2024 EMPLOYEE BENEFITS

D Mooney
ENTERPRISES

SCA

HELPFUL RESOURCES

IMPORTANT CONTACTS

Medical Coverage
Blue Cross Blue Shield of Texas
www.bcbstx.com
800-810-2583

Telemedicine
MDLIVE
www.mdlive.com/bcbstx
888-680-8646

Dental Coverage
MetLife
www.metlife.com
800-942-0854

Vision Coverage
MetLife
www.metlife.com/vision
855-MET-EYE1 (638-3931)

Life and AD&D Insurance
MetLife
www.metlife.com
800-638-5000

Disability Insurance
MetLife
www.metlife.com
800-858-6506

Human Resources
Donald L Mooney Enterprises
Yolanda McIntyre
ymcintyre@nursesetc.net

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, federal law gives you more choices for your prescription drug coverage. Please see page 16 for more details.

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WELCOME AND ELIGIBILITY

We are pleased to offer a full benefits package to help protect your wellbeing and financial health. Read this guide to learn about the benefits available to you and your eligible dependents starting January 1, 2024.

Each year during Open Enrollment, you may make changes to your benefit plans. The benefit choices you make this year will remain in effect through December 31, 2024. Take time to review these benefit options and select the plans that best meet your needs. After Open Enrollment, you may only make changes to your benefit elections if you have a Qualifying Life Event.

ELIGIBILITY

You are eligible for benefits if you are a regular, full-time employee working an average of 39 hours per week. Your coverage is effective the first of the month after you have completed 30 days of full-time employment. You may also enroll eligible dependents for benefits coverage. The cost for coverage depends on the number of dependents you enroll and the benefits you choose. When covering dependents, you must select and be on the same plans.

Eligible Dependents Include

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

Qualifying Life Events

Once you elect your benefit options, they remain in effect for the entire plan year until the following Open Enrollment. You may only change coverage during the plan year if you have a Qualifying Life Event, some of which include:

- Marriage, divorce, legal separation or annulment
- Birth, adoption or placement for adoption of an eligible child
- Death of your spouse or child
- Change in your spouse's employment status that affects benefits eligibility
- Change in your child's eligibility for benefits
- Significant change in benefit plan coverage for you, your spouse or child
- FMLA leave, COBRA event, court judgment or decree
- Becoming eligible for Medicare, Medicaid or TRICARE
- Receiving a Qualified Medical Child Support Order (QMCSO)

If you have a Qualifying Life Event and want to change your elections, you must notify Human Resources and complete your changes within 30 days of the event. You may be asked to provide documentation to support the change. Contact Human Resources for specific details.

AVAILABILITY OF SUMMARY HEALTH INFORMATION

Your plan offers one health coverage option. To help you make an informed choice and compare your options, a Summary of Benefits and Coverage (SBC) is available on the web at **www.bcbstx.com**.

MEDICAL COVERAGE

The medical plan option through **Blue Cross Blue Shield of Texas (BCBSTX)** protects you and your family from major financial hardship in the event of illness or injury.

PREFERRED PROVIDER ORGANIZATION (PPO)

A PPO allows you to see any provider when you need care. When you see network providers for care, you will pay less and get the highest level of benefits. You will pay more for care if you use non-network providers. When you see network providers, your office visits, urgent care and prescription drugs are covered with a copay and most other network services are covered at the deductible and coinsurance level.

FIND A NETWORK PROVIDER

- Visit **www.bcbstx.com**
- Call **800-810-2583**

BLUE ACCESS FOR MEMBERS

Blue Access for Members (BAM) is the secure BCBSTX member website where you can:

- Check claim status or history
- Confirm dependent eligibility
- Print Explanation of Benefits (EOB) forms
- Locate in-network providers
- Print or request an ID card

To get started, log on to **www.bcbstx.com** and use the information on your BCBSTX ID card to complete the registration process.

Mobile App

The BCBSTX mobile app can help you stay organized and in control of your health anytime, anywhere. Log in from your mobile device to access your BAM account, including:

- Track account balances and deductibles
- Access ID card information
- Find doctors, dentists and pharmacies

Text **BCBSTXAPP** to **33633** or search your mobile device's app store to download.

MEDICAL COVERAGE

MEDICAL BENEFITS SUMMARY

	BCBS 3000 MID PLAN MTBCB028	
	In-Network	**Out-of-Network**
Calendar Year Deductible • Individual • Family	 $3,000 $9,000	 $10,000 $20,000
Calendar Year Out-of-Pocket Maximum Includes deductible • Individual • Family	 $8,150 $16,300	 Unlimited Unlimited
	You Pay	
Preventive Care	$0	40%[1]
Telemedicine	$35 copay	40%[1]
Primary Care Physician	$35 copay	40%[1]
Specialist	$70 copay	40%[1]
Urgent Care	$75 copay	40%[1]
Diagnostic X-ray and Lab	20%[1]	40%[1]
Complex Imaging CT/PET scan, MRI	20%[1]	40%[1]
Emergency Room	$500 copay + 20%	
Inpatient Hospital Services	20%[1]	40%[1]
Outpatient Services	$35 copay	40%[1]
Prescription Drugs Retail 30-day supply • Preferred generic • Non-preferred generic • Preferred brand name • Non-preferred brand name	**Preferred/ Non-Preferred[2]** $0/$10 $10/$20 $50/$70 $100/$120	 $10 + 50% $20 + 50% $70 + 50% $120 + 50%
Prescription Drugs Mail Order 90-day supply • Preferred generic • Non-preferred generic • Preferred brand name • Non-preferred brand name	 $0 $30 $150 $300	 N/A N/A N/A N/A
Prescription Drugs Specialty • Preferred • Non-preferred	 $150 $250	 $150 + 50% $250 + 50%

[1] The amount you pay after your deductible is met.

[2] The amount you pay at an in-network preferred pharmacy vs. an in-network non-preferred pharmacy. Visit **www.bcbstx.com** to locate an in-network preferred pharmacy.

BLUE365

Blue365 can help you save money on health and wellness products and services not covered by insurance. There are no claims to file and you do not need a referral or preauthorization. Sign up for Blue365 at **www.blue365deals.com/bcbstx** to receive weekly Featured Deals by email. Discounts include:

- Davis Vision | LasikPlus – eyewear and LASIK
- TruHearing | Beltone – hearing aids and tests
- Philips Sonicare – oral care products
- Dental Solutions – dental discount card
- KIND | Sunbasket – weight loss and nutrition
- Reebok | SKECHERS – work footwear

MEDICAL COVERAGE

PRESCRIPTION DRUG COVERAGE

Your BCBSTX medical plan includes prescription drug coverage through **Prime Therapeutics**. To save money on long-term or maintenance prescriptions, use the **Express Scripts** mail order or **Accredo** specialty drug programs.

Express Scripts Mail Order Prescriptions

Express Scripts delivers your long-term (or maintenance) medicines to the address of your choice.

New Prescriptions

- Mail your prescription to Express Scripts or have your doctor fax or e-prescribe.
- Ask your doctor to write a prescription for a 90-day supply of each of your long-term medicines. Or, ask your doctor to fax or e-prescribe your order.
- To print a new prescription order form, go to **www.express-scripts.com/rx** or call **833-715-0942**.
- Mail your prescription, completed form and payment to Express Scripts.

Medicines take about five days to deliver after receipt of your order.

Refill or Transfer Prescriptions

- Online – Visit **www.express-scripts.com/rx** to register and create a profile or log in to **www.myprime.com** and follow the links to Express Scripts Pharmacy.
- Phone – Call **833-715-0942** and have your member ID card and your doctor's and Rx information ready.
- Mail – Visit **www.bcbstx.com** and log in to Blue Access for Members. Complete the mail order form and send it with your Rx and payment to Express Scripts.
- Doctor – Ask your doctor to fax, call or email your Rx to Express Scripts for you.

Questions?

Visit **www.bcbstx.com** or call the number on your member ID card.

ACCREDO SPECIALTY MEDICATIONS

If you need specialty drugs to treat complex or chronic conditions, use Accredo for new or transfer orders. Call **833-721-1619** to speak to a representative and place your order. Certain exclusions and limitations apply so visit **www.accredo.com** for details.

WELLNESS PROGRAMS

If you are enrolled in the BCBSTX medical plan, you have access to these wellness programs.

WELL ONTARGET

Well onTarget provides the support you need to make healthy choices while rewarding you for your hard work. Use the online wellness portal and mobile app to access a suite of programs and tools.

- Health Assessment – Answer a series of questions for a personal and confidential wellness report with tips for living your healthiest life. Your answers tailor your portal experience with programs designed to fit your needs and help you reach your wellness goals.
- Self-Management Programs – Work at your own pace to reach your health goals with programs about nutrition, fitness, weight loss, smoking cessation, stress management and more. Track your progress as you work through each program.
- Online Wellness Challenges – Create personal challenges to meet your wellness goals.
- Tools and Trackers – Use these resources to stay on course and make wellness fun. You can also access symptom checkers and health trackers to stay on track.
- Fitness Tracking – Track your activity by syncing your fitness devices and apps.
- Health and Wellness Content – Search a library of reader-friendly articles about conditions and medicines.

Get started today by visiting **www.wellontarget.com**. Use the same login information as your Blue Access for Members account or register on the Well onTarget site. Customer services is available by calling **877-806-9380**.

FITNESS PROGRAM

The **Fitness Program** provides unlimited, affordable access to a nationwide network of more than 10,000 fitness locations. Visit a gym near your home, work or while traveling. Program perks include:

- No Long-Term Contracts – Membership is month-to-month with a choice of flexible plans from $19 to $99 per month. Studio classes are also available.
- Convenient Payment – Pay monthly fees via automatic credit card or bank withdrawals.
- Online Resources – Search online for convenient locations and track your visits.
- Complementary and Alternative Medicine (CAM) – Find discounts through the **Whole Health Living Choices Program**, a network of 40,000 health and well-being providers such as acupuncturists, massage therapists and personal trainers. Register online at **www.whlchoices.com**.

Join the Fitness Program by calling **888-762 BLUE (2583)** Monday through Friday between 7:00 a.m. and 7:00 p.m. CT.

LEARN MORE ABOUT THE BCBSTX WELLNESS PROGRAMS

- Visit **www.bcbstx.com** and register for Blue Access for Members then click the *Wellness* tab.
- Call **877-806-9380**.
- Download the AlwaysOn Wellness app to your mobile device.

TELEMEDICINE

Your medical coverage offers telemedicine services through **MDLIVE**. Connect anytime day or night with a board-certified doctor via your mobile device or computer for free or for the same or less cost than a visit to your regular physician. While telemedicine does not replace your primary care physician, it is a convenient and cost-effective option when you need care and:

- Have a non-emergency issue and are considering an after hours health care clinic, urgent care clinic or emergency room for treatment
- Are on a business trip, vacation or away from home
- Are unable to see your primary care physician

WHEN TO USE MDLIVE

Use telehealth services for minor conditions such as:

- Sore throat
- Headache
- Stomachache
- Cold
- Flu
- Allergies
- Fever
- Urinary tract infections

Do not use telemedicine for serious or life-threatening emergencies.

GET VIRTUAL HELP FOR MENTAL HEALTH ISSUES

Visits with licensed behavioral health therapists are also available by appointment for:

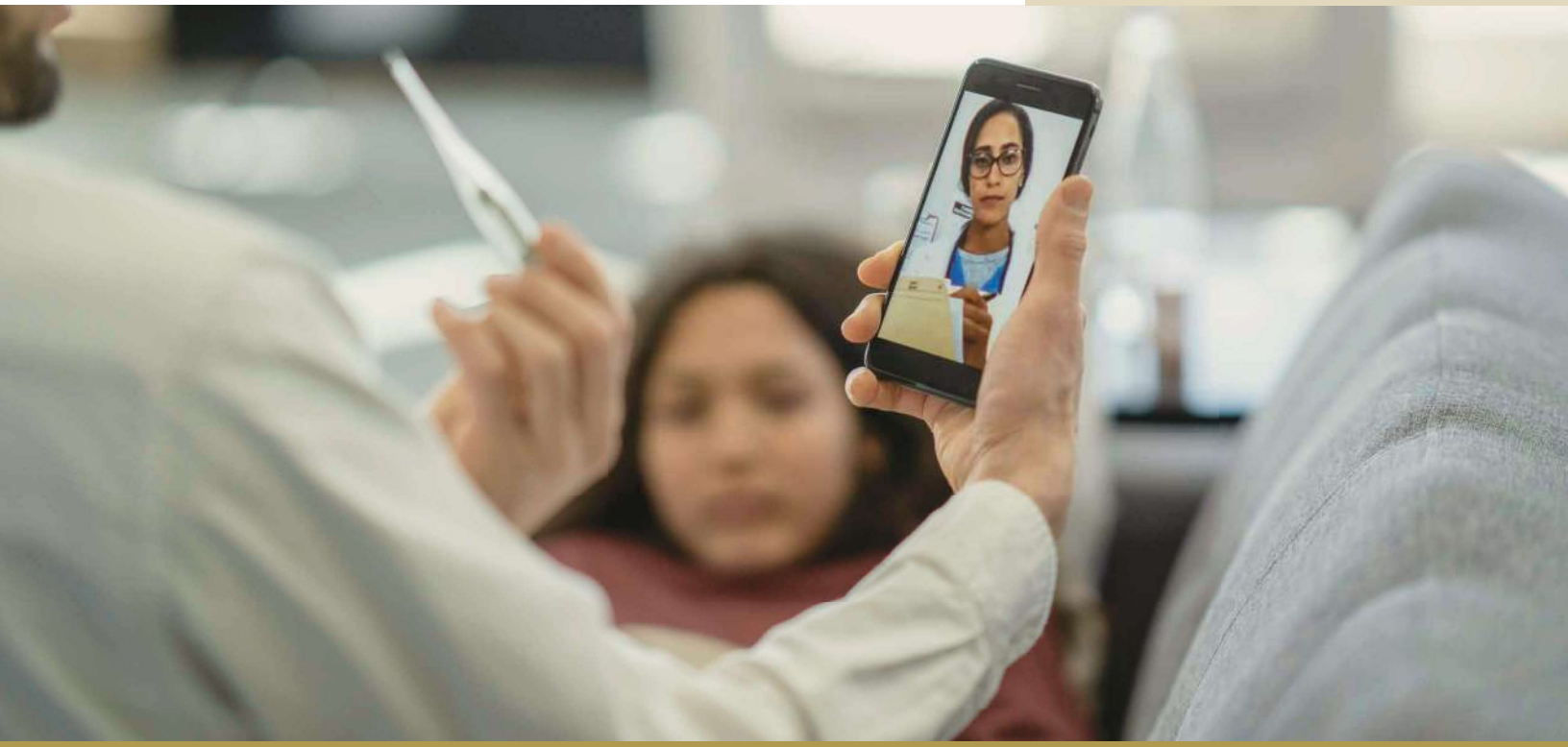
- Anxiety
- Depression
- Stress management
- And more

CREATE YOUR MDLIVE ACCOUNT

- Call **888-680-8646**
- Visit **www.mdlive.com/bcbstx**
- Text **BCBSTX** to **635-483**
- Get the MDLIVE app

KNOW YOUR TELEHEALTH OPTIONS

Your regular provider may also offer telehealth services, so it's best to ask now and know what your options are before you need care. They may offer telehealth consultations by phone or video during or after normal office hours.



HEALTH CARE OPTIONS

Becoming familiar with your options for medical care can save you time and money.

HEALTH CARE PROVIDER		SYMPTOMS	AVERAGE COST	AVERAGE WAIT
Non-Emergency Care				
 TELEMEDICINE	Access to care via phone, online video or mobile app whether you are home, work or traveling; medications can be prescribed **24 hours a day, 7 days a week**	• Allergies • Cough/cold/flu • Rash • Stomachache	$	2-5 minutes
 DOCTOR'S OFFICE	Generally, the best place for routine preventive care; established relationship; able to treat based on medical history **Office hours vary**	• Infections • Sore and strep throat • Vaccinations • Minor injuries, sprains and strains	$	15-20 minutes
 RETAIL CLINIC	Usually lower out-of-pocket cost than urgent care; when you can't see your doctor; located in stores and pharmacies **Hours vary based on store hours**	• Common infections • Minor injuries • Pregnancy tests • Vaccinations	$	15 minutes
 URGENT CARE	When you need immediate attention; walk-in basis is usually accepted **Generally includes evening, weekend and holiday hours**	• Sprains and strains • Minor broken bones • Small cuts that may require stitches • Minor burns and infections	$$	15-30 minutes
Emergency Care				
 HOSPITAL ER	Life-threatening or critical conditions; trauma treatment; multiple bills for doctor and facility **24 hours a day, 7 days a week**	• Chest pain • Difficulty breathing • Severe bleeding • Blurred or sudden loss of vision • Major broken bones	$$$$	4+ hours
 FREESTANDING ER	Services do not include trauma care; can look similar to an urgent care center, but medical bills may be 10 times higher **24 hours a day, 7 days a week**	• Most major injuries except trauma • Severe pain	$$$$$$	Minimal

Note: Examples of symptoms are not inclusive of all health issues. Wait times described are only estimates. This information is not intended as medical advice. If you have questions, please call the phone number on the back of your medical ID card.

DENTAL COVERAGE

Our dental plans help you maintain good oral health through affordable options for preventive care, including regular checkups and other dental work. Coverage is provided through **MetLife**.

DPPO PLANS

Two levels of benefits are available with the DPPO plans: in-network and out-of-network. You may see any dental provider for care, but you will pay less and get the highest level of benefits with network providers. You could pay more if you use an out-of-network provider.

FIND A NETWORK PROVIDER

- Visit **www.metlife.com**
- Call **800-942-0854**

DENTAL BENEFITS SUMMARY

Refer to the MetLife Patient Charge schedule for full details.

	LOW PLAN	MID PLAN	HIGH PLAN
	In-Network or Out-of-Network[1]	In-Network or Out-of-Network[2]	In-Network or Out-of-Network[2]
Calendar Year Deductible • Individual • Family	$50 $150	$50 $150	$50 $150
Calendar Year Maximum Benefit Per individual	$1,000	$1,500	$3,000
	You Pay	You Pay	You Pay
Type A – Preventive Care Exams, cleanings, complete series X-rays	20%	$0	$0
Type B – Basic Restorative Fillings, extractions, periodontics, root canals, endodontics, oral surgery	50%	20%	20%
Type C – Major Restorative Crowns, bridges, dentures	80%	50%	50%
Type D – Orthodontia Child(ren) to age 19	Not covered	Not covered	50% up to $1,000 lifetime maximum per individual

[1] Payment for covered services received from an out-of-network dentist is based on the 90th percentile of UCR.

[2] You will be reimbursed up to a Maximum Allowable Charge (MAC) for services received from an out-of-network dentist. You are responsible for charges in excess of the MAC.

VISION COVERAGE

Our vision plans offer quality care to help preserve your health and eyesight. Regular exams can detect certain medical issues such as diabetes and high cholesterol, in addition to vision and eye problems. You may seek care from any vision provider, but the plans will pay the highest level of benefits when you see a network provider. Coverage is provided through **MetLife**.

VISION BENEFITS SUMMARY

	LOW PLAN		HIGH PLAN	
	In-Network You Pay	**Out-of-Network Reimbursement[1]**	**In-Network You Pay**	**Out-of-Network Reimbursement**
Exam				
• Routine	$10 copay	Up to $45	$10 copay	Up to $45
• Retinal imaging	Up to $39 copay	Up to $45	Up to $39 copay	Up to $45
Lenses				
• Single	$25 copay	Up to $30	$10 copay	Up to $30
• Lined bifocal	$25 copay	Up to $50	$10 copay	Up to $50
• Lined trifocal	$25 copay	Up to $65	$10 copay	Up to $65
Frames				
• Retail	$25 copay plus balance over $100 allowance	Up to $55	$10 copay plus balance over $175 allowance	Up to $70
• Costco/Sam's Club/ Walmart	$25 copay plus 20% off balance over $55 allowance	N/A	$10 copay plus 20% off balance over $95 allowance	N/A
Contact Lenses In lieu of eyeglasses				
• Fitting and evaluation	$0	N/A	$0	N/A
• Elective	Balance over $100 allowance	Up to $80	Balance over $175 allowance	Up to $105
• Medically necessary	$25 copay	Up to $210	$10 copay	Up to $210
Benefit Frequency				
Exam	Once every 12 months		Once every 12 months	
Lenses	Once every 12 months		Once every 12 months	
Frames	Once every 24 months		Once every 12 months	
Contacts	Once every 12 months		Once every 12 months	

[1] If you choose an out-of-network provider, you will have increased out-of-pocket expenses, pay in full at time of service and file a claim for reimbursement.

FIND A NETWORK PROVIDER

- Visit **www.metlife.com/vision**
- Call **855-MET-EYE1(638-3931)**

Visit **www.metlife.com/mybenefits** to download and submit a claim form for out-of-network reimbursement.

LIFE AND AD&D INSURANCE

Life and Accidental Death and Dismemberment (AD&D) insurance through **MetLife** are important to your financial security, especially if others depend on you for support or vice versa. With Life insurance, you or your beneficiary(ies) can use the coverage to pay off debts, such as credit cards, loans and bills. AD&D coverage provides specific benefits if an accident causes bodily harm or loss (e.g., the loss of a hand, foot or eye). If death occurs from an accident, 100% of the AD&D benefit would be paid to you or your beneficiary(ies). Life and AD&D coverage amounts reduce by 50% at age 70.

BASIC LIFE AND AD&D

Basic Life and AD&D insurance are provided at no cost to you. You are automatically covered at $10,000 for each benefit.

VOLUNTARY LIFE AND AD&D

You may buy more Life and AD&D insurance for you and your eligible dependents. If you do not elect Voluntary Life and AD&D insurance when first eligible or if you want to increase your benefit amount at a later date, you may need to show proof of good health. You must elect Voluntary Life and AD&D coverage for yourself before you may elect coverage for your spouse or children. If you leave the company, you may be able to take the insurance with you.

VOLUNTARY LIFE AND AD&D			
Employee	• Increments of $10,000 up to five times annual earnings not to exceed $500,000 • Guarantee issue $100,000		
Spouse	• Increments of $5,000 up to $100,000 • Guarantee issue $25,000		
Child(ren)	• Flat amounts of $1,000, $2,000, $4,000, $5,000 or $10,000 • Guarantee issue $10,000		
Monthly Rates per $1,000			
Employee and Spouse[1]			
Age	**Rate**	**Age**	**Rate**
<29	$0.067	**50-54**	$0.267
30-34	$0.083	**55-59**	$0.406
35-39	$0.093	**60-64**	$0.591
40-44	$0.118	**65-69**	$1.084
45-49	$0.175	**70-99**	$1.748
Child(ren)			
To age 26		$0.294	

[1] Spouse rate is based on employee's age.

Calculate Your Semimonthly Cost

Take the amount of coverage you want to purchase, divide by $1,000 then multiply by the age appropriate rate listed in the table. Example: You are 42 years of age and would like to purchase $50,000 of coverage.

$50,000 ÷ $1,000 = 50 × $0.118 = $5.90 × 12 ÷ 24 = $2.95 per pay period cost

DESIGNATING A BENEFICIARY

A beneficiary is the person or entity you elect to receive the death benefits of your Life and AD&D insurance policies. You can name more than one beneficiary and you can change beneficiaries at any time. If you name more than one beneficiary, you must identify how much each beneficiary will receive (e.g., 50% or 25%).

DISABILITY INSURANCE

Disability insurance provides partial income protection if you are unable to work due to a covered accident or illness. We provide Short Term Disability (STD) at no cost to you and offer Voluntary Long Term Disability (LTD) insurance for you to purchase through **MetLife**.

SHORT TERM DISABILITY

STD coverage pays a percentage of your weekly salary if you are temporarily disabled and unable to work due to an illness, pregnancy or non-work related injury. STD benefits are not payable if the disability is due to a job-related injury or illness. If a medical condition is job-related, it is considered Workers Compensation, not STD.

SHORT TERM DISABILITY	
Benefits Begin	15th day
Flat Weekly Benefit • <$40,000 annual salary • >$40,000 annual salary	 $350 $500
Maximum Benefit Period	11 weeks
Pre-existing Condition Exclusion	12/12[1]

[1] Benefits may not be paid for any condition treated within 12 months prior to your effective date until you have been covered under this plan for 12 months.

VOLUNTARY LONG TERM DISABILITY

Voluntary LTD insurance pays a percentage of your monthly salary for a covered disability or injury that prevents you from working for more than 90 days. Benefits begin at the end of an elimination period and continue while you are disabled up to Social Security Normal Retirement Age (SSNRA).

VOLUNTARY LONG TERM DISABILITY			
Benefits Begin	91st day		
Percentage of Earnings You Receive	50%		
Maximum Monthly Benefit	$4,000		
Maximum Benefit Period	SSNRA		
Pre-existing Condition Exclusion	6/12[1]		
Monthly Rates per $100 of Benefit			
Age	**Rate**	**Age**	**Rate**
<34	$0.213	**50-54**	$0.589
35-39	$0.303	**55-59**	$0.795
40-44	$0.378	**60-64**	$0.786
45-49	$0.463	**65-69**	$0.700

[1] Benefits may not be paid for any condition treated within six months prior to your effective date until you have been covered under this plan for 12 months.

CALCULATE YOUR SEMIMONTHLY COST

Take your monthly income, divide by 100 and multiply by the age appropriate rate listed in the table to calculate the monthly rate, then divide by 24. For example, you are 47 years old and your monthly income is $4,000.

$4,000 ÷ 100 × $0.463 ÷ 24 = $0.77 per pay period cost

ADDITIONAL BENEFITS

The following programs and services are provided through MetLife at no additional cost to you.

WILLPREP

WillPrep services help you prepare a binding will at any time with the assistance of an attorney or, do-it-yourself via their online will preparation services website.

Covered services include:

- Preparing and updating wills, including complex will(s) and codicils, living wills, powers of attorney
- In-person or telephone consultations with an attorney
- Unlimited access to prepare or update a will

Visit **www.legalplans.com/estateplanning** to create an account and get started.

ESTATE RESOLUTION

This valuable service offers help in resolving an estate. A **MetLife Legal Plans** attorney will consult with your beneficiaries by telephone or in person regarding the probate process for your estate. The attorney will also handle the probate of your estate for your executor or administrator. This can help alleviate the financial and administrative burden upon your loved ones in their time of need. Services include:

- Unlimited, one-on-one consultations to talk to an attorney about authenticating an estate
- Prepared estate documents and in-court professional representation to help execute transfer of probate assets from the estate
- Help with correspondence and tax filing needed to transfer non-probate assets

Get Started

Call **800-821-6400** and speak to a Client Services Representative, get a case number and find an attorney. Help is available Monday through Friday, 8:00 a.m. – 8:00 p.m. EST.

FUNERAL DISCOUNT AND PLANNING SERVICES

To help ease the pain of loss, you have the opportunity to plan ahead for you or your loved ones. Funeral discounts and planning services are available at no additional cost to you.

- **Dignity Memorial** provides 24/7 access to compassionate counselors as well as discounts of up to 10% on funeral services through the largest network of funeral homes and cemetery providers in North America.
- **Bereavement Travel Services** can assist with time-sensitive travel arrangements to be with loved ones.

Contact Dignity Memorial today at **866-853-0954** or visit **www.finalwishesplanning.com** for details.

GRIEF COUNSELING

Grief counseling services are offered through **LifeWorks, US Inc.** to help you cope with a loss or a major life change. Professional counselors and services are ready to provide 24/7 confidential support that is tailored to fit your individual needs. Meet with a counselor in person or by phone. Get up to five face-to-face grief counseling sessions per event to discuss any situation you perceive as a major loss, such as death, bankruptcy, divorce, terminal illness or losing a pet. To speak with a LifeWorks Counselor, call **888-307-1405** or visit **www.metlifebene.lifeworks.com** (user name: metlifebene, password: support).

EMPLOYEE CONTRIBUTIONS

				Your Semimonthly Contributions
MEDICAL COVERAGE				
Employee Only	$342.97			**$**
Employee + Spouse	$736.54			
Employee + Child(ren)	$617.76			
Employee + Family	$1,011.33			
DENTAL COVERAGE				
	Low Plan	**Mid Plan**	**High Plan**	
Employee Only	$5.84	$19.02	$24.09	**$**
Employee + Spouse	$11.29	$36.22	$47.11	
Employee + Child(ren)	$14.66	$41.37	$53.67	
Employee + Family	$22.03	$63.34	$82.16	
VISION COVERAGE				
	Low Plan	**High Plan**		
Employee Only	$2.50	$4.44		**$**
Employee + Spouse	$5.01	$8.88		
Employee + Child(ren)	$4.24	$7.51		
Employee + Family	$6.99	$12.39		
BASIC LIFE AND AD&D INSURANCE				
Employee Only	Paid by Donald L Mooney			**$**
VOLUNTARY LIFE AND AD&D INSURANCE				
Employee	See page 12 for rates			**$**
Spouse	See page 12 for rates			**$**
Child(ren)	See page 12 for rates			**$**
DISABILITY				
Short Term	Paid by Donald L Mooney			**$**
Long Term	See page 13 for rates			**$**
Your Total 2024 Semimonthly Contributions				**$**

REQUIRED NOTICES

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

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 mastectomy is also entitled to the following benefits:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications of the mastectomy, including lymphedema.

Health plans must determine the manner of coverage in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under the plan.

SPECIAL ENROLLMENT RIGHTS

This notice is being provided to ensure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.

Loss of Other Coverage or Becoming Eligible for Medicaid or a state Children's Health Insurance Program (CHIP)

If you are declining coverage for yourself or your dependents because of other health insurance or group health plan coverage, you may be able to later 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 enroll within 31 days after your or your dependents' other coverage ends (or after the employer that sponsors that coverage stops contributing toward the other coverage).

If you or your dependents lose eligibility under a Medicaid plan or CHIP, or if you or your dependents become eligible for a subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents in this plan. You must provide notification within 60 days after you or your dependent is terminated from, or determined to be eligible for, such assistance.

Marriage, Birth or Adoption

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must enroll within 31 days after the marriage, birth, or placement for adoption.

For More Information or Assistance

To request special enrollment or obtain more information, contact:

Donald L Mooney Enterprises
Human Resources
16302 Pleasantville Rd Suite 211
San Antonio TX 78233
866-722-9995

YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Company and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to enroll in a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or the dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage through a Medicare Prescription Drug Plan or a Medicare Advantage Plan that offers prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Donald L Mooney Enterprises has determined that the prescription drug coverage offered by the Donald L Mooney Enterprises medical plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is considered Creditable Coverage. The HSA plan is not considered Creditable Coverage.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare prescription drug plan, as long as you later enroll within specific time periods.

You can enroll in a Medicare prescription drug plan when you first become eligible for Medicare. If you decide to wait to enroll in a Medicare prescription drug plan, you may enroll later, during Medicare Part D's annual enrollment period, which runs each year from October 15 through December 7 but as a general rule, if you delay your enrollment in Medicare Part D after first becoming eligible to enroll, you may have to pay a higher premium (a penalty).

You should compare your current coverage, including which drugs are covered at what cost, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. See the Plan's summary plan description for a summary of the Plan's prescription drug coverage. If you don't have a copy, you can get one by contacting Donald L Mooney Enterprises at the phone number or address listed at the end of this section.

If you choose to enroll in a Medicare prescription drug plan and cancel your current Donald L Mooney Enterprises prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage, you would have to re-enroll in the Plan, pursuant to the Plan's eligibility and enrollment rules. You should review the Plan's summary plan description to determine if and when you are allowed to add coverage.

If you cancel or lose your current coverage and do not have prescription drug coverage for 63 days or longer prior to enrolling in the Medicare prescription drug coverage, your monthly premium will be at least 1% per month greater for every month that you did not have coverage for as long as you have Medicare prescription drug coverage. For example, if nineteen months lapse without coverage, your premium will always be at least 19% higher than it would have been without the lapse in coverage.

For more information about this notice or your current prescription drug coverage:

Contact the Human Resources Department at **866-722-9995**.

NOTE: You will receive this notice annually and at other times in the future, such as before the next period you can enroll in Medicare prescription drug coverage and if this coverage changes. You may also request a copy.

REQUIRED NOTICES

For more information about your options under Medicare prescription drug coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug coverage:

- Visit **www.medicare.gov**.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **877-486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at **www.socialsecurity.gov**, or you can call them at **800-772-1213**. TTY users should call **800-325-0778**.

Remember: Keep this Creditable Coverage notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).

January 1, 2024
Donald L Mooney Enterprises
Human Resources
16302 Pleasantville Rd Suite 211
San Antonio TX 78233
866-722-9995

NOTICE OF HIPAA PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on employer health plans concerning the use and disclosure of individual health information. This information known as protected health information (PHI), includes virtually all individually identifiable health information held by a health plan – whether received in writing, in an electronic medium or as oral communication. This notice describes the privacy practices of the Employee Benefits Plan (referred to in this notice as the Plan), sponsored by Company, hereinafter referred to as the plan sponsor.

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. It is important to note that these rules apply to the Plan, not the plan sponsor as an employer.

You have the right to inspect and copy protected health information which is maintained by and for the Plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask the Human Resources Department to amend the information. For a full copy of the Notice of Privacy Practices describing how protected health information about you may be used and disclosed and how you can get access to the information, contact the Human Resources Department.

Complaints: If you believe your privacy rights have been violated, you may complain to the Plan and to the Secretary of Health and Human Services. You will not be retaliated against for filing a complaint. To file a complaint, please contact the Privacy Officer.

Donald L Mooney Enterprises
Human Resources
16302 Pleasantville Rd Suite 211
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Conclusion

PHI use and disclosure by the Plan is regulated by a federal law known as HIPAA (the Health Insurance Portability and Accountability Act). You may find these rules at 45 Code of Federal Regulations Parts 160 and 164. The Plan intends to comply with these regulations. This Notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information in this Notice and the regulations.

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 July 31, 2023. Contact your State for more information on eligibility.

ALABAMA – MEDICAID

Website: http://www.myalhipp.com/
Phone: 1-855-692-5447

ALASKA – MEDICAID

The AK Health Insurance Premium Payment Program
Website: http://myakhipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx

ARKANSAS – MEDICAID

Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA– MEDICAID

Health Insurance Premium Payment (HIPP) Program
Website: http://dhcs.ca.gov/hipp
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

REQUIRED NOTICES

COLORADO – HEALTH FIRST COLORADO (COLORADO'S MEDICAID PROGRAM) AND CHILD HEALTH PLAN PLUS (CHP+)

Health First Colorado website: https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711
CHP+: https://hcpf.colorado.gov/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/
HIBI Customer Service: 1-855-692-6442

FLORIDA – MEDICAID

Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA – MEDICAID

GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162, Press 1
GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
Phone: 678-564-1162, Press 2

INDIANA – MEDICAID

Healthy Indiana Plan for low-income adults 19-64
Website: http://www.in.gov/fssa/hip/
Phone: 1-877-438-4479
All other Medicaid
Website: https://www.in.gov/medicaid/
Phone 1-800-457-4584

IOWA – MEDICAID AND CHIP (HAWKI)

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
HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
HIPP Phone: 1-888-346-9562

KANSAS – MEDICAID

Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY – MEDICAID

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: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

LOUISIANA – MEDICAID

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – MEDICAID

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740
TTY: Maine Relay 711

MASSACHUSETTS – MEDICAID AND CHIP

Website: https://www.mass.gov/masshealth/pa
Phone: 1-800-862-4840
TTY: 617-886-8102
Email: masspremassistance@accenture.com

MINNESOTA – MEDICAID

Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp
Phone: 1-800-657-3739

MISSOURI – MEDICAID

Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA – MEDICAID

Website: https://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084
Email: HHSHIPPProgram@mt.gov

NEBRASKA – MEDICAID

Website: http://www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – MEDICAID

Medicaid Website: http://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – MEDICAID

Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345 ext.5218

NEW JERSEY – MEDICAID AND CHIP

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

NEW YORK – MEDICAID

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – MEDICAID

Website: https://medicaid.ncdhhs.gov
Phone: 919-855-4100

NORTH DAKOTA – MEDICAID

Website: https://www.hhs.nd.gov/healthcare
Phone: 1-844-854-4825

OKLAHOMA – MEDICAID AND CHIP

Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – MEDICAID

Website: https://healthcare.oregon.gov/Pages/index.aspx
Phone: 1-800-699-9075

PENNSYLVANIA – MEDICAID AND CHIP

Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx
Phone: 1-800-692-7462
CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – MEDICAID AND CHIP

Website: http://www.eohhs.ri.gov/
Phone: 1-855-697-4347 or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – MEDICAID

Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA - MEDICAID

Website: https://dss.sd.gov
Phone: 1-888-828-0059

REQUIRED NOTICES

TEXAS – MEDICAID

Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
Phone: 1-800-440-0493

UTAH – MEDICAID AND CHIP

Medicaid Website: https://medicaid.utah.gov
CHIP Website: https://health.utah.gov/chip
Phone: 1-877-543-7669

VERMONT– MEDICAID

Website: https://dvha.vermont.gov/members/medicaid/hipp-program
Phone: 1-800-250-8427

VIRGINIA – MEDICAID AND CHIP

Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – MEDICAID

Website: https://www.hca.wa.gov/
Phone: 1-800-562-3022

WEST VIRGINIA – MEDICAID AND CHIP

Website: https://dhhr.wv.gov/bms/
http://mywvhipp.com/
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699- 8447)

WISCONSIN – MEDICAID AND CHIP

Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING – MEDICAID

Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
Phone: 1-800-251-1269

To see if any other States have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, you can 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**

CONTINUATION OF COVERAGE RIGHTS UNDER COBRA

Under the Federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), if you are covered under the Donald L Mooney Enterprises Donald L Mooney Enterprises group health plan you and your eligible dependents may be entitled to continue your group health benefits coverage under the Company plan after you have left employment with the company. If you wish to elect COBRA coverage, contact your Human Resources Department for the applicable deadlines to elect coverage and pay the initial premium.

Plan Contact Information

Donald L Mooney Enterprises
Human Resources
16302 Pleasantville Rd Suite 211
San Antonio TX 78233
866-722-9995

YOUR RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that have not signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in- network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

- Emergency services – If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in- network cost-sharing amount (such as copayments and coinsurance). You cannot be balance billed for these emergency services. This includes services you may get after you are in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.
- Certain services at an in-network hospital or ambulatory surgical center – When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers cannot balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers cannot balance bill you, unless you give written consent and give up your protections.

You are never required to give up your protections from balance billing. You also are not required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing is not allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
  - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
  - Cover emergency services by out-of-network providers.
  - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
  - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you have been wrongly billed, you may contact your insurance provider. Visit **www.cms.gov/nosurprises** for more information about your rights under federal law.

Higginbotham™

This brochure highlights the main features of the Donald L Mooney Enterprises Employee Benefits Program. It does not include all plan rules, details, limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. Donald L Mooney Enterprises reserves the right to change or discontinue its employee benefits plans at any time.