



Just for YOU!



2025

Benefits Guide





Just for **YOU!**

We are pleased

to offer a full benefits package to help protect your well-being and financial health. Read this guide to learn about the benefits available to you and your eligible dependents.

Each year during Open Enrollment, you may make changes to your benefit plans. The benefit choices you make this year will remain in effect from **January 1, 2025** through **December 31, 2025**. Take time to review these benefit options and select the plans that best meet your needs. After Open Enrollment, you may only make changes to your benefit elections if you have a Qualifying Life Event.

Availability of Summary Health Information

Your plan offers one health coverage option. To help you make an informed choice and compare your options, Summary of Benefits and Coverage (SBC) documents are available **on the web at www.myuhc.com or by contacting Human Resources.**

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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, federal law gives you more choices for your prescription drug coverage. Please see page 19 for more details.



Important Contacts

PROGRAM	CARRIER	PHONE	WEBSITE/EMAIL
Medical	UnitedHealthcare	866-801-4409	www.myuhc.com
Pharmacy	EHIM	800-311-3446	https://ehim.procarerx.com
Telemedicine	Call-A-Doc	844-362-2447	www.247calladoc.com
Patient Navigator	Trinity Care	423-824-2273	free@tcnavigator.com
Dental	Sun Life	800-247-6875	www.sunlife.com/us
Vision	Sun Life	800-247-6875	www.sunlife.com/us
Basic and Voluntary Life and AD&D	Sun Life	800-247-6875	www.sunlife.com/us
Short Term Disability	Sun Life	800-247-6875	www.sunlife.com/us
Long Term Disability	Sun Life	800-247-6875	www.sunlife.com/us
Employee Assistance Program	Guidance Resources	877-595-5281	www.guidanceresources.com
Human Resources	Kathleen Durham	409-683-4277	kdurham@moodygardens.org



866-419-3518

Employee Response Center

We all have questions.

The Higginbotham Employee Response Center is available to help you!

enrollment

benefits
information

eligibility

claims and billing
questions

Speak with a bilingual representative Monday through Friday from 7:00 a.m. to 6:00 p.m. CT. If you leave a voicemail message after 3:00 p.m. CT, your call will be returned the next business day. Email questions or requests to helpline@higginbotham.net.



Eligibility

You are eligible for benefits if you are an active, full-time employee working an average of **30 or more hours per week**. If you are a new hire, your coverage will be effective on the first of the month following 60 days of employment.

You may also enroll eligible dependents for benefits coverage. The cost for coverage depends on the number of dependents you enroll and the benefits you choose. When covering dependents, they must be on the same plan as yourself.

Eligible Dependents

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

Qualifying Life Events

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

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

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



How to Enroll

Go online to www.paycom.com.

Step One

- ▶ Select **Employee**.

Step Two

- ▶ Enter your username, password, and the last four digits of your Social Security number. Then select **Log In**.

Step Three

- ▶ Select **2025 Benefit Enrollment** under **My Benefits**.

Step Four

- ▶ Select **Start Enrollment**.

Step Five

- ▶ Update your personal information and add your dependents.

Step Six

- ▶ Make your benefit election(s) and click **Enroll** or **Decline**.

Step Seven

- ▶ The Benefit Plan Selection Review screen will appear. Please review your benefit elections. Once you are satisfied with your elections, check **Complete Enrollment**, then confirm by clicking **OK**.

Step Eight

- ▶ When you are ready to complete your enrollment, click **Sign and Submit**.

Health Care Options

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

Non-Emergency Care				
	Telemedicine Access to care via phone, online video, or mobile app whether you are home, work, or traveling; medications can be prescribed. 24 hours a day, 7 days a week	Allergies Cough/cold/flu Rash Stomachache	\$0	2-5 minutes
	Doctor's Office Generally, the best place for routine preventive care ; established relationship; able to treat based on medical history. Office hours vary	Infections Sore and strep throat Vaccinations Minor injuries/sprains/strains	\$	15-20 minutes
	Retail Clinic Usually lower out-of-pocket cost than urgent care; available when you cannot see your doctor; located in stores and pharmacies. Hours vary based on store hours	Common infections Minor injuries Pregnancy tests Vaccinations	\$	15 minutes
	Urgent Care When you need immediate attention ; walk-ins are usually accepted. Generally includes evening, weekend, and holiday hours	Sprains and strains Minor broken bones Small cuts that may require stitches Minor burns and infections	\$\$	15-30 minutes
Emergency Care				
	Hospital ER Life-threatening or critical conditions; trauma treatment ; multiple bills for doctor and facility. 24 hours a day, 7 days a week	Chest pain Difficulty breathing Severe bleeding Blurred or sudden loss of vision Major broken bones	\$\$\$\$	4+ hours
	Freestanding ER Services do not include trauma care; can look similar to an urgent care center, but medical bills may be 10 times higher . 24 hours a day, 7 days a week	Most major injuries except trauma Severe pain	\$\$\$\$\$	varies

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



Medical Coverage

The medical plan options through **UnitedHealthcare** protect you and your family from major financial hardship in the event of illness or injury. Your plan option is a PPO plan.

Preferred Provider Organization (PPO)

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

Find a In-Network Provider



Visit www.myuhc.com



Call **866-801-4409**

Prescription Drug Benefits

EHIM offers a national pharmacy network, so you can receive your medications through any local retail pharmacy of your choosing. If your chosen pharmacy is out-of-network, contact the Pharmacy Help Desk to enroll it.

Preventive Care Drugs

With preventive care services under the Affordable Care Act, several therapeutic classes of medications must have therapies available for a \$0 copay.

Over-The-Counter Medications

If you currently take a prescription for acid reflux or allergy medication, talk to your physician about using an over-the-counter (OTC) treatment instead. You can receive certain OTC medications for \$0 copay using the **EHIM** OTC program. If your physician believes an OTC alternative is right for you:

- ▶ Ask your doctor to write a prescription for the OTC medication. (OTC must be written on the script.)
- ▶ Present that prescription to the pharmacist.
- ▶ Have the pharmacist bill the prescription to EHIM.
- ▶ Receive the OTC product for a \$0 copay!

EHIM Member Portal

The Member Portal, powered by **ProCare Rx** Member Portal, enables you to:

- ▶ Create and maintain your own secure log-in
- ▶ Access and/or restrict profile viewing by other family members
- ▶ Review your prescription claims history or individual prescriptions
- ▶ Look up a drug to identify formulary status and preferred alternatives
- ▶ Locate pharmacies

Register Today

If you are a new user, register your account at <https://ehim.procarerx.com> or call **800-311-3446** for assistance.

International Rx

Medications accessed using this program are shipped direct to your door from pre-screened pharmacies in Canada, The United Kingdom, Australia and New Zealand.



Smoking Cessation – Commit to Quit

How to Use the Smoking Cessation Program:

Step One

- ▶ Talk with your doctor to determine which anti-smoking treatment may be best for you

Step Two

- ▶ Obtain a prescription for either the over-the-counter (OTC) medication or the prescription strength medication.

Step Three

- ▶ Present that prescription to the pharmacist.

Step Four


- ▶ Pharmacist will bill the prescription to EHIM.

Step Five

- ▶ **You will receive the medication for a \$0.00 copay.**



Medical Benefit Summary

MEDICAL COVERAGE				
	TCG \$3,000 PPO		TCG \$750 PPO	
	UnitedHealthcare Choice Plus In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible ▶ Individual ▶ Family	\$3,000 \$6,000	\$6,000 \$12,000	\$750 \$1,500	\$1,500 \$3,000
Calendar Year Out-of-Pocket Maximum (Includes deductible) ▶ Individual ▶ Family ▶ Coinsurance	\$6,000 \$12,000 80%	\$12,000 \$24,000 60%	\$2,000 \$4,000 80%	\$5,250 \$10,500 60%
	You Pay		You Pay	
Preventive Care	\$0	40% ¹	\$0	40% ¹
Telemedicine – Call A Doc	\$0	Not covered	\$0	Not covered
Primary Care Physician	\$35 copay	\$50 copay	\$25 copay	\$35 copay
Specialist	\$50 copay	\$100 copay	\$40 copay	\$50 copay
Diagnostic Lab	\$0	40% ¹	\$0	40% ¹
X-ray	20% ^{1,2}	40% ^{1,2}	20% ^{1,2}	40% ^{1,2}
Complex Imaging CT/PET scan, MRI	20% ^{1,2}	40% ^{1,2}	20% ^{1,2}	40% ^{1,2}
Urgent Care	\$50 copay	\$100 copay	\$40 copay	\$75 copay
Emergency Room	\$200 copay + 20% ^{1,3}	\$200 copay + 40% ^{1,3}	\$200 copay + 20% ^{1,3}	\$200 copay + 40% ^{1,3}
Inpatient Hospital Services	20% ^{1,2}	40% ^{1,2}	20% ^{1,2}	40% ^{1,2}
Outpatient Services	20% ^{1,2}	40% ^{1,2}	20% ^{1,2}	40% ^{1,2}
Retail Pharmacy⁴ (up to a 30-day supply) ▶ Generic ▶ Preferred Brand Name ▶ Non-Preferred Brand Name ▶ Specialty Drugs	\$10 copay \$30 copay \$50 copay 20% not to exceed \$250	Not covered Not covered Not covered Not covered	\$10 copay \$30 copay \$50 copay 20% not to exceed \$250	Not covered Not covered Not covered Not covered
Mail Order Pharmacy⁴ (up to a 90-day supply) ▶ Generic ▶ Preferred Brand Name ▶ Non-Preferred Brand Name ▶ Specialty Drugs	\$25 copay \$75 copay \$125 copay 20% not to exceed \$625	Not covered Not covered Not covered Not covered	\$25 copay \$75 copay \$125 copay 20% not to exceed \$625	Not covered Not covered Not covered Not covered

¹After deductible

²Contact Patient Navigator for No Cost options at [423-824-2273](tel:423-824-2273)

³\$750 penalty if non-emergency

⁴TCG \$750 PPO – Individual: \$1,000; Family: \$2,000
TCG \$3,000 PPO – Individual: \$3,000; Family: \$6,000



\$0
ENTIRE
HOUSEHOLD



Telemedicine

Your medical coverage offers telemedicine services through **Call-A-Doc**. Connect anytime day or night with a board-certified doctor via your mobile device or computer for a at no cost to you.

When to Use Call-A-Doc

While telemedicine does not replace your primary care physician, it is a convenient and cost-effective option when you need care and:

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

Use telemedicine services for minor conditions such as:

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

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

Registration is Easy

Register with **Call-A-Doc** so you are ready to use this valuable service when and where you need it.



Visit www.247calladoc.com



Call **844-362-2447**



Trinity Care Patient Navigator

Health care is confusing and finding the right care for the best cost is not easy. That is why Moody Gardens offers **Trinity Care** as your personal health care advocate.

Your Trinity Care advocate will:

- ▶ Help you find providers for a variety of services at no cost to you.
- ▶ Navigate treatment options, coordinate care, and access necessary resources. You pay nothing for a scheduled service or procedure through Trinity Care.
- ▶ Explain benefits, claims, medical terms, billing, and more.
- ▶ Arrange second opinions

Members enrolled in one of our plans receive additional benefits through our concierge service, Trinity Care - Patient Navigator. You can receive a variety of services at no additional cost. These include:

- ▶ Free Surgeries¹ - You Can Even Get a \$1,000 Incentive
- ▶ Free Imaging² (X-rays, MRIs, ultrasounds, and more)
- ▶ Free Colonoscopies & Mammograms
- ▶ Free Physical Therapy
- ▶ Free Durable Medical Equipment
- ▶ Free Infusion Therapy
- ▶ Specialty Rx
- ▶ Maternity Program – Free Diapers & wipes For a Year as participation incentive

¹Call Patient Navigator to verify the surgery is covered under the program and your dedicated concierge representative will walk you through the process.

²For these services to be covered at 100%, you must contact Patient Navigator prior to any services being rendered and follow the appropriate process.



The TC Navigator App

Whether you're trying to understand your coverage, find care or manage expenses, the **TC Navigator** app is your all-in-one solution.

- ▶ TC Navigator breaks down your health coverage details and discovers cost-efficient, top-tier specialists in your area.
- ▶ Care Guides provide fast, free, and confidential text-based support for finding care, understanding benefits, and resolving billing matters.
- ▶ Scan the QR code above to download the app.

Contact Patient Navigator to Get Started



Email: free@tcnavigator.com



Call **423-TCG-CARE (423-824-2273)**



Dental Coverage

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

DPPO Plans

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

Find an In-Network Provider




Visit www.sunlife.com/us



Call **800-247-6875**


DENTAL COVERAGE

	Sun Life Dental PPO Network	
	Low Plan	High Plan
Calendar Year Maximum Benefit	\$1,000	\$2,000
Orthodontia Lifetime Maximum Benefit	\$1,000	\$2,000
	You Pay	
Calendar Year Deductible		
▶ Individual	\$50	\$50
▶ Family	\$150	\$150
Preventive Care Exams, cleanings, X-rays, fluoride treatments, sealants, space maintainers	0% deductible waived	0% deductible waived
Basic Restorative Fillings, extractions, periodontics, root canals, endodontics, oral surgery	20% after deductible	20% after deductible
Major Restorative Crowns, dentures, bridges, inlays and onlays	50% after deductible	50% after deductible
Orthodontia ▶ Adults and Children to age 26 ▶ Benefit	50% deductible waived	50% deductible waived

Payment for covered services received from an out-of-network dentist is based on the 90th percentile of Usual, Customary and Reasonable (UCR) charges.

Vision Coverage

Our vision plan offers quality care to help preserve your health and eyesight. Regular exams can detect certain medical issues, such as diabetes and high cholesterol, in addition to vision and eye problems. You may seek care from any vision provider, but the plan will pay the highest level of benefits when you see an in-network provider. Coverage is provided through **Sun Life** utilizing the **VSP Choice** Network.

VISION COVERAGE		
	VSP Provider	Non-Participating Provider
	You Pay	Reimbursement
Exam	\$10 copay	Up to \$45
Standard Lenses		
▶ Single Vision	\$10 copay	Up to \$30
▶ Lined Bifocal	\$10 copay	Up to \$50
▶ Trifocal	\$10 copay	Up to \$60
▶ Lenticular	\$10 copay	Up to \$100
Safety Lenses		
▶ Single Lined	\$10 copay	Up to \$35
▶ Bifocal Lined	\$10 copay	Up to \$45
▶ Trifocal	\$10 copay	Up to \$60
▶ Lenticular	\$10 copay	Up to \$90
Lens Enhancements		
▶ Standard progressive	\$0	Not covered
▶ Premium progressive	\$95-\$105 copay	Not covered
▶ Custom progressive	\$150-\$175 copay	Not covered
Frames	\$200 allowance + 20% off balance over allowance	Up to \$70
Safety Frames	\$130 allowance + 20% off balance over allowance	Up to \$70
Contact Lenses (in lieu of eyeglasses)		
▶ Fitting and Evaluation	\$60 + 15% off exam	Not covered
▶ Elective	\$200 allowance	Up to \$105
▶ Necessary	\$10 copay	Up to \$210
Benefit Frequency		
▶ Exam	Once every 12 months	
▶ Lenses	Once every 12 months	
▶ Frames	Once every 24 months	
▶ Contacts	Once every 12 months	

Find an In-Network Provider

 Visit www.sunlife.com/us

 Call **800-247-6875**



Additional Vision Benefits

VSP Diabetic Eyecare Plus Program

Members with diabetes receive a covered-in-full retinal screening (digital imaging of the inside of the eye). These retinal photographs help your doctor establish a baseline to monitor changes in your eyes over time.

If you have diabetic eye disease, glaucoma, or age-related macular degeneration, you can also receive:

- ▶ Additional services that track and monitor diabetic eye disease progression
- ▶ Follow-up medical eye exams deemed necessary by your **VSP** network doctor
- ▶ An additional eye exam with refraction for changes in vision due to diabetes medication(s)

Eyeconic

When you shop with **Eyeconic**, you can save up to \$220 on contacts, glasses, or sunglasses.

Choose from such popular frames as Calvin Klein, Cole Haan, and Nike, or ACUVUE, Biofinity, and Dailies if you prefer contact lenses. Eyeconic also offers free shipping and returns, a free frame adjustment or contact consultation, a Virtual Try-On tool, and much more. Visit www.eyeconic.com to get started.



Life and AD&D Insurance



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

Basic Life and AD&D

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

Voluntary Life and AD&D

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

VOLUNTARY LIFE AND AD&D AVAILABLE COVERAGE	
Employee	<ul style="list-style-type: none"> ▶ Option #1 1 times annual earnings, up to \$300,000 ▶ Option #2 2 times annual earnings, up to \$300,000 ▶ Option #3 3 times annual earnings, up to \$300,000 ▶ Guaranteed Issue \$200,000
Spouse	<ul style="list-style-type: none"> ▶ Increments of \$5,000 up to \$150,000 not to exceed 100% of your election ▶ Guaranteed Issue \$50,000
Child(ren)	<ul style="list-style-type: none"> ▶ Increments of \$2,500 up to \$10,000 ▶ Birth to 6 months – \$100 ▶ Birth to age 26 – \$10,000 not to exceed 50% of employee election ▶ Guaranteed Issue \$10,000

Designating a Beneficiary

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

MONTHLY VOLUNTARY LIFE AND AD&D EMPLOYEE AND SPOUSE COVERAGE RATES PER \$1,000			
Age Band	Rate	Age Band	Rate
<30	\$0.087	50-54	\$0.474
30-34	\$0.105	55-59	\$0.807
35-39	\$0.132	60-64	\$1.167
40-44	\$0.186	65-69	\$1.878
45-49	\$0.285	70+	\$2.814



Disability Insurance



Disability insurance provides partial income protection if you are unable to work due to a covered accident or illness. We offer Short Term Disability (STD) and Long Term Disability (LTD) insurance for **you to purchase** through **Sun Life**.

Short Term Disability

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

SHORT TERM DISABILITY	
Benefits Begin	8th day
Percentage of Earnings You Receive	60%
Maximum Weekly Benefit	\$1,000
Maximum Benefit Period	12 weeks
Pre-existing Condition Exclusion	12/12*

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

MONTHLY RATE PER \$10 OF WEEKLY BENEFIT	
Age Band	Rate
<25	\$0.437
25-29	\$0.437
30-34	\$0.440
35-39	\$0.440
40-44	\$0.440
45-49	\$0.440
50-54	\$0.458
55-59	\$0.458
60-64	\$0.458
65-69	\$0.458
70 and over	\$0.490

Long Term Disability

LTD insurance pays a percentage of your monthly salary for a covered disability or injury that prevents you from working for more than 90 days. Benefits begin at the end of an elimination period and continue while you are disabled up to the maximum benefit period.

LONG TERM DISABILITY	
Benefits Begin	91st day
Percentage of Earnings You Receive	60%
Maximum Monthly Benefit	\$10,000
Maximum Benefit Period	SSNRA
Pre-existing Condition Exclusion	3/12*

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

MONTHLY RATE PER \$100 OF WEEKLY BENEFIT	
Age Band	Rate
<25	\$0.240
25-29	\$0.270
30-34	\$0.430
35-39	\$0.640
40-44	\$0.950
45-49	\$1.100
50-54	\$1.350
55-59	\$1.450
60-64	\$1.950
65-69	\$1.800
70 and over	\$0.800



Sun Life Resources



TruHearing Hearing Aids

TruHearing makes hearing aids affordable by providing exclusive savings to all **VSP Vision Care** members. You can save up to 60% on a pair of hearing aids with TruHearing, and your dependents and even extended family members are eligible too.

In addition to great pricing, TruHearing provides you with:

- ▶ One year of follow-up visits for fittings, adjustments, and cleanings
- ▶ 60-day trial
- ▶ Three-year manufacturer warranty for repairs and one-time loss and damage replacement
- ▶ 80 free batteries per hearing aid for non-rechargeable models

Learn at www.truhearing.com/vsp or call **877-396-7194**.

Self Care+

Offers employees and their families (age 13+) 24/7 access to digital tools such as mindfulness activities, guided journals, blogs, and meditations to help them build resilience and improve their mental health. Learn more at <https://www.ableto.com>.

Emergency Travel Assistance and ID Theft: Emergency Travel Assistance

This service provides medical, dental, and personal emergency assistance for employees and dependents traveling 100+ miles from home. **Identity Theft Protection** offers prevention and resolution tools to safeguard data and restore its integrity if it is used fraudulently. Learn more at www.assistamerica.com.

Online Will Preparation and Claimant Support Services

Online Will Preparation provides step-by-step guidance online to create a legally binding will. Claimant Support Services connect claimants and beneficiaries to professional grief, financial, and legal counseling. Visit www.compsych.com to learn more.



Employee Assistance Program

The Employee Assistance Program (EAP) from **GuidanceResources** helps you and family members cope with a variety of personal and work-related issues. This program provides confidential counseling and support services at no cost to you to help with:

- ▶ **Confidential Counseling** – Speak with a highly trained master's and doctoral level clinicians to help you address stress, relationship and other personal issues which you and your family may face and refer you to in-person counseling and other local resources
- ▶ **Financial Information and Resources** – Speak by phone with a Certified Public Accounts or Certified Financial Planner on a wide range of financial issues.
- ▶ **Legal Support and Resources** – Talk with an attorney by phone. If you require representation, you will be referred to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in the customary legal fees.
- ▶ **Work-Life Solutions** – The Work-Life specialists will do the research for you, providing qualified referrals and customized resources for child and elder care, moving and relocation, major purchases, college planning, pet care, home repairs and more
- ▶ **GuidanceResources Online** – This is your one stop for expert information on the issues that matter to you most.
- ▶ **Free Online Will Preparation** – To access your free, customized online will, go to [guidanceresources.com](https://www.guidanceresources.com) and click on **EstateGuidance**. Simply complete the easy-to-understand will questionnaire. Then print and review your will.
- ▶ **Help for New Parents** – **ParentGuidance** supports you through the process of becoming a biological or adoptive parent, and helps you balance the demands of work and parenthood.

Contact the EAP for support at any hour of the day or night



Visit www.guidanceresources.com



Call **877-697-5281**



Your Monthly Contributions

MEDICAL			
	TCG \$3,000 PPO	TCG \$750 PPO	
Employee Only	\$0.00	\$120	\$
Employee + Spouse	\$990.00	\$1,190.00	
Employee + Child(ren)	\$710.00	\$910.00	
Employee + Family	\$1,585.00	\$1,885.00	
DENTAL	LOW PLAN	HIGH PLAN	
Employee Only	\$25.83	\$33.62	\$
Employee + Spouse	\$50.70	\$66.01	
Employee + Child(ren)	\$62.97	\$81.67	
Employee + Family	\$87.86	\$114.09	
VISION			
Employee Only	\$5.35		\$
Employee + Spouse	\$9.97		
Employee + Child(ren)	\$10.60		
Employee + Family	\$15.90		
OTHER BENEFITS			
Basic Life and AD&D	Paid by Moody Gardens		\$0
Voluntary Life and AD&D	See Page 11 for rates		\$
Short Term Disability	See Page 12 for rates		\$
Long Term Disability	See Page 12 for rates		\$
Your Total 2025 Monthly Cost			\$

Glossary of Terms

- ▶ **Beneficiary** – Who will receive a benefit in the event of the insured's death. A policy may have more than one beneficiary.
- ▶ **Coinsurance** – Your share of the cost of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service, typically after you meet your deductible.
- ▶ **Copay** – The fixed amount you pay for health care services received.
- ▶ **Deductible** – The amount you owe for health care services before your health insurance begins to pay its portion. For example, if your deductible is \$1,000, your plan does not pay anything until you meet your \$1,000 deductible for covered health care services. The deductible may not apply to all services, including preventive care.
- ▶ **Employee Contribution** – The amount you pay for your insurance coverage.
- ▶ **Employer Contribution** – The amount Moody Gardens Inc. contributes to the cost of your benefits.
- ▶ **Explanation of Benefits (EOB)** – A statement sent by your insurance carrier that explains which procedures and services were provided, how much they cost, what portion of the claim was paid by the plan, what portion of the claim is your responsibility, and information on how you can appeal the insurer's decision. These statements are also posted on the carrier's website for your review.
- ▶ **Flexible Spending Account (FSA)** – An option that allows participants to set aside pretax dollars to pay for certain qualified expenses over a specific time (usually a 12-month period).
- ▶ **Health Savings Account (HSA)** – A personal savings account that allows you to pay for qualified medical expenses with pretax dollars.
- ▶ **High Deductible Health Plan (HDHP)** – A medical plan with a higher deductible in exchange for a lower monthly premium. You must meet the annual deductible before any benefits are paid by the plan.
- ▶ **In-Network** – Doctors, hospitals, and other providers that contract with your insurance company to provide health care services at discounted rates.
- ▶ **Out-of-Network** – Doctors, hospitals, and other providers that are not contracted with your insurance company. If you choose an out-of-network provider, you may be responsible for costs over the amount allowed by your insurance carrier.
- ▶ **Out-of-Pocket Maximum** – Also known as an out-of-pocket limit. The most you pay during a policy period (usually a 12-month period) before your health insurance or plan begins to pay 100% of the allowed amount. The limit does not include your premium, charges beyond the Reasonable & Customary (R&C), or health care your plan does not cover. Check with your health insurance carrier to confirm what payments apply to the out-of-pocket maximum.
- ▶ **Over-the-Counter (OTC) Medications** – Medications typically made available without a prescription.
- ▶ **Prescription Medications** – Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: Generic, Formulary Brand Name, or Non-Formulary Brand Name.
 - **Formulary Brand Name Drugs** – Brand name drugs on your provider's list of approved drugs. You can check online with your provider to see this list.
 - **Generic Drugs** – Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding brand name versions. The color or flavor of a generic medicine may be different, but the active ingredient is the same. Generic drugs are usually the most cost-effective version of any medication.
 - **Non-Formulary Brand Name Drugs** – Brand name drugs not on your provider's list of approved drugs. These drugs are typically newer and have higher copayments.
- ▶ **Preventive Care** – The care you receive to prevent illness or disease. It also includes counseling to prevent health problems.
- ▶ **Reasonable and Customary Allowance – (R&C)** – Also known as an eligible expense or the Usual and Customary (U&C). The amount your insurance company will pay for a medical service in a geographic region based on what providers in the area usually charge for the same or similar medical service.
- ▶ **SSNRA** – Social Security Normal Retirement Age

Important Notices

Women's Health and Cancer Rights Act of 1998

In October 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. This notice explains some important provisions of the Act. Please review this information carefully.

As specified in the Women's Health and Cancer Rights Act, a plan participant or beneficiary who elects breast reconstruction in connection with a mastectomy is also entitled to the following benefits:

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

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

Special Enrollment Rights

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

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

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

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

Marriage, Birth, or Adoption

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

For More Information or Assistance

To request special enrollment or obtain more information, contact:

Moody Gardens Inc.
Human Resources/Kathleen Durham
1 Hope Blvd.
Galveston, TX 77554
409-683-4277

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 Moody Gardens Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to enroll in a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage through a Medicare Prescription Drug Plan or a Medicare Advantage Plan that offers prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

Important Notices

2. Moody Gardens Inc. has determined that the prescription drug coverage offered by the Moody Gardens Inc. medical plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is considered Creditable Coverage.

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

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

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

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

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

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

Contact the Human Resources Department at **409-683-4277**.

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

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

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

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

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

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

January 1, 2025
Moody Gardens Inc.
Human Resources/Kathleen Durham
1 Hope Blvd.
Galveston, TX 77554
409-683-4277

Important Notices

Notice of HIPAA Privacy Practices

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

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

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

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

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

Moody Gardens Inc.
Human Resources/Kathleen Durham
1 Hope Blvd.
Galveston, TX 77554
409-683-4277

Conclusion

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

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

Important Notices

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2024. Contact your State for more information on eligibility.

Texas – Medicaid

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

To see if any other States have added a premium assistance program since **July 31, 2024**, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 61565

Continuation of Coverage Rights Under COBRA

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

Plan Contact Information

Moody Gardens Inc.
Human Resources/Kathleen Durham
1 Hope Blvd.
Galveston, TX 77554
409-683-4277

Continuation of Coverage Rights Under COBRA

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

Plan Contact Information

Moody Gardens Inc.
Human Resources/Kathleen Durham
1 Hope Blvd.
Galveston, TX 77554
409-683-4277

Your Rights and Protections Against Surprise Medical Bills

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

What is “balance billing” (sometimes called “surprise billing”)?

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

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

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

Important Notices

You are protected from balance billing for:

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

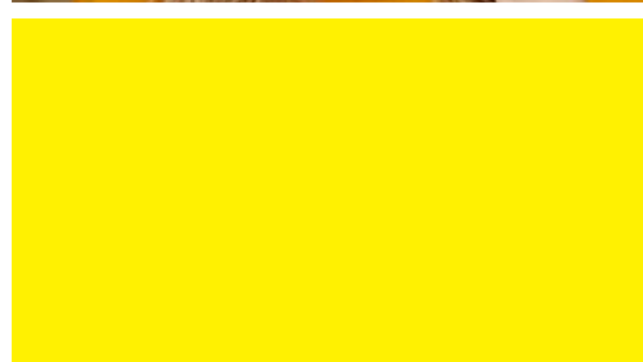
If you get other services at these in-network facilities, out-of-network providers cannot balance bill you, unless you give written consent and give up your protections.

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

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

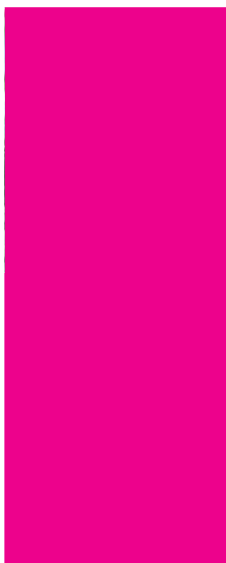
- ▶ You are only responsible for paying your share of the cost (such as the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- ▶ Your health plan generally must:
 - ♦ Cover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

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





Just for **YOU!**



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

