



Your Guide to Employee Benefits

2027
BENEFITS
Enrollment

Table of Contents

3	2027 Benefits Enrollment	19	Long Term Disability
4	Medical	20	Supplemental Benefit Plans & Identity Protection
9	Prescription Drug Coverage	21	Legal Insurance
11	Health Savings Account (HSA)	22	Other Benefits
12	Dental	25	Covering Family Members
13	Vision	25	Electronic Benefits Handbook
14	Health Care Flexible Spending Account (HCFSA)	26	Making Changes After Enrollment
15	Day Care Flexible Spending Account and Childcare Subsidy	27	Benefit Costs Per Paycheck
16	Life Insurance	31	<i>Be Healthy</i> Wellness Program
17	Accidental Death & Dismemberment (AD&D)	31	Quick Links
18	Short Term Disability		



Medical Plan Terms to Know

- **Coinsurance:** After you meet your deductible, you and the plan share the cost of covered services. For example, if your coinsurance is 10%, you pay 10% and the plan pays 90%.
- **Copay:** A fixed dollar amount you pay for certain covered services, such as a doctor's office visit.
- **Deductible:** The amount you pay for covered health care before your medical plan begins paying its share (or coinsurance).
- **Out-of-Pocket Maximum:** The most you'll pay for covered health care during the plan year. Once you reach this limit, the plan pays 100% of covered services for the rest of the year.

2027 Benefits Enrollment

2027 BENEFITS ENROLLMENT DATES

Benefits enrollment is **Oct. 28 - Nov. 11, 2026**. Changes made during benefits enrollment will be effective Jan. 1, 2027.



HOW TO ENROLL

- Log in to [MyTHR.org](https://mythr.org).
- Click the **Benefits** tile.

Note: To log in to [MyTHR.org](https://mythr.org) when you are not onsite at a Texas Health facility, you will need to use Multi-Factor Authentication. [Click here](#) for instructions.



START HERE: HOW TO CHOOSE YOUR 2027 BENEFITS



Step 1: Choose Your Health Plans

This may be your most important benefits decision. Your medical plan affects:

- **How much** comes out of your paycheck each pay period
- **What you pay** when you receive care
- **Where** you go for care

Think about how often you and your family expect to use health care next year.

Don't forget dental and vision. Consider your expected dental and vision needs and choose the coverage that works best for you and your family.

Step 2: Choose Your Prescription Drug Option

Consider the prescriptions you and your covered family members expect to need during the year:

- **Low Rx** may be a good fit if you take few or no regular medications.
- **High Rx** may help you save if you regularly take name-brand or specialty prescription medications.

FREE MONEY FROM TEXAS HEALTH

- HSA contributions: page 11
- DCFSA subsidy: page 11
- 401(k) Match: page 20
- Student Loan Repayment: page 22
- *Be Healthy* Wellness rewards: page 29

Step 3: Decide on a Savings or Spending Account

These accounts let you set aside pre-tax money for eligible health care expenses, helping you save on taxes and have money to spend when you receive care.

- **Health Savings Account (HSA) (HDHP only):**
Save for current or future health care expenses. Your unused balance remains in your account, and you keep the account even if you leave Texas Health.
- **Health Care Flexible Spending Account (HCFSA):**
Set aside money for eligible expenses you expect to have next year. Funds are "use it or lose it" each year, so plan carefully.

Step 4: Add Financial Protection and Optional Benefits

Consider benefits that can help protect your income, provide financial support during unexpected events, or add convenience and peace of mind, such as:

- Life insurance
- Disability coverage
- Accident, Critical Illness, and Hospital Indemnity insurance

Medical



PLAN OPTIONS:

You can choose from three medical plan options. We offer two copay plans and one high-deductible health plan (HDHP).

- **Quantum Care 750**
- **UnitedHealthcare (UHC) Choice 1000**
- **UnitedHealthcare (UHC) Choice HDHP**



WHICH PLAN IS RIGHT FOR ME?

A copay plan (Quantum Care 750 or UHC Choice 1000) may be a good fit if you:

- Prefer predictable costs when you receive care with set copays for many services
- Expect to visit the doctor or fill prescriptions regularly
- Want to avoid paying the full cost of care before meeting a deductible

The UHC Choice HDHP with an HSA may be a good fit if you:

- Are generally healthy and don't need much care
- Don't mind paying the full cost of most services until your deductible is met
- Prefer lower paycheck costs
- Want to save pre-tax money in an HSA to spend on current or future health care expenses

IMPORTANT: With an HDHP, the plan generally doesn't pay any portion of your medical expenses (unless they are preventive) or prescriptions until you pay your full deductible.



ALL MEDICAL PLAN OPTIONS COVER:

Applied Behavior Analysis (ABA) Therapy: Coverage for ABA therapy to treat Autism Spectrum Disorder is available through each medical plan's condition management program. Contact Quantum or UHC before seeking treatment.

Infertility Coverage: Coverage for infertility services is available, subject to lifetime maximums.

Maternity Support Program: Receive ongoing support throughout a pregnancy and earn a *Be Healthy* reward for completing the program.

Noom: Available at no cost through Personify Health, Noom offers one-on-one coaching and self guided tools to help participants build healthier habits and achieve sustainable weight loss.

Transform Diabetes Care (TDC): Available through Caremark prescription drug coverage, TDC provides support for managing diabetes, including lifestyle coaching, medication guidance, and preventive care.

24/7 Virtual Visits: Free 24/7 virtual care is available for minor illnesses. Providers can prescribe medication, if needed, and send it to a local pharmacy. Behavioral Health 24/7 Virtual Visits are available through select platforms.*

*Telemedicine visits with your physician or other healthcare providers are not included and will be subject to the applicable plan copay and cost-sharing.

Compare all three plans on page 6.

About The Plans

No matter which medical plan you choose, you'll pay less for care when you use a **preferred hospital**. For physician and specialist visits, you can see any in-network provider.

Quantum Care Plan

Quantum is your single point of contact for questions and support throughout your healthcare journey. If you're facing a new or complex diagnosis, Quantum's Care Coordinators work with you and your doctors to help you get the right care at the best cost.

The Quantum Care 750 plan is administered by Allegiance, a third-party administrator (TPA) owned by Cigna, while Quantum manages your care.

You may see both company names during your healthcare experience. The plan uses the **Cigna Open AccessPlus network**.

UHC Choice Plans

UHC 1000 and UHC HDHP are administered by UHC and use the **UHC Choice** network.

The UHC plans come with the following services and programs to support your journey in health and well-being:

2nd.MD: Receive a free second opinion from a board-certified specialist for eligible diagnoses.

Sword: Available at no extra cost, Sword provides on-demand app-based physical therapy to help manage back, joint, and muscle pain.

Neonatal Resource Service: UHC NICU nurses provide support during a newborn's hospital stay and help coordinate care for at least the first six months after birth.

Find an in-network provider or facility:

- Log in to **MyQHResource.com**.
- Click *Find a Provider* in the bar at the bottom of the screen.
- Click *Find Provider* again to access the Cigna search.
- Enter your address, city, or ZIP code.
- Select the way you want to search—by doctor type, doctor name, or facility type/name.
- Click *Search*, then *Continue as Guest*. Re-enter your zip code and click *Select* to continue.
- Select *Open Access Plus* for the plan type.

Find an in-network provider or facility:

- Visit **WhyUHC.com/THR**.
- Click *Health Plans*.
- Select a plan option.

Additional Programs:

- **Health Advocate:** Get 24/7 help understanding your health plan and finding the care you need.
- **Mental health and substance use disorder care:** Services are coordinated through United Behavioral Health (UBH).
- **Specialty Management Solutions:** Offers support and care coordination for outpatient surgeries and specialty procedures.
- **Total Health Nurses:** Receive guidance and support for managing complex or chronic health conditions.
- **Transition Support Program:** Provides support from hospital admission through recovery at home.

Learn more about these programs: **BeHealthyTHR.org**.

Contact Quantum

- 1-877-698-4754, prompt 2, press 1
- **MyQHResource.com**

Contact UHC

- 1-877-698-4754, prompt 2, press 2
- **myUHC.com** (for employees with active coverage)

Compare Medical Plan Options

The amounts listed below are costs paid by you. Use preferred hospitals when possible to pay less for care. [Click here](#) (or on the **pink** references in the table) to access the list of preferred hospitals.

	COPAY PLAN OPTIONS		HDHP OPTION
	Quantum Care 750	UHC Choice 1000	UHC Choice HDHP
	With the Quantum Care 750 and UHC Choice 1000 plans, you'll pay a set copay amount for many services, such as doctor visits, urgent care, and prescriptions, without first meeting your deductible. For hospital care and services like MRIs, CT scans, and PET scans, you'll pay the full cost until you meet your deductible. After that, you and the plan share the cost through coinsurance.		The UHC Choice HDHP has a higher deductible but lower paycheck deductions. Except for eligible preventive care, you'll pay the full cost of medical care and prescriptions until you meet your deductible. After that, you and the plan share the cost through coinsurance.
Network Tiers & Your Costs	The amount you pay for hospital care depends on the facility you choose. Tier 1 / Preferred hospitals: You pay 10% coinsurance after your deductible. These hospitals provide the highest level of benefits, so you pay the least. Tier 2 / Other in-network hospitals: You pay 70% coinsurance after your deductible. These hospitals are in the UHC or Cigna (through Quantum) network but are not preferred hospitals. Out-of-network hospitals: You'll pay the full cost.*		
Deductible	Preferred Hospital: \$750 individual, \$2,250 family Non-Preferred Hospital: \$3,500 individual, \$10,500 family	Preferred Hospital: \$1,000 individual, \$3,000 family Non-Preferred Hospital: \$4,000 individual, \$12,000 family	Preferred Hospital: \$3,400 individual, \$6,800 family Non-Preferred Hospital: \$4,000 individual, \$12,000 family.
Medical and Rx Out-of-Pocket Maximum¹	\$6,850 individual \$13,700 family		\$6,750 individual \$13,500 family
24/7 Virtual Visits²	\$0 (including for behavioral health)		
Office Visits	\$20 copay for primary care provider \$40 copay for specialist		Full deductible, then 10%
Maternity Office Visits	\$20 copay for initial office visit; no cost for additional visits		Full deductible, then 10% for initial office visit; no cost for additional visits
Urgent Care Center	\$25 copay		Full deductible, then 10%
Routine Physicals³	\$0		
Wellness Exams³	\$0		

* Except as required by law for emergency care and in other situations.

Medical Plan Options, continued

	COPAY PLAN OPTIONS		HDHP OPTION
	Quantum Care 750	UHC Choice 1000	UHC Choice HDHP
Well Child Care ³	\$0		
Colonoscopy ⁴	\$0		
Breast Screening ⁴	\$0		
Mental Health (in person)	\$20 per visit		Full deductible, then 10%
Outpatient Diagnostic Lab & X-ray ⁵	Preferred Hospital: 10% after deductible Non-Preferred Hospital: 70% after deductible		Preferred Hospital: Full deductible, then 10% Non-Preferred Hospital: Full deductible, then 70%
MRI, CT & PET Scans ⁵	Preferred Hospital: 10% after deductible Non-Preferred Hospital: 70% after deductible		Preferred Hospital: Full deductible, then 10% Non-Preferred Hospital: Full deductible, then 70%
Outpatient Therapy ⁶	Preferred Hospital: \$20 Non-Preferred Hospital: \$40		Full deductible, then 10%
Outpatient Surgery	Preferred Hospitals and Free-standing Facilities: Office visit copay applies; 10% after deductible if not in doctor's office Non-Preferred Hospital: 70% after deductible		Preferred Hospital: 10% after deductible Non-Preferred Hospital: 70%
Inpatient Hospital Care	Preferred Hospital: 10% after deductible Non-Preferred Hospital: 70% after deductible		Preferred Hospital: Full deductible, then 10% Non-Preferred Hospital: Full deductible, then 70%
Emergency Room	\$200 copay, then 10% after deductible		Full deductible, then 10%

COPAY PLAN OPTIONS		HDHP OPTION
	Quantum Care 750	UHC Choice 1000
		UHC Choice HDHP
Savings and Spending Accounts	Health Care Flexible Spending Account: Employees may contribute up to \$3,400. See details on page 14.	Health Savings Account (HSA): Employees may contribute up to the IRS maximum limit of \$4,500 (employee only coverage) or \$9,000 (employee + family coverage).⁷ If you are or will be 55 or older in 2027, you may contribute an additional \$1,000. The HSA comes with per-pay-period employer contributions. See details on page 11.
Prescription Drugs	You pay copays and coinsurance. See details on pages 9-10 .	You pay the full cost of your prescription drugs until you reach your deductible, then applicable copays. See details on pages 9-10 .

- Maximum includes deductible, coinsurance, and copays for medical care and prescriptions.
- For UHC, 24/7 Virtual Visits can be completed through Doctor on Demand, AmWell, or Teladoc. For Quantum, Virtual Visits can be completed through MDLive.
- Well exams are covered in full if the claims administrator determines the physical is for preventive care. Additional screenings or services will be considered diagnostic services and will be covered after you pay the applicable copay or deductible and coinsurance. At the time of your preventive care visit, if other services are performed that are not preventive services, as determined by the claims administrator, they will not be paid at 100% even if they are submitted as part of a claim for preventive care.
- One colonoscopy per year is covered. One routine and one diagnostic breast screening (including mammogram, 3D mammogram, breast MRI, and breast ultrasound) will be covered at 100% per year regardless of age. You pay the deductible and/or coinsurance for additional colonoscopies and mammograms.
- When your doctor requests tests or services such as lab work, X-rays, MRIs, CT scans, physical therapy, or rehabilitation at a free-standing facility that isn't affiliated with a hospital, you should check to make sure they are in-network, and check the coinsurance level of that facility on your plan. Services performed at Preferred Hospitals or at a free-standing facility unaffiliated with a hospital are covered at 90% after deductible, while care at Non-Preferred hospitals is only covered at 30% after the deductible. Check with your insurance carrier to verify whether a facility and/or doctor is covered under your plan and to learn how much your coinsurance would be.
- Up to a combined total of 60 visits per year are covered for outpatient physical, occupational, and speech therapy. Pulmonary and rehabilitation services are covered up to 20 visits. Up to 36 cardiac rehabilitation visits are covered. Outpatient Therapy Services (physical therapy, occupational therapy, and speech therapy) related to mental health or substance use disorder diagnoses are 10% after deductible with no visit limit.



THREE WAYS TO SAVE ON HEALTH CARE COSTS

No matter which medical plan you choose, you can help lower your health care costs by:

1. Getting preventive care.

Annual checkups and other eligible preventive services are covered at \$0 when you use an in-network provider.

2. Choosing the right place for care.

When appropriate, use virtual visits, your primary care provider, or urgent care instead of the emergency room.

3. Using a preferred hospital.

For inpatient hospital care, **preferred hospitals** provide the highest level of benefits, helping you pay the least.

Prescription Drug Coverage

Every medical plan includes prescription drug coverage through Caremark. Choose the option that best fits how you expect to use prescriptions next year.



Low Rx

- Lower paycheck deductions
- You pay more when you fill prescriptions
- May be a good fit if you take few prescriptions



High Rx

- Higher paycheck deductions
- You pay less when you fill prescriptions
- May be a good fit if you take medications regularly or have brand or specialty medications

HOW YOUR MEDICAL PLAN AFFECTS PRESCRIPTION COSTS

Your medical plan determines when your prescription drug benefits begin.

	Quantum Care 750 + UHC Choice 1000	UHC Choice HDHP
Before deductible	You pay the copay or coinsurance shown below.	You pay the full cost for prescriptions.
After deductible		You pay the copay or coinsurance shown below.

WHAT YOU PAY FOR PRESCRIPTIONS

The amounts below show what you'll pay after your prescription drug benefits begin.

Retail (30-day supply)	Low Rx ¹	High Rx ¹
Generic	You pay a \$10 copay ² .	You pay a \$10 copay ² .
Preferred	You pay 40% (\$20 min. and \$150 max.)	You pay 25% (\$20 min. and \$100 max.)
Non-Preferred ³	You pay 50% (\$40 min. and \$300 max.)	You pay 40% (\$40 min. and \$300 max.)
Specialty	Enrolled in PrudentRx: \$0 copay for eligible prescriptions⁴ Not Enrolled in PrudentRx: 30% coinsurance for eligible prescriptions^{4, 5}	Enrolled in PrudentRx: \$0 copay for eligible prescriptions⁴ Not Enrolled in PrudentRx: 30% coinsurance for eligible prescriptions^{4, 5}

Retail (90-day supply)	Low Rx ¹	High Rx ¹
Generic	You pay a \$20 copay ² .	You pay a \$20 copay ² .
Preferred	You pay 40% (\$40 min. and \$300 max.)	You pay 25% (\$40 min. and \$200 max.)
Non-Preferred ³	You pay 50% (\$80 min. and \$600 max.)	You pay 40% (\$80 min. and \$400 max.)
Specialty	Enrolled in PrudentRx: \$0 copay⁴ Not Enrolled in PrudentRx: You pay 30%^{4, 5}	Enrolled in PrudentRx: \$0 copay⁴ Not Enrolled in PrudentRx: You pay 30%^{4, 5}

¹ If you're enrolled in the UHC Choice HDHP, you'll pay the full cost of your prescriptions until you meet your deductible. The Preferred Hospital deductible applies when purchasing in-network retail medications.

² If the cost of the drug is less than the copay, you pay the lesser amount.

³ Applies only when an exception approval has occurred.

⁴ Applies only to specialty medications included in the PrudentRx program. Specialty medications not included in the program are covered under the standard plan benefits.

⁵ If you opt out of PrudentRx and use a copay card to pay your prescription copay amount, those dollars will not apply toward your annual deductible or out-of-pocket maximum.

RX SAVINGS SOLUTIONS (RXSS)

RX Savings Solutions (RXSS) is a new program that automatically finds lower-cost alternatives to your prescriptions—including generics, therapeutically equivalent medications, or lower-cost pharmacy options. What you need to do:

- Activate your RxSS account after January 1 (details on how to sign up will be available at BeHealthyTHR.org on January 1).
- Review any savings opportunities identified for your prescriptions.
- If you choose to pursue a recommended option, RxSS can work directly with your physician and pharmacy to coordinate the change. The decision to change medications always remains between you and your doctor.

90-DAY REFILLS FOR MAINTENANCE MEDICATIONS

Maintenance medications (drugs you take regularly) can be filled at any in-network pharmacy the first two times. Avoid paying double the retail price by switching to a 90-day supply after that through Caremark mail order, at various [Texas Health pharmacies](#), or at your local CVS, Target, Kroger, or Costco pharmacy.

SOME MEDICATIONS REQUIRE ADDITIONAL STEPS

Caremark's Value Formulary covers some drugs only for specific diagnoses. For example, a diabetes drug may not be covered if prescribed for obesity. See the Benefit Handbook for the full exclusion list. A few medications also require one of the extra steps below before they're covered.

- **Prior Authorization:** Your doctor calls CVS/Caremark to explain a higher-cost drug over a lower-cost alternative.
- **Step Therapy:** You try a lower-cost drug first. If it doesn't work, your doctor contacts CVS/Caremark to request the higher-cost option.
- **Quantity Limits:** Only a set amount is covered per 30- or 90-day supply. If that's not enough, your doctor contacts CVS/Caremark.
- **Specialty Rx Copay Assistance Program:** PrudentRx lowers your out-of-pocket cost on eligible specialty medications. Eligible members will receive enrollment details in the mail. [Click here](#) to see the covered specialty medication list.
 - **If you choose to participate, you'll pay:** \$0 copay for Quantum Care 750/UHC Choice 1000 and \$0 after deductible for the UHC Choice HDHP.
 - **If you choose not to participate** and use a copay card to pay your prescription copay amount, those dollars will not apply toward your annual deductible or out-of-pocket maximum.
 - **If your medication is not on the PrudentRx list**, standard plan costs apply.

Manage Your Prescriptions Online

At caremark.com you can:

- Confirm your drug is covered (updates are made quarterly on caremark.com) and check costs.
- Order refills, set reminders, and track order status.
- Confirm your pharmacy is in-network or find one nearby.
- Research drugs, view past prescriptions.

You can also send an email to Caremark Customer Care if you have questions.

Transform Diabetes Care (TDC)

The TDC program can assist with your lifestyle choices, medications, and preventive screenings for diabetes care. You're automatically enrolled if you take diabetes medication or are already in a diabetes program. TDC program also offers Medication-Nutrition Management to help reduce reliance on complex, high-cost diabetes drugs.

Savings & Spending Accounts

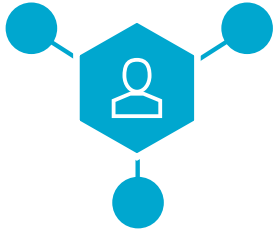
	Health Savings Account (HSA)* Available only with the UHC Choice HDHP	Health Care FSA (HCFSAs)*	Day Care FSA (DCFSA)
What Is It?	A tax-advantaged savings account that helps you pay for eligible health care expenses.	A pre-tax spending account that helps you pay for eligible health care expenses during the plan year.	A pre-tax spending account that helps you pay for eligible day care expenses so you (and your spouse, if applicable) can work, look for work, or attend school full time.
How It Works	- When you enroll in the UHC Choice HDHP, an HSA will be opened in your name with HealthEquity who will provide you with an HSA debit card. - Texas Health and you contribute to your HSA throughout the year. - Any unused funds stay in your account, remain yours even if you leave Texas Health, can be invested (if eligible), and can be used for eligible expenses in retirement.	- You must enroll in and make a new HCFSAs contribution election each year. - You do not need to be enrolled in a Texas Health medical plan to participate. - You contribute to your HCFSAs throughout the year, but your full annual election is available on January 1. - Use it or lose it. Any unused funds are forfeited, so plan carefully!	- You must enroll in and make a new DCFSA contribution election each year. - You do not need to be enrolled in a Texas Health medical plan to participate. - You contribute to your DCFSA throughout the year, but your full annual election is available on January 1, and your account is credited with each payroll deduction. - Use it or lose it. Any unused funds are forfeited, so plan carefully!
What Texas Health Contributes	For employee only coverage, Texas Health contributes \$19.23 per pay period (about \$500 per year). For all other coverage levels, Texas Health contributes \$38.46 per pay period (about \$1,000 per year).	N/A	When you enroll in the DCFSA, Texas Health contributes \$23.08 per pay period even if you contribute nothing yourself.
What You Can Contribute	Employee only: \$4,500 All other coverage levels: \$9,000 If you are age 55 or older, you can contribute an extra \$1,000. Both your contributions and the Texas Health contribution apply to the IRS contribution limit.	From \$130 to \$3,400.	Single: up to \$5,000 Married filing a <u>joint</u> tax return: up to \$5,000 Married filing <u>separate</u> tax returns: up to \$2,500 Both your contributions and the Texas Health contribution apply to the IRS contribution limit.
Eligible Dependents	You and your tax dependents	You, your legal spouse, and any child you claim on your federal tax return, even if they are not enrolled in a Texas Health medical plan	- A child under age 13 whom you claim on your federal tax return, or - A disabled dependent of any age who lives with you more than half the year
Paying for Expenses	- You pay for eligible expenses with the HSA debit card or out of pocket. - If you pay out of pocket, file a claim for reimbursement at HealthEquity.com. - Keep your receipts in case you need to verify an expense.	- You pay for eligible expenses with your HCFSAs debit card or out of pocket. - If you pay out of pocket, file a claim for reimbursement at HealthEquity.com. - Keep your receipts in case you need to verify an expense.	You pay for eligible expenses with your own credit card, check, or cash and file a claim at HealthEquity.com to get reimbursed.
Eligible Expenses	Many medical, prescription, dental, and vision expenses are eligible. For a list of eligible expenses, visit HealthEquity.com .	Many medical, prescription, dental, and vision expenses are eligible. For a list of eligible expenses, visit HealthEquity.com .	Examples include licensed day care, preschool, before- and after-school care, and summer day camps. Care provided by a qualifying relative may also be eligible if the relative is not your spouse, a child under age 19, or someone you claim as a tax dependent.
Key Dates	N/A (Your balance, including investments and earnings, is always yours to keep.)	March 15, 2028: Last day to incur eligible expenses. Use it or lose it! March 31, 2028: Last day to submit claims for reimbursement.	March 15, 2028: Last day to incur eligible expenses. Use it or lose it! March 31, 2028: Last day to submit claims for reimbursement.

* The IRS does not allow you to have both an HSA and an HCFSAs. You cannot contribute to or receive reimbursements from both at the same time.

Dental

DENTAL PLAN OPTIONS AND PAYCHECK COSTS

All dental plans are offered through MetLife and cover preventive, basic, major care, and orthodontia. The dental plans are summarized below. For more information, go to [BeHealthyTHR.org](https://www.bethealthylife.com) or call MetLife at 1-877-MyTHRLink (1-877-698-4754), prompt 2, press 4.



DHMO
SMALLER NETWORK
(fewer doctors and facilities)

- For a list of MetLife dental network providers, go to [MyBenefits.MetLife.com](https://www.MetLife.com/MyBenefits).

- For the exact paycheck amounts, see page 29.



PPO
LOW & HIGH
LARGER NETWORK (more doctors and facilities)

Plan Feature	DHMO In-Network Only	PPO (Low Option) In-Network and Out-of-Network ^{1,2}	PPO (High Option) In-Network and Out-of-Network ²
Paycheck Costs	\$	\$\$	\$\$\$
Deductible	None	\$50 per person \$150 per family	\$50 per person \$150 per family
Preventive Care: One visit every six months for routine checkups, X-rays, cleaning, and polishing	You pay a \$5 copay	You pay \$0	You pay \$0
Basic Care: Fillings, extractions, root canal therapy, scaling of teeth, and basic oral surgery	You pay a fixed copay according to the plan's schedule	You pay 20% after deductible	You pay 10% after deductible
Major Care: Bridges, dentures, crowns, inlays, onlays, and complex oral surgery	You pay a fixed copay according to the plan's schedule	You pay 50% after deductible	You pay 40% after deductible
Maximum Annual Benefit	No limit	\$1,000 per person	\$2,000 per person
Orthodontic Care³	You pay a \$2,300 copay	50% with no deductible; \$1,000 lifetime maximum	50% with no deductible; \$2,000 lifetime maximum

1 For the PDN (Low Option), fees are based on MetLife fee schedule, so your out-of-pocket expenses will be higher than those under the PDN (High Option).

2 Dental PDN network providers agree to charge discounted rates for their services. Although the coverage is the same for in-network and out-of-network care, out-of-network providers may charge higher fees than in-network providers, resulting in higher out-of-pocket expenses for you.

3 For eligible adults and dependent children. See details on [BeHealthyTHR.org](https://www.bethealthylife.com).

Vision

The vision plan, offered through Superior Vision by MetLife, pays benefits for annual exams and corrective lenses. You can receive benefits for either eyeglasses or contact lenses in the same 12-month period, not both. The vision plan pays more when you use in-network providers.

Plan Feature	In-Network	Out-of-Network
Comprehensive Eye Exam	Covered in full after \$10 copay	Up to \$42 for an Ophthalmologist (M.D.) or up to \$37 for an Optometrist (O.D.)
Standard Lenses	Covered in full after \$10 materials charge Scratch-Resistant Lenses: Covered in full	Single Vision: Up to \$40 allowance Bifocal: Up to \$60 allowance Trifocal: Up to \$80 allowance Lenticular: Up to \$84 allowance
Contact Lenses (per pair, in lieu of eyeglasses)	Medically Necessary: Covered in full Cosmetic Elective: Up to \$170 allowance (\$10 copay for contact lens fitting exam)	Medically Necessary: Up to \$210 allowance Cosmetic Elective: Up to \$100 allowance
Standard Frames	Up to \$170 allowance	Up to \$81 allowance

LEARN MORE

Find network providers and learn about discounts at [MyBenefits.MetLife.com](https://www.mylife.com/benefits).

For the cost you pay out of your paycheck, see page 29.

Life Insurance

Term life insurance through Prudential pays money to whomever you choose if you should pass away. If you cover your spouse and/or children, you receive a payment if they should pass away.

HOW IT WORKS

Texas Health pays for your Basic Life Insurance, but you can enroll in additional coverage for yourself or your eligible family members.

Plan	Who is Covered?	Who Gets the Money?	Who Pays the Cost?	Money to Be Paid Out
Basic Life Insurance	You	Whomever you choose (beneficiaries) ¹	Texas Health	One times your annual base pay, up to \$50,000
Additional Life Insurance	You	Whomever you choose (beneficiaries) ¹	You	You choose 1 to 6 times your annual base pay (rounded to the next \$1,000), up to \$2,000,000 ² including Basic Life ^{3,4}
Spouse Life Insurance	Your spouse	You	You	You choose coverage in \$10,000 increments, up to \$100,000 ^{4,5,6,7}
Child Life Insurance ⁸	All of your eligible children; coverage begins at live birth	You	You	You choose either \$10,000 or \$20,000 in coverage

1 Prudential won't pay a claim to a minor child under age 18. Consider setting up a trust for minor children under age 18 to receive the money.

2 Medical underwriting or evidence of insurability is required for coverage over \$1,000,000.

3 You may increase your coverage by only one level during the open enrollment period.

4 If you are absent from work because of sickness or injury on the date your Life and/or AD&D coverage (or increase in coverage) would otherwise become effective, the effective date of your coverage (or increase in coverage) will be deferred until you return to work.

5 If your dependent is hospitalized or disabled or if the employee is not actively at work at the time, a change or increase in the amount of coverage may be delayed and subsequent claims will not be paid for the increased amount. The increase in coverage will not start until the hospitalization or disability ends or until the employee returns to work.

6 Evidence of Insurability is required for any election over \$50,000.

7 You can increase your spouse's coverage by \$10,000 without Evidence of Insurability. Increases more than \$10,000 require Evidence of Insurability. The cost of coverage for a spouse is based on the employee's age as of Jan. 1, 2027.

8 Eligible unmarried children can continue to be covered through age 24.

UNIVERSAL LIFE WITH LONG TERM CARE

Enroll anytime! This is a life insurance policy through Trustmark that has the ability to convert some of the benefit you elect into money you can use while you're still living to pay for Long Term Care services. Long Term Care services may be needed in the event of an illness or disability if you are no longer able to perform basic daily activities like eating, bathing, getting dressed, getting in and out of bed, etc. You can enroll through Trustmark's website at any time. Enrollment will be reviewed along with a few underwriting questions regarding your health. More information and enrollment instructions can be found at BeHealthyTHR.org/long-term-care.

Accidental Death & Dismemberment (AD&D)

AD&D coverage pays money to whomever you choose if you have an accident that causes death or serious injury. If you cover your spouse and/or children, you receive a payment if they have an accident causing death or serious injury. See your Employee Benefits Handbook for details on what types of accidents and injuries are covered.

HOW IT WORKS

Texas Health pays for your Basic AD&D, but you can enroll in additional coverage for yourself or your eligible family members.

Plan	Who is Covered?	Who Gets the Money?	Who Pays the Cost?	Money to Be Paid Out
Basic AD&D ¹	You	Whomever you choose (beneficiaries) ²	Texas Health	One times your annual base pay, up to \$50,000
Additional AD&D	You	Whomever you choose (beneficiaries) ²	You	You choose 1 to 10 times your annual base pay, up to \$750,000 ³
Family AD&D	All eligible members of your family	You	You	If your covered spouse or child is injured or dies as a result of an accident, you will receive a benefit based on the extent of the injury as shown in the table in your Employee Benefits Handbook.

¹ Basic AD&D coverage has a stillborn benefit of \$10,000 for those who suffer a loss after 20 weeks gestation.

² Prudential won't pay a claim to a minor child under age 18. Consider setting up a trust for minor children under age 18 to receive the money.

³ If you are absent from work because of sickness or injury on the date your life and/or AD&D coverage (or increase in coverage) would otherwise become effective, the effective date of your coverage (or increase in coverage) will be deferred until you return to work.

Short Term Disability (STD)

STD* will pay benefits if you are unable to work because of an illness, injury, or pregnancy. It replaces 60% of your base pay, up to \$1,700 per week, if you enroll and become disabled while covered.

You may choose between two coverage options:

Benefit Plan	14-Day Option	30-Day Option
Waiting Period (How long you must be disabled before receiving replacement pay)	14 days	30 days
Maximum number of weeks that benefits will be paid	24 weeks	22 weeks
Premium Costs (see page 30)	More than the 30-day option	Less than the 14-day option

WHAT TO KNOW ABOUT STD



You must be getting proper care for your condition from a licensed doctor who is not you or a member of your family.



Your disability payments will be made for the time you are deemed disabled by your doctor. For example, if you have a baby vaginally, doctors will typically deem you disabled for six weeks.



You may use Paid Time Off (PTO) and Paid Parental Leave pay while getting STD payments. However, your PTO and STD combined cannot be more than 100% of your base pay.



If you get any payments from Social Security, auto insurance, etc., the total will be subtracted from your STD benefit. STD does not cover work-related illnesses or injuries (which may be covered by workers' compensation).



If you have a condition or illness that started before you enrolled in STD insurance, the plan may limit or deny claims that you file related to that illness, unless you enrolled in the plan as a new hire.



You must have active disability coverage on the date you become disabled to receive benefits. If you are absent from work due to illness or injury during the date your STD coverage would otherwise become effective, coverage becomes effective after you are actively at work for one full day. The requirement to be actively at work also applies to increases in coverage. Any changes to STD coverage would take effect upon your return to work.



For more information on Short Term Disability, see your Employee Benefits Handbook.

* Medical resident/interns/fellows are not eligible for Disability plans. Executives and directors are not eligible for the STD plan.

Long Term Disability (LTD)

Texas Health provides LTD* through Prudential at no cost to you. Basic LTD replaces 50% of your pay when you have an eligible disability lasting more than 180 days. You may enroll and pay for additional LTD to receive a total of 60% of your pay.

HOW IT WORKS

Benefit Plan	Who Pays the Cost	What You Get	Wait Time Before You Get Any Money
Basic Long Term Disability	Texas Health	50% of your base pay, up to \$15,000 per month	180 days
Additional Long Term Disability	You	An extra 10%, bringing your total to 60% of your base pay, up to \$15,000 per month	180 days

WHEN BENEFITS ARE PAID



WHAT TO KNOW ABOUT LTD



You must be getting proper care for your condition from a licensed doctor who is not you or a member of your family.



If you get any payments from Social Security, workers' compensation, etc., the total will be subtracted from your LTD benefit.



Unless you had LTD coverage in 2026, if you have a condition or illness that started before you got your LTD insurance, the plan may limit or deny claims that you file related to that illness.



For more information on Long Term Disability, see your Employee Benefits Handbook.

If you are a physician employed by THPG, you have a separate LTD plan.

* Medical resident/interns/fellows are not eligible for Basic LTD or Additional LTD.

Supplemental Benefit Plans

Supplemental benefits through Voya pay you cash to help pay for bills or other expenses when you have a covered illness or injury.



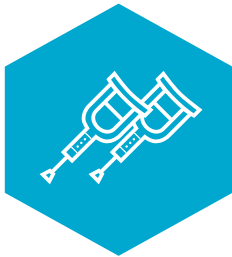
Critical Illness Insurance

Pays money if you or a covered family member is diagnosed with a covered illness



Hospital Indemnity Insurance

Helps you pay your bills when you are admitted to the hospital



Accident Insurance

Pays flat dollar amounts for many types of accidental injuries, from a cut requiring stitches to second-degree burns, loss of limb, and death

For more information about the plans, visit BeHealthyTHR.org or call Voya at **1-877-236-7564**.

Identity Protection

Unfortunately, identity theft can happen to anyone. With Identity Protection through ID Watchdog, you get a variety of tools to help protect your personal information and devices. You can turn features on or off as needed, and if you choose family coverage, you can extend these protections to your family members as well.

NOTE: Texas Health information and devices cannot be added to this service.

Financial Protection: • Credit report lock • Credit report monitoring • Credit score tracker • Financial accounts monitoring	Identity Fraud: • Dark web monitoring • Social accounts monitoring • Public records monitoring • AI-powered phishing and malware alerts	Family Protection: • Child credit lock • Child credit monitoring • Parental controls, including online activity monitoring, online search and content control, screen time management, geolocation tracking and alerts
Personal Cyber Security: • Digital privacy scans and removal • Password manager • Device security and online privacy	Reimbursement & Support: • Personalized identity restoration <i>(including pre-existing conditions)</i> • Online resolution tracker • Identity theft insurance • Credit freeze assistance	

For a full list of services included, visit BeHealthyTHR.org/benefits/identity-protection.

Legal Insurance

WHAT IS LEGAL INSURANCE?

Legal coverage isn't just for the serious issues; it's for your everyday needs, too. Legal insurance helps you address common situations like creating wills, fighting a traffic ticket, transferring property, or buying a home, with the support of a lawyer. And all you generally pay are the insurance premiums of \$9.04 per pay period.

WHAT DOES LEGAL INSURANCE COVER?

The legal insurance plan from ARAG® provides a lawyer to cover a wide range of legal needs like the examples shown below—and many more—to help you address life's legal situations such as:

- Consumer Protection
- Driving Matters
- Services for Tenants
- Criminal Matters
- Family
- Tax Issues
- Debt-Related Matters
- Real Estate & Home Ownership
- Wills & Estate Planning

WHY SHOULD YOU GET LEGAL INSURANCE?

- Easily locate a network attorney, knowing that attorney fees are 100% paid for most covered matters.
- Address your covered legal situations with a network attorney who is only a phone call away for legal help and representation.
- Use DIY Docs® yourself to create a variety of legally valid documents, including state-specific templates.

HOW DOES LEGAL INSURANCE WORK?

1. Call **800-247-4184** when you have a legal matter.
2. Customer Care will walk you through your options and help you get connected to one of 15,000 network attorneys.
3. Meet with your network attorney on the phone or in person to begin resolving your legal issues.

Bonus Benefits:

- **Your Parents:** After your benefit is active, add your parents to your plan so they can use your Legal Insurance too.
- **Caregiving Support:** ARAG legal insurance includes caregiving support services with Cariloop. Through Cariloop, members can receive proactive, personalized support from a dedicated Care Coach to navigate the caregiving journey across every stage of life.

Other Benefits



TIME AWAY FROM WORK

- **Paid Time Off***: Paid time away from work in whatever way you need: vacation, holidays, mental health breaks, sick days, personal days, injuries, or Family and Medical Leave. PTO accruals for Texas Health staff will be based on an employee's standard hours and years of service.
- **Flex Days**: Two regularly scheduled workdays of paid time away from work per calendar year to use for your birthday, holiday, self-care day, etc.* One Flex Day can be used during each half of the year, and unused days do not roll over to the next calendar year.
- **Paid Parental Leave**: Eligible parents are offered six weeks of paid parental leave per year to be used within six months of the birth, adoption, or the date of placement of the child.
- **Community Time Off**: Texas Health's Community Time Off (CTO) program gives you the opportunity to receive pay for up to one scheduled workday, to volunteer and participate in an entity, system, or local community outreach project sponsored by another non-profit organization.
- **Bereavement Time Off**: Paid days away from work to grieve, make funeral arrangements, attend the funeral, or settle the estate when you have a loved one pass away.

Note: Time away from work is subject to your manager's approval.



401(k) RETIREMENT PLAN

Enroll anytime! Texas Health's employer match will begin at six months of service. You can enroll in the 401(k) plan or change your elections at any time during the year. The Benefits Enrollment period is a good time to check in on your 401(k), make sure your beneficiaries are up to date, etc. Visit netbenefits.com/thr to log in or sign up.

If your years of service ¹ with Texas Health equal:	For each \$1 you contribute ² , up to 6% of your eligible pay, Texas Health ³ adds:
6 months but less than 5 years	75% up to 6%
5 but less than 10	100% up to 6%
10 or more	125% up to 6%

¹ If you previously worked for Texas Health and earned one or more years of service, you may be immediately eligible for matching contributions.

² As long as you contribute 2% of your pay up to any contribution limits which may change based on IRS guidelines.

³ The employer match is based on your contribution per pay period. The employer match ends when you have met the IRS limit. For example, if you reach your IRS maximum in June, you would not receive additional employer match because your contributions have ended.

* Executives, directors, medical residents/interns/fellows, and THPG providers employed by THPG are not eligible for the PTO plan or Flex Days.

Other Benefits (continued)



PET INSURANCE

Enroll anytime! Your furry family members can be covered under Pet Insurance through MetLife. Pet Insurance provides a 24/7 vet hotline, a wellness benefit, an annual maximum, and lower out-of-pocket expenses when your pet has a claim. You can enroll and make changes to this benefit anytime. For more information and enrollment instructions, visit BeHealthyTHR.org/benefits/pet-insurance.



HEADSPACE

Sign up anytime, for FREE! The app helps you create life-changing habits to support your mental health with mindfulness, better sleep, breathing techniques, and more. You'll have access to a free premium membership and can invite up to four others to join and participate. For more information, visit BeHealthyTHR.org/benefits/headspace.



EMPLOYEE ASSISTANCE PROGRAM (EAP)

Use anytime! The EAP helps you and your family manage life's challenges with in-person, phone, and video counseling sessions, all at no cost to you. You can also get referrals to more services related to child/elder care, financial and legal help, and identity theft. Through the EAP, you get access to **My Life Expert**, an online portal with resources including articles, courses, webinars, calculators, self-assessments, and more. For more information, visit BeHealthyTHR.org/benefits/employee-assistance-program.



DISCOUNT PROGRAM

The discount program, through BenefitHub, can save you money and give you convenient access to a wide variety of products and services. Discounts/insurance options include meal delivery services, auto/home insurance, cell phone service discounts, car rental discounts, travel discounts, local business discounts, and more. For more information, visit BeHealthyTHR.org/benefits/employee-discounts.



ADOPTION & SURROGACY ASSISTANCE

If you are a benefits-eligible employee with one or more years of service, Texas Health will pay you back (up to \$10,000) for the cost of legally adopting a child or, **new for 2027**, for certain surrogacy-related expenses. This offer excludes expenses for one spouse to adopt the other spouse's children. For more information, visit BeHealthyTHR.org/benefits/family-support.

Other Benefits (continued)



TUITION REIMBURSEMENT

Texas Health will pay you back for tuition and fees for approved degree plans that benefit Texas Health or your position at Texas Health. Full-time employees can get reimbursed up to \$5,250 per year for clinical degrees and non-clinical degrees. Part-time employees can get reimbursed up to \$2,625 per year for clinical degrees and non-clinical degrees. If you are a full-time or part-time employee with an annual base rate of under \$75,000 you qualify for advance funds. For more information, visit BeHealthyTHR.org/benefits/education-assistance.



STUDENT LOAN REPAYMENT PROGRAM

Enroll anytime! A Student Loan Debt Repayment program (\$50 per month) is available to help eligible employees pay down their student loan debt. Through the **SoFi Dashboard**, you can find many free resources to help you reach your financial goals, including credit score monitoring, refinancing for existing student loans, access to certified financial planners, and more. For more information, visit BeHealthyTHR.org/benefits/education-assistance.



QUIT FOR LIFE

Enroll anytime, for FREE! Quit for Life can help you stop using tobacco with phone counseling, personalized Quit Guides, an interactive website, and nicotine replacement therapy. If your Quit Coach recommends it, you can also get prescription medication Chantix or bupropion (a 40% copay applies for participants not enrolled in medical coverage through Texas Health). For more information, visit BeHealthyTHR.org/be-healthy/quit-for-life.



ONEPASS SELECT

Sign up anytime! Get access to multiple gyms and digital exercise classes, as well as grocery delivery services for one low fee.

Covering Family Members

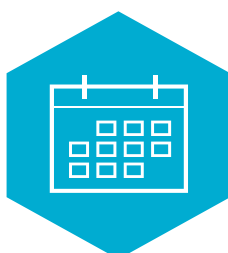
If you add a new eligible family member to medical, dental, or vision coverage, you'll need to send documentation showing their eligibility.



What to Send

- For a spouse, you'll send:
 - 1) proof of marriage (like your marriage license) and
 - 2) proof of shared address (like your spouse's driver's license).*
- For a child, you'll send a birth certificate.

If you don't have the documents listed above, visit [BeHealthyTHR.org](https://www.behealthythr.org) for other documentation you can send.



When to Send

Within 31 days of your event date.



Where to Send

Email your documents to
THRBenefitsSupport
[@texashealth.org](mailto:THRBenefitsSupport@texashealth.org).

You'll find full eligibility requirements and a list of **accepted documents*** in your Employee Benefits Handbook.

A Social Security number must be provided for every covered dependent over 6 months of age.

* If your spouse is a common law spouse, declaration of informal marriage from the county clerk is required as proof of marriage. Tax returns will not be accepted as proof of marriage but can be used for proof of shared address.

Electronic Benefits Handbook

The electronic Summary Plan Description, or Benefits Handbook, describes in detail the benefit plans and how to use them.

Access the electronic copy online at [BeHealthyTHR.org](https://www.behealthythr.org). You can request to receive a paper copy free of charge. The steps to request the paper copy are defined on [BeHealthyTHR.org](https://www.behealthythr.org).

You will receive your 2027 Employee Benefits Handbook electronically unless you request a paper copy.



Making Changes After Enrollment

Federal laws govern when you may make benefits changes. You may make a change during the year only if there's a change in your life that meets certain requirements (called a Qualified Status Change).

QUALIFIED STATUS CHANGES:



You marry or divorce.



You gain or lose a dependent due to birth, adoption, placement for adoption, eligibility under a Qualified Medical Child Support Order (QMCSO), or death.



You, your spouse, or dependent gets or loses a job that affects your ability to have benefits.



You, your spouse, or dependent experiences a significant change in employment status (for example, change from full-time to part-time) that affects your ability to have benefits.



You move to a new address or work location that causes you to lose the medical and/or dental plan coverage you selected.



Your dependent is no longer eligible under the plan's rules.



You or your spouse take (or return from) an unpaid leave of absence that affects coverage.



Make changes at [MyTHR.org](https://mythr.org) and provide documents within **31 calendar days** of the event.



Need help? Email THRBenefitsSupport@texashealth.org or call **1-877-MyTHRLink** (1-877-698-4754), prompt 9.

DEADLINE

To add coverage for a new spouse or child or to make changes to your coverage, you must enroll them and/or make changes and provide documentation within 31 calendar days of the event (such as marriage or birth), even if you already have family coverage.

EFFECTIVE DATE

Your changes will be effective the next pay period after you make the change online and send us documentation for the change and new dependents. Coverage for birth and adoption is effective on the date of birth or adoption.

TO MAKE CHANGES

- Go to [MyTHR.org](https://mythr.org).
- Click the **Benefits** tile.
- Click **Life Change Event**.

Benefit Costs Per Paycheck

Your premiums for medical, life, AD&D, and disability benefits are based on your current salary.

If an employee's salary increases, premiums for salary-based benefits (medical, short-term disability, long-term disability) will change accordingly. The table below and on the following pages shows your benefit costs per paycheck.

Medical Coverage (Paid Before Tax)¹

PLAN NAME	Employee Only		Employee + Spouse		Employee + Child(ren)		Employee + Family	
	YOU PAY	Texas Health Pays	YOU PAY	Texas Health Pays	YOU PAY	Texas Health Pays	YOU PAY	Texas Health Pays
Full-Time Employees Who Earn Less Than \$49,999								
Quantum Care 750/Low RX	\$51.39	\$441.86	\$221.99	\$825.35	\$184.81	\$744.48	\$354.50	\$1,119.88
Quantum Care 750/High RX	\$53.82	\$449.71	\$231.41	\$837.75	\$188.94	\$759.71	\$372.76	\$1,132.34
UHC Choice 1000/Low RX	\$36.34	\$437.51	\$121.03	\$882.83	\$104.12	\$788.48	\$186.44	\$1,228.43
UHC Choice 1000/High RX	\$38.77	\$445.36	\$130.45	\$895.23	\$108.25	\$803.71	\$204.70	\$1,240.89
UHC Choice HDHP/Low RX	\$52.68	\$359.48	\$126.83	\$736.86	\$84.70	\$699.41	\$121.24	\$1,027.64
UHC Choice HDHP/High RX	\$55.11	\$367.33	\$136.25	\$749.26	\$88.83	\$714.64	\$139.50	\$1,040.10
Full-Time Employees Who Earn \$50,000 - \$74,999								
Quantum Care 750/Low RX	\$53.66	\$439.59	\$238.67	\$808.67	\$203.99	\$725.30	\$382.47	\$1,091.91
Quantum Care 750/High RX	\$56.91	\$446.62	\$249.56	\$819.60	\$208.98	\$739.67	\$403.69	\$1,101.41
UHC Choice 1000/Low RX	\$38.41	\$435.44	\$127.50	\$876.36	\$111.70	\$780.90	\$194.84	\$1,220.03
UHC Choice 1000/High RX	\$41.66	\$442.47	\$138.39	\$887.29	\$116.69	\$795.27	\$216.06	\$1,229.53
UHC Choice HDHP/Low RX	\$55.32	\$356.84	\$134.91	\$728.78	\$92.02	\$692.09	\$131.88	\$1,017.00
UHC Choice HDHP/High RX	\$58.57	\$363.87	\$145.80	\$739.71	\$97.01	\$706.46	\$153.10	\$1,026.50
Full-Time Employees Who Earn \$75,000 - \$99,999								
Quantum Care 750/Low RX	\$68.80	\$424.45	\$354.78	\$692.56	\$280.23	\$649.06	\$555.84	\$918.54
Quantum Care 750/High RX	\$72.84	\$430.69	\$370.47	\$698.69	\$287.18	\$661.47	\$578.58	\$926.52
UHC Choice 1000/Low RX	\$43.20	\$430.65	\$171.82	\$832.04	\$149.98	\$742.62	\$277.30	\$1,137.57
UHC Choice 1000/High RX	\$47.24	\$436.89	\$187.51	\$838.17	\$156.93	\$755.03	\$300.04	\$1,145.55
UHC Choice HDHP/Low RX	\$56.15	\$356.01	\$162.02	\$701.67	\$113.64	\$670.47	\$216.42	\$932.46
UHC Choice HDHP/High RX	\$60.19	\$362.25	\$177.71	\$707.80	\$120.59	\$682.88	\$239.16	\$940.44

The table below and on the following pages shows your benefit costs per paycheck.

PLAN NAME	Employee Only		Employee + Spouse		Employee + Child(ren)		Employee + Family	
	YOU PAY	Texas Health Pays	YOU PAY	Texas Health Pays	YOU PAY	Texas Health Pays	YOU PAY	Texas Health Pays
Full-Time Employees Who Earn \$100,000 - \$199,999								
Quantum Care 750/Low RX	\$94.83	\$398.42	\$493.93	\$553.41	\$391.23	\$538.06	\$781.59	\$692.79
Quantum Care 750/High RX	\$99.78	\$403.75	\$510.01	\$559.15	\$399.50	\$549.15	\$804.33	\$700.77
UHC Choice 1000/Low RX	\$58.74	\$415.11	\$243.12	\$760.74	\$209.57	\$683.03	\$389.73	\$1,025.14
UHC Choice 1000/High RX	\$63.69	\$420.44	\$259.20	\$766.48	\$217.84	\$694.12	\$412.47	\$1,033.12
UHC Choice HDHP/Low RX	\$68.33	\$343.83	\$221.71	\$641.98	\$164.46	\$619.65	\$278.38	\$870.50
UHC Choice HDHP/High RX	\$73.28	\$349.16	\$237.79	\$647.72	\$172.73	\$630.74	\$301.12	\$878.48
Full-Time Employees Who Earn Above \$200,000								
Quantum Care 750/Low RX	\$103.93	\$389.32	\$541.35	\$505.99	\$428.79	\$500.50	\$856.62	\$617.76
Quantum Care 750/High RX	\$109.36	\$394.17	\$558.97	\$510.19	\$437.85	\$510.80	\$881.54	\$623.56
UHC Choice 1000/Low RX	\$64.38	\$409.47	\$266.46	\$737.40	\$229.69	\$662.91	\$427.14	\$987.73
UHC Choice 1000/High RX	\$69.81	\$414.32	\$284.08	\$741.60	\$238.75	\$673.21	\$452.06	\$993.53
UHC Choice HDHP/Low RX	\$74.89	\$337.27	\$242.99	\$620.70	\$180.25	\$603.86	\$305.10	\$843.78
UHC Choice HDHP/High RX	\$80.32	\$342.12	\$260.61	\$624.90	\$189.31	\$614.16	\$330.02	\$849.58
Part-Time Employees, Age 54 or Under								
Quantum Care 750/Low RX	\$199.25	\$294.00	\$497.65	\$549.69	\$413.08	\$516.21	\$694.60	\$779.78
Quantum Care 750/High RX	\$206.85	\$296.68	\$513.73	\$555.43	\$425.17	\$523.48	\$717.34	\$787.76
UHC Choice 1000/Low RX	\$96.66	\$377.19	\$230.90	\$772.96	\$203.62	\$688.98	\$334.92	\$1,079.95
UHC Choice 1000/High RX	\$104.26	\$379.87	\$246.98	\$778.70	\$215.71	\$696.25	\$357.66	\$1,087.93
UHC Choice HDHP/Low RX	\$103.90	\$308.26	\$233.87	\$629.82	\$179.64	\$604.47	\$270.67	\$878.21
UHC Choice HDHP/High RX	\$111.50	\$310.94	\$249.95	\$635.56	\$191.73	\$611.74	\$293.41	\$886.19
Part-Time Employees, Age 55 and Over								
Quantum Care 750/Low RX	\$53.66	\$439.59	\$238.67	\$808.67	\$203.99	\$725.30	\$382.47	\$1,091.91
Quantum Care 750/High RX	\$56.91	\$446.62	\$249.56	\$819.60	\$208.98	\$739.67	\$403.69	\$1,101.41
UHC Choice 1000/Low RX	\$38.41	\$435.44	\$127.50	\$876.36	\$111.70	\$780.90	\$194.84	\$1,220.03
UHC Choice 1000/High RX	\$41.66	\$442.47	\$138.39	\$887.29	\$116.69	\$795.27	\$216.06	\$1,229.53
UHC Choice HDHP/Low RX	\$55.32	\$356.84	\$134.91	\$728.78	\$92.02	\$692.09	\$131.88	\$1,017.00
UHC Choice HDHP/High RX	\$58.57	\$363.87	\$145.80	\$739.71	\$97.01	\$706.46	\$153.10	\$1,026.50

The table below and on the following pages shows your benefit costs per paycheck.

Dental and Vision

Per paycheck, paid before tax

	Dental (MetLife)			Vision (Superior Vision)
	DHMO	Low PPO	High PPO	
Employee Only	\$7.03	\$13.11	\$26.70	\$3.29
Employee + Spouse	\$14.04	\$26.22	\$53.34	\$7.08
Employee + Child(ren)	\$18.78	\$35.05	\$71.37	\$5.33
Employee + Family	\$23.83	\$44.49	\$90.59	\$9.71

Life and AD&D

Additional and Spouse Life

Per-paycheck costs are based on the employee's age as of Jan. 1, 2027, and are paid after tax

Your Age	Employee Additional Life	Spouse Life
	Cost per pay period per \$1,000 of coverage	
29 and under	\$0.016	\$0.026
30 – 34	\$0.020	\$0.035
35 – 39	\$0.028	\$0.040
40 – 44	\$0.036	\$0.044
45 – 49	\$0.056	\$0.066
50 – 54	\$0.087	\$0.102
55 – 59	\$0.131	\$0.190
60 – 64	\$0.171	\$0.291
65 – 69	\$0.254	\$0.560
70 – 74	\$0.345	\$0.908
75 – 79	\$0.496	\$0.908

Child Life

Coverage	Cost per pay period, paid after tax
\$10,000	\$0.269
\$20,000	\$0.538

Universal Life with Long-Term Care

Your after-tax cost per paycheck is based on the coverage you elect during enrollment.

Additional AD&D

For every \$1,000 of coverage, the before-tax cost per paycheck is \$0.007 for Employee Only coverage or \$0.011 for Family coverage.

Disability

Per paycheck, paid after tax

Calculate Your Disability Cost

Full-time employees:

Your hourly base rate x rate multiplier
(below) = cost per paycheck

Part-time employees:

You hourly base rate x 0.5 x rate multiplier
(below) = cost per paycheck

	Rate Multiplier
STD: 14 day waiting period	\$0.7643
STD: 30 day waiting period	\$0.5317
Additional LTD ("Buy Up" Plan)	\$0.2565

Other Benefits

Per paycheck, paid after tax

Identity Protection and Legal Insurance

Benefit	Coverage	Cost per pay period, after tax
Identity Protection	Employee Only	\$3.55
	Employee + Family	\$6.05
Legal Insurance	Employee + Parents	\$9.04

Pet Insurance

Your after-tax cost per paycheck is based on the coverage you elect during enrollment

Critical Illness, Hospital Indemnity, and Accident Insurance

Per paycheck, paid after tax

Hospital Indemnity and Accident

	Hospital Indemnity		Accident	
	Low Option	High Option	Low Option	High Option
Employee Only	\$4.07	\$8.00	\$1.64	\$3.76
Employee + Spouse	\$8.12	\$16.01	\$3.28	\$6.66
Employee + Child(ren)	\$7.88	\$14.27	\$3.52	\$8.09
Family	\$11.94	\$22.27	\$5.16	\$10.98

Critical Illness

Employee and spouse rates are based on the employee's age as of Jan. 1.

Your Age	Employee Only		Employee + Spouse		Employee + Child(ren)		Family	
	\$15,000 coverage	\$30,000 coverage	\$15,000 coverage	\$30,000 coverage	\$15,000 coverage	\$30,000 coverage	\$15,000 coverage	\$30,000 coverage
29 and under	\$1.86	\$3.03	\$3.71	\$6.06	\$1.92	\$3.17	\$3.78	\$6.20
30 – 34	\$2.55	\$4.42	\$5.10	\$8.83	\$2.62	\$4.56	\$5.16	\$8.97
35 – 39	\$2.82	\$4.97	\$5.65	\$9.94	\$2.89	\$5.11	\$5.72	\$10.08
40 – 44	\$3.45	\$6.22	\$6.90	\$12.43	\$3.52	\$6.36	\$6.96	\$12.57
45 – 49	\$4.97	\$9.26	\$9.94	\$18.53	\$5.04	\$9.40	\$10.01	\$18.66
50 – 54	\$6.91	\$13.14	\$13.82	\$26.28	\$6.98	\$13.28	\$13.89	\$26.42
55 – 59	\$10.16	\$19.65	\$20.33	\$39.30	\$10.23	\$19.79	\$20.40	\$39.43
60 – 64	\$17.16	\$33.63	\$34.31	\$67.26	\$17.22	\$33.77	\$34.38	\$67.40
65 and over	\$37.65	\$74.62	\$75.30	\$149.23	\$37.72	\$74.76	\$75.36	\$149.37



Be Healthy Wellness Program

Texas Health offers a variety of ways to support your journey to better well-being through our employee wellness program, *Be Healthy*.

In 2027, employees enrolled in medical coverage can earn up to \$600 in rewards and enrolled spouses can earn \$175. The goal of each program offered through *Be Healthy* is to support you along your health journey, but some programs can also earn rewards! Visit BeHealthyTHR.org/benefits/be-healthy-wellness-program for more information about the programs available.

Be Healthy is powered by the Personify Health platform. Employees can join Personify Health and log in through MyTHR.org. Select the *Benefits* tile, then select *Be Healthy Rewards*. Personify Health will open in a new page.

Spouses will use join.personifyhealth.com/BeHealthy.

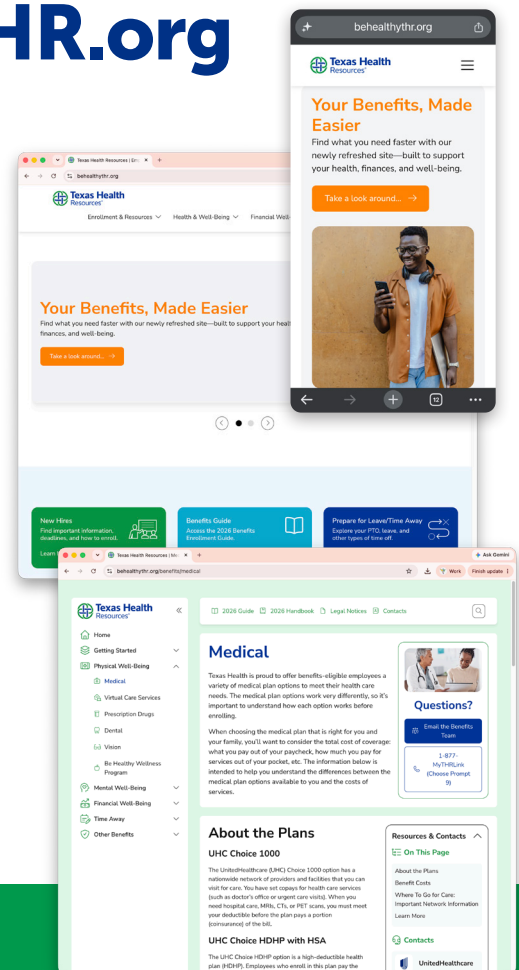
Meet the New BeHealthyTHR.org

Finding benefits information just got easier! The refreshed BeHealthyTHR.org makes it easy to find the resources and information you need during Open Enrollment and throughout the year.

Visit the site to:

- Compare your benefit options.
- Access benefit guides and plan documents in the [Document Library](#).
- Find tools and resources to support your health and well-being, including the [Preferred Hospital Locator](#).
- Find **vendor contact** information.

BeHealthyTHR.org is available to you and your dependents whenever you need it and from any device!



Questions?

If you have questions about a benefit or enrollment, contact the Benefits department. Email THRBenefitsSupport@texashealth.org or call **1-877-MyTHRLink** (1-877-698-4754), prompt 9, Monday through Friday, 8 a.m. to 5 p.m.