

Employee Benefits Guide



HCM

HILL COUNTRY
MEMORIAL

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Plan Year: January 1, 2016 to December 31, 2016

Medical Plan - \$2,500 Deductible (EPO*)

Medical Benefits	Preferred Provider HCM	In-Network Provider Aetna Provider Network	Out of Network
Lifetime Maximum Benefit	Unlimited		Not covered
Calendar Year Deductible			
Individual	\$2,500	\$2,500	Not covered
Family	\$7,500	\$7,500	
Rx Deductible	\$150 per Calendar Year (does not apply to Generics)	\$150 per Calendar Year (does not apply to Generics)	Not covered
Medical Out of Pocket Maximum	Includes deductibles, copays and coinsurance amounts		
Individual	\$5,450	\$5,450	Not covered
Family	\$10,900	\$10,900	
Rx Out of Pocket Maximum	Includes deductibles, copays and coinsurance amounts		
Individual	\$1,400	\$1,400	Not covered
Family	\$2,800	\$2,800	
Physician Office Visit	\$35 copay	\$35 copay	
Preventive Care			
Routine Adult Physicals	\$0	Not covered	Not covered
Well Newborn Care	\$0	Not covered	Not covered
Hospital Services			
Inpatient Admission	20%	\$1,000 copay, then 30%	Not covered
Outpatient	20%	30%	
Emergency Room	True emergency \$250 copay, then 20%		
Urgent Care	\$45 copay		
Prescription Drugs	\$150 annual Rx deductible for Preferred and Non-preferred per member		
Over the Counter (30 day supply)			
Generic	\$8 copay	\$8 copay	\$8 copay
Preferred Brand Name	\$40 copay	\$40 copay	\$40 copay
Non-Preferred Brand Name	\$60 copay	\$60 copay	\$60 copay
Mail Order (90 day supply)			
Generic	\$16 copay	\$16 copay	\$16 copay
Preferred Brand Name	\$80 copay	\$80 copay	\$80 copay
Non-Preferred Brand Name	\$120 copay	\$120 copay	\$120 copay

*This Plan includes an **EXCLUSIVE PROVIDER ORGANIZATION (EPO)**. The exclusive provider is Hill Country Memorial (HCM). All Inpatient and Outpatient Facility Services must be provided at HCM unless service is not available at HCM. Services must be verified through Pre-Service Notification process. Failure to comply with Pre-Service Notification may result in reduction or no coverage of benefits.

If it is unreasonably difficult due to a medical condition or if it is medically inadvisable for you and/or your insured spouse to achieve the requirements of HCM's Employee Wellness Program and/or Tobacco Cessation Program, please contact Human Resources.

2016 **EPO** PLAN PREMIUMS

Employees working 60 or more hours per pay period

**Non Tobacco User
Wellness Participant**

HCM Pays 85% of the Standard Premium for Employee

	Total Premium Per Pay Period	HCM Pays Per Pay Period	Tobacco Surcharge 25%	Wellness Discount -10%	Employee Premium Per Pay Period
Employee Only	\$425.03	\$363.40	\$0.00	-\$42.51	\$19.12
Employee + Spouse	\$1,069.07	\$801.81	\$0.00	-\$42.51	\$224.75
Employee + Child(ren)	\$763.49	\$572.62	\$0.00	-\$42.51	\$148.36
Employee + Family	\$1,150.69	\$863.02	\$0.00	-\$42.51	\$245.16

**Non Tobacco User
Non Wellness Participant**

HCM Pays 85% of the Standard Premium for Employee

	Total Premium Per Pay Period	HCM Pays Per Pay Period	Tobacco Surcharge 25%	Wellness Discount -10%	Employee Premium Per Pay Period
Employee Only	\$425.03	\$363.40	\$0.00	\$0.00	\$61.63
Employee + Spouse	\$1,069.07	\$801.81	\$0.00	\$0.00	\$267.26
Employee + Child(ren)	\$763.49	\$572.62	\$0.00	\$0.00	\$190.87
Employee + Family	\$1,150.69	\$863.02	\$0.00	\$0.00	\$287.67

**Tobacco User
Wellness Participant**

HCM Pays 85% of the Standard Premium for Employee

	Total Premium Per Pay Period	HCM Pays Per Pay Period	Tobacco Surcharge 25%	Wellness Discount -10%	Employee Premium Per Pay Period
Employee Only	\$425.03	\$363.40	\$106.27	-\$42.51	\$125.39
Employee + Spouse	\$1,069.07	\$801.81	\$106.27	-\$42.51	\$331.02
Employee + Child(ren)	\$763.49	\$572.62	\$106.27	-\$42.51	\$254.63
Employee + Family	\$1,150.69	\$863.02	\$106.27	-\$42.51	\$351.43

**Tobacco User
Non Wellness Participant**

HCM Pays 85% of the Standard Premium for Employee

	Total Premium Per Pay Period	HCM Pays Per Pay Period	Tobacco Surcharge 25%	Wellness Discount -10%	Employee Premium Per Pay Period
Employee Only	\$425.03	\$363.40	\$106.27	\$0.00	\$167.90
Employee + Spouse	\$1,069.07	\$801.81	\$106.27	\$0.00	\$373.53
Employee + Child(ren)	\$763.49	\$572.62	\$106.27	\$0.00	\$297.14
Employee + Family	\$1,150.69	\$863.02	\$106.27	\$0.00	\$393.94

All Inpatient and Outpatient Facility Services must be provided at HCM unless service is not available at HCM. Services must be verified through Pre-Service Notification process. Failure to comply with Pre-Service Notification may result in reduction or no coverage of benefits. Phone number for Pre-Service Notification can be found on your insurance card.

Medical Plan - \$2,500 Deductible (PPO*)

Medical Benefits	Preferred Provider HCM	In-Network Provider Aetna Provider Network	Out of Network
Lifetime Maximum Benefit	Unlimited		Not covered
Calendar Year Deductible			
Individual	\$2,500	\$2,500	Not covered
Family	\$7,500	\$7,500	
Rx Deductible	\$150 per Calendar Year (does not apply to Generics)	\$150 per Calendar Year (does not apply to Generics)	Not covered
Medical Out of Pocket Maximum	Includes deductibles, copays and coinsurance amounts		Not covered
Individual	\$5,450	\$5,450	
Family	\$10,900	\$10,900	
Rx Out of Pocket Maximum	Includes deductibles, copays and coinsurance amounts		Not covered
Individual	\$1,400	\$1,400	
Family	\$2,800	\$2,800	
Physician Office Visit	\$35 copay	\$35 copay	
Preventive Care			
Routine Adult Physicals	\$0	Not covered	Not covered
Well Newborn Care	\$0	Not covered	Not covered
Hospital Services			
Inpatient Admission	20%	\$1,000 copay, then 40%	Not covered
Outpatient	20%	40%	
Emergency Room	True emergency \$250 copay, then 20%		
Urgent Care	\$45 copay		
Prescription Drugs	\$150 annual Rx deductible for Preferred and Non-preferred per member		
Over the Counter (30 day supply)			
Generic	\$8 copay	\$8 copay	\$8 copay
Preferred Brand Name	\$40 copay	\$40 copay	\$40 copay
Non-Preferred Brand Name	\$60 copay	\$60 copay	\$60 copay
Mail Order (90 day supply)			
Generic	\$16 copay	\$16 copay	\$16 copay
Preferred Brand Name	\$80 copay	\$80 copay	\$80 copay
Non-Preferred Brand Name	\$120 copay	\$120 copay	\$120 copay

*This Plan includes a multi-tier **PREFERRED PROVIDER ORGANIZATION (PPO)** with various medical providers. Members may use a provider in the GHCHA Provider Network, the Aetna Provider Network or HCM for services.

If it is unreasonably difficult due to a medical condition or if it is medically inadvisable for you and/or your insured spouse to achieve the requirements of HCM's Employee Wellness Program and/or Tobacco Cessation Program, please contact Human Resources.

2016 **PPO** PLAN PREMIUMS

Employees working 60 or more hours per pay period

Non Tobacco User Wellness Participant

HCM Pays 55% of the Standard Premium for Employee

	Total Premium Per Pay Period	HCM Pays Per Pay Period	Tobacco Surcharge 25%	Wellness Discount -10%	Employee Premium Per Pay Period
Employee Only	\$425.03	\$233.80	\$0.00	-\$42.51	\$148.77
Employee + Spouse	\$1,069.07	\$588.06	\$0.00	-\$42.51	\$438.63
Employee + Child(ren)	\$763.49	\$419.97	\$0.00	-\$42.51	\$301.11
Employee + Family	\$1,150.69	\$632.96	\$0.00	-\$42.51	\$475.36

Non Tobacco User Non Wellness Participant

HCM Pays 55% of the Standard Premium for Employee

	Total Premium Per Pay Period	HCM Pays Per Pay Period	Tobacco Surcharge 25%	Wellness Discount -10%	Employee Premium Per Pay Period
Employee Only	\$425.03	\$233.80	\$0.00	\$0.00	\$191.28
Employee + Spouse	\$1,069.07	\$588.06	\$0.00	\$0.00	\$481.14
Employee + Child(ren)	\$763.49	\$419.97	\$0.00	\$0.00	\$343.61
Employee + Family	\$1,150.69	\$632.96	\$0.00	\$0.00	\$517.87

Tobacco User Wellness Participant

HCM Pays 55% of the Standard Premium for Employee

	Total Premium Per Pay Period	HCM Pays Per Pay Period	Tobacco Surcharge 25%	Wellness Discount -10%	Employee Premium Per Pay Period
Employee Only	\$425.03	\$233.80	\$106.27	-\$42.51	\$255.04
Employee + Spouse	\$1,069.07	\$588.06	\$106.27	-\$42.51	\$544.90
Employee + Child(ren)	\$763.49	\$419.97	\$106.27	-\$42.51	\$407.37
Employee + Family	\$1,150.69	\$632.96	\$106.27	-\$42.51	\$581.63

Tobacco User Non Wellness Participant

HCM Pays 55% of the Standard Premium for Employee

	Total Premium Per Pay Period	HCM Pays Per Pay Period	Tobacco Surcharge 25%	Wellness Discount -10%	Employee Premium Per Pay Period
Employee Only	\$425.03	\$233.80	\$106.27	\$0.00	\$297.55
Employee + Spouse	\$1,069.07	\$588.06	\$106.27	\$0.00	\$587.41
Employee + Child(ren)	\$763.49	\$419.97	\$106.27	\$0.00	\$449.88
Employee + Family	\$1,150.69	\$632.96	\$106.27	\$0.00	\$624.14

This Plan includes a multi-tier PREFERRED PROVIDER ORGANIZATION (PPO), with various medical providers. Members may use a provider in the GHCHA Network, the Aetna Provider Network or HCM for their services.

Dental Benefits - 32 Dental

Benefits	Preventive Services	Basic Services
Calendar Year Maximum	\$1,000 per person	
Individual Deductible	None	\$50 (combined) per calendar year Family Maximum: 3 per year
Coinsurance	Plan pays 100%	Plan pays 80% Employee pays 20%
Benefit Waiting Period	None	
Covered Services:	• Routine exams* • Bitewing X-rays* • One complete series** • Prophylaxis (cleaning)* • Sealants (to age 14)*** • Fluoride treatments (to age 19)**** • Space maintainers (to age 12) • Certain lab tests • Emergency Palliative treatments	• Restorative - amalgam & composite fillings • Oral surgery - extractions & impacted teeth • Endodontics - root canal & pulpal therapy • Periodontics - including treatment of diseases of gum • Denture & crown repair

* One every 6 consecutive month period.

** Any 36 consecutive month period.

*** One treatment per tooth (permanent posterior only) or quadrant any 36 consecutive month period.

**** One treatment every 12 consecutive month period.

Major Services	Orthodontic Services
\$1,000 per person	\$1,000 Lifetime Max
\$50 (combined) per calendar year Family Maximum: 3 per year	None
Plan pays 50% Employee pays 50%	Plan pays 50% Employee pays 50%
None	
• Restorative - inlays and crowns • Prosthetics - dentures and bridges	• Orthodontia • Orthodontic care for proper alignment of teeth Applies to children under age 19 only



Cost to Employee per Pay Period	
Employee Only	\$ 16.16
Employee + 1 Dependent	\$ 32.12
Employee + 2 or More Dependents	\$ 47.14

Vision Benefits - Vision Services Plan (VSP)

Benefits	Description	Copay																
Well Vision Exam	• Focuses on your eyes and overall wellness • Every year	\$10																
Prescription Glasses		\$25																
Frame	• \$130 allowance for a wide selection of frames • 20% off amount over your allowance • Every Other year	Included in prescription glasses																
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children • Every year	Included in prescription glasses																
Lens Options	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average 20-25% off other lens options • Every year	\$55 \$95-\$105 \$150-\$175																
Contacts (instead of glasses)	• \$130 allowance for contacts: copay does not apply • Contact lens exam (fitting and evaluation) • Every year	Up to \$60																
Extra Savings and Discounts	<u>Glasses and Sunglasses</u> 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam. <u>Laser Vision Correction</u> Average 15% off regular price or 5% off promotional price. Discounts are available only from contracted facilities.																	
Your Coverage with Other Providers Visit vsp.com for details if you plan to see a provider other than a VSP doctor <table><tr><td>Exam.....</td><td>up to \$45</td><td>Lined Trifocal Lenses</td><td>up to \$65</td></tr><tr><td>Frame.....</td><td>up to \$70</td><td>Progressive Lenses.....</td><td>up to \$50</td></tr><tr><td>Single Vision Lenses</td><td>up to \$30</td><td>Contacts</td><td>up to \$105</td></tr><tr><td>Lined Bifocal Lenses</td><td>up to \$50</td><td></td><td></td></tr></table>			Exam.....	up to \$45	Lined Trifocal Lenses	up to \$65	Frame.....	up to \$70	Progressive Lenses.....	up to \$50	Single Vision Lenses	up to \$30	Contacts	up to \$105	Lined Bifocal Lenses	up to \$50		
Exam.....	up to \$45	Lined Trifocal Lenses	up to \$65															
Frame.....	up to \$70	Progressive Lenses.....	up to \$50															
Single Vision Lenses	up to \$30	Contacts	up to \$105															
Lined Bifocal Lenses	up to \$50																	

Cost to Employee per Pay Period	
Employee Only	\$ 4.47
Employee + 1 Dependent	\$ 6.48
Employee + 2 or More Dependents	\$ 11.62

Group Life and Accidental Death & Dismemberment Insurance - The Standard

Basic Life/AD&D Insurance

HCM provides a \$15,000 Basic Life/AD&D policy to employees on the health plan at no cost to the employee. The benefit doubles due to accidental death.

Supplemental Life/AD&D Insurance

You may add to your Basic Life/AD&D Insurance by purchasing Supplemental Life/AD&D insurance coverage. You may purchase up to \$500,000 (in \$10,000 increments).

Guarantee Issue: The lesser of 4 times your annual earnings, or \$250,000*

Supplemental Dependent Life/AD&D Insurance

You may purchase Supplemental Dependent Life coverage for your eligible dependents.

Spouse: Increments of \$10,000 to a maximum of \$500,000

Spouse Guarantee Issue: \$20,000*

Dependent Child Life: \$10,000

The amount of Dependent life insurance for your spouse or child cannot exceed 100% of the amount of your life insurance.

Supplemental Life and AD&D Rates Employee and Spouse Rates are the same	Monthly Rate per \$1,000 of Coverage	CHILD LIFE INSURANCE \$1.00 per pay period for \$10,000 of coverage
Under Age 30	\$0.067	
30 - 34	\$0.076	
35 - 39	\$0.105	
40 - 44	\$0.171	
45 - 49	\$0.208	
50 - 54	\$0.344	
55 - 59	\$0.600	
60 - 64	\$0.944	
65 - 69	\$1.767	
70 - 74	\$4.940	
VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT Employee Only: \$0.05 per \$1,000 of coverage Employee & Dependents: \$0.08 per \$1,000 of coverage		

* If you wish to become insured for an amount of Additional Life in excess of 4 times earnings or \$250,000, the excess will be subject to medical underwriting approval. All late applications and requests for coverage increases are also subject to medical underwriting approval.

WHEN BENEFITS START AND END

Benefit	Start	End
Medical	The first of the month following 60 days of continuous employment	Your last day of employment at HCM
Dental		
Vision		
Basic Life		
Supplemental Life		
Dependent Life		
Accidental Death & Dismemberment		
Short Term Disability		
Accident		
Cancer		
Critical Care & Recovery		
Hospital Intensive Care		
Hospital Protection		
Group Critical Illness		
Long Term Care		
Section 125 Flex Spending Accounts		
403(b) Retirement		
Paid Time Off (PTO)	Your first day at HCM	
Employee Assistance Program		
HCM Wellness Center		

Aflac Voluntary Plans

Accident Advantage

Individual accident insurance is a way to stay ahead of the medical and out-of-pocket expenses that add up so quickly after an accidental injury - not just for emergency treatment, hospital stays and medical exams, but for other expenses you may face, such as transportation and lodging needs.

When you have a covered accident, we will send cash benefits directly to you (unless you tell us otherwise) and you decide the best way to spend them. It's as simple as that. You'll receive cash benefits for these and other expenses that may not be fully covered by your major medical insurance:

- Broken teeth
- Ambulance ground and air
- Concussions
- Emergency room visits
- Intensive care unit confinement
- Lacerations

Cancer Care

A diagnosis of cancer takes a toll physically, emotionally and financially. The Cancer Care Plan pays a cash benefit upon initial diagnosis of a covered cancer, with a variety of other benefits payable throughout cancer treatment. You can use these cash benefits to help pay deductibles and co-payments, the rent or mortgage, groceries, or utility bills - the choice is yours.

Critical Protection

A serious health condition such as heart attack, end-stage renal failure or third-degree burns is not only a life-altering physical event, but a devastating financial one as well. Critical care and recovery insurance may make all the difference by providing cash benefits as you concentrate on your recovery.

Covered health events also include:

- Stroke
- Paralysis

- Coronary artery bypass surgery
- Persistent vegetative state
- Major human organ transplant
- Coma

Hospital Advantage

Even if you have a major medical insurance plan, when you are hospitalized for an injury or illness there will probably be medical expenses and out of pocket costs that are not covered. A hospital confinement indemnity insurance policy provided hospitalization benefits that are predetermined and paid regardless of any other insurance you have.

Group Critical Illness

A lump sum critical illness insurance policy provides a single cash benefit to you if you are diagnosed or treated for a covered critical illness event. This benefit is paid upon the onset date of one of the following critical illness events:

- Heart Attack
- Stroke
- Coma
- End Stage Renal Failure
- Major Human Organ Transplant
- Paralysis



Aflac Premiums

Benefits	Semi-Monthly Payroll Deduction			
	Employee	Employee & Child (ren)	Employee & Spouse	Two Parent Family
AFLAC Accident Advantage	\$14.69	\$22.49	\$19.31	\$27.76
AFLAC Cancer Care Premier Coverage Example (issue ages 18-70; guaranteed renewable for life) With \$6,000 Initial Diagnosis Benefit Rider With \$100 Cancer Screening and Annual Care Benefit Rider With \$500 Building Benefit Rider With Specified Disease Benefit Rider	\$26.33	\$26.78	\$47.32	\$47.78
AFLAC Critical Protection Level I (issue ages 18-70; guaranteed renewable for life) With \$500 Building Benefit Rider				
Ages 18-35	\$10.07	\$16.38	\$19.44	\$21.77
Ages 36-45	\$14.75	\$20.16	\$26.91	\$29.06
Ages 46-55	\$21.13	\$25.61	\$39.91	\$42.06
Ages 56-70	\$28.54	\$35.36	\$55.25	\$58.89
AFLAC Hospital Advantage Level 2 (issue ages 18-75; guaranteed renewable for life) With \$1000 Initial Hospitalization Rider				
Option 1	\$15.99	\$21.71	\$23.66	\$26.78
Option 2	\$19.83	\$28.99	\$31.79	\$36.21
Option 3	\$23.40	\$33.02	\$38.42	\$42.77
Option 4	\$28.21	\$37.96	\$47.19	\$49.79

Notes:

Other Benefits

Long Term Care - New York Life

A need for long-term care may disrupt the best laid financial plans by causing you to have to use money set aside for other purposes to pay for care. A common surprise - long term care services are not generally covered by private health insurance and government-run programs have rules and limitations.

The benefits of long-term care insurance go beyond what health insurance covers by reimbursing you for qualifying expenses. It may help protect your family, property, and money and may allow you to choose how and where you receive care, including in the comfort of your own home.

Premiums are based on age and type of coverage requested.

Flexible Spending Accounts - Administered by Higginbotham

Health Care Spending Account - allows you to set aside from your paycheck pre-tax dollars that can be used to pay for out-of-pocket medical, prescription and eligible over-the-counter drugs, dental, and vision and hearing expenses. The maximum amount you can set aside is \$2,500. A debit card is available for health care expenses.

Dependent Care Spending Account - allows you to set aside from your paycheck pre-tax dollars that can be used to pay for dependent care expenses incurred in order for you to be able to work. The maximum amount you can set aside is \$5,000 (\$2,500 if you are married and you and your spouse file separate income tax returns).

Important Rule: You cannot carryover your contribution amount over to the next year, so any money not claimed is forfeited. You must use it - or lose it.

403(b) Retirement Program - TransAmerica

The HCM Retirement Program offers eligible employees the opportunity to participate in a "tax sheltered" investment program. "Tax-sheltered" means you can set aside money from your paycheck on a pre-tax basis. This allows you to plan for a more comfortable retirement while saving on taxes today.

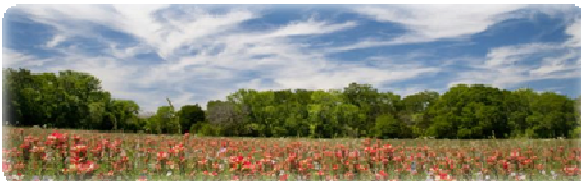
The plan allows for automatic enrollment at a rate of 4% on the first of the month following 60 days of employment. You may opt out of the plan, increase or decrease your deduction at anytime before the first deduction from your paycheck or anytime thereafter. You may contribute up to 100% of your earnings within the IRS contribution guidelines and limitations.

After one year of continuous employment of 1000 hours or more, HCM may make a discretionary employer match of up to 4% of your earnings.

Employee Assistance Program

We all experience times when we need a little help managing our personal and work lives. HCM understands this and is providing the Employee Assistance Program (EAP) to covered employees in connection with your group insurance from Standard Insurance Company, to offer support, guidance and resources to help you and your family find the right balance between your work and home life.

Services are available for covered employees, their dependents, including children up to age 26, and all household members. They include over-the-phone consultation and online access to EAP services. Employees also have access to 6 face-to-face consultations with a licensed staff counselor.



Notes:

HCM encourages a healthy lifestyle for our employees. All employees receive \$200 of Wellness Credits annually. Wellness credits may be used for membership costs, programs or other services offered by the Wellness Center.



The Education Assistance Program is structured as a "forgiveness" program, which means that you will not be required to repay any money. Instead you will be required to sign a work commitment agreement stating that you agree to work for HCM for a certain period of time, and that for each month that you work, part of the educational assistance loan is forgiven.

[illegible]

This brochure highlights the main features of the **HILL COUNTRY MEMORIAL** benefits program and does not include all plan rules and details. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between this brochure and the legal plan documents, the plan documents are the final authority.



Important Contact Information

Program	Vendor	Phone Number	Web Site
Medical \$2500 deductible (PPO Plan) \$2500 deductible (EPO Plan)	Self Insured TPA Web-TPA	(830) 997-1298 (800) 884-4032	www.webtpa.com
Dental	32 Dental	(800) 342-3279	www.boonchapman.com
Vision	VSP	(800) 877-7195	www.vsp.com
Basic Life Supplemental Life Dependent Life Accidental Death & Dismemberment Short Term Disability	The Standard	(830) 997-1298	www.standard.com
Accident Cancer Critical Care & Recovery Hospital Intensive Care Hospital Advantage Personal Recovery	AFLAC	(830) 896-3727	www.aflac.com
Long Term Care	New York Life	(830) 997-2250	www.Z-Financial.com
Section 125 Flex Spending Accounts	Higginbotham	(866) 419-3519	www.myRSC.com
403(b) Retirement Plan	TransAmerica	(800) 755-5801	hillcountry.trsretire.com
Employee Assistance Program	BDA	(888) 293-6948	www.eapbda.com
HCM Wellness Center	Hill Country Memorial	(830) 997-1355	www.hillcountrymemorial.org

If you need assistance with your enrollment or if you have questions about how your insurance benefits work, call (830) 997-1298 or email your questions to:
blaughlin@hillcountrymemorial.org