

# Employee Benefits Guide



**HCM**

HILL COUNTRY  
MEMORIAL

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Plan Year: January 1, 2018 to December 31, 2018

## Medical Plan - \$2,500 Deductible (EPO\*)

Medical Benefits	Preferred Provider HCM	In-Network Provider Aetna Provider Network	Out of Network
<b>Lifetime Maximum Benefit</b>	Unlimited		Not covered
<b>Calendar Year Deductible</b>			
Individual	\$2,500	\$2,500	Not covered
Family	\$7,500	\$7,500	
<b>Rx Deductible</b>	\$150 per Calendar Year (does not apply to Generics)	\$150 per Calendar Year (does not apply to Generics)	Not covered
<b>Medical Out of Pocket Maximum</b>	<b>Includes deductibles, copays and coinsurance amounts</b>		
Individual	\$5,800	\$5,800	Not covered
Family	\$11,900	\$11,900	
<b>Rx Out of Pocket Maximum</b>	<b>Includes deductibles, copays and coinsurance amounts</b>		
Individual	\$1,550	\$1,550	Not covered
Family	\$2,800	\$2,800	
<b>Physician Office Visit</b>	\$35 copay	\$35 copay	
<b>Preventive Care</b>			
Routine Adult Physicals	\$0	Not covered	Not covered
Well Newborn Care	\$0	Not covered	Not covered
<b>Hospital Services</b>			
Inpatient Admission	20%	\$1,000 copay, then 30%	Not covered
Outpatient	20%	30%	
<b>Emergency Room</b>	True emergency \$250 copay, then 20%		
<b>Urgent Care</b>	\$45 copay		
<b>Prescription Drugs</b>	<b>\$150 annual Rx deductible for Preferred and Non-preferred per member</b>		
Over the Counter (30 day supply)			
Generic	\$8 copay	\$8 copay	\$8 copay
Preferred Brand Name	\$40 copay	\$40 copay	\$40 copay
Non-Preferred Brand Name	\$60 copay	\$60 copay	\$60 copay
Mail Order (90 day supply)			
Generic	\$16 copay	\$16 copay	\$16 copay
Preferred Brand Name	\$80 copay	\$80 copay	\$80 copay
Non-Preferred Brand Name	\$120 copay	\$120 copay	\$120 copay

\*This Plan includes an **EXCLUSIVE PROVIDER ORGANIZATION (EPO)**. The exclusive provider is Hill Country Memorial (HCM). All Inpatient and Outpatient Facility Services must be provided at HCM unless service is not available at HCM. Services must be verified through Pre-Service Notification process. Failure to comply with Pre-Service Notification may result in reduction or no coverage of benefits.



"If you have a health factor that makes it unreasonably difficult or medically inadvisable for you to achieve the requirements of this program to qualify for the incentive/s, please contact Human Resources and we will work with you &/or your physician to develop an alternative. The purpose of this program is to promote health and prevent disease by alerting Hill Country Memorial employees to potential health risks. This program is confidential and HIPAA compliant. Protected Health Information will only be collected in aggregate form in order to design programs for the purpose of addressing Hill Country Memorial's overall risk/s. Any information shared will not be disclosed except in accordance with HIPAA laws."

## 2018 **EPO** PLAN PREMIUMS

Employees working 60 or more hours per pay period

Non Tobacco User Wellness Participant						
HCM Pays 85% of the Standard Premium for Employee						
	Total Premium Per Pay Period	HCM Pays Per Pay Period	Tobacco Surcharge 25%	Wellness Discount -10%	Employee Premium Per Pay Period	
Employee Only	\$425.03	\$363.40	\$0.00	-\$42.51	\$19.12	
Employee + Spouse	\$1,069.07	\$801.81	\$0.00	-\$42.51	\$224.75	
Employee + Child(ren)	\$763.49	\$572.62	\$0.00	-\$42.51	\$148.36	
Employee + Family	\$1,150.69	\$863.02	\$0.00	-\$42.51	\$245.16	

Non Tobacco User Non Wellness Participant						
HCM Pays 85% of the Standard Premium for Employee						
	Total Premium Per Pay Period	HCM Pays Per Pay Period	Tobacco Surcharge 25%	Wellness Discount -10%	Employee Premium Per Pay Period	
Employee Only	\$425.03	\$363.40	\$0.00	\$0.00	\$61.63	
Employee + Spouse	\$1,069.07	\$801.81	\$0.00	\$0.00	\$267.26	
Employee + Child(ren)	\$763.49	\$572.62	\$0.00	\$0.00	\$190.87	
Employee + Family	\$1,150.69	\$863.02	\$0.00	\$0.00	\$287.67	

Tobacco User Wellness Participant						
HCM Pays 85% of the Standard Premium for Employee						
	Total Premium Per Pay Period	HCM Pays Per Pay Period	Tobacco Surcharge 25%	Wellness Discount -10%	Employee Premium Per Pay Period	
Employee Only	\$425.03	\$363.40	\$106.27	-\$42.51	\$125.39	
Employee + Spouse	\$1,069.07	\$801.81	\$106.27	-\$42.51	\$331.02	
Employee + Child(ren)	\$763.49	\$572.62	\$106.27	-\$42.51	\$254.63	
Employee + Family	\$1,150.69	\$863.02	\$106.27	-\$42.51	\$351.43	


Tobacco User Non Wellness Participant						
HCM Pays 85% of the Standard Premium for Employee						
	Total Premium Per Pay Period	HCM Pays Per Pay Period	Tobacco Surcharge 25%	Wellness Discount -10%	Employee Premium Per Pay Period	
Employee Only	\$425.03	\$363.40	\$106.27	\$0.00	\$167.90	
Employee + Spouse	\$1,069.07	\$801.81	\$106.27	\$0.00	\$373.53	
Employee + Child(ren)	\$763.49	\$572.62	\$106.27	\$0.00	\$297.14	
Employee + Family	\$1,150.69	\$863.02	\$106.27	\$0.00	\$393.94	

**All Inpatient and Outpatient Facility Services must be provided at HCM unless service is not available at HCM. Services must be verified through Pre-Service Notification process. Failure to comply with Pre-Service Notification may result in reduction or no coverage of benefits. Phone number for Pre-Service Notification can be found on your insurance card.**

## Medical Plan - \$2,500 Deductible (PPO\*)

Medical Benefits	Preferred Provider HCM	In-Network Provider Aetna Provider Network	Out of Network
<b>Lifetime Maximum Benefit</b>	Unlimited		Not covered
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<b>Medical Out of Pocket Maximum</b>	<b>Includes deductibles, copays and coinsurance amounts</b>		Not covered
Individual	\$5,800	\$5,800	
Family	\$11,900	\$11,900	
<b>Rx Out of Pocket Maximum</b>	<b>Includes deductibles, copays and coinsurance amounts</b>		Not covered
Individual	\$1,550	\$1,550	
Family	\$2,800	\$2,800	
<b>Physician Office Visit</b>	\$35 copay	\$35 copay	
<b>Preventive Care</b>			
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Preferred Brand Name	\$80 copay	\$80 copay	\$80 copay
Non-Preferred Brand Name	\$120 copay	\$120 copay	\$120 copay

\*This Plan includes a multi-tier **PREFERRED PROVIDER ORGANIZATION (PPO)** with various medical providers. Members may use a provider in the GHCHA Provider Network, the Aetna Provider Network or HCM for services.



"If you have a health factor that makes it unreasonably difficult or medically inadvisable for you to achieve the requirements of this program to qualify for the incentive/s, please contact Human Resources and we will work with you &/or your physician to develop an alternative. The purpose of this program is to promote health and prevent disease by alerting Hill Country Memorial employees to potential health risks. This program is confidential and HIPAA compliant. Protected Health Information will only be collected in aggregate form in order to design programs for the purpose of addressing Hill Country Memorial's overall risk/s. Any information shared will not be disclosed except in accordance with HIPAA laws."

## 2018 **PPO** PLAN PREMIUMS

Employees working 60 or more hours per pay period

Non Tobacco User Wellness Participant						
HCM Pays 55% of the Standard Premium for Employee						
	Total Premium Per Pay Period	HCM Pays Per Pay Period	Tobacco Surcharge 25%	Wellness Discount -10%	Employee Premium Per Pay Period	
Employee Only	\$425.03	\$233.80	\$0.00	-\$42.51	\$148.77	
Employee + Spouse	\$1,069.07	\$588.06	\$0.00	-\$42.51	\$438.63	
Employee + Child(ren)	\$763.49	\$419.97	\$0.00	-\$42.51	\$301.11	
Employee + Family	\$1,150.69	\$632.96	\$0.00	-\$42.51	\$475.36	

Non Tobacco User Non Wellness Participant						
HCM Pays 55% of the Standard Premium for Employee						
	Total Premium Per Pay Period	HCM Pays Per Pay Period	Tobacco Surcharge 25%	Wellness Discount -10%	Employee Premium Per Pay Period	
Employee Only	\$425.03	\$233.80	\$0.00	\$0.00	\$191.28	
Employee + Spouse	\$1,069.07	\$588.06	\$0.00	\$0.00	\$481.14	
Employee + Child(ren)	\$763.49	\$419.97	\$0.00	\$0.00	\$343.61	
Employee + Family	\$1,150.69	\$632.96	\$0.00	\$0.00	\$517.87	

Tobacco User Wellness Participant						
HCM Pays 55% of the Standard Premium for Employee						
	Total Premium Per Pay Period	HCM Pays Per Pay Period	Tobacco Surcharge 25%	Wellness Discount -10%	Employee Premium Per Pay Period	
Employee Only	\$425.03	\$233.80	\$106.27	-\$42.51	\$255.04	
Employee + Spouse	\$1,069.07	\$588.06	\$106.27	-\$42.51	\$544.90	
Employee + Child(ren)	\$763.49	\$419.97	\$106.27	-\$42.51	\$407.37	
Employee + Family	\$1,150.69	\$632.96	\$106.27	-\$42.51	\$581.63	

Tobacco User Non Wellness Participant						
HCM Pays 55% of the Standard Premium for Employee						
	Total Premium Per Pay Period	HCM Pays Per Pay Period	Tobacco Surcharge 25%	Wellness Discount -10%	Employee Premium Per Pay Period	
Employee Only	\$425.03	\$233.80	\$106.27	\$0.00	\$297.55	
Employee + Spouse	\$1,069.07	\$588.06	\$106.27	\$0.00	\$587.41	
Employee + Child(ren)	\$763.49	\$419.97	\$106.27	\$0.00	\$449.88	
Employee + Family	\$1,150.69	\$632.96	\$106.27	\$0.00	\$624.14	

***This Plan includes a multi-tier PREFERRED PROVIDER ORGANIZATION (PPO), with various medical providers. Members may use a provider in the GHCHA Network, the Aetna Provider Network or HCM for their services.***

## Dental Benefits - 32 Dental

	Coverage
<b>Calendar Year Maximum</b>	\$1,000
<b>Orthodontia Lifetime Max</b>	\$1,000
<b>Annual Deductible</b>	\$50 individual \$150 family
<b>Type I - Preventive Services</b> Cleanings Oral Exams Sealants <b>Type II - Basic Services</b> Fillings Simple Extractions Endodontics Periodontics <b>Type III - Major Services</b> Crowns Bridges & Dentures Oral Surgery <b>Type IV - Orthodontics</b>	Covered 100%  Covered 80% after deductible  Covered 50% after deductible  Covered 50%
<b>Waiting Period</b>	None

- \* One every 6 consecutive month period.
- \*\* Any 36 consecutive month period.
- \*\*\* One treatment per tooth (permanent posterior only) or quadrant any 36 consecutive month period.
- \*\*\*\* One treatment every 12 consecutive month period.

<b>Cost to Employee per Pay Period</b>	
<b>Employee Only</b>	\$ 17.43
<b>Employee + 1 Dependent</b>	\$ 34.66
<b>Employee + 2 or More Dependents</b>	\$ 50.87

## Vision Benefits - Vision Services Plan (VSP)

Benefits	Description	Copay
<b>Well Vision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every year</li> </ul>	\$10
<b>Prescription Glasses</b>		\$25
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$130 allowance for a wide selection of frames</li> <li>20% off amount over your allowance</li> <li>Every Other year</li> </ul>	Included in prescription glasses
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> <li>Every year</li> </ul>	Included in prescription glasses
<b>Lens Options</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average 20-25% off other lens options</li> <li>Every year</li> </ul>	\$55 \$95-\$105 \$150-\$175
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$130 allowance for contacts: copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every year</li> </ul>	Up to \$60
<b>Extra Savings and Discounts</b>	<p><u>Glasses and Sunglasses</u></p> <p>20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam.</p> <p><u>Laser Vision Correction</u></p> <p>Average 15% off regular price or 5% off promotional price. Discounts are available only from contracted facilities.</p>	
<p><b>Your Coverage with Other Providers</b></p> <p><b>Visit <a href="http://vsp.com">vsp.com</a> for details if you plan to see a provider other than a VSP doctor</b></p>		
Exam.....	up to \$45	Lined Trifocal Lenses..... up to \$65
Frame.....	up to \$70	Progressive Lenses..... up to \$50
Single Vision Lenses .....	up to \$30	Contacts .....
Lined Bifocal Lenses.....	up to \$50	up to \$105

### Cost to Employee per Pay Period

<b>Employee Only</b>	\$ 4.65
<b>Employee + 1 Dependent</b>	\$ 6.74
<b>Employee + 2 or More Dependents</b>	\$ 12.09

# Group Life and Accidental Death & Dismemberment Insurance - The Standard

## Basic Life/AD&D Insurance

HCM provides a \$15,000 Basic Life/AD&D policy to employees on the health plan at no cost to the employee. The benefit doubles due to accidental death.

## Supplemental Life/AD&D Insurance

You may add to your Basic Life/AD&D Insurance by purchasing Supplemental Life/AD&D insurance coverage. You may purchase up to \$500,000 (in \$10,000 increments).

**Guarantee Issue:** The lesser of 4 times your annual earnings, or \$250,000\*

## Supplemental Dependent Life/AD&D Insurance

You may purchase Supplemental Dependent Life coverage for your eligible dependents.

**Spouse:** Increments of \$10,000 to a maximum of \$500,000

**Spouse Guarantee Issue:** \$20,000\*

**Dependent Child Life:** \$10,000

The amount of Dependent life insurance for your spouse or child cannot exceed 100% of the amount of your life insurance.

Supplemental Life and AD&D Rates Employee and Spouse Rates are the same	Monthly Rate per \$1,000 of Coverage	<b>CHILD LIFE INSURANCE</b>  \$1.00 per pay period for \$10,000 of coverage
<b>Under Age 30</b>	\$0.067	
<b>30 - 34</b>	\$0.076	
<b>35 - 39</b>	\$0.105	
<b>40 - 44</b>	\$0.171	
<b>45 - 49</b>	\$0.208	
<b>50 - 54</b>	\$0.344	
<b>55 - 59</b>	\$0.600	
<b>60 - 64</b>	\$0.944	
<b>65 - 69</b>	\$1.767	
<b>70 - 74</b>	\$4.940	
<b>VOLUNTARY ACCIDENTAL DEATH &amp; DISMEMBERMENT</b>		
<b>Employee Only:</b> \$0.05 per \$1,000 of coverage		
<b>Employee &amp; Dependents:</b> \$0.08 per \$1,000 of coverage		

\* If you wish to become insured for an amount of Additional Life in excess of 4 times earnings or \$250,000, the excess will be subject to medical underwriting approval. All late applications and requests for coverage increases are also subject to medical underwriting approval.







Emergencies can happen to anyone, anytime, and anywhere. **No matter what, MASA MTS has you covered!**

### What is Covered?

BENEFIT	EMERGENT \$9.90/Mo	PLATINUM \$26.95-\$35.75/Mo
Emergency Air Medical Transport	✓	✓
Emergency Ground Ambulance Transport	✓	✓
Air Transportation - Hospital to Hospital		✓
Organ Recipient Transport		✓
Organ Retrieval		✓
Minor Child/Grandchild Return		✓
Repatriation/Recuperation		✓
Non-injury Transport		✓
Pet Return		✓
Vehicle Return		✓
Return Transportation		✓
Escort Transportation		✓
Mortal Remains Transport		✓
Worldwide Coverage		✓

*Only MASA MTS for Employees can provide you with complete protection.*

### THE TRUTH....

Americans today **suffer from a false sense of security** that their medical coverage will pay for all costs associated with emergency or critical care transport. The reality is that a majority of Americans are **only partially covered** for these high costs.

Most healthcare policies will only pay based off of the "Usual and Customary Charges" while Medicare pays based off a set fee schedule, both **leaving you with the remainder of the bill.**

You face the possibility that your medical coverage will deny the claim **leaving you responsible for the ENTIRE bill.**

Typically health insurance policies will not get you back home when traveling, leaving you exposed to transportation **costs that can exceed \$100,000.**

***We provide medical emergency transportation solutions AND cover your out of pocket medical transport cost when your insurance falls short.***

#### EMPLOYEE PAYMENT OPTIONS FOR MASA MTS MEMBERSHIP

PLATINUM MEMBERSHIP:  
 Single: \$26.95 Monthly ; Annually \$319 (46% off)  
 Family: 35.75 Monthly ; \$429 Annually (46% off)

EMERGENT MEMBERSHIP:  
 Household: \$9 Monthly (28% off)  
 \$108.90 Annually (34% off)

#### MASA MTS for Employees Ensures...

- NO health questions
- NO age limits
- NO claim forms
- NO deductibles
- NO provider/insurance network limitations
- NO dollar limits on emergency transport costs

# Aflac Voluntary Plans

## Accident Advantage

Individual accident insurance is a way to stay ahead of the medical and out-of-pocket expenses that add up so quickly after an accidental injury - not just for emergency treatment, hospital stays and medical exams, but for other expenses you may face, such as transportation and lodging needs.

When you have a covered accident, we will send cash benefits directly to you (unless you tell us otherwise) and you decide the best way to spend them. It's as simple as that. You'll receive cash benefits for these and other expenses that may not be fully covered by your major medical insurance:

- Broken teeth
- Ambulance ground and air
- Concussions
- Emergency room visits
- Intensive care unit confinement
- Lacerations

## Cancer Care

A diagnosis of cancer takes a toll physically, emotionally and financially. The Cancer Care Plan pays a cash benefit upon initial diagnosis of a covered cancer, with a variety of other benefits payable throughout cancer treatment. You can use these cash benefits to help pay deductibles and co-payments, the rent or mortgage, groceries, or utility bills - the choice is yours.

## Critical Protection

A serious health condition such as heart attack, end-stage renal failure or third-degree burns is not only a life-altering physical event, but a devastating financial one as well. Critical care and recovery insurance may make all the difference by providing cash benefits as you concentrate on your recovery.

Covered health events also include:

- Stroke
- Paralysis

- Coronary artery bypass surgery
- Persistent vegetative state
- Major human organ transplant
- Coma

## Hospital Advantage

Even if you have a major medical insurance plan, when you are hospitalized for an injury or illness there will probably be medical expenses and out of pocket costs that are not covered. A hospital confinement indemnity insurance policy provided hospitalization benefits that are predetermined and paid regardless of any other insurance you have.

## Group Critical Illness

A lump sum critical illness insurance policy provides a single cash benefit to you if you are diagnosed or treated for a covered critical illness event. This benefit is paid upon the onset date of one of the following critical illness events:

- Heart Attack
- Stroke
- Coma
- End Stage Renal Failure
- Major Human Organ Transplant
- Paralysis



# Aflac Premiums

Benefits	Semi-Monthly Payroll Deduction			
	Employee	Employee & Child (ren)	Employee & Spouse	Two Parent Family
<b>AFLAC Accident Advantage</b>	\$14.69	\$22.49	\$19.31	\$27.76
<b>AFLAC Cancer Care Premier Coverage Example</b> (issue ages 18-70; guaranteed renewable for life) With \$6,000 Initial Diagnosis Benefit Rider With \$100 Cancer Screening and Annual Care Benefit Rider With \$500 Building Benefit Rider With Specified Disease Benefit Rider	\$26.33	\$26.78	\$47.32	\$47.78
<b>AFLAC Critical Protection Level 1</b> (issue ages 18-70; guaranteed renewable for life) With \$500 Building Benefit Rider				
Ages 18-35	\$10.07	\$16.38	\$19.44	\$21.77
Ages 36-45	\$14.75	\$20.16	\$26.91	\$29.06
Ages 46-55	\$21.13	\$25.61	\$39.91	\$42.06
Ages 56-70	\$28.54	\$35.36	\$55.25	\$58.89
<b>AFLAC Hospital Choice Level 2</b> (issue ages 18-75; guaranteed renewable for life)				
<b>Option 1 - \$500 Hospital Confinement Benefit</b>				
Ages 18-49	\$8.59	\$11.18	\$11.18	\$12.81
Ages 50-59	\$8.84	\$11.44	\$11.90	\$13.07
Ages 60-75	\$9.10	\$11.77	\$12.22	\$13.33
<b>Option 2 - \$1,000 Hospital Confinement Benefit</b>				
Ages 18-49	\$13.52	\$17.16	\$19.18	\$20.35
Ages 50-59	\$13.78	\$17.42	\$20.28	\$20.54
Ages 60-75	\$14.17	\$17.68	\$21.71	\$21.91

## Other Options Available



## Other Benefits

### Long Term Care - New York Life

A need for long-term care may disrupt the best laid financial plans by causing you to have to use money set aside for other purposes to pay for care. A common surprise - long term care services are not generally covered by private health insurance and government-run programs have rules and limitations.

The benefits of long-term care insurance go beyond what health insurance covers by reimbursing you for qualifying expenses. It may help protect your family, property, and money and may allow you to choose how and where you receive care, including in the comfort of your own home.

Premiums are based on age and type of coverage requested.

### Flexible Spending Accounts - Administered by Higginbotham

**Health Care Spending Account** - allows you to set aside from your paycheck pre-tax dollars that can be used to pay for out-of-pocket medical, prescription and eligible over-the-counter drugs, dental, and vision and hearing expenses. The maximum amount you can set aside is \$2,500. A debit card is available for health care expenses.

**Dependent Care Spending Account** - allows you to set aside from your paycheck pre-tax dollars that can be used to pay for dependent care expenses incurred in order for you to be able to work. The maximum amount you can set aside is \$5,000 (\$2,500 if you are married and you and your spouse file separate income tax returns).

**Important Rule: You cannot carryover your contribution amount over to the next year, so any money not claimed is forfeited. You must use it - or lose it.**

### 403(b) Retirement Program - TransAmerica, Employee Pre -Tax or Employee Roth

The plan allows for automatic enrollment at a rate of 4% on the first of the month following 60 days of employment. You may opt out of the plan, increase or decrease your deduction at anytime before the first deduction from your paycheck or anytime thereafter. You may contribute up to 100% of your earnings within the IRS contribution guidelines and limitations.

You may save with traditional before tax dollars, after-tax Roth dollars, or a combination of both, up to the IRS guidelines and limitations. After one year of continuous employment of 1000 hours or more, HCM may make a discretionary employer match of up to 4% of your earnings.

### Employee Assistance Program

We all experience times when we need a little help managing our personal and work lives. HCM understands this and is providing the Employee Assistance Program (EAP) to covered employees in connection with your group insurance from Standard Insurance Company, to offer support, guidance and resources to help you and your family find the right balance between your work and home life.

Services are available for covered employees, their dependents, including children up to age 26, and all household members. They include over-the-phone consultation and online access to EAP services. Employees also have access to 6 face-to-face consultations with a licensed staff counselor.





# WHEN BENEFITS START AND END

Benefit	Start	End
Medical	<b>The first of the month following 60 days of continuous employment</b>	<b>Your last day of employment at HCM</b>
Dental		
Vision		
Basic Life		
Supplemental Life		
Dependent Life		
Accidental Death & Dismemberment		
Short Term Disability		
Accident		
Cancer		
Critical Protection		
Hospital Protection		
Group Critical Illness		
Long Term Care		
Section 125 Flex Spending Accounts		
403(b) Retirement	<b>Your first day at HCM</b>	<b>Your last day of employment at HCM</b>
Paid Time Off (PTO)		
Employee Assistance Program		
HCM Wellness Center		

## NOTICE REGARDING WELLNESS PROGRAM

The employee wellness program is a voluntary program administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you may be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening, which could include a blood test for certain medical conditions such as diabetes, heart disease, etc. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program may qualify for an incentive. Although you are not required to complete a HRA or biometric screening, the wellness program may specify that only employees who do so will qualify for the incentive. Additional incentives may be available for employees who participate in certain health-related activities or achieve certain health outcomes.

**If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Human Resources.**

If you choose to participate in a HRA and/or biometric screening, information from your HRA and results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

### Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program may use aggregate information it collects to design a program based on identified health risks in the workplace, the wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements..

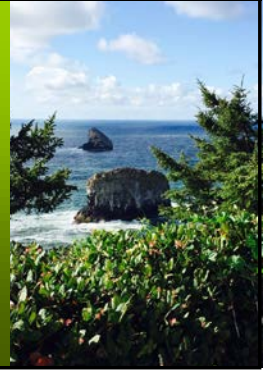
In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources.



This brochure highlights the main features of the **HILL COUNTRY MEMORIAL** benefits program and does not include all plan rules and details. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between this brochure and the legal plan documents, the plan documents are the final authority.



## Contact Information

Program	Vendor	Phone Number	Web Site
<b>Medical</b> \$2500 deductible (PPO Plan) \$2500 deductible (EPO Plan)	Self Insured TPA Web-TPA	(830) 997-1298 (800) 884-4032	<a href="http://www.webtpa.com">www.webtpa.com</a>
<b>Dental</b>	32 Dental	(800) 342-3279	<a href="http://www.boonchapman.com">www.boonchapman.com</a>
<b>Vision</b>	VSP	(800) 877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
<b>Basic Life</b> <b>Supplemental Life</b> <b>Dependent Life</b> <b>Accidental Death &amp; Dismemberment</b> <b>Short Term Disability</b>	The Standard	(830) 997-1298	<a href="http://www.standard.com">www.standard.com</a>
<b>Accident</b> <b>Cancer</b> <b>Critical Care &amp; Recovery</b> <b>Hospital Intensive Care</b> <b>Hospital Advantage</b> <b>Personal Recovery</b>	AFLAC	(830) 896-3727	<a href="http://www.aflac.com">www.aflac.com</a>
<b>Long Term Care</b>	New York Life	(830) 997-2250	<a href="http://www.Z-Financial.com">www.Z-Financial.com</a>
<b>Section 125 Flex Spending Accounts</b>	Higginbotham	(866) 419-3519	<a href="http://www.wealthcareadmin.com">www.wealthcareadmin.com</a>
<b>403(b) Retirement Plan</b>	TransAmerica	(800) 755-5801	<a href="http://hillcountry.trsretire.com">hillcountry.trsretire.com</a>
<b>Employee Assistance Program</b>	BDA	(888) 293-6948	<a href="http://www.eapbda.com">www.eapbda.com</a>
<b>HCM Wellness Center</b>	Hill Country Memorial	(830) 997-1355	<a href="http://www.hillcountrymemorial.org">www.hillcountrymemorial.org</a>

If you need assistance with your enrollment or if you have questions about how your insurance benefits work, call (830) 997-1298 or email your questions to:

[blaughlin@hillcountrymemorial.org](mailto:blaughlin@hillcountrymemorial.org)