January 1, 2020 - December 31, 2020

BENEFITS OVERVIEW
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Benefits Overview

The Center for Health Care Services is known for improving the lives of the people of Bexar County by offering hope and promoting healing. Our employees go above and beyond every day to help the community. WE highly value the work you do. To support you and your family, CHCS offers a comprehensive benefits package that includes medical, dental, vision, life insurance, AD&D coverage, disability and flexible spending accounts.

The purpose of this guide is to provide you with information about your benefit plans. It’s not enough to simply have comprehensive, affordable, and flexible plans available; you need to know what your choices are and how the plans work.

Please take the time to READ THIS GUIDE THOROUGHLY and CAREFULLY. We ask you share this guide with your family, and save it for future reference. Should you have any questions, please contact your Benefits Department.

This guide provides important details about The Center for Health Care Services sponsored benefit plans. It is important to point out that if there are any differences between this summary and the official plan documents, the plan documents will always take precedence.

Benefits Offered

- Medical
- Dental
- Vision
- Life and AD&D Insurance
- Disability
- Flexible Spending Accounts
- Voluntary Products

Employee Eligibility

You are eligible for The Center for Health Care Services benefits if you are an active full-time employee working at least 30 hours per week. If you are a new hire, you become eligible: immediately on your first day of employment.

Covering Your Family Members

If you enroll in benefits, you may also cover your eligible family members. You may be required to submit proof of dependent eligibility. Please carefully review the criteria for adding dependents.

Your dependents are eligible for coverage if they fall into one of these categories:

- Your legal spouse
- Children including natural children, stepchildren, legally adopted children, and other children for whom you have legal custody or are the legal guardian. Other eligibility provisions for children include:
  - Medical, dental and vision plans: Children up to age 26, regardless of marital or student status.
  - Life and accident plans: Children up to age 26 who are not actively serving in the military, regardless of student or marital status.
  - Children over the age of 26 who are incapable of self-sustaining employment because of mental or physical disability. You may be required to provide proof of the child’s disability and dependence upon you for support.

Making Changes to Your Benefits

Once you are enrolled in benefits, you will not be able to change your elections until the next annual enrollment unless you have a qualifying life event. You have 30 days after the event to submit a change request to Human Resources. Examples of qualifying life events include:

- Marriage, divorce, legal separation or death of a spouse
- Birth, adoption, placement for adoption, death or change in custody of a child
- A change in your spouse’s employment that affects your benefits eligibility
- Receiving a court order, such as a Qualified Medical Child Support Order (QMCSO)
- Your child no longer meeting the eligibility requirements
- Eligibility for Medicare, Medicaid or CHIP (for you or your dependents)

You have 30 days from the date of a Life Status Change Event to report and update your benefits with the Human Resources Department. You must provide supporting documentation for any changes.
Questions & Answers

Can I enroll at anytime?
No, you can only elect coverage during Open Enrollment or within 30 days of a qualifying event such as marriage, birth or adoption of a child, or if your spouse loses health coverage. Refer to page 3 for additional details.

How long are my children covered?
Dependents are covered on the medical plans up to age 26, regardless of their marital status. However, if your dependent child, on your medical plan, is mentally or physically handicapped and dependent on your for support, the limiting age will not apply. Unmarried dependents are covered up to age 26 on all other benefit offerings.

If I leave CHCS, can I continue my health coverage?
Yes, you may continue your health, dental, vision and flexible spending account benefits under certain circumstances, such as termination of employment. You will have 60 days from the date you are notified to elect continuation of coverage. You will be responsible for premiums and will be notified in writing of the cost to continue coverage.

What if I have coverage through CHCS and my spouse’s plan; which pays first?
The CHCS plan will be primary and your spouse’s plan will be secondary.

Which plan pays first if my children are covered on the CHCS plan and my spouse’s plan?
Our plan follows the birthday rule. The parent whose birthday falls first in the year determines which plan is primary. For example, if your birthday is March 2nd and your spouse’s birthday is June 15th, then yours falls first in the year and the CHCS plan would pay as primary.

What if I lose my medical insurance card?
You can request replacement medical ID cards online at www.aetna.com. Once logged in, you may also print a copy of your medical insurance card to use until the replacement card is received. You can also download the Aetna app on your smartphone through the app store. ID cards are only provided for the medical plan and not needed for the dental or vision plans. Simply tell your provider that you have MetLife for dental or vision and they will handle the rest.

How do I find providers in the network?
You can find in-network providers online through the benefit carriers:

- Medical: www.aetna.com/docfind
  For the Gold Plan, select the Aetna Whole Health–Baptist Health System & Health Texas Medical Group–Elect Choice. For the Silver Plan, select the Aetna Choice® POS II (Open Access).
- Dental: www.metlife.com/dental
  Click on Find a Participating Dentist
- Vision: www.metlife.com/vision
  Click on Find an Eye Doctor

Sharing the Responsibility

As The Center for Health Care Services does its part to provide you with comprehensive and affordable coverage, here are some tips to keep in mind to contain medical costs:

- Take advantage of your preventive care benefit
- Choose network providers. They accept discounted rates for services which saves money for both you and CHCS.
- Note the difference between emergency care and urgent care. The emergency room (ER) costs more than a trip to the urgent care center. In a life-threatening situation, the ER is the place to go, but many other needs can be handled through the urgent care center or a walk-in clinic.
- Pay less for your prescriptions by using generics when possible, and use mail order for maintenance medications. Ask your doctor for lower cost prescription options.
- If you are insured with CHCS or elsewhere, there is an onsite pharmacy available to serve our employees at a 50% discount on copays for those employees enrolled in the Aetna plans. The name of the onsite pharmacy is called Metrocare Pharmacy and is located at: 5372 Fredericksburg Road, Bldg F., Suite 110 San Antonio, TX 78229, phone: 210.971.5803.
Benefit Resource Center (BRC)

The BRC is available to all employees on our benefits plan, as well as their covered dependents. The BRC is your toll-free one-call benefits information hotline. The BRC is staffed with experienced Benefit Specialists who have specific knowledge of your plans. These specialists will be able to:

- Answer benefit plan/policy questions
- Assist with eligibility and claim problems with carriers
- Provide claim appeals information and explain the process
- Explain allowable family status election changes (adding newborns, marriage, divorce, etc.)
- Provide vendor plan contact information
- Help you understand your Explanation of Benefits
- Assistance with finding a Primary Care Physician
- Assistance with the Wellness Plan

Contact the Benefit Resource Center today.

**Contact Information:**

**By phone:** 855-874-0110 (Toll-Free)
8 AM - 5 PM CST Monday - Friday

**Via Email:** BRCSouthwest@usi.com
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Benefits can be confusing. You don’t have to feel overwhelmed. Let the BRC help you get the most value from your plans.
Free Mobile Benefits App

Find It In Your App Store

Search for usieb and download our free app. After scrolling through the intro pages enter the code listed below to access the benefit details for The Center for Health Care Services.

Code: 116455

Highlights of the usieb App

- Stay Organized - Access all of your plan information and cards in one place
- Stay Up To Date - Receive the most updated plan information automatically
- Lighten Up Your Wallet - Store your ID cards in the app
- Get In Touch - Convenient contact information

Access ALL of your benefits insurance policy details and contact information while on the go!
## Medical and Prescription Drug Plans | Aetna

<table>
<thead>
<tr>
<th>Network</th>
<th>Baptist Health Gold</th>
<th>Silver Expanded</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>In-Network</td>
</tr>
<tr>
<td>You Pay:</td>
<td>You Pay:</td>
<td>You Pay:</td>
</tr>
<tr>
<td><strong>Network</strong></td>
<td>Baptist Whole Health ACO</td>
<td>Aetna Choice</td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$2,000</td>
<td>$1,500</td>
</tr>
<tr>
<td>Family</td>
<td>$4,000</td>
<td>$3,000</td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Maximum</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$6,250</td>
<td>$4,500</td>
</tr>
<tr>
<td>Family</td>
<td>$12,500</td>
<td>$9,000</td>
</tr>
<tr>
<td><strong>Office Visits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Care</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>MedFirst PCP / Specialist</td>
<td>$5 / $45 copay</td>
<td>$0 / $25 copay</td>
</tr>
<tr>
<td>Primary Care Physician**</td>
<td>$30 copay</td>
<td>$25 copay</td>
</tr>
<tr>
<td>Specialist</td>
<td>$70 copay</td>
<td>$50 copay</td>
</tr>
<tr>
<td><strong>Emergency Medical Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$75 copay</td>
<td>$75 copay</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>20% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td><strong>Inpatient Hospital</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$500 copay per admission after deductible</td>
<td>$500 copay per admission after deductible</td>
</tr>
<tr>
<td><strong>Prescription Drugs - Retail (30 day supply)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1 - Generics</td>
<td>$10 copay</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Tier 2 - Preferred Brand</td>
<td>$30 copay</td>
<td>$30 copay</td>
</tr>
<tr>
<td>Tier 3 - Non-Preferred Brand</td>
<td>$50 copay</td>
<td>$50 copay</td>
</tr>
<tr>
<td><strong>Prescription drugs - Mail Order (90 day supply)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1 - Generics</td>
<td>$20 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Tier 2 - Preferred Brand</td>
<td>$60 copay</td>
<td>$60 copay</td>
</tr>
<tr>
<td>Tier 3 - Non-Preferred Brand</td>
<td>$100 copay</td>
<td>$100 copay</td>
</tr>
<tr>
<td><strong>Employee Contributions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per Pay Period</td>
<td>Baptist Health Gold</td>
<td>Silver Expanded</td>
</tr>
<tr>
<td><strong>Employee Only</strong></td>
<td>$36.92</td>
<td>$78.46</td>
</tr>
<tr>
<td><strong>Employee + Spouse</strong></td>
<td>$140.31</td>
<td>$224.68</td>
</tr>
<tr>
<td><strong>Employee + Child/ren</strong></td>
<td>$118.15</td>
<td>$198.00</td>
</tr>
<tr>
<td><strong>Employee + Family</strong></td>
<td>$228.92</td>
<td>$364.00</td>
</tr>
</tbody>
</table>

** Effective 1/1/2020, MedFirst PCP group will be network providers. For RediMD (a virtual physician service) or CVS Minute Clinic, the primary care copay is $0. See Page 8 and 9 for additional information.

**Onsite Pharmacy:**
A. Metro Care pharmacy is located on same campus as Legacy Oaks
B. 50% discount on copays for Aetna-covered employees
C. Non-Aetna employees & dependents are able to utilize the Metro Care Pharmacy, discount for copays may differ
D. 5372 Fredricksburg Rd., Bldg. F, Suite 110; San Antonio TX 78229-3559
E. Phone - (210) 971-5803
## WHERE SHOULD I GO FOR CARE?

**Helping You Find the Right Care Center.**

<table>
<thead>
<tr>
<th>Care Center</th>
<th>Main Purpose</th>
<th>Type of Care</th>
<th>Cost and Time</th>
</tr>
</thead>
</table>
| **Virtual Visit** | - It's the weekend, after hours or you just don't have time to see your doctor  
- Your condition is not urgent or an emergency  
- You need a care center with 24/7/365 access  
- You want to speak with a doctor via phone or computer from the comfort of home | - Minor illnesses  
- Minor infections  
- Cold and flu symptoms  
- Bronchitis  
- Allergies | - No appointment necessary  
- RediMD is FREE for employees enrolled in the medical plan  
Visit [www.redimd.com](http://www.redimd.com) to register |
| **Convenience Clinics** | - Your condition is not urgent or an emergency  
- Convenient locations in retail centers and pharmacies  
- MedFirst Primary Care | - Common infections (e.g. strep throat)  
- Minor skin conditions (e.g. poison ivy)  
- Flu shots  
- Pregnancy tests  
- Ear Aches | - Requires a copayment and/or coinsurance similar to office visit  
- Appointments not necessary, but wait times can vary |
| **Doctor’s Office** | - Routine care or treatment for a current health issue  
- Your primary care doctor knows you and your health history, can access your medical records, provide preventive and routine care, and manage your medications  
- You need a specialist referral | - Routine checkups  
- Immunizations  
- Preventive services  
- General health management | - Requires a copayment and/or coinsurance  
- Normally requires an appointment |
| **Urgent Care Clinic** | - You may need care quickly, but it is not an emergency  
- Your primary care physician is not available | - Sprains  
- Strains  
- Minor broken bones (e.g. finger)  
- Minor infections  
- Minor burns | - Similar in cost or slightly more expensive than an doctor’s office visit  
- Walk in patients welcome, but waiting periods may be long |
| **Emergency Room** | - You need immediate treatment of a very serious or critical condition  
Do not ignore an emergency. If a situation seems life threatening, take action. Call 911 or your local emergency number right away. | - Heavy bleeding  
- Sudden change in vision  
- Chest pain  
- Sudden weakness or trouble walking  
- Major burns  
- Severe head injury  
- Difficulty breathing  
- Major broken bones | - May require a much higher copayment and/or coinsurance than an office visit or urgent care visit  
- Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first |
CVS Minute Clinic Pharmacy Locations

**CVS Pharmacy**
6915 West Avenue
Castle Hills, TX  78213
Hours:  (M-F  8:30am – 7:30pm) (Sat 9am-5:30pm) (Sun 9am-4:30pm)

**RediClinic**
8503 Northwest Military Hwy
San Antonio, TX  78231
Hours:  (M-F  8:30am – 7:30pm) (Sat 9am-5:30pm) (Sun 9am-4:30pm)

**CVS Pharmacy**
7603 Culebra Road
San Antonio, TX  78251
Hours:  (M-F  8:30am – 7:30pm) (Sat 9am-5:30pm) (Sun 9am-4:30pm)

**CVS Pharmacy**
9140 Guilbeau Road
San Antonio, TX  78250
Hours:  (M-F  8:30am – 7:30pm) (Sat 9am-5:30pm) (Sun 9am-4:30pm)

**RediClinic**
1150 North Loop 1604 West
San Antonio, TX  78248
Hours:  (M-F  8:30am – 7:30pm) (Sat 9am-5:30pm) (Sun 9am-4:30pm)

**Minute Clinic**
CVS Pharmacy
120 East Sonterra Blvd
San Antonio, TX  78258
Hours:  (M-F  8:30am – 6:30pm) (Sat 9am-5:30pm) (Sun 9am-4:30pm)

**CVS Pharmacy**
12980 Bandera Road
Helotes, TX  78023
Hours:  (M-F  8:30am – 7:30pm) (Sat 9am-5:30pm) (Sun 9am-4:30pm)

**CVS Pharmacy**
5301 Alamo Parkway
San Antonio, TX  78253
Hours:  (M-F  8:30am – 7:30pm) (Sat 9am-5:30pm) (Sun 9am-4:30pm)

**RediClinic**
20935 US Hwy 281 North
San Antonio, TX  78258
Hours:  (M-F  8:30am – 7:30pm) (Sat 9am-5:30pm) (Sun 9am-4:30pm)

**CVS Pharmacy**
23530 Wilderness Oak
San Antonio, TX  78258
Hours:  (M-F  8:30am – 7:30pm) (Sat 9am-5:30pm) (Sun 9am-4:30pm)

**CVS Pharmacy**
22135 IH 10 West
San Antonio, TX  78257
Hours:  (M-F  8:30am – 7:30pm) (Sat 9am-5:30pm) (Sun 9am-4:30pm)

**CVS Pharmacy**
22202 Bulverde Road
San Antonio, TX  78261
Hours:  (M-F  8:30am – 7:30pm) (Sat 9am-5:30pm) (Sun 9am-4:30pm)

**CVS Pharmacy**
2693 FM 3009
Schertz, TX  78154
Hours:  (M-F  8:30am – 7:30pm) (Sat 9am-5:30pm) (Sun 9am-4:30pm)

**RediClinic**
20725 Hwy 46 West
Spring Branch, TX  78070
Hours:  (M-F  8:30am – 7:30pm) (Sat 9am-5:30pm) (Sun 9am-4:30pm)

**Minute Clinic Inside Target**
12980 Bandera Road
Helotes, TX  78023
Hours:  (M-F  8:30am – 7:30pm) (Sat 9am-5:30pm) (Sun 9am-4:30pm)
Flexible Spending Accounts (FSA) | Proficient Benefit Solutions

An FSA allows you to set aside a portion of your salary to pay for eligible medical, dental or vision expenses or for dependent day care expenses. Money deducted from your pay into an FSA is not subject to federal, state (except in Pennsylvania and New Jersey) and social security taxes resulting in tax savings for you. You do not have to be enrolled in our medical plan to participate in the Reimbursement Account Plans. There are two separate accounts.

<table>
<thead>
<tr>
<th>Why Would I Use It?</th>
<th>Maximum Contribution Amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Care FSA</strong></td>
<td><strong>$2,750</strong> per plan year</td>
</tr>
<tr>
<td>• Pays the uncovered portions of medical, dental, and vision expenses (including copays and deductible).</td>
<td>• Any money left in your account (above $500) at the end of the plan year will be forfeited, so be sure to estimate your needs conservatively.</td>
</tr>
<tr>
<td>• Contributions are pre-tax, so it increases your non-taxable take-home pay.</td>
<td>• The account is pre-funded, meaning you can access your total annual contribution amount (less any monies already spent) at any time, even before the money is deposited.</td>
</tr>
<tr>
<td>• Covers expenses incurred by you or an eligible dependent.</td>
<td></td>
</tr>
</tbody>
</table>

| **Dependent Care FSA**                                         | **$5,000** per plan year ($2,500 if married and filing separately) |
| • You (and your spouse, if married) work outside the home and require dependent care to allow you to work full-time. | • This is also a “use-it-or-lose-it” account, so estimate your needs conservatively. |
| • Pays for daycare for eligible dependents your child or children under age 13, your disabled spouse, an elderly parent or other dependent who is physically or mentally incapable of self-care. | • The account is NOT pre-funded, meaning that after you file a claim, you may only receive reimbursement for amounts that are currently in the account. |
| • You claim the dependent on your income tax return.            |                                               |
| • Contributions are pre-tax, so it increases your non-taxable take-home pay. |                                               |

A full list of eligible expenses is available online at irs.gov. Search “Publication 502”

Proficient Benefit Solutions is the FSA Plan Administrator

It’s easy to manage your Flexible Spending Accounts (FSA) through Proficient Benefit Solutions, the plan administrator. Access the website at www.proficientbenefits.com/participant. Navigate to Login Here to create your account and access your account information, including current balance, status of any claims, and other helpful information including a list of eligible health care and dependent care expenses.

proficientbenefits.com/participant
Dental Plans | MetLife

There are three different dental options to choose from. The Center for Health Care Services will contribute towards the cost of the dental benefit you elect.

Managed Dental Plan - DHMO

The managed dental plan, often referred to as a Dental Health Maintenance Option (DHMO), allows you to pay a copay for covered services. The DHMO network requires you to select a participating provider and seek all services through this provider. If you do not use the selected provider for services, there will be no coverage for the services you receive.

All procedures are based on a Copay Schedule. Please see your plan for further details.

PPO Plans

The Dental PPO plan allows you to visit any dentist. The advantage of using an in-network dentist is that you receive discounted rates and are never balance billed for amounts over the allowable fees.

<table>
<thead>
<tr>
<th>Benefits</th>
<th>DHMO Plan</th>
<th>Low PPO Plan</th>
<th>High PPO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network Only</td>
<td>In &amp; Out of Network</td>
<td>In &amp; Out of Network</td>
</tr>
<tr>
<td>Annual Deductible Individual</td>
<td>$0</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Family</td>
<td>$0</td>
<td>$150</td>
<td>$150</td>
</tr>
<tr>
<td>Annual Maximum Benefit</td>
<td>N/A</td>
<td>$1,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Diagnostic &amp; Preventive Services</td>
<td>Copay Schedule</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Basic Services</td>
<td>Copay Schedule</td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td>Major Services</td>
<td>Copay Schedule</td>
<td>60%</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontia (Adult &amp; Child up to age 26)</td>
<td>Copay Schedule</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Lifetime Orthodontic Maximum (per person)</td>
<td>N/A</td>
<td>$1,000</td>
<td>$2,000</td>
</tr>
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</table>

Employee Contributions Per Pay Period

<table>
<thead>
<tr>
<th></th>
<th>DHMO Plan</th>
<th>LOW PPO Plan</th>
<th>HIGH PPO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$0.00</td>
<td>$9.02</td>
<td>$10.76</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$3.96</td>
<td>$22.15</td>
<td>$25.55</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$4.40</td>
<td>$26.60</td>
<td>$32.52</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$9.26</td>
<td>$43.68</td>
<td>$51.31</td>
</tr>
</tbody>
</table>

No ID Card Needed!

Once enrolled, tell your dentist that you have MetLife dental and they will handle the rest.

Find an in-network dentist online at: www.metlife.com/dental
Vision Plans | MetLife

You have two vision benefit options to choose from through MetLife. Both plans offer you the freedom to use the vision provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs by choosing a provider who participates in the MetLife Vision Network. To find a participating provider, visit www.metlife.com/vision.

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Base Plan</th>
<th>Buy-Up Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-Network You Pay:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye Exam / Refraction</td>
<td>$20 copay</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Standard Lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Single Vision</td>
<td>$20 copay</td>
<td>$25 copay</td>
</tr>
<tr>
<td>• Bifocal</td>
<td>$20 copay</td>
<td>$25 copay</td>
</tr>
<tr>
<td>• Trifocal</td>
<td>$20 copay</td>
<td>$25 copay</td>
</tr>
<tr>
<td>• Lenticular</td>
<td>$20 copay</td>
<td>$25 copay</td>
</tr>
<tr>
<td>Standard Frames</td>
<td>$100 Retail Allowance</td>
<td>$500 Retail Allowance</td>
</tr>
<tr>
<td>Contacts</td>
<td>$100 Allowance (in lieu of glasses)</td>
<td>$500 allowance combined with frames (may purchase glasses and contacts within the same year)</td>
</tr>
<tr>
<td>Plan Frequencies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Exam</td>
<td>Once every 12 months</td>
<td>Once every 12 months</td>
</tr>
<tr>
<td>• Lenses</td>
<td>Once every 12 months</td>
<td>Once every 12 months</td>
</tr>
<tr>
<td>• Frames</td>
<td>Once every 24 months</td>
<td>Once every 24 months</td>
</tr>
</tbody>
</table>

Additional charges may apply for extras such as high index, transition lenses, anti-glare & UV coatings.

No ID Card Needed!

Network providers will file your claim for you. If you see a non-network provider, you may have to file your own vision claim. To access an online claim form, go to www.metlife.com/vision, and select File A Claim.

Employee Contributions - Per Pay Period

<table>
<thead>
<tr>
<th></th>
<th>Base Plan</th>
<th>Buy-Up Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$2.00</td>
<td>$6.06</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$4.00</td>
<td>$10.78</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$3.39</td>
<td>$10.29</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$5.58</td>
<td>$16.97</td>
</tr>
</tbody>
</table>

Find an in-network provider online at: www.metlife.com/vision
Life Insurance | Unum

Basic Life and AD&D - Employer Paid

Life and Accident Insurance benefits provide financial protection to you and your family if you die or become dismembered while you are employed with us. The Center for Health Care Services pays 100% of the cost of your basic life insurance and Accidental Death & Dismemberment (AD&D) coverage. The value of this benefit is 1 times your annual salary up to a maximum of $300,000.

Voluntary Life and AD&D Insurance Benefits

In addition to the Basic Life & AD&D benefit you have the option to elect additional coverage for you and your eligible dependents. You may elect Voluntary Life and/or Voluntary AD&D Insurance coverage. The cost of Voluntary Life & AD&D Insurance coverage is based on your age and the amount of insurance coverage elected. You may also elect coverage for your spouse and/or children, if you first elect for yourself. Please review the table below regarding the benefit options.

<table>
<thead>
<tr>
<th>Coverage For</th>
<th>Voluntary Life</th>
<th>Voluntary AD&amp;D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$10,000 increments</td>
<td>$500,000 or 5.5 X annual salary</td>
</tr>
<tr>
<td>Maximum</td>
<td>$250,000</td>
<td>No Health Questions</td>
</tr>
<tr>
<td>Guaranteed Issue</td>
<td></td>
<td>No Health Questions</td>
</tr>
<tr>
<td>Spouse</td>
<td>$5,000 increments</td>
<td>$500,000, not to exceed 100% of the employee election</td>
</tr>
<tr>
<td>Maximum</td>
<td>$50,000</td>
<td>No Health Questions</td>
</tr>
<tr>
<td>Guaranteed Issue</td>
<td></td>
<td>No Health Questions</td>
</tr>
<tr>
<td>Child/ren*</td>
<td>$1,000 Max</td>
<td>$1,000 Max</td>
</tr>
<tr>
<td>Live birth to 14 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 days to 6 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 months to age 26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum</td>
<td>$10,000</td>
<td>No Health Questions</td>
</tr>
<tr>
<td>Guaranteed Issue</td>
<td></td>
<td>No Health Questions</td>
</tr>
</tbody>
</table>

*If an employee elects to purchase Voluntary Life and/or AD&D insurance coverage, all children’s premiums are employer-paid.

<table>
<thead>
<tr>
<th>LIFE Rates Per $1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE</td>
</tr>
<tr>
<td>15 - 24</td>
</tr>
<tr>
<td>25 - 29</td>
</tr>
<tr>
<td>30 - 34</td>
</tr>
<tr>
<td>35 - 39</td>
</tr>
<tr>
<td>40 - 44</td>
</tr>
<tr>
<td>45 - 49</td>
</tr>
<tr>
<td>50 - 54</td>
</tr>
<tr>
<td>55 - 59</td>
</tr>
<tr>
<td>60 - 64</td>
</tr>
<tr>
<td>65 - 69</td>
</tr>
<tr>
<td>70 - 74</td>
</tr>
<tr>
<td>75 +</td>
</tr>
<tr>
<td>Child/ren</td>
</tr>
</tbody>
</table>

AD&D Rate per $1,000 $0.016

Important Things to Consider Regarding Your Life Insurance

- Remember to update your beneficiary annually.
- Benefits reduce with age beginning in the year you reach age 65.
- You must elect coverage for yourself in order to elect coverage for your spouse and/or child/ren.
- You will be required to submit Evidence of Insurability if:
  - You declined voluntary life for you or your dependents during your initial eligibility period and would like to enroll for coverage now.
  - You elect to increase your current election in excess of the Guaranteed Issue amount.

Rate Calculator | Voluntary Life

<table>
<thead>
<tr>
<th>Voluntary Life</th>
<th>Election</th>
<th>Divide by 1000</th>
<th>Rate Based on Age*</th>
<th>Monthly Cost</th>
<th>Per Pay Period Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>___000</td>
<td>+ 1,000 =</td>
<td>$_____</td>
<td>= $_____ + 2 = _____</td>
<td></td>
</tr>
<tr>
<td>Spouse</td>
<td>___000</td>
<td>+ 1,000 =</td>
<td>$_____</td>
<td>= $_____ + 2 = _____</td>
<td></td>
</tr>
<tr>
<td>Child/ren*</td>
<td>___000</td>
<td>+ 1,000 =</td>
<td>$0.320</td>
<td>= $_____ + 2 = _____</td>
<td></td>
</tr>
</tbody>
</table>

Total Voluntary Life Cost Per Pay Period

*Enter the rate for the employee & the spouse based on each age as of January 1, 2019.

Rate Calculator | Voluntary AD&D

<table>
<thead>
<tr>
<th>Voluntary AD&amp;D</th>
<th>Election</th>
<th>Divide by 1000</th>
<th>AD&amp;D Rate</th>
<th>Monthly Cost</th>
<th>Per Pay Period Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>___000</td>
<td>+ 1,000 =</td>
<td>$0.016</td>
<td>= $_____ + 2 = _____</td>
<td></td>
</tr>
<tr>
<td>Spouse</td>
<td>___000</td>
<td>+ 1,000 =</td>
<td>$0.016</td>
<td>= $_____ + 2 = _____</td>
<td></td>
</tr>
<tr>
<td>Child/ren*</td>
<td>___000</td>
<td>+ 1,000 =</td>
<td>$0.016</td>
<td>= $_____ + 2 = _____</td>
<td></td>
</tr>
</tbody>
</table>

Total Voluntary AD&D Cost Per Pay Period
### Employer Paid Income Protection Plans | Unum

To give you and your family peace of mind, we provide you with income protection coverage. This includes disability benefits to supplement your income if you are unable to work. Your income protection plans are offered through Unum.

### Employer Paid Disability

To help protect you financially when illness or injury causes you to be away from work, **The Center for Health Care Services** provides short term disability and long term disability coverage at no cost to you. Disability insurance is designed to cover a portion of your salary when you are unable to work, short or long term, due to an accident or illness.

---

#### Employer Paid Short Term Disability

<table>
<thead>
<tr>
<th>Who Pays?</th>
<th>This coverage is provided to you at <strong>no cost.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Amount</td>
<td><strong>60%</strong> of your <strong>weekly</strong> income</td>
</tr>
<tr>
<td>Benefit Maximum</td>
<td><strong>$750</strong> per week</td>
</tr>
<tr>
<td>Pre-Existing Condition</td>
<td>None</td>
</tr>
</tbody>
</table>
| Elimination Period | 30 days for injury  
                             30 days for illness |
| Benefit Payment Period | As long as you are considered disabled, up to a maximum of 9 weeks |

#### Employee Paid Income Protection

**Voluntary Short Term Disability**

In addition to your employer paid short term disability, you have the option to purchase additional income protection as an added level of coverage.

**Voluntary - Employee Paid Short Term Disability**

<table>
<thead>
<tr>
<th>Who Pays?</th>
<th>This benefit costs <strong>$0.516</strong> per $10 of covered benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Amount</td>
<td><strong>60%</strong> of your current weekly income</td>
</tr>
<tr>
<td>Benefit Maximum</td>
<td><strong>$2,500</strong> per week</td>
</tr>
<tr>
<td>Pre-Existing Condition*</td>
<td>None</td>
</tr>
</tbody>
</table>
| Elimination Period | 7 days for injury  
                             7 days for illness |
| Benefit Payment Period | As long as you are considered disabled, up to a maximum of 12 weeks |

An employee making **$34,000** per year would pay **about $5** per pay check for this benefit.

*There isn’t a Pre-Existing Condition limitation for Late Applicants*

---

#### Employer Paid Long Term Disability

<table>
<thead>
<tr>
<th>Class 1</th>
<th>Class 2</th>
</tr>
</thead>
</table>
| Who Pays? | This coverage is provided to you at **no cost.**  
| Benefit Amount  | **50%** of your **monthly** income  
                             **$12,500** per month |
| Benefit Maximum | **$750** per week  
                             **$2,500** per month |
| Pre-Existing Condition | None  
                             None |
| Elimination Period | 90 days  
                             90 days |
| Benefit Payment Period | Until you reach the Social Security Normal Retirement Age  
                             Until you reach the Social Security Normal Retirement Age |
Help, when you need it most
With your Employee Assistance Program and Work/Life Balance services, confidential assistance is as close as your phone or computer.

Always by your side
- Expert support 24/7
- Convenient website
- Short-term help
- Referrals for additional care
- Monthly webinars
- Medical Bill Saver™ — helps you save on medical bills

Who is covered?
Unum’s EAP services are available to all eligible employees, their spouses or domestic partners, dependent children, parents and parents-in-law.

Employee Assistance Program (EAP)
Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor* who can help you.

A Licensed Professional Counselor can help you with:
- Stress, depression, anxiety
- Relationship issues, divorce
- Job stress, work conflicts
- And more

Work/Life Balance
You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our Work/Life Specialists can answer your questions and help you find resources in your community.

Ask our Work/Life Specialists about:
- Child care
- Elder care
- Legal questions
- Identity theft
- Financial services, debt management, credit report issues
- Even reducing your medical/dental bills!
- And more

Help is easy to access:
Online/phone support: Unlimited, confidential, 24/7.
In-person: You can get up to 3 visits available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.

Employee Assistance Program — Work/Life Balance
Toll-free 24/7 access:
1-800-854-1446 (multi-lingual)
www.unum.com/lifebalance

* The counselors must abide by federal regulations regarding duty to warn of harm to self or others. In these instances, the consultant may be required to report a situation to the appropriate authority.

EN-2015 (5.18) FOR EMPLOYEES
Whole Life Insurance

Whole Life Insurance can pay money to your family if you die. It can help them with basic living expenses, final arrangements, tuition and more.

**How does it work?**
You can keep Whole Life Insurance as long as you want. Once you’ve bought coverage, your cost won’t increase as you age. The benefit amount stays the same, too — it doesn’t decrease as you get older. That means you get protection during your working years and into retirement.

Whole Life Insurance also earns interest, or “cash value,” at a guaranteed rate of 4.5%. You can borrow from that cash value, or you can buy a smaller, paid-up policy — with no more premiums due.

**What’s included?**

**A “Living” Benefit**
You can request an early payout of your policy’s death benefit (up to $150,000 maximum) if you’re expected to live 12 months or less. It would reduce the benefit that’s paid when you die.

**Who can get coverage?**

<table>
<thead>
<tr>
<th>You</th>
<th>You can purchase a minimum benefit amount of $10,000 if you’re between 15 and 80 years old. The cost is based on your age when coverage is issued and whether you use tobacco.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your spouse: Individual coverage</td>
<td>Available for your spouse (age 15-80). If you leave your employer, you can keep this coverage and be billed at home. You can purchase a minimum benefit amount of $10,000. The cost is based on your spouse’s age and whether they use tobacco.</td>
</tr>
<tr>
<td>Your children: Individual coverage</td>
<td>Your children and grandchildren can have individual coverage. If you leave your employer, your children can keep their coverage. You can purchase a benefit amount of $10,000, $15,000, $20,000 or $25,000 of coverage for each child.</td>
</tr>
</tbody>
</table>

**Why should I buy coverage now?**

- It’s more affordable when you’re younger. Once you’ve bought coverage, your cost stays the same as long as you keep it.
- The cost is conveniently deducted from your paycheck.
- Whole life gives you valuable protection in addition to any term life insurance you might have.

**What else can I add?**

**An Accidental Death Benefit**
This increases the payment your family would receive if you die from a covered accident before age 70.

- Available for you and your spouse, age 15-65
- Doubles the death benefit, which could add up to $150,000 extra coverage

This option will increase your cost.
Critical Illness Insurance
can pay money directly to you when you’re diagnosed with certain serious illnesses.

How does it work?
If you’re diagnosed with an illness that is covered by this insurance, you can receive a benefit payment in one lump sum. You can use the money however you want.

Why is this coverage so valuable?
• The money can help you pay out-of-pocket medical expenses, like co-pays and deductibles.
• You can use this coverage more than once. Even after you receive a payout for one illness, you’re still covered for the remaining conditions. If you have a different condition later, you can receive another benefit.
• This insurance pays you once for each eligible illness. However, the diagnoses must be at least 90 days apart, and the conditions can’t be related to each other.

What’s covered?
• Heart attack
• Blindness
• Major organ failure
• End-stage kidney failure
• Benign brain tumor
• Coronary artery bypass surgery (pays at 25% of lump sum benefit)
• Coma that lasts at least 14 consecutive days
• Stroke whose effects are confirmed at least 30 days after the event
• Occupational HIV
• Permanent paralysis of at least two limbs due to a covered accident

Coverage is also included for:
• Cancer
• Carcinoma in situ — pays 25% of your coverage amount. (Carcinoma in situ is defined as cancer that involves only cells in the tissue in which it began and that has not spread to nearby tissues.)

Why should I buy coverage now?
• It’s more affordable when you buy it through your employer.
• The cost is conveniently deducted from your paycheck.
• You can keep coverage if you leave the company or retire. You’ll be billed at home.

What else is included?
A Wellness Benefit
Every year, each family member who has Critical Illness coverage can also receive $100 for getting a health screening test, such as:
• Blood tests
• Chest X-rays
• Stress tests
• Colonoscopies
• Mammograms
• And other tests listed in your policy
Accident Insurance
can pay you money for covered accidental injuries and their treatment.

How does it work?
Accident Insurance can pay a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur on and off the job. And it includes a range of incidents, from common injuries to more serious events.

Why is this coverage so valuable?
• It can help you with out-of-pocket costs that your medical plan doesn’t cover, like co-pays and deductibles.
• You’re guaranteed base coverage, without answering health questions.
• The cost is conveniently deducted from your paycheck.
• You can keep your coverage if you change jobs or retire. You’ll be billed directly.

Who can get coverage?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>You</td>
<td>If you’re actively at work*</td>
</tr>
<tr>
<td>Your spouse</td>
<td>Ages 17 and up</td>
</tr>
<tr>
<td>Your children</td>
<td>Dependent children from birth until their 26th birthday, regardless of marital or student status</td>
</tr>
</tbody>
</table>

How much does it cost?

<table>
<thead>
<tr>
<th></th>
<th>Bi-weekly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>You</td>
<td>$6.77</td>
</tr>
<tr>
<td>You and your spouse</td>
<td>$10.94</td>
</tr>
<tr>
<td>You and your child(ren)</td>
<td>$12.63</td>
</tr>
<tr>
<td>You, your spouse and child(ren)</td>
<td>$16.81</td>
</tr>
</tbody>
</table>

*Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. Spouses and dependent children must reside in the United States to receive coverage.
The Center for Health Care Services

Important Legal Notices

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage.

IMPORTANT NOTICE: This document is provided to help employers understand the compliance obligations for Health & Welfare benefit plans, but it may not take into account all the circumstances relevant to a particular plan or situation. It is not exhaustive and is not a substitute for legal advice.
Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN’S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- 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;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: ACO: $2000 (I), $4000 (F) 80%; POS In-Network: $1500 (I), $3000 (F), 80%; POS Out of Network: $3000 (I), $6000 (F) 60%.

NEWBORNS ACT DISCLOSURE - FEDERAL

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to 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 request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact person listed at the end of this summary.
STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (“ERISA”). ERISA provides that all participants shall be entitled to:

Receive Information about Your Plan and Benefits
Examine, without charge, at the Plan Administrator’s office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
Receive a summary of the Plan’s annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage
If applicable, you may continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

Prudent Actions by Plan Fiduciaries
In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for operation of the Plan. These people, called “fiduciaries” of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.
No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights
If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $152 per day (up to a $1,527 cap per request), until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan’s money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

Assistance with your Questions
If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.
Questions regarding any of this information can be directed to:
Rosemary Velez
San Antonio, TX
United States 78213
210-261-1039
rvelez@chcsbc.org
Your Information. Your Rights. Our Responsibilities.
Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.

Your Rights
You have the right to:
- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we’ve shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices
You have some choices in the way that we use and share information as we:
- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures
We may use and share your information as we:
- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers’ compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights
When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.
Get a copy of health and claims records
You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records
You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing, usually within 60 days.

Request confidential communications
You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share
You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request.

Get a list of those with whom we’ve shared information
You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice
You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you
If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated
  You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

Your Choices
For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:
  Share information with your family, close friends, or others involved in payment for your care
  Share information in a disaster relief situation
If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
  In these cases we never share your information unless you give us written permission:
  Marketing purposes
  Sale of your information

Our Uses and Disclosures
How do we typically use or share your health information? We typically use or share your health information in the following ways.

Help manage the health care treatment you receive
We can use your health information and share it with professionals who are treating you. Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services
We can use and disclose your health information as we pay for your health services. Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan
We may disclose your health information to your health plan sponsor for plan administration. Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization
  We can use and disclose your information to run our organization and contact you when necessary.
  We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans. Example: We use health information about you to develop better services for you.
How else can we use or share your health information?
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues
We can share health information about you for certain situations such as:
- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

Do research
We can use or share your information for health research.

Comply with the law
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests
We can use or share health information about you:
- For workers’ compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities
- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice
We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Other Instructions for Notice

January 1, 2020
Rosemary Velez
San Antonio, TX
United States 78213
210-261-1039
rvelez@chcsbc.org
Important Notice from The Center for Health Care Services About 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 The Center for Health Care Services and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare 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. The Center for Health Care Services has determined that the prescription drug coverage offered by The Center for Health Care Services Health and Welfare Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current The Center for Health Care Services coverage will not be affected. You can keep this coverage and it will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current The Center for Health Care Services coverage, be aware that you and your dependents will be able to get this coverage back (during open enrollment or in the case of a special enrollment opportunity).
When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with The Center for Health Care Services and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…
Contact the person listed below for further information. NOTE: You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through The Center for Health Care Services changes. You also may request a copy of this notice at any time.
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’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare 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 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, 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, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: January 1, 2020
Name of Entity/Sender: Rosemary Velez
Contact--Position/Office: HR Generalist
Address: San Antonio, TX
Phone Number: 210-261-1039
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](http://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](http://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](http://www.askebsa.dol.gov) or call [1-866-444-EBSA (3272)](tel:1-866-444-EBSA).

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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 January 31, 2019. Contact your State for more information on eligibility –

<table>
<thead>
<tr>
<th>ALABAMA – Medicaid</th>
<th>FLORIDA – Medicaid</th>
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<tr>
<th>ALASKA – Medicaid</th>
<th>GEORGIA – Medicaid</th>
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<tbody>
<tr>
<td>The AK Health Insurance Premium Payment Program</td>
<td>Website: Medicaid <a href="http://www.medicaid.georgia.gov">www.medicaid.georgia.gov</a> - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507</td>
</tr>
<tr>
<td>Website: <a href="http://myakhipp.com">http://myakhipp.com</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a></td>
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<tr>
<th>ARKANSAS – Medicaid</th>
<th>INDIANA – Medicaid</th>
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</table>

<table>
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<tr>
<th>IOWA – Medicaid</th>
<th>KANSAS – Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>State</td>
<td>Medicaid Website</td>
</tr>
<tr>
<td>---------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Kentucky – Medicaid</td>
<td><a href="http://chfs.ky.gov/dms/default.htm">Website</a></td>
</tr>
<tr>
<td>Louisiana – Medicaid</td>
<td><a href="http://dhhs.louisiana.gov/index.cfm/subhome/1/n/331">Website</a></td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td>Minnesota – Medicaid</td>
<td><a href="http://www.mn.gov/dhs/people-serve/seniors/health-care/health-careprograms/programs-and-services/medicalassistance.jsp">Website</a></td>
</tr>
<tr>
<td>Montana – Medicaid</td>
<td><a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/IPP">Website</a></td>
</tr>
<tr>
<td>Nebraska – Medicaid</td>
<td><a href="http://www.ACCESSNebraska.ne.gov">Website</a></td>
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<td></td>
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<tr>
<td>Nevada – Medicaid</td>
<td>Medicaid Website: <a href="https://dwss.nv.gov/">https://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900</td>
</tr>
</tbody>
</table>
To see if any other states have added a premium assistance program since December 31, 2019, or for more information on special enrollment rights, 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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)
<table>
<thead>
<tr>
<th>Benefit</th>
<th>Carrier</th>
<th>Phone / Website</th>
<th>Claims Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>Aetna</td>
<td>855-824-5344 aetna.com</td>
<td>151 Farmington Ave Hartford, CT 06156</td>
</tr>
<tr>
<td>Flexible Spending Accounts &amp; Dependent Care</td>
<td>Proficient Benefit Solutions</td>
<td>888-659.8151 proficientbenefits.com</td>
<td>PO Box 980768 San Antonio, TX 78268</td>
</tr>
<tr>
<td>Dental</td>
<td>MetLife</td>
<td>800-275-4638 metlife.com/dental</td>
<td>PO Box 981282 El Paso, TX 79998</td>
</tr>
<tr>
<td>Vision</td>
<td>MetLife</td>
<td>800-275-4638 metlife.com/vision</td>
<td>PO Box 981282 El Paso, TX 79998</td>
</tr>
<tr>
<td>Life and AD&amp;D</td>
<td>Unum</td>
<td>800-421-0344 unum.com</td>
<td>PO Box 100158 Columbia, SC 29202</td>
</tr>
<tr>
<td>Disability</td>
<td>Unum</td>
<td>800-421-0344 unum.com</td>
<td>PO Box 100158 Columbia, SC 29202</td>
</tr>
<tr>
<td>Unum Voluntary Products</td>
<td>Unum</td>
<td>800-421-0344 unum.com</td>
<td>PO Box 100158 Columbia, SC 29202</td>
</tr>
<tr>
<td>Employee Assistance Program</td>
<td>Unum</td>
<td>800-854-1446 unum.com/lifebalance</td>
<td>n/a</td>
</tr>
<tr>
<td>Human Resources</td>
<td>Rosemary Velez HR Generalist</td>
<td>210-261-1039 Fax: 210-261-1810</td>
<td>n/a</td>
</tr>
<tr>
<td>Help with Benefits</td>
<td>USI Benefit Resource Center</td>
<td>855-874-0110 <a href="mailto:BRCSouthwest@usi.com">BRCSouthwest@usi.com</a></td>
<td>n/a</td>
</tr>
</tbody>
</table>

**Important Contacts**

**Benefit**

- Medical
- Flexible Spending Accounts & Dependent Care
- Dental
- Vision
- Life and AD&D
- Disability
- Unum Voluntary Products
- Employee Assistance Program
- Human Resources
- Help with Benefits

**Carrier**

- Aetna
- Proficient Benefit Solutions
- MetLife
- Unum
- Rosemary Velez HR Generalist
- USI Benefit Resource Center

**Phone / Website**

- 855-824-5344 aetna.com
- 888-659.8151 proficientbenefits.com
- 800-275-4638 metlife.com/dental
- 800-275-4638 metlife.com/vision
- 800-421-0344 unum.com
- 800-421-0344 unum.com
- 800-421-0344 unum.com
- 800-854-1446 unum.com/lifebalance
- 210-261-1039 Fax: 210-261-1810
- 855-874-0110 BRCSouthwest@usi.com

**Claims Address**

- 151 Farmington Ave Hartford, CT 06156
- PO Box 980768 San Antonio, TX 78268
- PO Box 981282 El Paso, TX 79998
- PO Box 981282 El Paso, TX 79998
- PO Box 100158 Columbia, SC 29202
- PO Box 100158 Columbia, SC 29202
- PO Box 100158 Columbia, SC 29202
- n/a
- n/a

**Human Resources**

- Rosemary Velez HR Generalist

**Help with Benefits**

- USI Benefit Resource Center

**Need Help With Your Benefits?**

Contact the Benefit Resource Center at **855.874.0110** or by email at **BRCSouthwest@usi.com**

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This guide summarizes portions of plan provisions to assist you in understanding the plans and making your benefits selections. Final decisions about eligibility, participation, and plan benefits will be based on the provisions in the official plan documents and contracts. To the extent there are any inconsistencies between information provided in this guide and the applicable plan documents, the terms of the plan documents will govern. The company reserves the right to change or discontinue the benefit plans at any time and without notice. This guide is not intended as a contract of employment or a guarantee of future employment.

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**The Center**

For Health Care Services

Mental Health & Substance Abuse Solutions

Where hope and healing begin.

**USI**

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