

2021-2022

Benefits Enrollment Guide



Plan Year December 1, 2021 – November 30, 2022

TABLE OF CONTENTS

Carriers, Vendors & Contacts	3
Enrollment and Eligibility	4
Medical Plans	5
HSA Information	8
Dental Plan	9
Vision Plan	10
Life Insurance	11
Disability Insurance	15
Required Notices	17
Confidentiality Notice	22
Additional Benefits	23



The following descriptions of available benefit elections options, are purely informational and have been provided to you for illustrative purposes only. Payment of benefits will vary from claim to claim within a particular benefit option and will be paid at the sole discretion of the applicable insurance provider for each benefit option. The terms and conditions of each applicable policy or certificate of coverage will provide specific details and will govern in all matters relating to each particular benefit option described in this summary. In no case will any information in this summary amend, modify, expand, enhance, improve or otherwise change any term, condition or element of the policies or certificates of coverage that govern the benefit options described in this summary.

CARRIERS, VENDORS & CONTACTS

Program	Vendor	Contact Information
Account Manager	OneDigital	Amy Perry 972-473-7716 aperry@onedigital.com
Human Resources	RightNow Ministries	Courtney Harris 972-848-3445 Courtney@rightnowmedia.org
Medical/RX Customer Service	Blue Cross Blue Shield of Texas	Member Services: 800-521-2227 Find a Provider: www.bcbstx.com Network: Blue Choice PPO
Dental	Blue Cross Blue Shield of Texas	Member Services: 800-521-2227 Find a Provider: www.bcbstx.com Network: BlueCare Dental
Vision	Dearborn National	Member Services: 844-323-8302 Find a Provider: www.eyemed.com
Employer Paid Life/AD&D Voluntary Life/AD&D Disability	Guardian	Member Services: 888-600-1600

Know Where to Go!

ENROLLMENT AND ELIGIBILITY

Offering a comprehensive and competitive benefits package is one way we recognize your contribution to the success of the organization and our role in helping you and your family to be healthy, feel secure and maintain work/life balance. This enrollment guide has been designed to provide you with information about the benefit choices available to you. Remember, open enrollment is your only opportunity each year to make changes to your elections, unless you or your family members experience an eligible "change in status."

New Hires: Benefits begin on the 1st of the month following Date of Hire.

How to Enroll in the Plans

Read your materials and make sure you understand all of the options available.

- Locate your enrollment/change forms.
- Fill out any necessary personal information.
- Make your benefit choices.
- If you have questions or concerns, please contact your HR department.

Change in Status

Generally, you may enroll in the plan, or make changes to your benefits, when you are first eligible. However, you can make changes/enroll during the plan year if you experience a change in status. As with a new enrollee, you must submit your paperwork within 30 days of the change or you will be considered a late enrollee and you may not be eligible to enroll.

Whom Can You Add to Your Plan?

Eligible:

- Legally married spouse
- Natural or adopted children up to age 26, regardless of student and marital status
- Children under your legal guardianship
- Stepchildren
- Children under a qualified medical child support order
- Disabled children 19 years or older
- Children placed in your physical custody for adoption

Ineligible:

- Divorced spouse
- Foster children
- Sisters, brothers, parents or in-laws, grandchildren, etc.

Examples of changes in status:

- You get married or divorced
- You have a baby or adopt a child
- You or your spouse takes an unpaid leave of absence
- You or your spouse has a change in employment status
- Your spouse dies
- You become eligible for or lose Medicaid coverage
- Significant increase or decrease in plan benefits or cost

Did you know?



Open Enrollment is the only chance to make changes, unless you experience a "change in status."

MEDICAL PLAN OPTION A – HSA PLAN

Blue Cross Blue Shield of Texas						
Plan Option	Plan A					
	100% Premium		Partial HSA		MAX HSA	
	RN HSA Contribution	Per Paycheck Cost	RN HSA Contribution	Per Paycheck Cost	RN HSA Contribution	Per Paycheck Cost
Employee Only	\$18.47	\$0.00	\$60.00	\$41.54	\$145.84	\$145.84
Employee + Spouse	\$0.00	\$0.00	\$100.00	\$100.00	\$291.67	\$291.67
Employee + Child(ren)	\$0.00	\$0.00	\$100.00	\$100.00	\$291.67	\$291.67
Employee + Family	\$0.00	\$0.00	\$160.00	\$160.00	\$291.67	\$291.67
Plan Name						
Network Name	Blue Choice PPO					
Annual Deductible						
Individual	\$5,000					
Family	\$10,000					
Annual Out of Pocket (includes deductible and copays)						
Individual	\$5,000					
Family	\$10,000					
Coinsurance						
	100%					
Office Visits						
Primary	100% after Deductible					
Specialist	100% after Deductible					
Virtual Visit	\$45 Consult Fee					
Lab & X-Ray	100% after Deductible					
Preventive Care	100%					
Other Services						
Inpatient Hospital	100% after Deductible					
Outpatient Hospital Facility Services	100% after Deductible					
Emergency Room	100% after Deductible					
Urgent Care	100% after Deductible					
Prescription Drugs						
Preferred Generic	100% after Deductible					
Non-Preferred Generic	100% after Deductible					
Preferred Brand	100% after Deductible					
Non-Preferred Brand	100% after Deductible					
Preferred Specialty	100% after Deductible					
Non-Preferred Specialty	100% after Deductible					
Participating Pharmacies Include: Walmart, Walgreens, HEB, Tom Thumb, Albertson’s, and Access Health. NOTE: SAM’S CLUB AND CVS ARE NOT COVERED PHARMACIES.						
*When you fill a prescription drug through a contracting pharmacy for a covered brand name drug where a generic is available, you may pay more. You will pay the copay/coinsurance amount plus the difference in cost between the brand drug and its generic equivalent.						

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MEDICAL PLAN OPTION B – COPAY PLAN

Blue Cross Blue Shield of Texas		
Plan Option	Plan B	
	<i>Per Paycheck Cost</i>	
Employee Only	\$55.82	
Employee + Spouse	\$168.29	
Employee + Child(ren)	\$190.61	
Employee + Family	\$284.74	
Plan Name		
Network Name	Blue Choice PPO	
Annual Deductible		
Individual	\$2,500	
Family	\$7,500	
Annual Out of Pocket (includes deductible and copays)		
Individual	\$5,500	
Family	\$14,700	
Coinsurance		
	80%	
Office Visits		
Primary	\$30	
Specialist	\$60	
Virtual Visit	\$0	
Lab & X-Ray	Basic Lab/X-Ray – Covered at 100% Major Diagnostic Tests – 80% after Deductible	
Preventive Care	100%	
Other Services		
Inpatient Hospital	80% after Deductible	
Outpatient Hospital Facility Services	80% after Deductible	
Emergency Room	\$500 Copay then 80% (Deductible Waived)	
Urgent Care	\$75	
Prescription Drugs		
	Preferred Pharmacy	Non-Preferred Pharmacy
Preferred Generic	\$0	\$10
Non-Preferred Generic	\$10	\$20
Preferred Brand	\$50	\$70
Non-Preferred Brand	\$100	\$120
Preferred Specialty	\$150	\$150
Non-Preferred Specialty	\$250	\$250
Participating Pharmacies Include: Walmart, Walgreens, HEB, Tom Thumb, Albertson's, and Access Health. NOTE: SAM'S CLUB AND CVS ARE NOT COVERED PHARMACIES.		
*When you fill a prescription drug through a contracting pharmacy for a covered brand name drug where a generic is available, you may pay more. You will pay the copay/coinsurance amount plus the difference in cost between the brand drug and its generic equivalent.		

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MEDICAL PLAN OPTION C – COPAY PLAN

Blue Cross Blue Shield of Texas		
Plan Option	Plan C	
	<i>Per Paycheck Cost</i>	
Employee Only	\$68.87	
Employee + Spouse	\$198.26	
Employee + Child(ren)	\$224.55	
Employee + Family	\$335.45	
Plan Name		
Network Name	Blue Choice PPO	
Annual Deductible		
Individual	\$3,000	
Family	\$9,000	
Annual Out of Pocket (includes deductible and copays)		
Individual	\$3,500	
Family	\$10,500	
Coinsurance		
	100%	
Office Visits		
Primary	\$35	
Specialist	\$35	
Virtual Visit	\$0	
Lab & X-Ray	Basic Lab/X-Ray – Covered at 100% Major Diagnostic Tests – 100% after Deductible	
Preventive Care	100%	
Other Services		
Inpatient Hospital	100% after Deductible	
Outpatient Hospital Facility Services	100% after Deductible	
Emergency Room	\$500 Copay then 100% (Deductible Waived)	
Urgent Care	\$75	
Prescription Drugs		
	Preferred Pharmacy	Non-Preferred Pharmacy
Preferred Generic	\$0	\$10
Non-Preferred Generic	\$10	\$20
Preferred Brand	\$50	\$70
Non-Preferred Brand	\$100	\$120
Preferred Specialty	\$150	\$150
Non-Preferred Specialty	\$250	\$250
Participating Pharmacies Include: Walmart, Walgreens, HEB, Tom Thumb, Albertson's, and Access Health. NOTE: SAM'S CLUB AND CVS ARE NOT COVERED PHARMACIES.		
*When you fill a prescription drug through a contracting pharmacy for a covered brand name drug where a generic is available, you may pay more. You will pay the copay/coinsurance amount plus the difference in cost between the brand drug and its generic equivalent.		

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HEALTH SAVINGS ACCOUNT (HSA)

Option for High Deductible Health Plan (HDHP)

For employees who elect the HDHP (Plan A), you have the option of opening a Health Savings Account (HSA). The HSA-eligible plan provides a way to save money that becomes available in future years for health care expenses.

- In 2022 individuals can contribute up to \$3,650 and families can contribute up to \$7,300 to their HSA.
- If you are 55 or older, you can make a \$1,000 catch-up contribution.
- Contributions to an HSA can be made on a pre-tax basis, and funds within the HSA grow without incurring taxes. Funds are withdrawn tax-free for healthcare related needs without having to file receipts, although you should keep your receipts in case you are ever audited.
- Money deposited in the HSA by the employee immediately become the employee’s asset and is portable.
- You are not eligible to make or receive contributions in a HSA if you are enrolled in Medicare, enrolled in a secondary insurance plan that is not a HDHP, or can be claimed as another person’s dependent.



What is this account and how does it work?	Maximum Contribution Allowed	Can money in accounts be “rolled over”?
An HSA account can be funded with pre-tax basis dollars to help pay for eligible medical expenses.	Employee only coverage: \$3,600 (2021) / \$3,650 (2022) Family coverage: \$7,200 (2021) / \$7,300 (2022) Catch up contribution (55 year of age or older): \$1,000	Yes, amounts left in your HSA account can be rolled over year to year and are portable if your employment with the company ends.

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DENTAL PLANS

For this plan year, you can choose from the following dental options. Refer to the carrier benefits summary for the exact benefit level associated with your plan. In-network benefits are illustrated below.

Blue Cross Blue Shield of TX		
	Per Paycheck Cost	Per Paycheck Cost
Employee Only	\$6.28	\$22.47
Employee + Spouse	\$12.55	\$44.94
Employee + Child(ren)	\$18.84	\$57.12
Employee + Family	\$28.00	\$87.56
Name of Plan	DTNHM11	DTNHR01
Type of Plan	PPO	PPO
Deductible		
Person - Calendar Year	\$25	\$25
Family - Calendar Year	\$75	\$75
Class	Plan Pays	Plan Pays
Preventive (deductible waived)	100% <u>Services Include:</u> Cleanings, X-Rays, Fluoride, Space Maintainers, Sealants	100% <u>Services Include:</u> Cleanings, X-Rays, Fluoride, Space Maintainers, Sealants
Basic Restorative	80% <u>Services Include:</u> Amalgams (Fillings) and Resin-based composite restorations	80% <u>Services Include:</u> Amalgams (Fillings), Non-Surgical Extractions, Oral Surgery, Periodontics and Endodontics
Major Services	Not Covered	50% <u>Services Include:</u> Crowns, Dentures, Inlays, Onlays, Bridges and Implants
Orthodontia	Not Covered	50%
Plan Maximums		
Calendar Year Max	\$750	\$3,000
Ortho Lifetime Max	n/a	\$2,000

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VISION PLAN

For this plan year, you can choose from the following vision option. Refer to the carrier benefit summary for the exact benefit level associated with your plan.

Dearborn National		
	<i>Per Paycheck Cost</i>	
Employee Only	\$4.49	
Employee + Spouse	\$8.54	
Employee + Child(ren)	\$8.99	
Employee + Family	\$13.22	
Network	EyeMed	
	In Network	Out of Network Reimbursement
Exam		
Copay	\$10	Up to \$30
Frequency	Once Every 12 Months	
Lenses		
Frequency	Once Every 12 Months	
Single	\$10	Up to \$25
Bifocal	\$10	Up to \$40
Trifocal	\$10	Up to \$55
Contacts Elective (in lieu of glasses)	Up to \$40 for Standard Fit and Follow-Up \$0 Copay, \$130 Allowance for Contacts	Up to \$104
Contacts Medically Necessary	Up to \$40 for Standard Fit and Follow-Up Contacts covered in Full after \$0 Copay	Up to \$210
Frames		
Frequency	Once Every 12 Months	
Frames	Allowance up to \$130 then 20% discount over that amount	Up to \$65



Did you know?

Approximately
80% of all vision
impairment
globally is
considered
avoidable.



*Source: World Health Organization (WHO) <https://www.who.int/news-room/fact-sheets/detail/blindness-and-visual-impairment>

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LIFE AND AD&D INSURANCE PLAN (EMPLOYER PAID)

Guardian	
Life/AD&D Benefit	\$15,000
Age Reduction Schedule	35% at age 65 60% at age 70 75% at age 75 85% at age 80
Conversion Privilege	Included
Portability Option	Included with Evidence of Insurability

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VOLUNTARY LIFE AND AD&D INSURANCE PLAN

Guardian	
Life/AD&D Benefit	<p><u>Employee:</u> Increments of \$10,000 up to \$500,000</p> <p><u>Spouse:</u> Increments of \$5,000 up to \$250,000 up to 100% of employee election</p> <p><u>Children:</u> \$20,000 (cannot exceed 100% of employee election)</p>
Age Reduction Schedule	<p>35% at age 65 60% at age 70 75% at age 75 85% at age 80</p>
Guaranteed Issue Amount	<p><u>Employee:</u> Under age 65 - \$150,000 / 65-69 - \$50,000 / 70+ - \$10,000</p> <p><u>Spouse:</u> Under 65 - \$30,000 / 65-69 - \$10,000 / 70+ - \$0</p> <p><u>Children:</u> \$20,000</p>

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VOLUNTARY LIFE RATES - EMPLOYEE

Voluntary Life Insurance

Employee Cost Per Paycheck

Election Amount	Age < 30	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age * 65-69	Age * 70-74	Age * 75+
\$10,000	\$0.76	\$0.80	\$1.00	\$1.41	\$2.14	\$3.41	\$5.41	\$8.44	\$16.76	\$31.56	\$31.56
\$20,000	\$1.52	\$1.59	\$2.00	\$2.81	\$4.28	\$6.82	\$10.81	\$16.88	\$33.51	\$63.12	\$63.12
\$30,000	\$2.28	\$2.39	\$3.00	\$4.22	\$6.42	\$10.23	\$16.22	\$25.32	\$50.27	\$94.68	\$94.68
\$40,000	\$3.04	\$3.18	\$4.00	\$5.62	\$8.56	\$13.64	\$21.62	\$33.76	\$67.02	\$126.24	\$126.24
\$50,000	\$3.80	\$3.98	\$5.00	\$7.03	\$10.70	\$17.05	\$27.03	\$42.20	\$83.78	\$157.80	\$157.80
\$60,000	\$4.56	\$4.77	\$6.00	\$8.43	\$12.84	\$20.46	\$32.43	\$50.64	\$100.53	\$189.36	\$189.36
\$70,000	\$5.32	\$5.57	\$7.00	\$9.84	\$14.98	\$23.87	\$37.84	\$59.08	\$117.29	\$220.92	\$220.92
\$80,000	\$6.08	\$6.36	\$8.00	\$11.24	\$17.12	\$27.28	\$43.24	\$67.52	\$134.04	\$252.48	\$252.48
\$90,000	\$6.84	\$7.16	\$9.00	\$12.65	\$19.26	\$30.69	\$48.65	\$75.96	\$150.80	\$284.04	\$284.04
\$100,000	\$7.60	\$7.95	\$10.00	\$14.05	\$21.40	\$34.10	\$54.05	\$84.40	\$167.55	\$315.60	\$315.60
\$110,000	\$8.36	\$8.75	\$11.00	\$15.46	\$23.54	\$37.51	\$59.46	\$92.84	\$184.31	\$347.16	\$347.16
\$120,000	\$9.12	\$9.54	\$12.00	\$16.86	\$25.68	\$40.92	\$64.86	\$101.28	\$201.06	\$378.72	\$378.72
\$130,000	\$9.88	\$10.34	\$13.00	\$18.27	\$27.82	\$44.33	\$70.27	\$109.72	\$217.82	\$410.28	\$410.28
\$140,000	\$10.64	\$11.13	\$14.00	\$19.67	\$29.96	\$47.74	\$75.67	\$118.16	\$234.57	\$441.84	\$441.84
\$150,000	\$11.40	\$11.93	\$15.00	\$21.08	\$32.10	\$51.15	\$81.08	\$126.60	\$251.33	\$473.40	\$473.40

If under 69 and you elect more than \$150,000, a medical questionnaire is required. Existing employees: If you previously waived or are increasing the benefit, you will need to complete a medical questionnaire.

\$160,000	\$12.16	\$12.72	\$16.00	\$22.48	\$34.24	\$54.56	\$86.48	\$135.04	\$268.08	\$504.96	\$504.96
\$170,000	\$12.92	\$13.52	\$17.00	\$23.89	\$36.38	\$57.97	\$91.89	\$143.48	\$284.84	\$536.52	\$536.52
\$180,000	\$13.68	\$14.31	\$18.00	\$25.29	\$38.52	\$61.38	\$97.29	\$151.92	\$301.59	\$568.08	\$568.08
\$190,000	\$14.44	\$15.11	\$19.00	\$26.70	\$40.66	\$64.79	\$102.70	\$160.36	\$318.35	\$599.64	\$599.64
\$200,000	\$15.20	\$15.90	\$20.00	\$28.10	\$42.80	\$68.20	\$108.10	\$168.80	\$335.10	\$631.20	\$631.20
\$210,000	\$15.96	\$16.70	\$21.00	\$29.51	\$44.94	\$71.61	\$113.51	\$177.24	\$351.86	\$662.76	\$662.76
\$220,000	\$16.72	\$17.49	\$22.00	\$30.91	\$47.08	\$75.02	\$118.91	\$185.68	\$368.61	\$694.32	\$694.32
\$230,000	\$17.48	\$18.29	\$23.00	\$32.32	\$49.22	\$78.43	\$124.32	\$194.12	\$385.37	\$725.88	\$725.88
\$240,000	\$18.24	\$19.08	\$24.00	\$33.72	\$51.36	\$81.84	\$129.72	\$202.56	\$402.12	\$757.44	\$757.44
\$250,000	\$19.00	\$19.88	\$25.00	\$35.13	\$53.50	\$85.25	\$135.13	\$211.00	\$418.88	\$789.00	\$789.00
\$260,000	\$19.76	\$20.67	\$26.00	\$36.53	\$55.64	\$88.66	\$140.53	\$219.44	\$435.63	\$820.56	\$820.56
\$270,000	\$20.52	\$21.47	\$27.00	\$37.94	\$57.78	\$92.07	\$145.94	\$227.88	\$452.39	\$852.12	\$852.12
\$280,000	\$21.28	\$22.26	\$28.00	\$39.34	\$59.92	\$95.48	\$151.34	\$236.32	\$469.14	\$883.68	\$883.68
\$290,000	\$22.04	\$23.06	\$29.00	\$40.75	\$62.06	\$98.89	\$156.75	\$244.76	\$485.90	\$915.24	\$915.24
\$300,000	\$22.80	\$23.85	\$30.00	\$42.15	\$64.20	\$102.30	\$162.15	\$253.20	\$502.65	\$946.80	\$946.80
\$310,000	\$23.56	\$24.65	\$31.00	\$43.56	\$66.34	\$105.71	\$167.56	\$261.64	\$519.41	\$978.36	\$978.36
\$320,000	\$24.32	\$25.44	\$32.00	\$44.96	\$68.48	\$109.12	\$172.96	\$270.08	\$536.16	\$1,009.92	\$1,009.92
\$330,000	\$25.08	\$26.24	\$33.00	\$46.37	\$70.62	\$112.53	\$178.37	\$278.52	\$552.92	\$1,041.48	\$1,041.48
\$340,000	\$25.84	\$27.03	\$34.00	\$47.77	\$72.76	\$115.94	\$183.77	\$286.96	\$569.67	\$1,073.04	\$1,073.04
\$350,000	\$26.60	\$27.83	\$35.00	\$49.18	\$74.90	\$119.35	\$189.18	\$295.40	\$586.43	\$1,104.60	\$1,104.60
\$360,000	\$27.36	\$28.62	\$36.00	\$50.58	\$77.04	\$122.76	\$194.58	\$303.84	\$603.18	\$1,136.16	\$1,136.16
\$370,000	\$28.12	\$29.42	\$37.00	\$51.99	\$79.18	\$126.17	\$199.99	\$312.28	\$619.94	\$1,167.72	\$1,167.72
\$380,000	\$28.88	\$30.21	\$38.00	\$53.39	\$81.32	\$129.58	\$205.39	\$320.72	\$636.69	\$1,199.28	\$1,199.28
\$390,000	\$29.64	\$31.01	\$39.00	\$54.80	\$83.46	\$132.99	\$210.80	\$329.16	\$653.45	\$1,230.84	\$1,230.84
\$400,000	\$30.40	\$31.80	\$40.00	\$56.20	\$85.60	\$136.40	\$216.20	\$337.60	\$670.20	\$1,262.40	\$1,262.40
\$410,000	\$31.16	\$32.60	\$41.00	\$57.61	\$87.74	\$139.81	\$221.61	\$346.04	\$686.96	\$1,293.96	\$1,293.96
\$420,000	\$31.92	\$33.39	\$42.00	\$59.01	\$89.88	\$143.22	\$227.01	\$354.48	\$703.71	\$1,325.52	\$1,325.52
\$430,000	\$32.68	\$34.19	\$43.00	\$60.42	\$92.02	\$146.63	\$232.42	\$362.92	\$720.47	\$1,357.08	\$1,357.08
\$440,000	\$33.44	\$34.98	\$44.00	\$61.82	\$94.16	\$150.04	\$237.82	\$371.36	\$737.22	\$1,388.64	\$1,388.64
\$450,000	\$34.20	\$35.78	\$45.00	\$63.23	\$96.30	\$153.45	\$243.23	\$379.80	\$753.98	\$1,420.20	\$1,420.20
\$460,000	\$34.96	\$36.57	\$46.00	\$64.63	\$98.44	\$156.86	\$248.63	\$388.24	\$770.73	\$1,451.76	\$1,451.76
\$470,000	\$35.72	\$37.37	\$47.00	\$66.04	\$100.58	\$160.27	\$254.04	\$396.68	\$787.49	\$1,483.32	\$1,483.32
\$480,000	\$36.48	\$38.16	\$48.00	\$67.44	\$102.72	\$163.68	\$259.44	\$405.12	\$804.24	\$1,514.88	\$1,514.88
\$490,000	\$37.24	\$38.96	\$49.00	\$68.85	\$104.86	\$167.09	\$264.85	\$413.56	\$821.00	\$1,546.44	\$1,546.44
\$500,000	\$38.00	\$39.75	\$50.00	\$70.25	\$107.00	\$170.50	\$270.25	\$422.00	\$837.75	\$1,578.00	\$1,578.00

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VOLUNTARY LIFE RATES – SPOUSE & CHILDREN

Voluntary Life Insurance											
Spouse Cost Per Paycheck Rate is based on employee's age. Spouse may elect up to 100% of employee amount up to \$250,000.											
Election	Age	Age	Age	Age	Age	Age	Age	Age	Age	Age	Age
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	* 65-69	* 70-74	* 75+
\$5,000	\$0.38	\$0.40	\$0.50	\$0.70	\$1.07	\$1.71	\$2.70	\$4.22	\$8.38	\$15.78	\$15.78
\$10,000	\$0.76	\$0.80	\$1.00	\$1.41	\$2.14	\$3.41	\$5.41	\$8.44	\$16.76	\$31.56	\$31.56
\$15,000	\$1.14	\$1.19	\$1.50	\$2.11	\$3.21	\$5.12	\$8.11	\$12.66	\$25.13	\$47.34	\$47.34
\$20,000	\$1.52	\$1.59	\$2.00	\$2.81	\$4.28	\$6.82	\$10.81	\$16.88	\$33.51	\$63.12	\$63.12
\$25,000	\$1.90	\$1.99	\$2.50	\$3.51	\$5.35	\$8.53	\$13.51	\$21.10	\$41.89	\$78.90	\$78.90
\$30,000	\$2.28	\$2.39	\$3.00	\$4.22	\$6.42	\$10.23	\$16.22	\$25.32	\$50.27	\$94.68	\$94.68
\$35,000	\$2.66	\$2.78	\$3.50	\$4.92	\$7.49	\$11.94	\$18.92	\$29.54	\$58.64	\$110.46	\$110.46
\$40,000	\$3.04	\$3.18	\$4.00	\$5.62	\$8.56	\$13.64	\$21.62	\$33.76	\$67.02	\$126.24	\$126.24
\$45,000	\$3.42	\$3.58	\$4.50	\$6.32	\$9.63	\$15.35	\$24.32	\$37.98	\$75.40	\$142.02	\$142.02
\$50,000	\$3.80	\$3.98	\$5.00	\$7.03	\$10.70	\$17.05	\$27.03	\$42.20	\$83.78	\$157.80	\$157.80

If you are under 69 and elect more than \$50,000, a medical questionnaire is required. Existing employees: If you previously waived or are increasing the spouse benefit, you will need to complete a medical questionnaire.

\$55,000	\$4.18	\$4.37	\$5.50	\$7.73	\$11.77	\$18.76	\$29.73	\$46.42	\$92.15	\$173.58	\$173.58
\$60,000	\$4.56	\$4.77	\$6.00	\$8.43	\$12.84	\$20.46	\$32.43	\$50.64	\$100.53	\$189.36	\$189.36
\$65,000	\$4.94	\$5.17	\$6.50	\$9.13	\$13.91	\$22.17	\$35.13	\$54.86	\$108.91	\$205.14	\$205.14
\$70,000	\$5.32	\$5.57	\$7.00	\$9.84	\$14.98	\$23.87	\$37.84	\$59.08	\$117.29	\$220.92	\$220.92
\$75,000	\$5.70	\$5.96	\$7.50	\$10.54	\$16.05	\$25.58	\$40.54	\$63.30	\$125.66	\$236.70	\$236.70
\$80,000	\$6.08	\$6.36	\$8.00	\$11.24	\$17.12	\$27.28	\$43.24	\$67.52	\$134.04	\$252.48	\$252.48
\$85,000	\$6.46	\$6.76	\$8.50	\$11.94	\$18.19	\$28.99	\$45.94	\$71.74	\$142.42	\$268.26	\$268.26
\$90,000	\$6.84	\$7.16	\$9.00	\$12.65	\$19.26	\$30.69	\$48.65	\$75.96	\$150.80	\$284.04	\$284.04
\$95,000	\$7.22	\$7.55	\$9.50	\$13.35	\$20.33	\$32.40	\$51.35	\$80.18	\$159.17	\$299.82	\$299.82
\$100,000	\$7.60	\$7.95	\$10.00	\$14.05	\$21.40	\$34.10	\$54.05	\$84.40	\$167.55	\$315.60	\$315.60
\$105,000	\$7.98	\$8.35	\$10.50	\$14.75	\$22.47	\$35.81	\$56.75	\$88.62	\$175.93	\$331.38	\$331.38
\$110,000	\$8.36	\$8.75	\$11.00	\$15.46	\$23.54	\$37.51	\$59.46	\$92.84	\$184.31	\$347.16	\$347.16
\$115,000	\$8.74	\$9.14	\$11.50	\$16.16	\$24.61	\$39.22	\$62.16	\$97.06	\$192.68	\$362.94	\$362.94
\$120,000	\$9.12	\$9.54	\$12.00	\$16.86	\$25.68	\$40.92	\$64.86	\$101.28	\$201.06	\$378.72	\$378.72
\$125,000	\$9.50	\$9.94	\$12.50	\$17.56	\$26.75	\$42.63	\$67.56	\$105.50	\$209.44	\$394.50	\$394.50
\$130,000	\$9.88	\$10.34	\$13.00	\$18.27	\$27.82	\$44.33	\$70.27	\$109.72	\$217.82	\$410.28	\$410.28
\$135,000	\$10.26	\$10.73	\$13.50	\$18.97	\$28.89	\$46.04	\$72.97	\$113.94	\$226.19	\$426.06	\$426.06
\$140,000	\$10.64	\$11.13	\$14.00	\$19.67	\$29.96	\$47.74	\$75.67	\$118.16	\$234.57	\$441.84	\$441.84
\$145,000	\$11.02	\$11.53	\$14.50	\$20.37	\$31.03	\$49.45	\$78.37	\$122.38	\$242.95	\$457.62	\$457.62
\$150,000	\$11.40	\$11.93	\$15.00	\$21.08	\$32.10	\$51.15	\$81.08	\$126.60	\$251.33	\$473.40	\$473.40

Child Rate: \$20,000 benefit- \$2.06 per paycheck. (One rate no matter how many children are covered.) Cannot exceed 100% of employee election.

* Original benefit amount for you and/or your spouse reduces by 35% at age 65, 60% at age 70, 75% at age 75, and 85% at age 80+

The rates shown in this guide are illustrative only. To the extent the rates contained herein differ from those in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the rates in the underlying insurance documents will govern in all cases.

SHORT TERM DISABILITY INSURANCE PLAN (EMPLOYER PAID)

Short-term disability coverage is designed to help you meet your financial needs if you are unable to work due to a non-occupational injury or illness. Your monthly premium will be based on your salary.

Short Term Disability

Guardian	
Benefit	60% of salary
Maximum Weekly Benefit	\$1,500
Waiting Period-Accident	0 Days
Waiting Period-Sickness	7 Days
Duration of Benefits	13 Weeks

Calculate your weekly disability benefit.

\$

/ 52 = \$

x

Your annual

earnings

60%

=

(Max % of

income covered)

\$

Max weekly benefit available

(not to exceed \$1,500)

The rates and benefit plan information shown in this guide are illustrative only. To the extent the rates or the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.

LONG TERM DISABILITY INSURANCE PLAN (EMPLOYER PAID)

This coverage is an important coverage for financial protection in the event your disability continues beyond short-term disability.

Long Term Disability

Guardian	
Benefit	60% of monthly earnings
Maximum Monthly Benefit	\$10,000
Elimination Period	90 Days
Duration of Benefits	To Social Security normal retirement age
Pre-Existing Limitation	3 months prior / 12 months after Exclusion
Rehabilitation Incentive Benefit	110% benefit amount

Calculate your monthly disability benefit.

\$_____ / 12 = \$_____ x

Your annual earnings

60% =

(Max % of income covered)

\$_____

Max monthly benefit available (not to exceed \$10,000)

Your monthly earnings

The rates and benefit plan information shown in this guide are illustrative only. To the extent the rates or the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.

REQUIRED NOTICES

Newborn and Mothers' Health Protection Act

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

Women's Health and Cancer Rights Act

In October 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. This notice explains some important provisions of the Act. Please review this information carefully. As specified in the Women's Health and Cancer Rights Act, a plan participant or beneficiary who elects breast reconstruction in connection with a covered mastectomy is also entitled to the following benefits: 1. All stages of reconstruction of the breast on which the mastectomy has been performed; 2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and 3. Prostheses and treatment of physical complications of the mastectomy, including lymphedemas. Health plans must provide coverage of mastectomy related benefits in a manner to determine in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and insurance amounts that are consistent with those that apply to other benefits under the plan.



REQUIRED CHIP NOTICE

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

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

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPPI.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://flmedicaidtprecovery.com/hipp/ Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPPI (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131

REQUIRED CHIP NOTICE (CONT)

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

REQUIRED CHIP NOTICE (CONT)

OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid	VERMONT– Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
RHODE ISLAND – Medicaid and CHIP	WASHINGTON – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid and CHIP
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

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

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

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

Paperwork Reduction Act Statement

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

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

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

HIPAA Notice



HIPAA Privacy Notices

HIPAA requires group health plans to provide a notice of current privacy practices regarding protected personal health information (PHI) to enrolled participants. All employers must distribute HIPAA Privacy Notices if the plan is self-funded or if the plan is fully-insured and the employer has access to PHI. If the employer maintains a benefits website, the HIPAA Privacy Notice must be included on the website.

The HIPAA Privacy Notice must be written in plain language and must describe three things: (1) the use and disclosures of PHI that may be made by the group health plan; (2) plan participants' privacy rights; and (3) the group health plan's legal responsibilities with respect to the PHI.

The Department of Health and Human Services (HHS) has developed three different model Privacy Notices for health plans to choose from: booklet version, layered version, and full-page version.

More information can be found at: <https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/privacy-practices-for-protected-health-information/index.html>

Link to OneDigital's privacy policy: <https://www.onedigital.com/privacy-policy/>

Model Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within the appropriate time period that applies under the plan after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within the appropriate time period that applies under the plan after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact the appropriate plan representative.

For additional information on your employer's privacy policy, please contact your HR department.

CONFIDENTIALITY NOTICE

OneDigital Health and Benefits, a division of Digital Insurance, LLC does not sell or share any information we learn about our clients and understands you may have to answer sensitive questions about your medical history, physical condition and personal health habits as required by our insurance carrier partners.

We collect nonpublic personal information from the following sources:

- Information from you, including data provided on applications or other forms, such as name, address, telephone number, date of birth and Social Security number
- Information from your transactions with us and/or our partners such as policy coverage, premium, claim, and payment history.

OneDigital Health and Benefits recognizes the importance of safeguarding the privacy of our clients and prospective clients, and we pledge to protect the confidential nature of your personal information. We understand our ability to provide access to affordable health insurance to businesses and individuals can only succeed with an environment of complete trust.

In the course of business, we may disclose all or part of your customer information without your permission to the following persons or entities for the following reasons:

- To an insurance carrier, agent or credit reporting agency to detect, prevent or prosecute actual or potential criminal activity, fraud, misrepresentation, unauthorized transactions, claims or other liabilities in connection with an insurance transaction.
- To a medical care institution or medical professional to verify coverage or benefits, to inform you of a medical problem of which you may or may not be aware or to conduct an audit that would enable us to verify treatment.
- To an insurance regulatory authority, law enforcement or other governmental authority to protect our interests in detecting, preventing or prosecuting actual or potential criminal activity, fraud, misrepresentation, unauthorized transactions, claims or other liabilities in connection with an insurance transaction.
- To a third party, for any other disclosures required or permitted by law. We may disclose all of the information that we collect about you, as described above.

Our practices regarding information confidentiality and security: We restrict access to your customer information only to those individuals who need it to provide you with products or services, or to otherwise service your account. In addition, we have security measures in place to protect against the loss, misuse and/or unauthorized alternation of the customer information under our control, including physical, electronic and procedural safeguards that meet or exceed applicable federal and state standards.



Additional Benefits



Care When and
Where You Need It
Just Got Easier

Virtual Visits

Convenient health care
at your fingertips



Getting sick is never convenient, and finding time to get to the doctor can be hard. Blue Cross and Blue Shield of Texas (BCBSTX) provides you and your covered dependents access to care for non-emergency medical issues and behavioral health needs through MDLIVE.

Whether you're at home or traveling, access to an independently contracted board-certified doctor is available 24 hours a day, seven days a week. You can speak to a doctor immediately or schedule an appointment based on your availability. Virtual visits can also be a better alternative than going to the emergency room or urgent care center.

MDLIVE doctors or therapists can help treat the following conditions and more:

General Health

- Allergies
- Asthma
- Nausea
- Sinus infections

Pediatric Care

- Cold
- Flu
- Ear problems
- Pinkeye

Behavioral Health

- Anxiety/depression
- Child behavior/learning issues
- Marriage problems



Connect

Computer, smartphone,
tablet or telephone



Interact

Real-time consultation with a
board-certified doctor or therapist



Diagnose

Prescriptions sent electronically
to a pharmacy of your choice
(when appropriate)



Website:

Visit the website

MDLIVE.com/BCBSTX

- Choose a doctor
- Video chat with the doctor
- You can also access through Blue Access for MembersSM



Mobile app:

- Download the MDLIVE app from the Apple App StoreSM or Google PlayTM Store
- Open the app and choose an MDLIVE doctor
- Chat with the doctor from your mobile device



Telephone:

- Call MDLIVE **(888-680-8646)**
- Speak with a health service specialist
- Speak with a doctor

Get connected today!

**To register, you'll need to provide your first and last name,
date of birth and BCBSTX member ID number.**

Internet/Wi-Fi connection is needed for computer access. Data charges may apply. Check your cellular data or internet service provider's plan for details. Non-emergency medical service in Idaho, Montana and New Mexico is limited to interactive audio/video (video only), along with the ability to prescribe. Non-emergency medical service in Arkansas is limited to interactive audio/video (video only) for initial consultation, along with the ability to prescribe. Behavioral health service is limited to interactive audio/video (video only), along with the ability to prescribe in all states. Service availability depends on location at the time of consultation.

Virtual visits, powered by MDLIVE, may not be available on all plans. Virtual visits are subject to the terms and conditions of your benefit plan, including benefits, limitations, and exclusions. MDLIVE operates subject to state regulations and may not be available in certain states. MDLIVE is not an insurance product or a prescription fulfillment warehouse. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services.

MDLIVE, an independent company, operates and administers the virtual visit program and is solely responsible for its operations and that of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without written permission.

Blue Cross®, Blue Shield® and the Cross and Shield symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

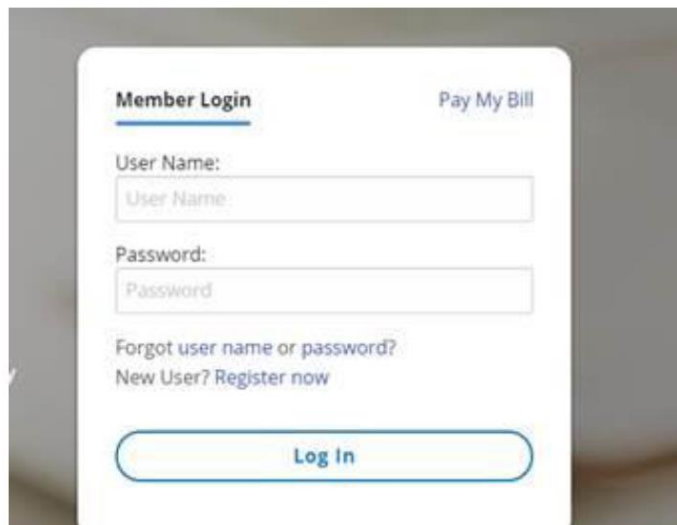
App Store is a service mark of Apple Inc.

Google Play Store is a trademark of Google Inc. ("Google").

Windows is a registered mark of MicrosoftTM

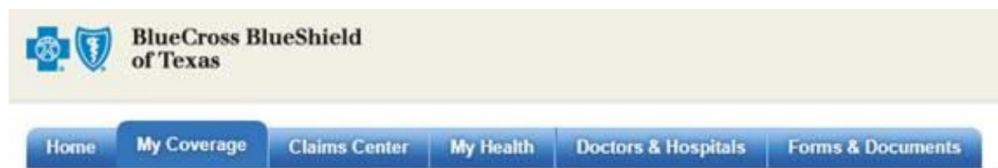
Visit <https://www.bcbstx.com/>

Register for your account on that website using information from your insurance card.

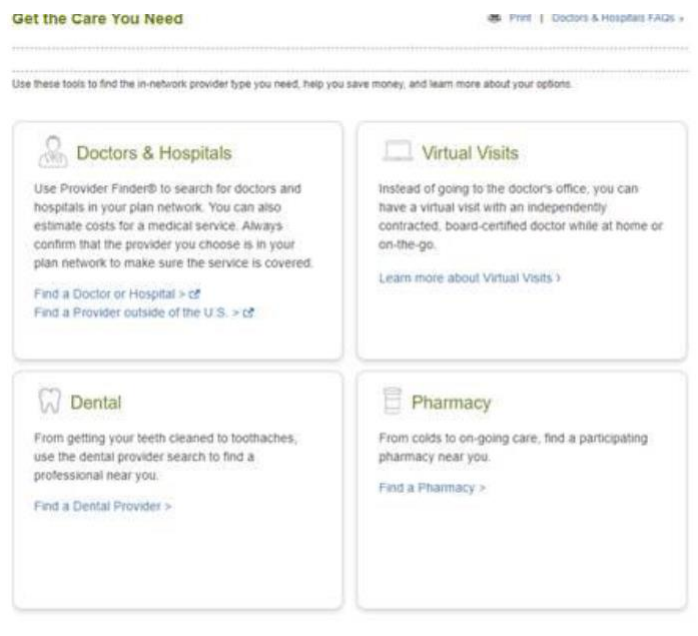


The image shows a 'Member Login' form. At the top left is the 'Member Login' header, and at the top right is a link for 'Pay My Bill'. Below the header are two input fields: 'User Name:' and 'Password:'. Each field has a placeholder text that matches the label. Below the password field are two links: 'Forgot user name or password?' and 'New User? Register now'. At the bottom of the form is a large, rounded 'Log in' button.

Once you create your account and login you will see a tab that says “Doctors and Hospitals”



When you click that it will take you to this page where you can any type of doctor that is in your network.



The image shows the 'Doctors & Hospitals' page. At the top, there is a header 'Get the Care You Need' and a link 'Doctors & Hospitals FAQs'. Below this is a sub-header 'Use these tools to find the in-network provider type you need, help you save money, and learn more about your options.' The page is divided into four main sections: 'Doctors & Hospitals', 'Virtual Visits', 'Dental', and 'Pharmacy'. Each section contains a brief description of the service and a link to find a provider. The 'Doctors & Hospitals' section also includes a link to 'Find a Provider outside of the U.S.'.

Just click “virtual visits” and then click the MDlive website link
From



Visit MDLIVE website

Getting Care

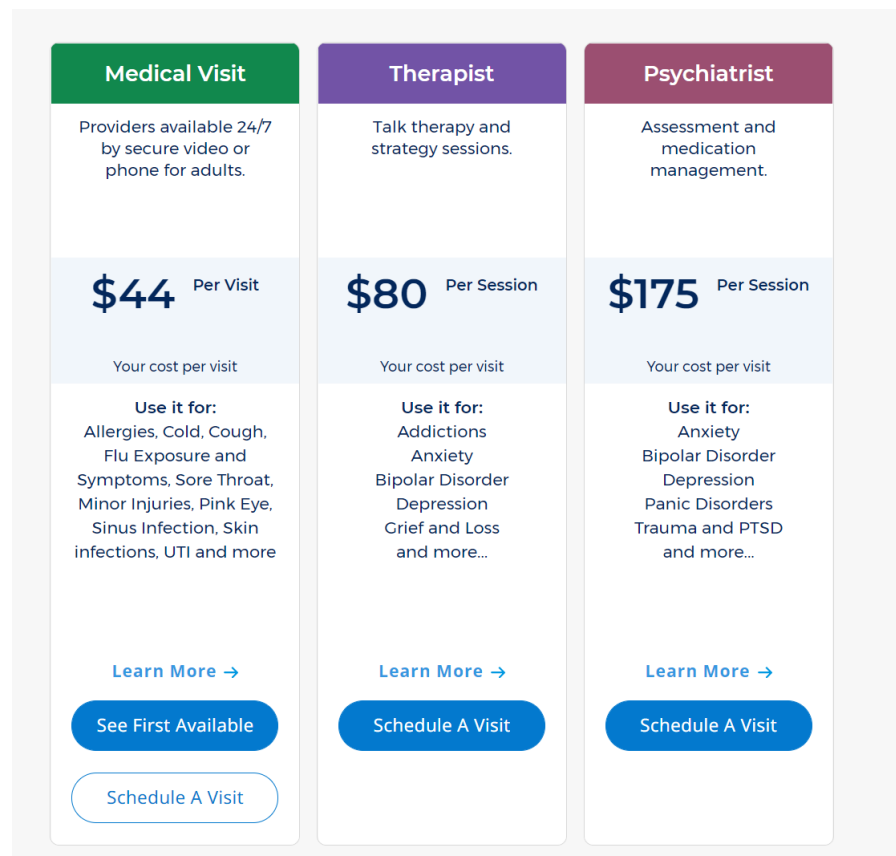
MDLIVE's doctors and therapists can treat many non-emergency medical and behavioral health conditions, like:

General Health	Pediatric Care	Behavioral Health (by appointment)
<ul style="list-style-type: none">• Allergies• Asthma• Sinus infections	<ul style="list-style-type: none">• Cold/flu• Ear infections• Pink eye	<ul style="list-style-type: none">• Online counseling• Child behavior/learning issues• Stress management

They can also write – and send – prescriptions (when appropriate) to a nearby pharmacy.²

One-Time Account Activation

From there you will be prompted to create an account for MDlive. Once you have done that you will be able to schedule a virtual doctor’s appointment or therapy visit. (Please note that pricing may vary depending on your plan).



Medical Visit	Therapist	Psychiatrist
Providers available 24/7 by secure video or phone for adults.	Talk therapy and strategy sessions.	Assessment and medication management.
\$44 Per Visit	\$80 Per Session	\$175 Per Session
Your cost per visit	Your cost per visit	Your cost per visit
Use it for: Allergies, Cold, Cough, Flu Exposure and Symptoms, Sore Throat, Minor Injuries, Pink Eye, Sinus Infection, Skin infections, UTI and more	Use it for: Addictions Anxiety Bipolar Disorder Depression Grief and Loss and more...	Use it for: Anxiety Bipolar Disorder Depression Panic Disorders Trauma and PTSD and more...
Learn More →	Learn More →	Learn More →
See First Available	Schedule A Visit	Schedule A Visit
Schedule A Visit		



Employee Assistance Program Overview

Our comprehensive WorkLifeMatters Employee Assistance Program¹, available through Integrated Behavioral Health, provides you and your family members with confidential, personal and web-based support on a wide variety of important and relevant topics — such as stress management, dependent/elder care, nutrition, fitness, and legal and financial issues.

Employee assistance program (EAP) consultative services

- **Telephonic Counseling** — Unlimited, 24/7 consultations with master's and doctoral-level counselors
- **Face-to-face Counseling** — Up to 3 visits per employee/household member per year
- **Bereavement** — Support available through telephonic or face-to-face sessions; online resources available on EAP website
- **Tobacco Cessation Coaching** — Unlimited telephonic support and resources to assist with tobacco cessation; refers members directly to the American Lung Association's Quit program
- **EAP Website Resources** — Comprehensive website that includes articles, videos, FAQs, etc.; additionally, individuals can chat online with an EAP Consultant or email an EAP Counselor through the website
- **College Planning Resources** — Expert assistance in finding the right college that fits your child academically, socially and financially, provided by College Planning USA

Work/life assistance & resources

- **WorkLife Services** — Unlimited 24/7 access to WorkLife Specialists (subject matter experts) in the areas of: family and care giving, health and wellness, emotional well-being, daily living, and balancing work/life responsibilities
- **Child and Elder Care Referral** — Unlimited telephonic consultation with a WorkLife Specialist (part of WorkLife Services)
- **Employee Discounts** — Access to discounts on a large number of products and services, from gym memberships to dental, vision and pharmacy items, entertainment, restaurants, computers, cars, and much more
- **Webinars, Podcasts, Articles and FAQs** — Various topics available on the EAP website

Legal/financial assistance & resources

- **Legal Consultation** — Unlimited telephonic support and free initial 30 minute face-to-face consultation with an attorney, includes a 25% discount on attorney services thereafter; online legal forms; extensive online law library
- **Financial Consultation** — Unlimited telephonic support for financial problems or planning needs; 30 days of financial coaching; extensive online financial library and calculators
- **ID Theft** — Free consultation with a trained Fraud Resolution Specialist that will assist with ID theft resolution and education; ID theft educational materials available online
- **Will Prep** — Online self-service documents available on EAP website; 30 minute consultation (part of Legal Consultation offering) can be used for estate planning/will preparation
- **Legal Document Preparation** — Online self-service documents available on the EAP website
- **Tax Consultation** — Tax questions only can be answered as part of the Financial Consultation offering
- **Online Self-Service Documents** — Examples include, but are not limited to: Living Trust, Will, Power of Attorney, Deeds

lbhworklife.com

User Name: Matters

Password: wlm70101

Phone: 1 800 386 7055

Available 24 hours a day, 7 days a week²

**The Guardian Life Insurance
Company of America**

guardiananytime.com

New York, NY

2018-58488 (04-20)

¹ WorkLifeMatters Program services are provided by Integrated Behavioral Health, Inc., and its contractors. Guardian does not provide any part of WorkLifeMatters program services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the WorkLifeMatters program at any time without notice. Legal services provided through WorkLifeMatters will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer. WorkLifeMatters Program is not an insurance benefit and may not be available in all states.

² Office hours: Monday-Friday 6 a.m.–5 p.m. PST.



Help Protect the Ones You Love

WillPrep Services, a will preparation service, offers a range of services to help you communicate how you want to provide for your loved ones. For eligible members with voluntary term life plans, the service includes online planning documents, a resource library and access to professionals to help with issues related to:

- Advanced Health Care Directives
- Estate Taxes
- Executors & Probate
- Financial Power of Attorney
- Getting Organized
- Guardianship and Conservatorship
- Healthcare Power of Attorney
- Living Wills
- Resource Library
- Trusts
- Wills

Estate planning documents

Policyholders have access to a number of necessary planning documents such as wills, healthcare power of attorney, financial power of attorney and living wills. Documents are easy to use and understand.

Access to estate planners

The complexities of estate planning can be overwhelming, especially during times of need. Each member is provided up to three telephonic consultations with an estate planner.

Attorney assisted will preparation

While many people feel comfortable using the service's interactive web-based program to develop their own will free of charge, others prefer to have an attorney actually prepare the will. The option for an attorney prepared will is available for a modest charge.

Resource library

Learn the importance of estate planning, organizing your personal affairs and protecting your loved ones through unlimited access to a dedicated legal/financial website. Each member can gain access to a glossary of legal terms, a variety of legal articles and guides as well as legal Frequently Asked Questions (FAQ's.)



For more information about willprep services, go to:

www.ibhwillprep.com

Username: WillPrep

Password: GLIC09

or call 1 877 433 6789

**The Guardian Life Insurance
Company of America**
New York, NY

guardiananytime.com

2018-58498 (05-20)

WillPrep Services are provided by Integrated Behavioral Health, Inc., and its contractors. The Guardian Life Insurance Company of America (Guardian) does not provide any part of WillPrep Services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the WillPrep Services at any time without notice. Legal services will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer. Guardian® and the Guardian G® Logo are service marks of The Guardian Life Insurance Company of America®.



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