



Caring People Dedicated to
Quality Service



2025-26

BENEFITS GUIDE



Your Health & Wellness

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The information in this Enrollment Guide is intended for illustrative and informational purposes only. The information contained herein was taken from various summary plan descriptions, certificates of coverage, and benefit information. While every effort was taken to accurately report your benefits, discrepancies and errors are always possible. It is not intended to alter or expand rights or liabilities set forth in the official plan documents or contracts. It is not an offer to contract nor are there any expressed or implied guarantees. In case of a discrepancy between this information and the actual plan documents, the actual plan documents will prevail. If you have any questions about this summary, please contact Human Resources. © 2025 Marsh & McLennan Agency, LLC. All rights reserved.



WELCOME TO YOUR 2025-26 BENEFITS!

Hill Country MHDD Centers is pleased to provide you and your family with a wide range of competitive benefits. Your benefits are an important part of your total compensation. You have the flexibility to choose the benefits that are right for you and your family — to keep you physically and financially healthy now and in the future.

This benefits guide provides important information about your benefits and how to use them to your best advantage. Please review this information carefully, ask questions if needed, and make sure to enroll by the deadline.



ELIGIBILITY

You are eligible for all benefits if you are regularly scheduled to work 30 or more hours per week. You are eligible for dental, vision, voluntary life, disability, EAP, flexible spending account, accident, and critical illness coverage if you work 16 hours or more per week. For newly hired individuals, most of your benefits are effective the first of the month following 60 days of full-time employment. You may also enroll your eligible dependents for coverage. Eligible dependents include:

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

For details on eligibility and when your benefits begin and end, refer to your summary plan documents.

Benefits End

Your medical, dental and vision benefits end the last day of the month in which your employment ends. Your life and disability benefits end on your date of termination.

Changing Benefits After Enrollment

During the year, you cannot make changes to your elections unless you experience a Qualifying Life Event, such as marriage or the birth of a child. If you experience a Qualifying Life Event (examples below), you should contact Human Resources within 30 days of the event, or you will have to wait until the next annual open enrollment period to make changes (unless you experience another Qualifying Life Event).

Qualifying Life Event	Possible Documentation Needed
Change in marital status	
Marriage	Copy of marriage certificate
Divorce/Legal Separation	Copy of divorce decree
Death	Copy of death certificate
Change in number of dependents	
Birth or adoption	Copy of birth certificate or copy of legal adoption papers
Stepchild	Copy of birth certificate plus a copy of the marriage certificate between employee and spouse
Death	Copy of death certificate
Change in employment	
Change in your eligibility status (i.e., full-time to part-time)	Notification of increase or reduction of hours that changes coverage status
Change in spouse's benefits or employment status	Notification of spouse's employment status that results in a loss or gain of coverage



HOW TO ENROLL

If you are a new team member, you have until approximately 3 weeks prior to your eligibility date to enroll in benefits. Your benefits will become effective at the beginning of the month following your first 60 days of at hrgeneral employment.

Before You Enroll

- Carefully review the benefits listed in this guide and determine coverage that's best for you and your family.
- Ensure family members meet the eligibility requirements.
- Understand the cost of the plans you selected.
- Be sure to consider a beneficiary for life insurance.

Contact Human Resources at hrgeneral@hillcountry.org if you have questions.

DATIS e3 Enrollment Instructions

To enroll, simply follow these steps:

- Log in as you normally would.
- Select, review and submit your desired coverage.
- Follow the steps outlined in XXX to complete your enrollment.
- Be sure to complete beneficiary information for Life and AD&D benefits.

STAYING CONNECTED YEAR-ROUND

iNGAGED

Your Benefits On-the-Go

The iNGAGED app allows you to access your benefits information on your mobile device.

Available for iOS and Android, you can:

- View Hill Country MHDD Centers' benefits information 24/7
- Store images of your ID cards
- Access group ID numbers and review detailed plan information
- Quickly contact an insurance company
- Keep up with important benefit plan announcements, such as Open Enrollment deadlines and more
- Share the app with your family members

Download iNGAGED Benefits now from your smartphone's app store and use Company Code: **HCMHDD**



BlueCross BlueShield of Texas

The BCBSTX app provides you with greater access to your insurance information. Use the app to:

- View your personalized insurance dashboard
- Display your BCBS ID Card
- Locate physicians, hospitals, or other healthcare professionals nationwide
- Learn about benefit discount programs, like dental, vision and pharmacy

Search for the BCBSTX mobile app in the App Store or Google Play to get started!





Renaissance

Personalized support for every step of life's journey. How to Get Started:

- Log in to Bree Health.
- Access personalized Solutions Paths, one-on-one coaching, a Video Library with meditations and educational content, and self-guided tools like articles and podcasts—all designed to support your well-being journey.
- Explore your customized paths and track your journey toward a balanced, empowered life.

Download the app by scanning the QR code or find the Bree Health App on on the Apple App Store or the Google Play Store. Company Id: 9782



Member Support Center

Marsh McLennan Agency's Member Support Center is here for you — to answer your questions, including insurance claim questions, by phone and email. The representatives are licensed agents, are familiar with your benefits package and can assist with the following:

- Central point of contact for benefits questions and coverage inquiries
- Assist with ID Card request
- Assist employees with entering enrollment elections (New Hires/Life Events)
- Claims Inquiries
- Assist with finding in-network providers/facilities
- Assist with determining covered services

Contact them via email at HillCountryMHDD@marshmma.com or via telephone at +1-855-472-5424 PIN 2100.

Representatives are available Monday through Friday, from 8 a.m. – 6 p.m. Central. Spanish speaking representatives are available.

Telemedicine - MDLIVE

Under the weather and need a doctor visit fast? Telemedicine gives you 24/7 access to U.S. board-certified doctors through the convenience of your phone. You and a practitioner can speak or video chat to answer questions, make a diagnosis and even prescribe some medications. This convenient and affordable option provides you on-demand access to treat many medical conditions. As always, call 911 for any emergency.

Telemedicine is provided through BlueCross BlueShield of Texas and can be accessed by downloading the MDLIVE app or calling +1-888-680-8646. For more information visit <https://members.mdlive.com/bcbstx>.

Wellness Program – Well onTarget / Livongo

We want employees to be engaged in their jobs and communities, and to achieve their highest level of well-being. Our wellness program, provided through BlueCross BlueShield of Texas, is designed to:

- Provide healthy lifestyle education, resources and support
- Help you lead a healthier life
- Manage health care costs for the organization
- Help you save on medical costs

You can complete your biometric screening and additional wellness activities to receive financial incentives. Visit the BlueCross BlueShield of Texas website at www.bcbstx.com/member. To register for the diabetes or blood pressure management program, visit <https://get.livongo.com/txhealth> or contact Human Resources for more information.



MEDICAL

Hill Country MHDD Centers' medical coverage, through BlueCross BlueShield of Texas, provides you and your family the protection you need for everyday health issues or unexpected medical expenses.

How Medical Coverage Works

When you enroll in medical coverage, you pay a portion of your health care costs when you receive care and the plan pays a portion, as detailed below. Note that preventive care — like physical exams, flu shots and screenings — is always covered 100% when you use in-network providers. The key difference between the plans is the amount of money you'll pay each pay period and when you need care. The plans have different:

- **Deductibles** — the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay a portion of the costs.
- **Copays** — a fixed amount you pay for a health care service. Copays do not count toward your annual deductible but do count toward your annual out-of-pocket maximum.
- **Coinsurances** — Once you've met your deductible, you and the plan share the cost of care, which is called coinsurance. For example, you pay 20% for services and the plan pays 80% of the cost until you reach your annual out-of-pocket maximum.
- **Out-of-pocket maximums** — the most you will pay each year for eligible in- or out-of-network services, including prescriptions. After you reach your out-of-pocket maximum, the plan pays the full cost of eligible health care services for the rest of the year.
- **Prescription programs** — Both plans share the same pharmacy copays; however, please remember that CVS Pharmacy, including the ones inside Target stores, are excluded from the network..

Before You Enroll

Consider this:

1. Think about the per-pay-period cost and out-of-pocket expenses you will incur and your possible future medical expenses. The option that has the highest per-pay-period cost typically pays more, which results in lower deductibles, coinsurance, and/or copays when you need care.
2. Want to stay with your doctor? Ensure they are in the plan's network by visiting www.bcbstx.com and selecting the Blue Choice PPO network. If they're out of network, services may not be covered or may be more expensive.
3. Consider the cost of services and prescription drugs you expect to receive during the year.
4. Evaluate how your out-of-pocket expenses may fluctuate and consider adding accident and critical illness insurance to help offset your out-of-pocket medical costs.

The table below summarizes the key features of the medical coverage. Please refer to the official plan documents for additional information on coverage and exclusions.

	Plan A	Plan B
	Blue Choice PPO Network	Blue Choice PPO Network
	In-Network	In-Network
Calendar Year Deductible		
Individual	\$3,000	\$2,000
Family	\$6,000	\$4,000
Calendar Year Out-of-Pocket Maximum (Includes Deductible)		
Individual	\$6,000	\$5,000
Family	\$12,000	\$10,000
	You pay	You pay
Coinsurance	20%	10%
Preventive Care	\$0	\$0
Virtual Visits - MDLIVE	\$0	\$0
Primary Care Physician	\$20	\$20
Specialist	\$40	\$30
Urgent Care	\$50	\$35
Emergency Room	\$100+20%	\$100+10%
Lab & X-ray	\$0	\$0
Hospitalization	20%*	10%*
Diagnostic Imaging (MRI/CT)	20%*	10%*
Pharmacy**		
Rx Deductible	N/A	N/A
Rx Out-of-Pocket Max	Included in medical	Included in medical
Retail Rx (up to 30-day supply)		
Tier 1 - Generic	\$10	\$10
Tier 2 - Preferred Brand	35% up to \$50	35% up to \$50
Tier 3 - Non-Preferred Brand	45% up to \$100	45% up to \$100
Specialty	50% up to \$150	50% up to \$150
Mail Order Rx (90-day supply)		
	2x copay	2x copay
*After Deductible		
**CVS Pharmacy, including the ones inside Target stores, are excluded from the network.		



Medical Plan A Payroll Deductions

	Monthly			Bi-Weekly		
	< \$40k	\$40k-\$70k	> \$70k	< \$40k	\$40k-\$70k	> \$70k
Employee Only	\$23.69	\$71.06	\$130.27	\$11.84	\$35.53	\$65.13
Employee + Spouse	\$488.41	\$604.70	\$720.99	\$244.21	\$302.35	\$360.49
Employee + Child(ren)	\$415.96	\$514.99	\$594.22	\$207.98	\$257.50	\$297.11
Employee + Family	\$576.31	\$697.63	\$849.29	\$288.15	\$348.82	\$424.65

Medical Plan B Payroll Deductions

	Monthly			Bi-Weekly		
	< \$40k	\$40k-\$70k	> \$70k	< \$40k	\$40k-\$70k	> \$70k
Employee Only	\$116.94	\$182.72	\$251.13	\$58.47	\$91.36	\$125.56
Employee + Spouse	\$832.48	\$961.66	\$1,095.75	\$416.24	\$480.83	\$547.88
Employee + Child(ren)	\$709.01	\$819.02	\$904.59	\$354.50	\$409.51	\$452.30
Employee + Family	\$935.69	\$1,160.25	\$1,347.39	\$467.84	\$580.13	\$673.70

NOTE: Even though you are paid bi-weekly, premiums for all benefits are only deducted 24 times per year.



DENTAL

Taking care of your oral health is not a luxury; it is necessary for optimal long-term health. With a focus on prevention, early diagnosis and treatment, dental coverage can greatly reduce the cost of restorative and emergency procedures. Preventive services at in-network providers are generally covered at no cost to you and include routine exams and cleanings. You pay a small deductible and coinsurance for basic and major services.

You may enroll yourself and your eligible dependents — or you may waive dental coverage. You do not have to be enrolled in medical coverage to elect a dental plan.

Hill Country MHDD Centers offers dental coverage through Renaissance. For information on finding a dental provider, visit www.renaissancebenefits.com and click on Find a Doctor > Find A Dentist.

Before You Enroll

Consider this:

1. Most in-network preventive cleanings and exams are covered at 100%.
2. You may receive dental care in- or out-of-network. However, when you go out of network, the provider can charge more and the plan will only reimburse up to the reasonable and customary rates.





The table below summarizes the key features of the dental plan. Please refer to the official plan documents for additional information on coverage and exclusions.

	Low Plan		High Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible				
Individual	\$25		\$50	
Family	\$75		\$150	
Calendar Year Benefit Maximum				
Per Individual	\$1,000		\$1,500	
	You pay		You pay	
Preventive Care				
Exams, Cleanings, X-rays, Fluoride Treatments, Space Maintainers for children	0%		0%	
Basic Services				
Fillings, Simple Extractions	30%*		20%*	
Major Services				
Crowns, Inlays/Onlays, Dentures and Bridgework, Repairs, Oral Surgery, Endodontics, Periodontics, Extractions	60%*		50%*	
Orthodontia				
Children (up to age 19)	Not Covered		50% up to a lifetime maximum benefit of \$1,000 per individual; deductible waived	
Dental Payroll Deductions	Monthly	Bi-Weekly	Monthly	Bi-Weekly
Employee Only	\$10.68	\$5.34	\$29.00	\$14.50
Employee + Spouse	\$20.24	\$10.12	\$59.20	\$29.60
Employee + Child(ren)	\$19.68	\$9.84	\$75.24	\$37.62
Employee + Family	\$31.21	\$15.56	\$106.16	\$53.08
<i>*After deductible</i>				



VISION

Healthy eyes and clear vision are an important part of your overall health and quality of life. You may enroll yourself and your eligible dependents — or you may waive vision coverage. You do not have to be enrolled in medical coverage to elect a vision plan.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Hill Country MHDD Centers offers vision coverage through Renaissance. For information on finding a vision provider, visit www.renaissancebenefits.com and click on Find a Doctor > Find an Eye Doctor.

	Vision Plan	
	In-Network	Out-of-Network
	You pay	Reimbursement
Cost		
Exam	\$10	Up to \$45
Materials	\$15	See Below
Covered Services – Lenses		
Single Lenses	\$15	Up to \$30
Bifocals	\$15	Up to \$50
Trifocals	\$15	Up to \$65
Frames	\$15 copay, \$130 allowance, 20% off balance over \$130	Up to \$70
Covered Services – Contacts in lieu of Frames/Lenses		
Contacts – Medically Necessary	\$15	Up to \$210
Contacts – Elective	\$130 allowance	Up to \$105
Benefit Frequency		
Exams	Once every 12 Months	
Lenses	Once every 12 Months	
Frames	Once every 24 Months	
Contacts (in lieu of lenses)	Once every 12 Months	
Vision Payroll Deductions		
	Monthly	Bi-Weekly
Employee Only	\$6.26	\$3.13
Employee + Spouse	\$12.53	\$6.27
Employee + Child(ren)	\$13.49	\$6.75
Employee + Family	\$20.29	\$10.15



FLEXIBLE SPENDING ACCOUNTS (FSAs)

Flexible Spending Accounts (FSAs) allow you to pay for eligible health care and dependent care expenses using tax-free dollars. There are two types of FSAs — the Health Care FSA and the Dependent Care FSA:

- **Health Care FSA** – Used to pay for out-of-pocket expenses associated with your medical, dental or vision plan such as copayments, coinsurance deductibles, prescription expenses, lab exams and tests, contact lenses and eyeglasses.
- **Dependent Care FSA** – Used to pay for day care expenses associated with caring for elder or child dependents that are necessary for you or your spouse to work or attend school full-time.

You cannot use your Health Care FSA to pay for dependent care expenses, and you cannot use your dependent care FSA to pay for health care expenses.

Important: The IRS has a “use it or lose it” rule. If you do not spend all of the money in your FSA by the annual deadline, any unused dollars in your account(s) will be forfeited.

How the Health Care FSA Works	How the Dependent Care FSA Works
You may contribute up to \$3,300 per year, pretax	You may contribute up to \$5,000 per year, pretax, or \$2,500 if married and filing separate tax returns
You receive a debit card to pay for eligible medical expenses (funds must be available in your account)	You submit claims for reimbursement; no debit cards are provided
Eligible expenses include medical copays, coinsurance, deductibles, eyeglasses and over-the-counter medications prescribed by your doctor	Can be used to pay for eligible dependent care expenses including day care, after-school programs and elder care programs
Submit claims up to November 30 of the following year for expenses from September 1 to August 31	Submit claims up to November 30 of the following year for expenses from September 1 to August 31
If you do not spend all the money in this FSA by November 30, unused dollars will be forfeited per IRS regulations	If you do not spend all the money in this FSA by November 30, unused dollars will be forfeited per IRS regulations

How You Can Save on Taxes with FSAs

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

	Health Care FSA		Dependent Care FSA	
	Without FSA	With FSA	Without FSA	With FSA
Your taxable annual income	\$50,000	\$50,000	\$50,000	\$50,000
Account deposit (before taxes)	N/A	\$2,850	N/A	\$5,000
Taxable wages	\$50,000	\$47,150	\$50,000	\$45,000
Federal and Social Security taxes	\$14,325	\$13,609	\$14,325	\$12,894
Expense (after taxes)	\$2,850	N/A	\$5,000	N/A
Take home (net)	\$32,825	\$33,541	\$30,675	\$32,106
Annual tax savings with the FSAs	\$0	\$716	\$0	\$1,431





BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Basic Life insurance is provided by your employer at no cost to you. This policy is administered by Renaissance and pays a lump-sum benefit to your beneficiaries to help meet expenses in the event you pass away. Accidental death and dismemberment (AD&D) insurance pays a benefit if you die or suffer certain serious injuries as the result of a covered accident. In the case of a covered accidental injury (such as loss of sight or the loss of a limb), the benefit you receive is a percentage of the total AD&D coverage you elected based on the severity of the accidental injury.

Beneficiary Information

Situations often change, resulting in the need to update beneficiary information. You should review and update this information every year, or prior to retirement. Contact Human Resources for more information.

Basic Life / AD&D Insurance - For You	
	Basic Life and AD&D
Coverage Amount	\$10,000
Guarantee Issue Amount	\$10,000
Evidence of Insurability (EOI) / Proof of Good Health	Not required
Age Reduction Schedule	Benefits reduce by: 50% at age 75, 75% at age 80.
Accidental Death and Dismemberment (AD&D)	\$10,000



VOLUNTARY LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

Voluntary life and AD&D insurance allows you to tailor coverage for your individual needs and provide financial protection for your beneficiaries in the event of your death or accidental serious injury. Voluntary life insurance for you and your dependents, also administered by Renaissance, can help protect your family during difficult times.

Voluntary Life / AD&D Insurance - For You and Your Dependents			
	Employee	Spouse	Child(ren) up to age 26
Coverage Amount	Increments of \$10,000 up to \$500,000 - not to exceed five times your salary Age > 70: Up to \$50,000	Increments of \$5,000 up to \$100,000 – not to exceed 50% of Employee coverage	\$10,000; \$500 for children birth to six months
Guaranteed Issue (GI)	\$200,000	\$30,000	\$10,000
Evidence of Insurability (EOI) / Proof of Good Health	Newly Eligible: Enroll up to GI without EOI	Newly Eligible: Enroll up to GI without EOI	Not required

Before You Enroll

Consider this:

1. Typically, the right amount of coverage will depend on your age, your family situation, and any personal savings you may have.
2. It's important to understand any EOI rules that apply. If you enroll when you first become eligible, Voluntary Term Life Insurance for you and your spouse is guaranteed up to the amounts shown in the table. If you initially waive this coverage but want to enroll at a later date, you may need to provide satisfactory EOI before any coverage can take effect.
3. Think about who you want to designate as beneficiaries and make sure to name them as beneficiaries on your policy.

Voluntary Life / AD&D Monthly Rate per \$1,000 by Age			
<25	\$0.053	50-54	\$0.293
25-29	\$0.065	55-59	\$0.463
30-34	\$0.085	60-64	\$0.703
35-39	\$0.095	65-69	\$1.280
40-44	\$0.123	70-74	\$2.243
45-49	\$0.183	75+	\$2.243
Employee and Spouse AD&D Rate per \$1,000	\$0.02	Child Life and AD&D rate per \$1,000	Life: \$0.24 AD&D: \$0.02



VOLUNTARY DISABILITY

Disability insurance replaces a portion of your income when you are unable to work due to a qualified illness or non-work-related injury.

Hill Country MHDD Centers offers the opportunity to purchase Short-Term Disability (STD) and/or Long-Term Disability (LTD) through Renaissance.

Short-Term Disability Benefits at a Glance	
Weekly Benefit	60% of weekly earnings
Weekly Maximum	\$750 per week
Benefit Duration	Class 1: 9 weeks Class 2: 12 weeks
Elimination Period	Class 1: 30 days Class 2: 7 days
Pre-Existing Limitation	3/12*
<i>*Benefits may not be paid for any condition treated within three months prior to your effective date until you have been covered under this plan for 12 months.</i>	

Voluntary STD Monthly Rate per \$10 by Age	
Class 1	\$0.240
Class 2	\$0.392

Long-Term Disability Benefits at a Glance	
Monthly Benefit	60% of monthly earnings
Monthly Maximum	\$6,000 per month
Benefit Duration	ADEA or SSNRA
Elimination Period	90 days
Pre-Existing Limitation	3/12*
<i>*Benefits may not be paid for any condition treated within three months prior to your effective date until you have been covered under this plan for 12 months.</i>	

Voluntary LTD Monthly Rate per \$100 by Age	
Rates	\$0.512

Pre-Existing Conditions

A pre-existing condition is an injury or illness for which you have received advice or treatment from a doctor within three months of the effective date of your insurance plan.

Evidence of Insurability

If you decline coverage when first eligible or if you elect coverage and wish to increase your benefit amount at a later date, Evidence of Insurability (EOI) — proof of good health — may be required before coverage is approved.

A qualifying disability is a sickness or injury certified by a physician that causes you to be unable to perform your normal duties.



SUPPLEMENTAL BENEFITS

Supplemental benefits plans such as accident and critical illness insurance can help you pay for costs you may incur after an accidental injury, illness or hospitalization. These plans are 100% voluntary and are not medical insurance. Coverage is available for your spouse and children with most plans.

Most plans pay benefits regardless of any other insurance and benefits are paid directly to you, unless you specify otherwise. Benefits can help pay for expenses other insurance may not cover, such as out-of-pocket expenses, lost income, childcare, travel to and from treatment, home health care costs or regular household expenses.

Before You Enroll







Consider this:

1. What would happen if you had an accident or became seriously ill and unable to work? Would you be covered financially?
2. These benefits provide a lump-sum payment that can help you cover unexpected medical expenses or make up for missed income.

Accident

Accident coverage, through Aflac, is designed to provide a cash benefit in the event of a covered accident or injury. The plan will pay a set amount based on the injury suffered and treatment received, regardless of any other insurance.

Sample of Eligible Expenses

	Emergency Room Visits		Hospital Stays
	Medical Exams – Including major diagnostic exams		Physical Therapy
	Fractures and Dislocations		Transportation and Lodging – if you are away from home when the accident happens

Contact Human Resources for a full list of covered accidents.

Accident Payroll Deductions

	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Monthly	\$12.61	\$18.46	\$25.87	\$31.72
Bi-Weekly	\$5.82	\$8.52	\$11.94	\$14.64



Critical Illness Insurance

Critical illness coverage, through Aflac, provides a lump-sum cash benefit in the event you are diagnosed with a qualifying illness to help offset the unexpected associated costs. The plan will pay regardless of any other insurance. Critical illness coverage is not medical insurance.

Benefit Amounts	
Employee	\$10,000 or \$20,000
Spouse	50% of Employee Election
Children (No additional premium up to age 26)	50% of Employee Election
Contact Human Resources for a full list of covered illnesses and cost of coverage.	



ADDITIONAL BENEFITS

Employee Assistance Program

Hill Country MHDD Centers also provides you access to the Employee Assistance Program (EAP) at no cost. This program, available through Renaissance, provides professional, confidential telephonic or face-to-face counseling services to you and your loved ones. You are eligible to receive five sessions per person, per plan year. The EAP can help you resolve personal issues and problems before they affect your health, relationships and work performance.

This program is available 24 hours a day, 365 days a year for confidential assistance and referral services with items such as:

- Managing stress
- Marital or family problems
- Anxiety and depression
- Substance abuse (alcohol and/or drugs)
- Financial issues
- Childcare issues including identifying schools, daycare, tutors, and more
- Aging parents

It's important to note that all EAP conversations are voluntary and strictly confidential. If you and your counselor determine that additional assistance is needed, you'll be referred to the most appropriate and affordable resource available. Although you're responsible for the cost of referrals, these costs are often covered under your medical plan.

Medical Transport Solutions

A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation assistance expenses within the continental United States, Alaska, Hawaii, and while traveling in Canada, regardless of whether the provider is in or out of your group healthcare benefits network. After the group health plan pays its portion, MASA works with providers to make certain our Members have no out-of-pocket expenses- for emergency ambulance transportation assistance and other related services:

- Emergency Air Ambulance Coverage
- Emergency Ground Ambulance Coverage
- Hospital to Hospital Ambulance Coverage
- Repatriation to Hospital Near Home Coverage

Contact your MASA MTS Representative to learn more about membership plan options, email to JFloyd@masamts.com or call at +1-800-643-9023.



Travel Assistance Program

An unexpected illness, tooth ache or lost baggage can ruin a trip. With travel assistance services from Generali Global Assistance (GGA), help is only a phone call away. When a member is traveling away from home, they'll have access to travel, medical, personal and assistance services.

We have a local presence in 200 countries and territories worldwide, and 35 24/7 assistance centers staffed with multilingual assistance coordinators, case managers, and medical and security staff. Generali Global Assistance is here to help obtain the care and attention members need in case of an emergency while traveling.

In the event of a life-threatening emergency, they should call the local emergency authorities first to receive immediate assistance, and then contact Renaissance. For more information about this benefit, provided by Renaissance, call +1-833-960-1152.

Identity Theft Insurance

Identity Theft insurance provides credit monitoring and fully managed identity restoration services should you or an immediate family member become a victim of identity theft. This will help you remain productive at home and at work while your identity is restored to pre-theft status. For more information about this benefit, provided by Renaissance, call +1-833-960-1152.

Beneficiary Companion

At a time of loss, many survivors may not want to make phone calls and handle paperwork. With Renaissance's Beneficiary Companion service, they don't have to. All of the administrative details are taken care of when closing a loved one's affairs. This process helps the beneficiaries relieve some of the stress involved with filling out paperwork to focus on the healing process instead. For more information about this benefit, call +1-833-960-1152.



IMPORTANT CONTACTS

Coverage	Administrator	Phone	Email / Website
Human Resources	ADMINISTRATOR	-	hrgeneral@hillcountry.org
Member Support Center	Marsh McLennan Agency	+1-855-472-5424 PIN 2100	JFloyd@masamts.com
Telemedicine - MDLIVE	BlueCross BlueShield of Texas	+1-888-680-8646	https://members.mdlive.com/bcbstx
Wellness Program - Well onTarget - Livongo	BlueCross BlueShield of Texas	+1-877-806-9380 +1-800-945-4355	www.bcbstx.com/member https://get.livongo.com/txhealth Registration code: TXHEALTH
Medical	BlueCross BlueShield of Texas	+1-877-442-4207	www.bcbstx.com
Dental	Renaissance	+1-800-894-4532	www.renaissancebenefits.com
Vision	Renaissance	+1-800-894-4532	www.renaissancebenefits.com
Flexible Spending Accounts (FSAs)	WEX	+1-866-451-3399	www.wexinc.com
Life and AD&D	Renaissance	+1-800-894-4532	www.renaissancebenefits.com
Disability	Renaissance	+1-800-894-4532	www.renaissancebenefits.com
Accident Insurance	Aflac	+1-800-992-3522	www.aflac.com
Critical Illness Insurance	Aflac	+1-800-992-3522	www.aflac.com
Employee Assistance Program (EAP)	Renaissance	+1-800-327-2255	login.breehealth.com
Medical Transport Solutions	MASA	+1-800-643-9023	JFloyd@masamts.com
Travel Assistance Program	Renaissance	+1-833-960-1152	www.renaissancebenefits.com



GLOSSARY

Allowed Amount: Maximum amount on which payment is based for covered health care services. This may be called “eligible expense,” “payment allowance” or “negotiated rate.” If your provider charges more than the allowed amount, you may have to pay the difference (see Balance Billing).

Annual Maximum Benefit: A cap on the benefits your insurance company will pay in a year while you’re enrolled in a particular benefit plan. After an annual limit is reached, you must pay all associated health care costs for the rest of the year.

Balance Billing: When a provider bills you for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A provider who balance bills is typically known as an out-of-network provider. An in-network provider cannot balance bill you for covered services.

Coinsurance: The percentage of costs of a covered health care service you pay (20%, for example) after you’ve paid your deductible.

Copayment (copay): A fixed amount (\$20, for example) you pay for a covered health care service after you’ve paid your deductible. Copays can vary for different services within the same plan, like drugs, lab tests, and visits to specialists.

Deductible: The amount you pay for covered health care services before your insurance plan starts to pay. With a \$2,000 deductible, for example, you pay the first \$2,000 of covered services yourself. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services. Your insurance company pays the rest.

Guarantee Issue Amount: The amount of coverage you can be automatically approved for. If you apply for more coverage than the guarantee issue amount you will have to complete an Evidence of Insurability form and be approved for your coverage amount. Usually only available at your first enrollment opportunity.

In-Network: Providers who contract with your insurance carrier. In-network coinsurance and copayments usually cost you less than out-of-network providers.

Out-of-Network: Providers who don’t contract with your insurance carrier. Out-of-network coinsurance and copayments usually costs you more than in-network coinsurance. In addition, you may be responsible for anything above the allowed amount (see Balance Billing).

Out-of-Pocket Maximum: The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your plan pays 100% of the costs of covered benefits. The out-of-pocket limit doesn’t include your monthly premiums. It also doesn’t include anything you may spend for services your plan doesn’t cover.

Prescription Drug Formulary: A list of prescription drugs covered by a prescription drug plan. Also called a drug list.

Prior Authorization: Approval from a health plan that may be required before you get a service or fill a prescription in order for the service or prescription to be covered by your plan.

Preventive Care: Routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.



NOTES

A series of horizontal dashed lines for taking notes.



**MarshMcLennan
Agency**