees. (Products may also be purchased stand-alone.)

Our life insurance portfolio now includes various benefit options, flexible plan designs and value-added services. We are also committed to administrative ease and implementation support.

Product scope

Basic life insurance

- Life insurance paid by the employer
- Available in flat amounts or multiples of salary
- Includes Accidental Death and Dismemberment (AD&D)¹
- Basic dependent life also available
- For groups with 2+ eligible employees

Supplemental employee life insurance

- Employees can buy more life insurance than the basic amount provided by the employer
- Rates are typically age-banded
- Must be sold with basic life
- Includes AD&D¹
- For groups with 10+ eligible employees

Supplemental dependent life insurance

- Employees can purchase optional coverage for a spouse and child(ren)
- Must be sold with supplemental employee life
- Includes AD&D¹
- For groups with 10+ eligible employees

Accidental Death and Dismemberment (AD&D)¹

- Provides employee with additional insurance coverage for loss of life or injuries sustained in an accident on or off the job¹
- Basic life and AD&D¹ are packaged together and have same loss of life benefit amount
- Supplemental employee life and AD&D¹ are packaged together and have same loss of life benefit amount
- Supplemental dependent life and AD&D¹ are packaged together and have same loss of life benefit amount

Features

- Accelerated benefit² provides an advance payout of benefits for covered persons who are terminally ill and not expected to live for more than one year
- Waiver of premiums for disabled employees under age 60²
- Conversion to an individual life insurance policy under certain circumstances
- AD&D seat belt benefit pays an additional percentage of AD&D¹ benefit, up to \$10,000, when the insured individual was wearing his or her seat belt at the time of an automobile accident. The AD&D seat belt and air bag benefit pays an additional percentage of AD&D¹ benefit each, up to \$20,000, for seat belt and air bag combined, if a seat belt was being used and a manufacturer-installed air bag was deployed at the time of the automobile accident
- Convenient one-source account team
- Toll-free access to customer service
- State-of-the-art claims technology

Benefit options may vary by state or group size. Groups with 2–5 lives who purchase life must also purchase medical.



Value-added services

These extra services are automatically embedded with life insurance at no additional cost to employer or employee.

Travel assistance services

- Assists domestic and foreign travelers with a variety of emergency travel-related services, such as medical assistance, emergency transportation and pre-trip information
- Access to the OnCall Travel Assistance customer service center via toll-free or collect telephone call or the Internet, available 24/7 from anywhere in the world
- Covers up to 90 days on any one trip when traveling 100+ miles from home or office

Services provided by OnCall International.

Will and trust preparation services

- Access to information on will preparation, including articles, forms and calculators
- Online self-service will-preparation tool
- Online or telephone assistance for document preparation

Services provided by CLC, Inc.

Beneficiary services

- Grief consultation and financial/legal assistance services for beneficiaries, including 24/7 phone line, referrals for face-to-face counseling and access to credentialed clinicians, financial consultants and attorneys
- Communications kit with support resources

Grief services offered by OptumHealth Behavioral Solutions (OptumHealth is a subsidiary of UnitedHealth Group).

Wealth Management Account

Life insurance benefit amounts over \$5,000 are placed in a Wealth Management Account to allow the beneficiary time to decide how to use the insurance proceeds.³ Wealth Management Accounts provide:

- Security of an FDIC-insured account
- Convenience of checks and Wealth Management Account Debit MasterCard®
- Competitive interest rates
- Flexibility of frequent transactions

Services provided by OptumHealth Bank, Member FDIC.

Flexible plan designs

Basic Life and AD&D

Eligibility

- All full-time employees working a minimum of 30 hours per week
- Dependent child(ren) under age 26

Employer contribution and participation levels

- **Non-contributory** (fully paid by employer):
 - 100% participation required
- **Contributory** (partially paid by employee): Minimum 25% employer-paid
 - 75% participation required

Benefit amounts

Flat option depending on group size

- 2–5 eligible employees: \$15,000–\$50,000 in \$5,000 increments
- 6–19 eligible employees: \$15,000–\$175,000 in \$5,000 increments
- 20–50 eligible employees: \$15,000–\$250,000 in \$5,000 increments
- 51–99 eligible employees: \$15,000–\$350,000 in \$5,000 increments

Salary-based option depending on group size

- 2–5 eligible employees: 1x or 2x salary to a maximum of \$50,000
- 6–19 eligible employees: 1x or 2x salary to a maximum of \$50,000, \$100,000 or \$175,000

- 20–50 eligible employees: 1x or 2x salary to a maximum of \$50,000, \$100,000, \$175,000 or \$250,000
- 51–99 eligible employees: 1x or 2x salary to a maximum of \$50,000, \$100,000, \$175,000, \$250,000 or \$350,000

Guaranteed issue

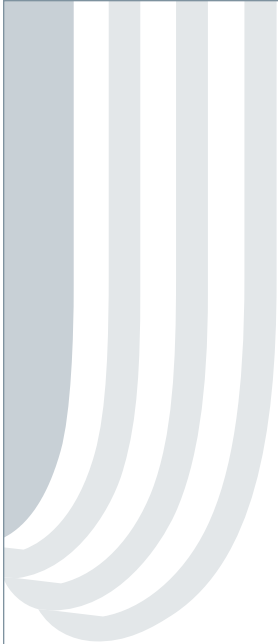
- 2–5 eligible employees: \$25,000
- 6–19 eligible employees: \$50,000
- 20–50 eligible employees: \$100,000
- 51–99 eligible employees: \$175,000

Accelerated benefit

- Provides an advance payout of benefits for covered persons who are terminally ill and not expected to live for more than one year
- Pays 50% (up to \$50,000) of life insurance amount to employee
- End benefit and associated premium reduced by the accelerated benefit payout
- No charge for loss of interest in the event of a payout. Not available for dependent life

Waiver of premium

- If eligible employee becomes totally disabled before age 60, premiums are waived and life coverage is continued until age 65 (annual proof of disability required)



Benefit reduction

- Reduction to 65% at age 65, and to 50% at age 70

Life conversion

- May convert to an individual whole life insurance policy when losing life coverage under the group plan, under certain circumstances

Basic dependent life

Benefit amounts

- Three options available for groups of 2–99 eligible employees:
 - Spouse: \$7,500; child: \$3,750
 - Spouse: \$4,000; child: \$2,000
 - Spouse: \$2,000; child: \$1,000
- Standard exclusions and limitations apply in most cases

Supplemental employee life and AD&D

Availability

- Available only for employees for groups with 10+ employees
- Must be sold with basic life
- Automatically includes AD&D

Participation levels

- Minimum participation – 25% of the eligible employees

Benefit amounts and plan maximums

- Flat option: Flat increments of \$10,000, not to exceed plan maximums
- Salary-based option: 1x or 2x salary, not to exceed plan maximums:

Plan maximums:

- 10–19 eligible employees: \$100,000
- 20–50 eligible employees: \$200,000
- 51–99 eligible employees: \$300,000

Guaranteed issue

- 10–50 eligible employees: \$30,000
- 51–99 eligible employees: \$80,000

Accelerated benefit

- Pays 50% (up to \$50,000) of life insurance amount to employee

Waiver of premium

- If eligible employee becomes totally disabled before age 60, premiums are waived and life coverage is continued until age 65 (annual proof of disability required)

Benefit reduction

- Reduction to 65% at age 65, and to 50% at age 70

Portability

- Included as long as termination of coverage is not due to disability
- Application must be received within 31 days of termination

Conversion

- May convert to an individual whole life insurance policy when losing life coverage under the group plan, under certain circumstances

Supplemental dependent life and AD&D

Availability

- Available for spouses and children for groups with 10+ employees
- Must be sold with supplemental employee life
- Automatically includes AD&D

Benefit amounts

- Spouse amount: \$10,000 or \$20,000
- Child amount: \$5,000 or \$10,000

Guaranteed issue

- Spouse amount: \$20,000
- Child amount: \$10,000

Portability

- Included as long as termination of coverage is not due to disability
- Application must be received within 31 days of termination
- Dependent cannot port coverage unless the Employee ports coverage

Conversion

- May convert to an individual whole life insurance policy when losing life coverage under the group plan, under certain circumstances

Save when you bundle your benefits with the Packaged Savings[®] program

- Bundle our comprehensive medical plans with eligible specialty products – dental, life, disability and vision
- The more you bundle, the more you can save
- Per-employee per-month savings is given as a monthly administrative credit based on the number of enrolled UnitedHealthcare medical subscribers
- Packaged Savings credits remain in place as long as the eligible coverages remain in force for 2-99 eligible employees and 12 months for 100 or more eligible employees.



For more information about UnitedHealthcare life insurance products, contact your UnitedHealthcare representative.



¹Limitations for AD&D: Disease, bodily or mental infirmity, suicide or intentionally self-inflicted injury, commission of an assault or felony, war, use of any drug unless prescribed by a physician, driving while intoxicated, engaging in any hazardous activities, or travel in a private aircraft.

²Not available for dependent life.

³Eligibility for automatic deposit into an OptumHealth Bank Wealth Management Account is subject to qualifying conditions evaluated by OptumHealth Bank and UnitedHealthcare Specialty Benefits at the time of claim review to include limited availability in certain states. OptumHealth Bank, Member FDIC, is part of the financial services unit of OptumHealth, a subsidiary of UnitedHealth Group (NYSE:UNH). Fees may apply under special circumstances and may reduce earnings on account.

Standard exclusions and limitations apply in most cases.

Benefit options, exclusions and limitations may vary by state or group size.

Accelerated Benefit, Waiver of Premium and Benefit Reduction are not available with Dependent Life.

Portability is not available for Basic Life.

UnitedHealthcare Life products are provided by UnitedHealthcare Insurance Company; and in California by Unimerica Life Insurance Company; and in New York by Unimerica Life Insurance Company of New York. UnitedHealthcare Insurance Company is located in Hartford, CT; Unimerica Life Insurance Company is located in Milwaukee, WI; and Unimerica Life Insurance Company of New York is located in New York, NY.

Specialty benefits and programs may not be available in all states or for all group sizes. Components are subject to change.

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UHCEW573109-000

PALS HOME HEALTH

United Healthcare

Voluntary Dental, Vision and Life

1/1/2024 - 12/31/2024

DENTAL

	PPO 30 - P3384		PPO 20 - P3305
Ded. In/Out	\$50/Inv,\$150/Fam		\$50/Inv,\$150/Fam
Out of Network Reimbursement	85%		Mac
Prev & Diag In/Out	100%		100%
Minor Rest In/out	80%		80%
Endodontic,Periodntic, Oral Surg In/Out	50%		50%
Major In/Out	50%		50%
Waiting Period	0 Months		0 Months
Ortho	0%/no		0%/no
Annul Max In/out	\$1000/\$1000		\$1,200/\$1,200
	Monthly		Monthly
Employee	\$40.29		\$26.28
Emp+Spouse	\$80.57		\$52.59
Emp+ Children	\$81.30		\$53.08
Emp + Family	\$125.32		\$81.79

VISION

	S105V
	Monthly
Employee	\$8.74
Emp + Spouse	\$16.61
Emp+ Children	\$19.41
Emp + Family	\$27.37

BASIC LIFE

BASIC LIFE	Monthly
\$25,000 Life + AD&D	FREE!!
VOLUNTARY LIFE + AD & D	
Guaranteed Issue\$30,000	Per age
Additional up to \$200,000	
\$200,000	Per age



PALS IS NOW OFFERING PTO!!

Communication, Quality Care, Transparency, and Commitment are our core values at PALS Home Health. We strive to uphold these values every day in the work we do. Our new Paid Time Off (PTO) program for our field staff demonstrates our Commitment to our nurses and promotes exceptional Quality Care for our patients.

	Example 1	Example 2	Example 3
Week 1	40	48	30
Week 2	40	36	40
Week 3	40	0	45
Week 4	40	36	0 (PTO used)
Week 5	40	48	32
Week 6	40	36	36
Week 7	40	48	30
Week 8	40	0 (PTO used)	32
Week 9	40	48	36
Week 10	40	36	30
Week 11	40	48	0
Week 12	40	36	45
Week 13	40	48	32
Total hours worked	520= 10 hours PTO	468= 8 hours PTO	388= No PTO

Field staff can earn up to 40 hours of PTO per year!

10 hours of PTO per quarter will be awarded if
520+ hours worked in a quarter
(average of 40+ hours per week)

8 hours of PTO per quarter will be awarded if
468-519 hours worked in a quarter
(average of 36+ hours per week)



PALS HOME HEALTH
 PASSIONATE ABOUT PEDIATRIC HEALTH
 WACO · LUBBOCK



PALS Home Health
 PALS Home Health - Lubbock



@PALSHomeHealth
 @PALSHHLubbock



401(k) Plan Guidebook



PALS HOME HEALTH
PASSIONATE ABOUT PEDIATRIC HEALTH
2024 PALS Home Health Benefits Packet

Here are the Highlights:

ELIGIBILITY AND PLAN ENTRY

- You are eligible to participate in the plan when you complete 30 days of employment.
- Employees expected to work less than 1,000 hours during the year are considered part-time and not eligible for the plan.
- Your entry date will be the 1st of plan quarter (January 1st, April 1st, July 1st or October 1st), coinciding with or following the completion of the eligibility requirements above.

SALARY DEFERRAL CONTRIBUTIONS

- You may defer up to \$22,500 of your salary and save into the traditional (pre-tax) or Roth (after-tax) portion of the 401(k) plan.
- If you are age 50 or over at anytime during the Plan Year, you may make an additional deferral of up to \$7,500 "Catch-Up Contribution" to the plan.
- Your deferral election may be modified or reinstated as of the 1st of the plan quarter.

EMPLOYER CONTRIBUTIONS

- An employer matching contribution may be made at the discretion of the company. For 2023, you employer will match 100% of your salary deferral up to 2% of your compensation plus 50% of your salary deferrals up to 4% of your compensation.
- Maximum Match will be 3% of your of your gross salary, if you defer at least 5% of your own salary.
- An employer profit sharing contribution may be made on your behalf at the discretion of the company. If a profit sharing contribution is made, only participants who have worked 1,000 hours and are employed on the last day of the Plan Year will qualify to receive the contribution.

VESTING

- Discretionary employer contributions are subject to a 2 year graded vesting schedule as follows:

Year 1—50%, Year 2—100%

- Salary Deferrals and Rollover contributions are always 100% vested.

DISTRIBUTIONS & WITHDRAWALS

- You may request hardship withdrawals from your Salary Deferrals for qualifying events (please refer to your Plan Administrator for requirements and approval).
- You may request an in-service withdrawal upon your attainment of age 59 1/2 from all plan accounts that are 100% vested.

ROLLOVERS

- You may chose to make Rollover Contributions by transferring your balance from another qualified Retirement plan or IRA into this Plan.



About Online Access:

As a participant in a 401(k) Plan Administered by PB&H Benefits, you can access your Retirement account 24 hours a day / 7 days a week via the Internet:

For Web Access go to pbhbenefits.com then select Login:

Your initial log in will be your social security number without dashes as your username and the last 4 digits of your social security number as your password.

You will be prompted to change your username and password, setup security questions and register your device upon log in.

YOU CAN VIEW THE FOLLOWING INFORMATION VIA WEB ACCESS:

- Current Account Balance in dollars and shares
- Personal Rate of Retirement urn for Your Retirement Account
- Investment Retirement urns and Prospectus
- Personal Census Information
- Current Investment Allocation Elections
- Transaction History of Contributions and other activity on your Account
- Quicken Export of Transaction History
- Personal Participant Retirement Account Statement
- Summary Plan Description and other plan related documents

YOU HAVE THE ABILITY TO INITIATE THE FOLLOWING VIA WEB ACCESS:

- Change your Username and Password upon initial login or at anytime
- Change your Investment Allocation Elections
- Transfers between funds using percentage or dollar values
- Rebalance your portfolio to current or new investment elections
- Rebalance your portfolio to target balance investment elections
- Model/View available loan balance calculation, payment amount, current loan balance, next payment due and request new loans.
- Request a personal participant statement for any date range and save the statements for future reference.

Using the Default Investment:

YOUR QUALIFIED DEFAULT INVESTMENT ALTERNATIVE—QDIA

Right to direct investment/default investment. You have the right to direct the investment of all of your accounts under the Plan (your "directed accounts") in any of the investment choices explained in the investment information materials provided to you.

We encourage you to make an investment election to ensure that amounts in the Plan are invested in accordance with your long-term investment and Retirement plans. However, **if you do not make an investment election**, then the amounts that you could have elected to invest will be invested in a default investment that the Plan officials have selected.

Description of default investment. **Vanguard Target Retirement Funds.**

IF YOU WERE BORN...	INVESTMENT NAME	EXPENSE RATIO
On or Before 1954	Vanguard Target Retirement Income Fund	.08%
1955-1960	Vanguard Target Retirement 2020 Fund	.08%
1961-1965	Vanguard Target Retirement 2025 Fund	.08%
1966-1970	Vanguard Target Retirement 2030 Fund	.08%
1971-1975	Vanguard Target Retirement 2035 Fund	.08%
1976-1980	Vanguard Target Retirement 2040 Fund	.08%
1981-1985	Vanguard Target Retirement 2045 Fund	.08%
1986-1990	Vanguard Target Retirement 2050 Fund	.08%
1991-1995	Vanguard Target Retirement 2055 Fund	.08%
1996-2000	Vanguard Target Retirement 2060 Fund	.08%
2001 or After	Vanguard Target Retirement 2065+ Fund	.08%

Investment objectives. The Vanguard Target Date Retirement portfolios allow participants to invest for Retirement in one step, into a portfolio that automatically adjusts to a more conservative allocation as Retirement grows near. Default allocations are based on a projected Retirement age of 65. If you turn 65 within a calendar year which is two years before or after the portfolio's target date, your contributions will be allocated to that portfolio. If you have already turned 65, your contributions will be allocated to the most conservative portfolio available.

Right to alternative investment. If the Plan invests some or all of your accounts in the default investment, then you have the continuing right to direct the investment of your accounts ("directed accounts") in one or more of the other investment choices available to you as explained above. You may change your investments at any time.

Where to go for further investment information. You can obtain further investment information about the Plan's investment alternatives other than the default investments online at www.pbhbenefits.com or you can contact the Plan Administrator.

Your 401(k) Team:



PLAN SERVICES

Phone | 888.629.2363

Fax | 254.772.0455

Email | pbhbenefits@pbhcpa.com



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Samsung Galaxy S® 6 edge



HTC One® M9



*great service
comes with
great savings*

PALS Home Health
employees, save up to 8%
on your monthly service with AT&T.

You can also enjoy exclusive discounts on our
latest smartphones and more for your family.

Plus, get Rollover Data^{SM*} when you choose
one of our Mobile Share Value[®] plans.

it's easy

- ① Visit att.com/storelocator to locate your nearest AT&T store
- ② Make sure to mention your IRU Foundation Account Number

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*Rollover DataSM is only available with Mobile Share Value[®] plans. Unused data from the monthly plan allowance rounds up to the nearest MB and carries over for one billing period. Unused Rollover Data automatically expires after one billing period, with any plan change, or when a group or account is terminated. Unused Additional data resulting from data overage is not included. Rollover Data is always consumed last, after your other data allowances. Unused Rollover Data is not redeemable for cash or credit and is not transferable including to other Mobile Share Value groups on your account. Mobile Share and Mobile Share Data-only plans are excluded. Visit att.com/rolloverdata for more info. Smartphones require a new two-year agreement with qualifying voice and data plans. AT&T Exclusively Business: Monthly service charge discount requires activation of a two-year AT&T Mobile Business Agreement on five or more business wireless lines and at least one Corporate Responsibility User. AT&T Exclusively Business is only available to customers who have signed an AT&T Mobile Business Agreement. Smartphone Data Plan Requirement: For IRU customers, a DataPlus Personal Plan (min. \$20/mo.); or for CRU customers, a DataPro Personal Plan (min. \$30/mo.) or a DataPro Enterprise Plan (min. \$45/mo.). If you exceed your initial data allowance, you will automatically be charged an additional \$10 for each additional 1GB provided on DataPro or an additional \$20 for each additional 300MB provided on DataPlus. Access to corporate email, company intranet sites, and business applications requires a DataPro Enterprise Plan. For more details on Data Plans, go to att.com/dataplans. Equipment price and availability may vary by market and may not be available from independent retailers. Early Termination Fee (att.com/equipmentETF): After 30 days, ETF up to \$325. Restocking fee up to \$35 for smartphones and up to 10% for tablets. Other conditions and restrictions apply. See contract for details. Wi-Fi: Access includes AT&T Wi-Fi Basic. A Wi-Fi-enabled device is required. Other restrictions apply. See www.attwifi.com for details and locations. Other conditions apply to all offers. © 2015 AT&T Intellectual Property. All rights reserved. AT&T, the AT&T logo and all other AT&T marks contained herein are trademarks of AT&T Intellectual Property and/or AT&T affiliated companies.

For Short-Term Disability Insurance,
additional life insurance, or any other
type of additional insurance

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