

# **Employee Benefits Guide**

Medical
Dental
Vision
Short Term Disability



## Welcome to Open Enrollment

Elections you make during open enrollment will become effective January 1<sup>st</sup>, 2023. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family. **Form is due by Monday, November 28**<sup>th</sup>.

## Who is Eligible?

If you are a full-time employee (working 30 or more hours per week) you are eligible to enroll in the benefits described in this guide. New hire or full-time status eligibility is 1st of the month following 30 days for your medical plan and ancillary products. The following family members are eligible for medical, dental and vision: spouse and dependent children.

## **Dependent Eligibility**

Your eligible dependents include: Your legal spouse; Your children under age 26; Your unmarried, disabled children of any age who depends on you for financial support. Disability must have occurred before the child turned 19.

### How and When to Enroll?

The benefits you elect during open enrollment will be effective from January 1, 2023, to December 31, 2023. This is your opportunity to elect benefits for the plan year. Once you have made your elections, you will not be able to change them until the 2023 reenrollment, unless you have a qualified life event change in status.

## **Can I Change My Elections?**

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include:

- Marriage
- Divorce
- -- Birth or Adoption of a child
- Change in child's dependent status
- Death of spouse, child, or other qualified dependent
- Change in residence due to an employment transfer for you or your spouse
- Commencement or termination of adoption proceedings
- Change in spouse's benefits or employment status

## When Do My Benefits End?

Your coverage will stop at the end of the month of the last day you actively worked or were eligible.

## **Benefits Claims Assistance**

At Insurors of Texas, we know that denied, unresolved or disputed claims create questions, anxiety and inconvenience. Plus, sometimes it's a challenge just to keep up with your covered benefits and providers.

That's why we have a dedicated Employee Benefits Claims
Representative ready to help you in navigating your claims and disputed benefits.
Simply email us your issue or question, along with any associated paperwork and receipts to benefitsclaims@insurorsoftexas.com.

Our claims representative will research the reason for the issue, begin to work with the insurance carrier to get information, and assist with appeals.

You can expect an initial response within 2 business days. If you are in need of a quicker answer, you may want to contact your insurance carrier directly. Their number can be found on the back of your insurance card or within the respective websites.

Thank you for trusting Insurors of Texas as your partner for your healthcare benefits.

### **Contact Information**

**Medical Insurance** 

**BCBS** of Texas

800-528-7264

www.bcbstx.com

**Dental & Vision** 

Guardian

888-482-7342

www.guardiananytime.com

#### **Insurors of Texas Contacts**

Account Executive: Claims Manager:

Christina Conway Tammy Hinojosa

254-759-3704 254-759-3789

cconway@insurorsoftexas.com benefitsclaims@insurorsoftexas.com



## **Medical and Prescription Drug Plans**

We are proud to continue offering medical plans through BCBS as your medical carrier for the upcoming plan year. Please note your deductibles and out of pockets run on a calendar year basis (01/01-12/31).

	Option 1: G662ADT-HMO	Option 2: G652CHC-PPO	
Services	In-network Only (No Out- of- Network benefits) Referrals Required	In-network (Refer to Summary of Benefits for Out-of-Network)	
Physician Visit	Primary Care/MD Live: \$45 Specialist: \$90	Primary Care/MD Live: \$40 Specialist: \$80	
Deductible -Individual -Family	\$1,000 \$3,000	\$1,500 \$4,500	
Out of Pocket Max -Individual -Family	\$6,000 \$12,000	\$5,000 \$10,000	
Lab and X-ray	20% AFTER deductible  Referral required	20% AFTER deductible	
Imaging (CT/PET scans & MRIs	\$250 per test  Referral required	20% after deductible	
Preventive Care	100%	100%	
Urgent Care	\$100 Copay	\$100 Copay	
Emergency Room	\$500 +deductible + coins	\$500 +deductible + coins	
Prescription Drugs Preferred Generic Non-Pref Generic Preferred Brand Non-Pref Brand Preferred Specialty Non-Preferred Spec.	\$0/\$10 \$10/\$20 \$50/\$70 \$100/\$120 \$150 \$250	\$0/\$10 \$10/\$20 \$50/\$70 \$100/\$120 \$150 \$250	

#### **Preferred Pharmacies for the BCBS Plan:**

- HEB
- Walmart
- Walgreens
- Albertsons (Albertsons Market, Albertsons Savon, Amigos, Market Street, Randall's, Tom Thumb, United Supermarkets)
- \*do not use CVS for the HMO plans no Rx coverage

# **Medical Rates**

Option 1	BCBS G662ADT-HMO		
	Employee Monthly Rate	Semi-Monthly Rate	
Employee Only	\$128.53	\$64.27	
Employee + Spouse	\$556.98	\$278.49	
Employee + Children	\$556.98	\$278.49	
Employee + Family	\$985.43	\$492.72	

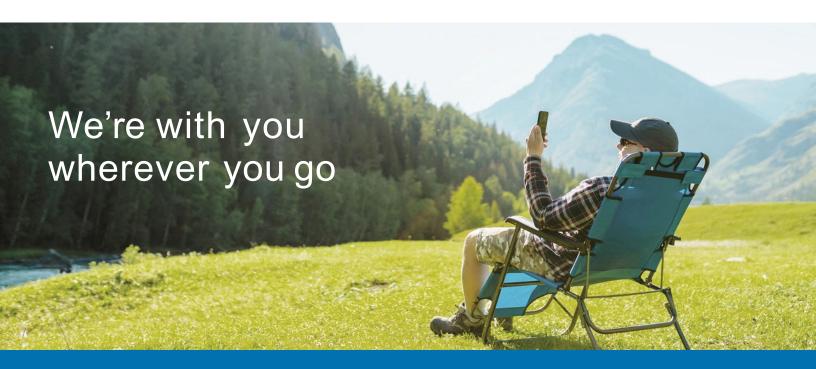
Option 2	BCBS G652CHC-PPO			
	Employee Monthly Rate	Semi-Monthly Rate		
Employee Only	\$323.50	\$161.75		
Employee + Spouse	\$946.92	\$473.46		
Employee + Children	\$946.92	\$473.46		
Employee + Family	\$1570.34	\$785.17		

### How to search for an in-network provider

BCBS: Go to www.bcbstx.com and select Find a Doctor or Hospital. Next select Search as Guest. On the next page you will select the network "Blue Choice PPO or Blue Advantage

HMO [BAV] (Bronze, Silver, Gold, Security)" then you will be able to search by doctor, Specialty or location.

<sup>\*</sup>Please note the premiums listed above are after your employer contribution



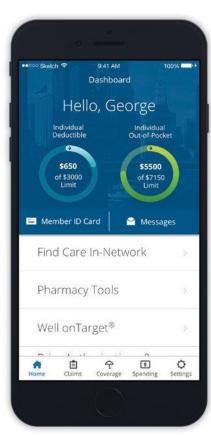
To access your important Blue Cross and Blue Shield of Texas (BCBSTX) health benefit information anywhere you go, download the BCBSTX App.

- · Find an in-network doctor, hospital or urgent care facility
- · Access your claims, coverage and deductible information
- · View or print your member ID card
- · Log in securely with your fingerprint or face recognition
- View your Explanation of Benefits\*

Text" BCBSTX to 33633 to get the app.



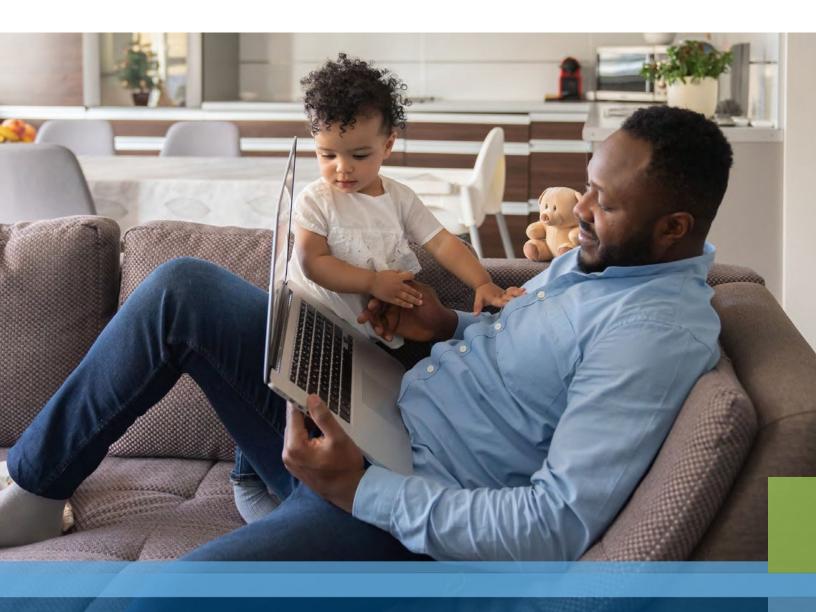




Available in Spanish

<sup>\*</sup> Currently only available on iPhone®. iPhone is a registered trademark of Apple Inc.

<sup>\*\*</sup> Message and data rates may apply. Terms and conditions and privacy policy at bcbstx.com/mobile/text-messaging.



# Virtual Visits: Get 24/7 Care, Anywhere

Call your doctor's office first. They also may offer telehealth consultations by phone or online video.

With Virtual Visits, the doctor is always in. Get 24/7 non-emergency care from a board-certified doctor by phone, online video or mobile app from the privacy and comfort of your own home.

Don't risk crowded waiting rooms, expensive urgent care or ER bills, or waiting weeks or more to see a doctor, when you can speak with a Virtual Visits doctor within minutes.



Virtual Visits, provided by Blue Cross and Blue Shield of Texas (BCBSTX) and powered by MDLIVE®, are a convenient alternative for treatment of more than 80 health conditions, including:

AllergiesCold/FluHeadachesNausea

Fever
 Sinus infections

Virtual Visits with licensed behavioral health therapists are available by appointment. Get virtual care for:

Anxiety
 Stress management

Depression
 And more

Virtual Visit doctors can even send an e-prescription toyour local pharmacy.



Activate your MDLIVE account today:

- · Call MDLIVE at 888-680-8646
- Go to MDLIVE.com/bcbstx
- · Text BCBSTX to 635-483
- · Download the MDLIVE app



# 24/7 Nurseline

## Nurses available anytime you need them.

Health happens – good or bad, 24 hours a day, seven days a week. That is why we have registered nurses waiting to talk to you whenever you call our 24/7 Nurseline.

Our nurses can answer your health questions and try to help you decide whether you should go to the emergency room or urgent care center or make an appointment with your doctor. You can also call the 24/7 Nurseline whenever you or your covered family members need answers to health questions about:

- Asthma
- · Dizziness or severe headaches
- Cuts or burns
- Back pain
- · High fever

- Sore throat
- Diabetes
- A baby's nonstop crying



And much more

Plus when you call, you can access an audio library of more than 1,000 health topics - from allergies to surgeries - with more than 500 topics available in Spanish.

So, put the 24/7 Nurseline phone number in your contacts today, because health happens 24/7.





Call the 24/7 Nurseline number on the back of your member ID card. Hours of Operation: Anytime



# A home delivery (mail order) pharmacy service you can trust.

Express Scripts® Pharmacy delivers your long-term (or maintenance) medicines right where you want them. No driving to the pharmacy. No waiting in line for your prescriptions to be filled.

#### **Savings and Convenience**

- Express Scripts® Pharmacy delivers up to a 90-day supply of long-term medicines.¹
- Prescriptions are delivered to the address of your choice, within the U.S., with free standard shipping.
- You can order from the comfort of your home through your mobile device, online or over the phone. Your doctor can fax, call or send your prescription electronically to Express Scripts® Pharmacy.
- Tamper-evident, unmarked packaging protects your privacy.

#### **Support and Service**

- You can receive notices by phone, email or text — your choice — when your orders are placed and shipped. You will be contacted, if needed, to complete your order. To select your notice preference, register online at express-scripts.com/rx or call 833-715-0942.
- 24/7 access to a team of knowledgeable pharmacists and support staff.
- Choose to receive refill reminder notices byphone or email.
- Multiple pharmacy locations are located across the U.S., for fast processing and dispensing.



## Getting Started with Express Scripts® Pharmacy Mail Order

#### **Online and Mobile**

You have more than one option to fill or refill a prescription online or from a mobile device:

- Visit express-scripts.com/rx. Follow the instructions to register and create a profile. See your active prescriptions and/or send your refill order.
- Log in to myprime.com and follow the links to Express Scripts<sup>®</sup> Pharmacy.

#### **Over the Phone**

Call **833-715-0942**, 24/7, to refill, transfer a current prescription or get started with mail order. Please have your member ID card, prescription information andyour doctor's contact information ready.

#### Through the Mail

To send a prescription order through the mail, visit **bcbstx.com** and log in to Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>). Complete the mail order form. Mail your prescription, completed order form and payment to Express Scripts<sup>®</sup> Pharmacy.

#### **Talk to Your Doctor**

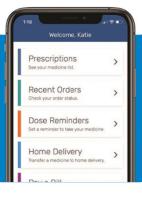
Ask your doctor for a prescription for up to a 90-day supply of each of your long-term medicines. You can ask your doctor to send your prescription electronically to Express Scripts® Pharmacy, call 888-327-9791 for faxing instructions or call the pharmacy at 833-715-0942. If you need to start your medicine right away, request a prescription for up to a one-month supply you can fill at a local retail pharmacy.

#### **Refills Are Easy**

Refill dates are shown on each prescription label. You can choose to have Express Scripts® Pharmacy remind you by phone or email when a refill is due. Choose the reminder option that best suits you.

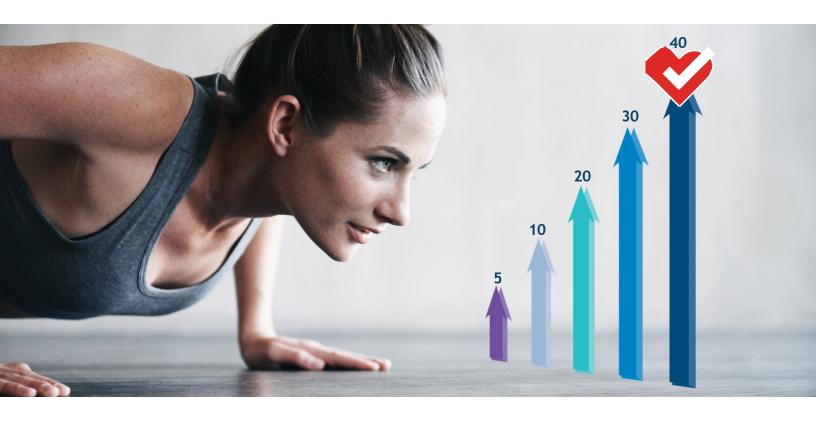
#### **Questions?**

Visit **bcbstx.com**. Or call the phone number listed on your member ID card.



#### Use the mobile app to manage your prescriptions

- Refill prescriptions
- Track your order
- Make payments
- Set reminders to take medicines and more



# Make Your Fitness Program Membership Work for You

# The Fitness Program gives you flexible options to help you live a healthy lifestyle.

Since you are a Blue Cross and Blue Shield of Texas (BCBSTX) member, the Fitness Program is available exclusively to you and your covered dependents (age 16 and older).\* The program gives you access to a nationwide network of fitness locations. Choose one location close to home and one near work, or visit locations while traveling.

#### Other program perks include:

 Flexible Gym Network: A choice of gym networks to fit your budget and preferences."

Options	Digital Only	Base	Core	Power	Elite
Monthly Fee	\$10	\$19	\$29	\$39	\$99
Gym Facility Network Size <sup>†</sup>	Digital Access Only	3,000	7,500	12,000	12,400
\$19 Initiation Fee (No initiation fee for Digital Only Option)					

- **Studio Class Network:** Boutique-style classes and specialty gyms with pay-as-you-go option and 30% off every 10th class.
- **Family Friendly:** Expands gym network access to your covered dependents at a bundled price discount.
- Convenient Payment: Monthly fees are paid via automatic credit card or bank account withdrawals.

<sup>†</sup> Represents possible network locations. Check local listings for exact network options as some locations may not participate. Network locations are subject to change without notice.



#### **Features**

- Mobile App: Allows members to access location search, studio class registration, location check-in and activity history.
  - Check out the Well onTarget Fitness mobile app, available from Apple® or Google Play™. It can help you work on your fitness goals anytime and anywhere.
- Real-time Data: Provided to the mobile app and Well on Target portals.
- Complementary and Alternative Medicine (CAM)
   Discounts Through the WholeHealth Living
   Choices Program: Save money through a nationwide network of 40,000 health and well-being providers, such as acupuncturists, massage therapists and personal trainers. To take advantage of these discounts, register at <a href="https://www.whlchoices.com">www.whlchoices.com</a>.
- Blue Points<sup>™</sup>: Get 2,500 points for joining the Fitness Program. Earn additional points for weekly visits. You can redeem points for apparel, books, electronics, health and personal care items, music and sporting goods.\*\*\*
- **Web Resources:** You can go online to find fitness locations and track your visits.

 Digital Fitness: Stay active from the comfort of your own home. Access thousands of digital fitness videos and live classes including cardio, bootcamp, barre, yoga, and more through an online platform.
 Digital access is included with Base, Core, Power and Elite memberships. You can also join the Digital Only plan option if only interested in access to digital fitness options.

#### **Are You Ready for Fitness?**

#### It's easy to sign up:

- Go to bcbstx.com and log in to Blue Access for Members<sup>SM</sup>.
- Select the Wellness tab on the top navigation bar of the Dashboard page. Then scroll down to the Fitness Program section and click on **Learn More**.
- 3. Complete registration form.
- Verify your personal information and method of payment. Print or download your Fitness Program membership ID card. You may also request to receive the ID card in the mail.
- 5. Visit a fitness location today!

Prefer to sign up by phone or have questions about the Fitness Program? Just call the toll-free number **888-762-BLUE (2583)** Monday through Friday, between 7 a.m. and 7 p.m., CT (6 a.m. and 6 p.m., MT).

Find fitness buddies, take a digital class and try something new!

Join the Fitness Program today to help you reach your health and wellness goals.



# Dental - Guardian

Dental Services	<b>Option 1</b> : Value Plan In Network	Value Plan Out-of-Network	<b>Option 2</b> : NAP Plan In Network	NAP Plan <b>Out-of-Network</b>
Deductible	\$50 per person \$150 per Family	\$50 per person \$150 per Family	• •	\$50 per person \$150 per Family
<b>Annual Maximum</b>	\$1000	\$1000	\$1000	\$1000
Preventive Services Routine Exams, Cleanings, X- Rays, Sealants, Fluoride Treatments	100%	100%	100%	100%
Basic Services Anesthesia, Fillings, Repair & Maintenance of Crowns & Dentures	100%	100% (based on contracted fee schedule)	80%	80% (based on 90 <sup>th</sup> Percentile)
Major Services Bridges, Dentures, Inlays, Onlays, Veneers, Perio Surgery, Root Canal, Simple Extractions, Single Crowns, Surgical Extractions	60%	60% (based on contracted fee schedule)	50%	50% (based on 90 <sup>th</sup> Percentile)

<sup>\*</sup>Both plans can meet your needs; the difference is how out-of-network benefits are reimbursed. If you visit a dentist in the Guardian network, you will receive the most savings through the Value Plan. If there is a possibility of using an out-of-network dentist then the Network Access Plan (NAP) offers the highest out-of-network reimbursement.

## **Dental Rates**

	Employee Monthly Rate	<b>Employee Semi- Monthly Rate</b>
Employee Only	\$32.60	\$16.30
Employee + Spouse	\$66.18	\$33.09
Employee + Child(ren)	\$79.36	\$39.68
Employee + Family	\$120.12	\$60.06





# Your dental coverage

Option 1: Value plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are limited to our PPO fee schedule.

Option 2: NAP plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan Option 1: Value Option 2: NAP

Your Network is	DentalGuard Preferred		DentalGuard Preferred	
Calendar year deductible	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual	\$50	\$50	\$50	\$50
Family limit	3 p	er family	3	per family
Waived for	Preventive	Preventive	Preventive	Preventive
Charges covered for you (co-insurance)	In-Network	O ut-of-Network	In-Network	Out-of-Network
Preventive Care	100%	100%	100%	100%
Basic Care	100%	100%	80%	80%
Major Care	60%	60%	50%	50%
Orthodontia	Not Covered (applies to all levels)		Not Covered (applies to all levels)	
Annual Maximum Benefit	\$1000		\$1000	
Maximum Rollover	Υ	´es	Yes	
Rollover Threshold	\$	500	\$500	
Rollover Amount	\$	250	\$250	
Rollover Account Limit	\$1000		\$1	000
Lifetime Orthodontia Maximum	Not Applicable		Not Ap	oplicable
Dependent Age Limits	2	.6	26	

# **8** Guardian



## Your dental coverage

A Sample of Services Covered by Your Plan:

		Option 1: Val	ue	Option 2: NA	ΛP
		Plan pays (on av	rerage)	Plan pays (on a	verage)
		In-network	Out-of-network	In-network	Out-of-network
Preventive Care	Cleaning (prophylaxis)	100%	100%	100%	100%
	Frequency:	Once Eve	ery 6 Months	Once	Every 6 Months
	Fluoride Treatments	100%	100%	100%	100%
	Limits:	Unde	er Age 19	ι	Jnder Age 19
	Oral Exams	100%	100%	100%	100%
	Sealants (per tooth)	100%	100%	100%	100%
	X-rays	100%	100%	100%	100%
Basic Care	Anesthesia*	100%	100%	80%	80%
	Fillings‡	100%	100%	80%	80%
	Repair & Maintenance of Crowns, Bridges & Dentures	100%	100%	80%	80%
Major Care	Bridges and Dentures	60%	60%	50%	50%
	Inlays, Onlays, Veneers**	60%	60%	50%	50%
	Perio Surgery	60%	60%	50%	50%
	Periodontal Maintenance	60%	60%	50%	50%
	Frequency:	Once Eve	ery 6 Months	Once	Every 6 Months
	Root Canal	60%	60%	50%	50%
	Scaling & Root Planing (per quadrant)	60%	60%	50%	50%
	Simple Extractions	60%	60%	50%	50%
	Single Crowns	60%	60%	50%	50%
	Surgical Extractions	60%	60%	50%	50%

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. \*\*For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filing material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. \*General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

#### Manage Your Benefits:

Go to <a href="www.Guardianlife.com">www.Guardianlife.com</a> to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date.

#### Find A Dentist:

Visit www.Guardianlife.com

Click on "Find A Provider"; You will need to know your plan, which can be found on the first page of your dental benefit summary.



# Oral Health Rewards Program

Regular visits to the dentist can help prevent and detect the early signs of serious diseases.

That's why Guardian's Maximum Rollover Oral Health Rewards Program encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan's annual maximum is reached.



#### **Automatic rollover**

Submit a claim (without exceeding the paid claims threshold of a benefit year), and Guardian will roll over a portion of your unused annual dental maximum.

### How maximum rollover works\*

Depending on a plan's annual maximum, if claims made for a certain year don't reach a specified threshold, then the set maximum rollover amount can be rolled over.

Plan annual maximum**	Threshold	Maximum rollover amount	Maximum rollover account limit
\$1,000 Maximum claims reimbursement	\$500 Claims amount that determines rollover eligibility	\$250 Additional dollars added to a plan's annual maximum for future years	\$1,000 The limit that cannot be exceeded within the maximum rollover account

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Information provided in this communication is for informational purposes only. Dental Policy Form No. GP-I-DEN-16. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America.

<sup>\*</sup> This example has been created for illustrative purposes only.

<sup>\*\*</sup> If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan. May not be available in all states.

# **Guardian Vision Benefit Summary VSP Choice Network**

	In-Network
Exam Copay	\$10 Copay
Materials Copay	\$25 Copay
Frames	\$130 Allowance; 20% discount on amount over \$130
Contact Lens	\$130 Allowance
Frequencies	Exam: 12 months Contacts or lenses: 12 months Frames: 24 months

## **Vision Rates**

	Employee Monthly Rate	Employee Semi-Monthly Rate
Employee Only	\$9.72	\$4.86
Employee + Spouse	\$16.36	\$8.18
Employee + Children	\$16.69	\$8.35
Employee + Family	\$26.40	\$13.20

To Find a Provider, please go to <a href="www.guardianlifecom">www.guardianlifecom</a>, select "Connect with us", from the drop down menu click "Find a Provider" next select "Find a vision provider", now select VSP network.

# **Short Term Disability-Guardian**

Guardian provides full-time employees with a Short Term Disability policy which provides a monthly benefit of 60% of salary to a maximum of \$1,000 per week. The disability will begin after the 8<sup>th</sup> day and the duration period is 12 weeks.





## Your vision coverage

Option 1: Significant out-of-pocket savings available with your Full Feature plan by visiting one of VSP's network locations, including one of the largest private practice provider networks, Visionworks and contracted Pearle Vision locations.

Your Vision Plan	Full Feature		
Your Network is	VSP Choice Network		
Copay			
Exams Copay	\$ 10		
Materials Copay (waived for elective contact lenses)	\$ 25		
Sample of Covered Services	You pay (after copay if applicable):		
	In-network	Out-of-network	
Eye Exams	\$0	Amount over \$39	
Single Vision Lenses	\$0	Amount over \$23	
Lined Bifocal Lenses	\$0	Amount over \$37	
Lined Trifocal Lenses	\$0	Amount over \$49	
Lenticular Lenses	\$0	Amount over \$64	
Frames	80% of amount over \$1301	Amount over \$46	
Costco, Walmart and Sam's Club Frame Allowance	Amount over \$70		
Contact Lenses (Elective)	Amount over \$130	Amount over \$100	
Contact Lenses (Medically Necessary)	\$0	Amount over \$210	
Contact Lenses (Evaluation and fitting)	Up to \$60	Not Applicable	
Cosmetic Extras	Avg. 20-25% off retail price	No discounts	
Glasses (Additional pair of frames and lenses)	20% off retail price**	No discounts	
Laser Correction Surgery Discount	Up to 15% off the usual charge or 5% off promotional price	No discounts	
Service Frequencies			
Exams	Every calendar year		
Lenses (for glasses or contact lenses)‡‡	Every calendar year		
Frames	Every two calendar years‡‡‡		
Network discounts (glasses and contact lens professional service)	Limitless within 12 months of exam.		
Dependent Age Limits	26		
To Find a Provider:	Register at VSP.com to find a participa	ting provider.	

#### **VSP**

- ‡‡Benefit includes coverage for glasses or contact lenses, not both.
- \*\* For the discount to apply your purchase must be made within 12 months of the eye exam.
- Charges for an initial purchase can be used toward the material allowance. Any unused balance remaining after the initial purchase cannot be banked for future use. The only exception would be if a member purchases contact lenses from an out of network provider, members can use the balance towards additional contact lenses within the same benefit period.
- Extra \$20 on select brands
- Members can use their in network benefits on line at Eyeconic.com.





# Your short term disability coverage

#### Short-Term Disability

	·	
Coverage amount	60% of salary to maximum \$1000/week	
Maximum payment period: Maximum length of time you can receive disability benefits.	12 weeks	
Accident benefits begin: The length of time you must be disabled before benefits begin.	Day 8	
Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 8	
Evidence of Insurability: A health statement requiring you to answer a few medical history questions.	Health Statement may be required	
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when applicant signs up for coverage during the initial enrollment period.	We Guarantee Issue \$1000 in coverage	
Minimum work hours/week: Minimum number of hours you must regularly work each week to be eligible for coverage.	Planholder Determines	
Pre-existing conditions: A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months look back; 12 months after 2 week limitation	
Premium waived if disabled: Premium will not need to be paid when you are receiving benefits.	Yes	

#### Short-Term Disability Plan Cost Illustration:

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses.

Policy amounts shown based on sample salary amounts only.

Your premium rate	\$0.525	
\$15,000 Annual Salary		
\$173 Weekly Benefit	\$9.08	Deduction
\$25,000 Annual Salary		
\$288 Weekly Benefit	\$15.12	Deduction
\$35,000 Annual Salary		
\$404 Weekly Benefit	\$21.21	Deduction
\$45,000 Annual Salary		
\$519 Weekly Benefit	\$27.25	Deduction
\$55,000 Annual Salary		
\$635 Weekly Benefit	\$33.34	Deduction
\$65,000 Annual Salary		
\$750 Weekly Benefit	\$39.38	Deduction
\$75,000 Annual Salary		
\$865 Weekly Benefit	\$45.41	Deduction
\$85,000 Annual Salary		
\$981 Weekly Benefit	\$51.50	Deduction
\$95,000 Annual Salary		
\$1,000 Weekly Benefit	\$52.50	Deduction
\$105,000 Annual Salary		
\$1,000 Weekly Benefit	\$52.50	Deduction

GoodRx makes it easy to find the lowest price on your prescriptions.

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We believe that the more our clients know about their insurance options, the better equipped they are to make good insurance decisions. We offer education of the coverages available. We understand that each person's circumstances are different. We are happy to take the time to discuss and customize an insurance plan for you!

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The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of a discrepancy between the guide and the actual plan documents, the plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your guide, contact Human Resources.



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