2024

BENEFIT ENROLLMENT GUIDE

ST. ANDREW

Introduction

Welcome!

St. Andrew Methodist Church is committed to bring you the most comprehensive employee benefits program that helps our employees stay healthy, feel secure, and maintain a work/life balance. We believe that we are providing a program that offers not only quality and value, but one that satisfies the diverse needs of our workforce.

This booklet serves as a great starting point to reference a summary of your benefits. Please refer to your Summary of Benefits and Coverage (SBC), Summary Plan Description (SPD) and/or Plan Document for specific plan details. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of a discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.

Eligibility

Eligible Employee

All full-time employees are eligible for benefits **the first of the month following the date of hire.**

Employees must work a minimum of 30 hours a week to be considered full-time.

Eligible Dependent

You also have the option to enroll your eligible dependents which include:

- Your legal spouse
- Your children up to age 26

*Dependent children may be covered to age 26 regardless of student or marital status.

Enrollment

ST. ANDREW

New Employee

You become eligible for benefits the first of the month following or coinciding with your date of hire. You must enroll yourself and your dependents within 30 days of becoming eligible.

Open Enrollment

You have the once-a-year opportunity to enroll in or make changes to your benefits during open enrollment. Employees who did not enroll at their initial eligibility period or who previously waived coverage for themselves and/or their dependents can take advantage of the open enrollment period. Please check with your HR department to obtain these dates.

How to Enroll

Log into Employee Navigator and complete your benefit elections for each insurance plan during your Open Enrollment window of November 7, 2023 – November 17, 2023. Once you have made your elections, you will not be able to change them until the next open enrollment period unless a qualifying life event occurs.

Changes During the Year

Changes to benefit elections cannot be made unless you experience a qualified life event. Qualified life events include, but are not limited to:

- Marriage or divorce
- Birth or adoption of a child
- Death of a spouse, child, or qualified dependent
- Change in your residence that causes a change in the plans available to you
- Loss of dependent status (attainment of age 26)
- Involuntary loss of coverage due to change in employment status

You must contact HR within 30 days of the qualifying life event if you wish to change your benefit elections. Written documentation supporting your eligibility to make changes may be required.

HOW TO ENROLL IN BENEFITS WITH

EMPLOYEE NAVIGATOR

Company Code: SA_MC

Please follow the instructions below to enroll:

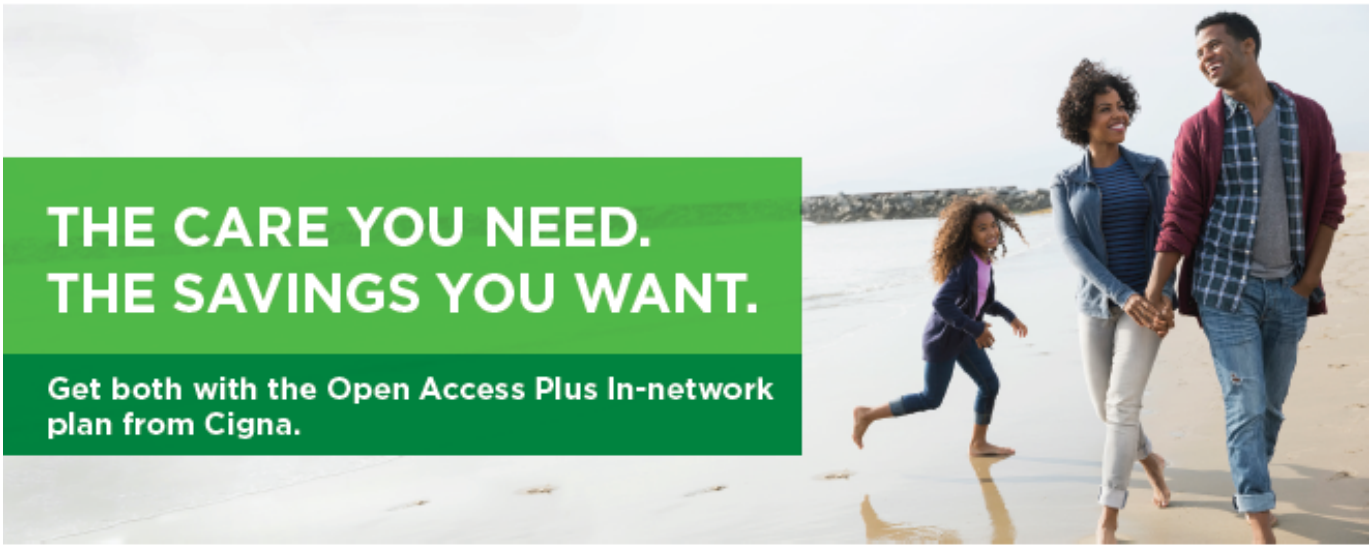
You did it! Congratulations!

Medical Insurance

We offer you multiple comprehensive medical plan options to choose from. The benefit of having options is that different plans suit different needs. As you decide which plan best serves you and/or your dependent's needs, it is best to weigh your healthcare utilization (doctor visits, prescriptions, surgery) to the coverages each plan below offers. For instance, your healthcare utilization may be low and going with the higher deductible option to save on premiums each month may be beneficial. On the other hand, your healthcare utilization may consist of multiple doctors' visits with the need for medications. In this scenario, a copay plan may be beneficial to keep your costs lower.

	HSA Base In-Network	**HSA Buy Up** In-Network	**PPO** In-Network
Network	CIGNA Open Access Plus	CIGNA Open Access Plus	CIGNA Open Access Plus
Deductible (individual / family)	$1,600 / $3,200 AGGREGATE DEDUCTIBLE	$3,200 / $6,400 EMBEDDED DEDUCTIBLE	$1,000/$2,000 EMBEDDED DEDUCTIBLE
Co-Insurance	You pay 20%, the plan pays 80%	You pay 0%, the plan pays 100%	You pay 20%, the plan pays 80%
Out-of-Pocket Maximum (individual / family)	$5,000 / $10,000	$3,200 / $6,400	$5,000/$10,000
Preventive Services	Covered at 100%	Covered at 100%	Covered at 100%
Primary / Specialist Visit	20% After Deductible	$0 After Deductible	$30 Primary/ $50 Specialist
MDLive Telemedicine	$49 approximate	$49 approximate	$30
Urgent Care	20% After Deductible	$0 After Deductible	$100 Copay
Emergency Services	20% After Deductible	$0 After Deductible	$200 + Deductible +20%
Pharmacy	Deductible, then…	Deductible, then…	
Tier 1	20%	$0	$10
Tier 2	20%	$0	$30
Tier 3	20%	$0	$60

Please refer to your Cigna Summaries of Benefits and Coverage (SBCs) for all details regarding non-network and out-of-network benefit coverage. Reminder: Kroger Pharmacies are not in-network Cigna pharmacies.



Offering flexible access to thousands of providers – plus programs and services to support your whole health needs – the Open Access Plus In-network (OAPIN) plan is designed to make it easier for you to get the quality care you need and the savings you want.

Here's how it works.

- **In-network coverage**
  When you visit a health care provider who is in the Cigna OAPIN network, you receive in-network coverage and will have lower out-of-pocket costs. That's because our in-network health care providers have agreed to charge lower fees, and your plan will pay for covered services. If you choose to visit a provider outside of the network, you will not have coverage under your plan, except in emergencies.
- **No-referral specialist care**
  A primary care provider (PCP) is recommended, but not required. If you need to see a specialist for any reason, you don't need a referral to see an in-network provider. If you choose to visit a provider outside of the network, you will not have coverage under your plan.
- **Care coordination**
  Our robust medical management program provides you and your family a valuable resource for one-on-one support and guidance to the right programs and services.
- **Hospital stays**
  In an emergency, you have coverage. However, requests for nonemergency hospital stays (other than maternity stays) and some types of outpatient care must have prior authorization or be preauthorized. This lets Cigna determine if the services are covered by your plan. Your Cigna OAPIN network provider will arrange for prior authorization.
- **Out-of-pocket costs**
  Depending on your plan, you may have to pay an annual amount (deductible) before your plan begins to pay for covered health care costs. You may also need to pay a copay and/or coinsurance (a portion of the covered charge) for covered services. Then, your plan pays the rest. Once you reach an annual limit on your payments (out-of-pocket maximum), the health plan pays your covered health care costs at 100% for the rest of your plan year.

  If you receive out-of-network care, out-of-network providers and facilities will bill you directly. Those additional costs do not contribute to your deductible or out-of-pocket limits (except for emergency care).

Cigna **One Guide**®

Now it's easier for you to take control of your health and health spending.

Cigna One Guide service can help you make smarter, informed choices and get the most from your plan. It's our highest level of support that combines the ease of a powerful app with the personal touch of live service. One Guide personal support, tools and reminders can help you stay healthy and save money.

Your One Guide team is a click away to help you:

Understand your plan

- Know your coverage and how it works
- Get answers to all your health care or plan questions

Get care

- Find an in-network doctor, lab or urgent care center
- Connect to health coaches, pharmacists and more
- Stay on track with appointments and preventive care
- Take advantage of dedicated one-on-one support for complex health situations

Save and earn

- Maximize your benefits and earn incentives (if provided by your employer)
- Get cost estimates and service comparisons to avoid surprises

Start using Cigna One Guide today – by app, chat or phone.

Download the myCigna℠ app* or call

866-494-2111

to talk with your personal guide.

Google play | kindle fire | App Store

Together, all the way.®

Cigna.

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YOUR PHARMACY BENEFITS

Get the most from your plan's coverage.

Under your plan, both your covered medical and prescription medication costs count towards your plan's deductible and out-of-pocket maximum.

How your pharmacy benefits work.

When you fill a prescription at an in-network pharmacy, what you pay depends on your cost-share for the medication and your annual deductible (the amount you pay out of your own pocket for covered services before your plan starts covering part of the costs).[1] Once you meet your deductible, for the rest of the plan year, you'll pay a copay or coinsurance for covered services, while your plan pays the rest.

If you're enrolled in a Health Reimbursement Account (HRA) or Health Savings Account (HSA) plan through Cigna, you may be able to use your funds to help pay for your eligible out-of-pocket expenses. Review your plan materials for more information.

Use the myCigna® App or website. 24/7 access to your coverage information.

- Easily order, manage, track and pay for your home delivery prescription orders.[2]
- Find out how much your medication costs[3]
- See which medications your plan covers
- Find an in-network pharmacy
- Ask a pharmacist a question
- See your pharmacy claims and coverage details

Save money by choosing a generic.

When it comes to prescription medications, you and your doctor usually have a choice between a brand name medication and its generic equivalent. Generics offer the same strength and active ingredients as the brand name medication but often cost much less – in some cases, up to 85% less.[4]

Use Express Scripts Pharmacy®, our home delivery pharmacy.[2]

Home delivery is a convenient option if you're taking a medication on a regular basis.

- Easily order, manage, track and pay for your medications **on your phone or online**
- Standard shipping **at no extra cost**[5]
- **Fill up to a 90-day supply** at one time
- Helpful pharmacists **available 24/7**
- **Automatic refills** and refill reminders so you don't miss a dose

To learn more, go to **Cigna.com/homedelivery**. To get started using home delivery, go to **my.cigna.com/choosehomedelivery**.

Prescription Information

Together, all the way.®

Cigna.

Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates.
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Whether you're taking medications now or in the future, it's important to know which medications your plan covers. Cigna makes it easy by providing up-to-date drug lists online.

Follow these simple steps to find out how your plan covers your medication(s).

1. Go to **Cigna.com/PDL.**
2. Scroll down until you see a pdf of the **Cigna Advantage 4-Tier Prescription Drug List (all specialty medications covered on Tier 4).**
3. **Then look for your medication name.** Medications are listed by the condition they treat, then listed alphabetically within tiers (or cost-share levels).

Your plan uses the **Cigna Advantage 4-Tier** prescription drug list

Visit Cigna.com/PDL from any computer or mobile device. Try it today!

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Preventive Care

Preventive measures help with early detection! ***Billions of dollars*** in healthcare expenses can be prevented had the chronic illness been detected and treated early. If preventive care at the physician's office can cost hundreds of dollars to potentially save millions or billions, how important do you think getting your routine physical with lab work can be?

With that said, let's go over some of the common preventive care services that are covered at 100% through medical insurance and what to look out for while obtaining these tests:

Routine Physical Exam:

- This office visit is performed by a Primary Care Physician and is a visit to go over health matters to evaluate your overall health
- It is important to note that, and medical issues discussed can change this visit from a routine visit to a diagnostic visit that will result in the patient paying for the office visit according to his/her insurance plan.
- Request your physician to bill this visit with a routine / preventive diagnosis code.

Routine Lab Work:

- Lab work is ordered by your physician in conjunction to a routine physical exam.
- It is important to note that not all of the lab tests ordered by your physician are covered at 100%. Case in point; the Vitamin D test is one that physicians like to order in a routine physical exam. The Vitamin D lab test is no longer covered at 100% under preventive lab tests.
- You can request the names of the lab tests that the physician orders and call your insurance on the phone to confirm which test will be covered at 100% and which test will not be covered.

Well Woman Exam with Cervical Cancer Screening:

- Well Woman Exams are performed by the Obstetrics and Gynecologist (OB/Gyn).
- There is an age requirement set for this exam that coverage is 100% for women over the age of 21.
- While the exam portion (the office visit) may be covered at 100% once per year, the cervical cancer screening (pap smear), is recommended to be covered once every 3 years.
- Confirm with your insurance plan the frequency limit as this does change between each policy.

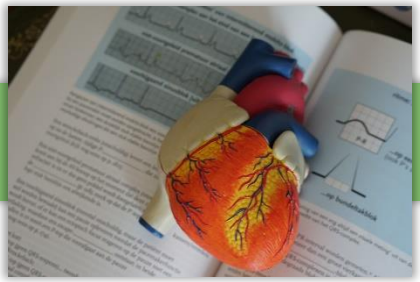
Routine Mammogram:

- This exam is ordered by your physician. It is important to request that the physician use a routine / preventive diagnosis code for this exam to qualify under your 100% preventive care coverage.
- There is an age limitation on this exam. Women must be at least 40 years old for a routine mammogram to be covered at 100%.
- Each insurance policy is different. Please check with your insurance to confirm the age limit and the frequency (once per year or once per two years).
- Please Note: If your physician orders another mammogram for a second opinion to the routine mammogram recently done, it will not be covered at 100% and will be subject to your deductible and/or coinsurance.

Preventive Colonoscopy:

- Gastroenterologists perform colonoscopies in an Endoscopy Center or a Hospital.
- A family history of colon cancer can change your preventive colonoscopy to a diagnostic colonoscopy leaving you with large medical bills.
- It is important to obtain the diagnosis code the physician plans to use and confirm with your insurance that the diagnosis code qualifies for 100% coverage.
- There are 3 medical providers that play a part in this procedure: the Gastroenterologist, the facility, and the Anesthesiologist.
- If polyps are found during the routine colonoscopy, medical coding will reflect this and can alter the way insurance pays on the claim. However, this test should still be covered at 100% and correction of this with the insurance will be required.
- There is an age limit and frequency limit on preventive colonoscopies as well. The procedure will be covered at 100% for individuals over the age of 50 with a routine diagnosis.

While these are some of the most common routine / preventive tests, there are several other services that qualify as preventive services and can be found at, U.S. Preventive Service Task Force's website. Please discuss with your physician about the medical necessity of the test and your insurance company to obtain how the service / test will be covered under your plan.



Healthcare Tips

Physicians

- Be sure to confirm on the insurance website and the physician's office that they are contracted and in-network with your insurance plan network.
- Visiting in-network physicians and facilities lowers your out-of-pocket healthcare costs.

Pharmacy

- Make sure your pharmacy is in-network with your insurance prior to filling any prescription.
- Ask your physician if there is a generic alternative option to the prescription you are prescribed.
- Check with your insurance website on the cost of your prescription prior to going to the pharmacy.
- Research GoodRx for any discounts that you may be able to apply.
- Visit the drug manufacturer's website for any savings that the manufacturer offers.

Facilities

- Imaging services can be significantly lower costing at an independent imaging center than a hospital. Check your insurance's online provider directory for in-network imaging centers.
- ER visits can be extremely costing. When you or a family member comes down with the flu or other minor ailments, see your family physician or urgent care facility rather than going to the emergency room. This can be more convenient but is much more expensive.
- Urgent Care Centers can act like ER Centers. Be sure the Urgent Care Center you visit confirms that they are truly Urgent Care and do not bill your insurance as an ER facility.

Medical Bills

- Double-check every medical bill you receive with your insurance explanation of benefits.
- Anesthesia services are generally out-of-network with insurance companies. Be sure your anesthesia bill processed in-network and the anesthesia provider is billing you for what your insurance states.
- Always match the explanation of benefits (the document from your insurance) with the bill statement (the document from the medical provider) to ensure the bill is accurate.

BenefitsTexas, Inc. is here to help you with your benefits questions.
Please reach out to us to help you and your family!

Contracted Rate

Insurance companies make agreements or contracts with doctors and hospitals. In exchange for being part of the "In-Network" group of providers that CIGNA encourages patients to see, the doctor or hospital agrees to charge the patient a pre-negotiated price. **It is crucial to ask your doctor or facility if they are in-network with your insurance, not if they accept your insurance.**

I'm a great doctor. Patients usually pay about **$200** to see me.

We agree you're a terrific doctor! We will let you be part of our **NETWORK** if you charge our patients **LESS** than you normally charge. Charge our patients **$120** instead!

The Doctor's total charge amount billed to the patient's insurance...

What the insurance carrier's "contracted rate" is for the service...

The "contracted rate" then gets applied to the patient's deductible and out-of-pocket maximum…

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Telemedicine

Why Telemedicine?

Short on time and need medical treatment fast? Telemedicine is a convenient and affordable way to obtain a consultation with a licensed physician for those who are traveling for business or pleasure, need treatment that fits your schedule, need treatment after hours or on the weekend. When medically necessary, the physician can even prescribe you medication and send them to your pharmacy.

What Health Conditions Are Treated?

- Allergies
- Asthma
- Cold / Flu
- Ear Problems (Ages 12+)
- Fever (Ages 3+)
- Nausea
- Pink Eye
- Rashes
- Sinus Infections
- Behavioral Health
- Depression / Anxiety
- Family Issues

Who is my Telemedicine Provider?

Your telemedicine provider is MDLive. MDLive provides the option for you to reach out to them by phone, website or by downloading their application. Please see below for more information on how to get connected with them.

MDLIVE

Website:

www.MDLiveforCigna.com

Phone:

888-726-3171

Download the App:

Download on the App Store

GET IT ON Google Play

Health Savings Account

A Health Savings Account (HSA) is an account that you and your employer can put money into to save for future medical expenses. There are certain advantages to putting money into these accounts, including favorable tax treatment. **Contact HR to set up your HSA bank account or make changes to your payroll deductions.**

Employees can contribute to an HSA if they:

- Have coverage under an HSA-qualified high deductible health plan (HDHP)
- Have no other first-dollar medical coverage (specific injury insurance, accident, disability, dental care, vision care or long-term care insurance **are** permitted)
- Are not enrolled in Medicare
- Cannot be claimed as a dependent on someone else's tax return

HSA Statutory Contribution Amount	2024
Individual	**$4,150**
Family	**$8,300**
Catch-Up Contributions (age 55+ and older)	**$1,000**

HSAs offer you the following advantages:

- ***Tax Savings.*** You contribute pre-tax dollars to the HSA. You will also make an annual contribution to your HSA. Interest accumulates tax-free and funds are tax-free to withdraw for medical expenses.
- ***Reduce your out-of-pocket costs.*** You can use the money in your HSA to pay for eligible medical expenses and prescriptions. The HSA funds you use can help you satisfy your plan's annual deductible.
- ***Invest the funds and take them with you.*** Unused account dollars are yours to keep even if you retire or leave the company. Additionally, you can invest your HSA funds, so your available health care dollars can grow over time.
- ***The opportunity for long-term savings.*** Save unused HSA funds from year to year – money you can use to reduce future out-of-pocket health expenses. You can even save HSA dollars to use after you retire.

You can use the money in the account to pay for any "qualified medical expense" permitted under federal tax law as stated in the Publication 502 (Pub. 502 can be found on the IRS website). This includes most medical care and services, and dental and vision care, and may also include over-the-counter drugs such as aspirin. Any amounts used for purposes other than to pay for "qualified medical expenses" are taxable as income and subject to an additional **20%** penalty.

HSA dollars can be used to pay medical expenses for you, your spouse and/or children. Your spouse and/or children ***do not*** need to be covered by your HDHP.

If you enroll in the HSA-compatible medical plan with Cigna, Cigna will send you information to your personal Health Savings Account through HSABank. Visit www.hsabank.com/cigna/home to explore savings, investment, and reimbursement tools. Make the most of your tax-free dollars.

Flexible Spending Account

ABENEFITS LLC

Important FSA Info!

- **What is my plan year?**
  1/1/2024 to 12/31/2024
- **How long do I have to submit a claim?**
  You have up to 30 days after the plan year ends to file claims.
- **What is the max I can elect?**
  FSA Medical - $3,200
  FSA Dependent Care = $5,000
- **What happens at the end of the year to my unused funds?**
  After the run-out period, up to **$640** in unused FSA Medical funds will carryover to the next plan year. FSA Dependent Care funds are forfeited, so be conservative in your election.

What is a Flexible Spending Account?

What Is It?

A Flexible Spending Accounts (FSA) is a simple way for you to pay for eligible medical and dependent care expenses with tax-free dollars. You decide how much you want to set aside for the plan year, and your employer deducts that amount in equal parts from your paycheck before taxes. An FSA allows you to lower your taxable income while increasing take-home income!

What Is Eligible?

FSA Medical
Dental, Ortho
OTC, Prescriptions
Vision Care
Counseling
Deductible, Co-pays

Dependent Care
Daycare, Nursery
Preschool Tuition
After School Care
Adult Care

HFSA Annual Tax Savings Example			
Without FSA		**With FSA**	
Gross annual pay	$35,000	Gross annual pay	$35,000
Estimated tax rate	- $9,677	HFSA contribution	- $2,500
Net annual pay	= $25,322	Adjusted gross pay	= $32,500
Estimated annual healthcare expenses	- $2,500	Estimated tax rate (30%)	- $8,988
Final take-home pay	= $22,822	Final take-home pay	= $23,513
Take home this much more >>> $691			

How to Access My Account?

Visit our website at
www.abybenefits.com

For first time users: Go to login → Click Register → Your temporary login ID will be: Your SSN

Use the Employer Code: **99585778**

When Are My Funds Available?

Your entire annual medical FSA election is available to use at the start of your plan year. Dependent Care FSA funds are available to use as they are withheld from your paycheck.

How Do I Use My Funds?

Use your debit card at the POS! You can also submit a claim online, through our app, by fax, email, or mail. You must have claims submitted by noon prior to your processing day. **Reimbursements are processed weekly on Monday.**

Available **free** on iTunes and Google Play:

myRSC

1801 Alma Rd Suite 170 Plano, TX 75075 Tel 817-731-6258 Fax 817-731-9029

ABYBENEFITS.COM | CLAIMS@ABYBENEFITS.COM

Dental Insurance

Research shows a potential link between periodontal disease and other health problems such as heart disease, stroke, diabetes control, and premature birth. The dental plan administered by **CIGNA** helps you to receive this important care at a reasonable price.

All in-network dentists have agreed to accept an allowable amount as payment in full and cannot bill you for more than the applicable deductibles and coinsurance for the services provided.

If your dentist is out-of-network, your claims will be paid at the maximum allowable in-network fee, and you will be responsible for the difference between what is paid and what is billed. *Your total out-of-pocket payment will be higher if you visit someone outside of the network.*

Always ask your dentist for a "pre-determination" of benefits before a procedure to avoid surprise charges!

CIGNA Dental	PPO	DHMO
Annual Maximum Benefit	$2,000	Unlimited
Ortho Lifetime Maximum	$2,000	Unlimited
Calendar Year Deductible		
Per Covered Person	$50	$50
Family Deductible Cap	$150	$150
Coinsurance Level		
Preventive *(Example: Evaluations, Cleanings, Sealants)*	100% (Deductible Waived)	100%
Basic *(Example: Fillings, Endodontics, Non-surgical Periodontics)*	90%	See Schedule
Major *(Example: Crowns, Bridges, Prosthodontics)*	60%	See Schedule
Orthodontia	50%	See Schedule
Services		
Periodontics	Paid as Major	NA
Endodontics	Paid as Major	NA
Waiting Periods		
Preventive	None	None
Basic	None	None
Major	None for timely enrollees	None for timely enrollees
Ortho	None for timely enrollees	None for timely enrollees

Vision Insurance

To ensure that you and your family's vision care needs are met, we offer quality, affordable vision coverage through the **CIGNA Vision PPO network**.

To locate a provider in your area, call 800-997-1654 or visit the CIGNA website at www.cigna.com.

When visiting an out-of-network provider, make sure to file your claim. Even a small reimbursement is worth the effort!

CIGNA Vision	In-Network	Out-Of-Network
Overview of Benefits	**Plan pays**…	**Plan pays**…
Eye Exam/Refraction	$20 Copay	Up to $45
Single Vision Eyeglass Lenses	Covered 100% after Copay	Up to $32
Bifocal Eyeglass Lenses	Covered 100% after Copay	Up to $55
Trifocal Eyeglass Lenses	Covered 100% after Copay	Up to $65
Standard Frames	$20 Copay (+ Any amount above $160)	Up to $89
Contact Lenses - Elective	$20 Copay (+ Any amount above $160)	Up to $128
Frequency of Services		
Exams	12 Months	
Lenses (Glasses or Contacts)	12 Months (for glasses OR contacts, not both in one 12-month period)	
Frames	12 Months	
Contact Lenses	12 Months	

Long-Term Disability (LTD)

Long-Term Disability (LTD) coverage helps provide a monthly source of income if you are unable to work due to a non-work-related disability or extended illness that continues beyond the maximum Short-Term Disability benefit period. ***St. Andrew Methodist Church pays 100% of the coverage cost for each employee.***

UNUM Long-Term Disability	
Pre-existing Condition Limitation	3-month look-back / 12-months treatment-free
Plan Design	
Benefit Percentage	60% of gross income
Maximum *Monthly* Benefit	$6,000
Maximum Benefit Period	To Social Security Normal Retirement Age
Social Security Offset Provision	Full Family
Elimination Period	
Benefits May Begin After	91st day of disability
Mental Disorder/ Substance Abuse Provision	2 year limitation
Own Occupation Limit	2 years

*This is just a summary of your benefits and it not intended to be a complete description of the insurance coverage available. For complete details of coverage and availability, refer to your UNUM LTD policy. *
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Employer Sponsored Basic Life and AD&D

Basic Term Life and Accidental Death & Dismemberment (AD&D) insurance is generously provided for every full-time eligible employee. This benefit is provided to protect you and your family in case of a catastrophic event. The AD&D benefit is paid in addition to the Life benefit if your death is a result of an accidental injury. ***St. Andrew Methodist Church pays 100% of the coverage cost for each employee.***

Features	UNUM Life & AD&D
Life Benefit	$100,000
AD&D benefit	$100,000
Benefit Reduction	Benefits are reduced to 65% at age 65, and reduced to 50% at age 70

Your Costs

Employee contributions for medical, dental and vision insurance are deducted on a pre-tax basis per pay period. **There are 24 pay periods per year. The rates below are per pay period.**

Medical:

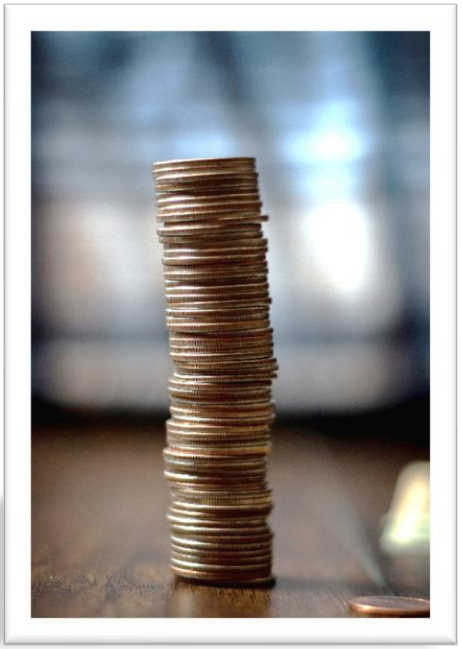
Rates Per Pay Period	CIGNA HSA Base	CIGNA HSA Buy-Up	CIGNA PPO
Employee Only	$0.00	$0.00	$0.00
Employee + Spouse	$88.09	$92.43	$107.88
Employee + Child(ren)	$72.07	$75.62	$88.27
Employee + Family	$132.93	$139.48	$162.81

Dental:

Rates Per Pay Period	PPO	DHMO
Employee Only	$0.00	$0.00
Employee + Spouse	$4.68	$1.04
Employee + Child(ren)	$4.68	$1.70
Employee + Family	$9.36	$3.10

Vision:

Rates Per Pay Period	Vision PPO
Employee Only	$3.82
Employee + Spouse	$6.93
Employee + Child(ren)	$6.99
Employee + Family	$10.74



Need More Help?

At BenefitsTexas, Inc., exceptional service starts with exceptional resources. Below are contacts for dedicated Employee Benefit Specialists to assist you with every aspect of your comprehensive employee benefits.

Please feel free to reach out to us for assistance between the hours of 7:30AM and 4:00PM Monday through Friday!

Benefits, Claims, and Prescription Assistance

- Is my doctor/dentist In-Network or Out-of-Network?
- What is my deductible and what does "co-insurance" mean?
- I received a bill from my doctor. Was my claim paid correctly?
- What is an "EOB" and how do I read it?
- I paid for my prescription out-of-pocket. Where can I obtain a claim form?
- My company changed medical plans. Will my prescription still be covered for the same price?

Any Other Matters

- I have not received my ID cards. Can I get new ones?
- I cannot find my Benefit Enrollment Guide; may I get a new one?
- Can someone help me understand the benefits offered to me?

If you do not see your question listed above, that means you should contact us today to help you! Please feel free to reach out to us at the contact information listed below.

Debbie Allen

INTERNAL SERVICE REPRESENTATIVE

Phone: 972-663-7216 or 877-918-3348
Fax: 972-663-7362
Email: debbie@BenefitsTexas.com

Availability: Monday-Friday, 7:30AM-4:00PM

Important Contacts

Questions Regarding	Company	Contact Information
Employee Benefits / Claims	BenefitsTexas	**Debbie Allen** Phone: 972-663-7216 or 877-918-3348 Fax: 972-663-7362 Email: Debbie@benefitstexas.com
Medical	CIGNA Group # 00637495	Phone: 866-494-2111 Website: www.cigna.com
Health Savings Account	CIGNA HSA Bank Group # 00637495	Phone: 800-357-6246 www.hsabank.com/cigna/home
Flexible Spending Account	ABY Benefits Mark Tawadrous	Phone: 877-731-3532 Email: Mark@abybenefits.com
Dental	CIGNA Group # 00637495	PPO: 866-494-2111 DHMO: 866-244-6224 Website: www.cigna.com
Vision	CIGNA Group # 00637495	Phone: 877-478-7557 Website: www.cigna.com
Long Term Disability	UNUM Group # 0217845-0001	Phone: 800-275-8686 Website: www.myunum.com
Basic Life and AD&D	UNUM Group # 0217845-0001	Phone: 800-275-8686 Website: www.myunum.com