

Employee Benefits Guide



HCM

HILL COUNTRY
MEMORIAL

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Plan Year: January 1, 2020 to December 31, 2020

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		Not covered
Individual	\$6,350	\$6,350	
Family	\$13,200	\$13,200	
Rx Out of Pocket Maximum	Includes deductibles, copays and coinsurance amounts		Not covered
Individual	\$1,550	\$1,550	
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 you have a health factor that makes it unreasonably difficult or medically inadvisable for you to achieve the requirements of this program to qualify for the incentive/s, please contact Human Resources and we will work with you and/or your physician to develop an alternative. The purpose of this program is to promote health and prevent disease by alerting Hill Country Memorial employees to potential health risks. This program is confidential and HIPAA compliant. Protected Health Information will only be collected in aggregate form in order to design programs for the purpose of addressing Hill Country Memorial's overall risk/s. Any information shared will not be disclosed except in accordance with HIPAA laws.

EPO PLAN

2020 Semi-Monthly Rates

	EWP PARTICIPANT	NON - EWP PARTICIPANT
	Employee completes requirements	Employee does not complete requirements
Employee Only	\$23.55	\$70.67
Employee + Spouse	\$249.14	\$296.26
Employee + Child(ren)	\$164.46	\$211.58
Employee + Family	\$271.76	\$318.87

** Please Note: Employees that declare they are a tobacco user will incur a \$117.80 surcharge in addition to the rates listed above.*


For EPO Participants all Inpatient and Outpatient Facility Services must be provided at HCM unless the 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.

Notes:

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	\$6,350	\$6,350	
Family	\$13,200	\$13,200	
Rx Out of Pocket Maximum	Includes deductibles, copays and coinsurance amounts		Not covered
Individual	\$1,550	\$1,550	
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 you have a health factor that makes it unreasonably difficult or medically inadvisable for you to achieve the requirements of this program to qualify for the incentive/s, please contact Human Resources and we will work with you and/or your physician to develop an alternative. The purpose of this program is to promote health and prevent disease by alerting Hill Country Memorial employees to potential health risks. This program is confidential and HIPAA compliant. Protected Health Information will only be collected in aggregate form in order to design programs for the purpose of addressing Hill Country Memorial's overall risk/s. Any information shared will not be disclosed except in accordance with HIPAA laws.

PPO PLAN

2020 Semi-Monthly Rates

	EWP PARTICIPANT	NON - EWP PARTICIPANT
	Employee completes requirements	Employee does not complete requirements
Employee Only	\$179.05	\$226.17
Employee + Spouse	\$521.76	\$568.88
Employee + Child(ren)	\$359.15	\$406.27
Employee + Family	\$565.20	\$612.31

** Please Note: Employees that declare they are a tobacco user will incur a \$117.80 surcharge in addition to the rates listed above.*

Notes:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Dental Benefits



Benefit	
Calendar Year Maximum	\$2,000
Orthodontia Lifetime Max	\$1,000
Annual Deductible	\$50 individual \$150 family
Type I - Preventive Services Cleanings Oral Exams Sealants Type II - Basic Services Fillings Simple Extractions Endodontics Periodontics Type III - Major Services Crowns Bridges & Dentures Oral Surgery Type IV - Orthodontics	Covered 100% Covered 80% after deductible Covered 50% after deductible Covered 50%
Waiting Period	None

* Please refer to the Plan Summary for complete benefit descriptions, limitations and exclusions.

Cost to Employee per Pay Period	
Employee Only	\$17.50
Employee + 1 Dependent	\$34.80
Employee + 2 or More Dependents	\$51.08



Vision Benefits



Benefit	
EYE EXAM <i>Once every 12 months</i>	<ul style="list-style-type: none"> Eye health exam, dilation, prescription and retraction for glasses: Covered in full after a \$10 copay. Retinal Imaging: Up to a \$39 copay on routine retinal screening when performed by a private practice.
FRAME <i>Once every 24 months</i>	<ul style="list-style-type: none"> Allowance: \$200 after \$25 eyewear copay Costco: \$110 allowance after \$25 eyewear copay You will receive an additional 20% saving on the amount that you pay over your allowance. This offer is available from all participating locations except Costco
STANDARD CORRECTIVE LENSES <i>Once every 12 months</i>	<ul style="list-style-type: none"> Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after \$25 eyewear copay
STANDARD LENS ENHANCEMENTS <i>Once every 12 months</i>	<ul style="list-style-type: none"> Ultraviolet (UV) coating, Polycarbonate (child up to age 18): Covered in full Progressive Standard, Progressive Premium/Custom, Polycarbonate (adult), Scratch-resistant coatings, Tints, Anti-reflective and Photochromic: Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at www.metlife.com/mybenefits.
CONTACT LENSES (Instead of eye glasses) <i>Once every 12 months</i>	<ul style="list-style-type: none"> Contact fitting and evaluation: Covered in full Elective lenses: \$200 allowance Necessary lenses: Covered in full after eyewear copay

Cost to Employee per Pay Period

Employee Only	\$4.39
Employee + 1 Dependent	\$6.37
Employee + 2 or More Dependents	\$11.44



Group Life and Accidental Death & Dismemberment Insurance



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.

Short Term Disability Coverage



Short Term Disability insurance provides income replacement benefits for you and your family in the event you are unable to work due to an accident or sickness.

Benefit Amount: **Low Plan:** 50% of first \$2,500 of weekly earnings*
High Plan: 70% of first \$1,786 of weekly earnings*

Maximum Weekly Benefit: \$1,250

Elimination Period: **Low Plan:** 14 days accident
 14 days illness

High Plan: 0 days accident
 7 days illness

Maximum Benefit Period: 180 days

Low Plan

Employee Age	Rate per \$10 of STD Benefit
Under Age 50	\$0.0861
50 - 59	\$0.134
60+	\$0.220

High Plan

Employee Age	Rate per \$10 of STD Benefit
Under Age 50	\$0.100
50 - 59	\$0.145
60+	\$0.235

* Reduced by any Social Security or other disability benefits you receive.

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



Any Ground. Any Air. Anywhere.™

Many American employers and employees believe that their health insurance policies cover most, if not all, ambulance expenses. The truth is—they DO NOT!

Even after insurance payment for emergency transportation, the patient could receive a bill up to \$5,000 for ground ambulance and as high as \$70,000 for air ambulance. The financial burdens for medical transportation costs are very real.

MASA MTS is here to protect its members and their families from the shortcomings of health insurance coverage by providing them with comprehensive financial protection for lifesaving emergency transportation services, both at home and away from home. Members are covered ANYWHERE in all 50 states and Canada. Worldwide coverage is also available through the Platinum membership.

Additionally, MASA provides a repatriation benefit: if a member is hospitalized more than 100 miles from home, MASA can arrange and pay for transportation to a hospital closer to the member's place of residence.

Benefit*	Platinum \$39/Month	Emergent Plus \$14/Month	Emergent \$9/Month
Emergency Ground Transportation	U.S. / Canada	U.S. / Canada	U.S. / Canada
Emergency Air Transportation	U.S. / Canada	U.S. / Canada	U.S. / Canada
Non-Emergency Air Transportation	Worldwide	U.S. / Canada	
Repatriation	Worldwide	U.S. / Canada	
Escort Transportation	Worldwide		
Moral Remains Transportation	Worldwide		
Visitor Transportation	BCA**		
Minor Children/ Grandchildren return	BCA**		
Vehicle Return	BCA**		
Pet Return	BCA**		
Organ Retrieval	U.S. / Canada		
Organ Recipient Transportation	U.S. / Canada		

* Please refer to the MASA for a detailed explanation of benefits and eligibility.

** Basic Coverage Area (BCA) includes U.S., Canada, Mexico and the Caribbean (excluding Cuba).

Other Benefits

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 1,000 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.

Hill Country Memorial Wellness Center

Located next to Hill Country Memorial on the corner of Windcrest and Hwy 16 South. The Wellness Center offers two heated indoor pools, cardiovascular equipment, strength training equipment, swim lessons, group fitness classes, 5 Star rated massages, youth fitness programs, certified personal trainers and registered dietitians. Child care is available. Other programs designed for school age kids, include the Fit Kids Camp summer and school break programs and after school programs including pick up from school.

Educational Assistance

HCM encourages all employees to further develop and enhance their skills and knowledge. Regular employees who attend courses or programs which will enhance their job proficiency, as determined by the department manager, may be eligible for assistance through the Education Assistance Program.

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.



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 Protection		
Hospital Protection		
Group Critical Illness		
MASA Medical Transportation		
Section 125 Flex Spending Accounts		
403(b) Retirement		
Paid Time Off (PTO)	Your first day at HCM	
Employee Assistance Program		
HCM Wellness Center		

NOTICE REGARDING WELLNESS PROGRAM

The employee wellness program is a voluntary program administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you may be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening, which could include a blood test for certain medical conditions such as diabetes, heart disease, etc. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program may qualify for an incentive. Although you are not required to complete a HRA or biometric screening, the wellness program may specify that only employees who do so will qualify for the incentive. Additional incentives may be available for employees who participate in certain health-related activities or achieve certain health outcomes.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Human Resources.

If you choose to participate in a HRA and/or biometric screening, information from your HRA and results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program may use aggregate information it collects to design a program based on identified health risks in the workplace, the wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements..

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources.

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.



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	MetLife	(800) 438-6388	www.metlife.com
Vision	MetLife	(800) 438-6388	www.metlife.com
Basic Life Supplemental Life Dependent Life Accidental Death & Dismemberment Short Term Disability	The Standard	(830) 997-1298	www.standard.com
Medical Transport Solutions Brice Calahan Jaran Floyd	MASA	(956) 252-6818 (830) 377-8637	Bcalahan@masamts.com Jfloyd@masamts.com
Accident Cancer Critical Care & Recovery Hospital Intensive Care Hospital Advantage Personal Recovery	AFLAC	(830) 896-3727	www.aflac.com
Section 125 Flex Spending Accounts	Higginbotham	(866) 419-3519	www.wealthcareadmin.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

