

2013

EMPLOYEE BENEFITS

Guide



Michelle Quiej
RN, Cardiac ICU
Texas Health Harris
Methodist Hospital
Fort Worth

TICKET TO HEALTH ★

**BE AWARE,
BE PROACTIVE,
BE INSPIRED,
BE HEALTHY.**

FOCUS ON HEALTH - WELLNESS - PREVENTION



Texas Health
Resources®

Healing Hands. Caring Hearts.™

Darren Tate, MD
Physician
THPG



Your Ticket to Health:

Commit to the Wellness Journey

The metaphor for our journey toward national recognition for excellence and innovation is climbing Transformation Mountain.

Last year, you completed a Ticket2Climb statement to help connect the dots between the work you do and advancing Texas Health's mission to improve the health of the people in the communities we serve.

We are members of those communities, so improving our own health is part of our mission too. In fact, we should be leading the way by providing healthy examples for our patients.

For some of us, healthy living is an uphill battle. We struggle to maintain a healthy weight, eat healthy foods, exercise regularly, manage stress and get regular checkups.

Building and maintaining a healthy lifestyle requires some of the same skills and strategies that mountain climbing does: setting incremental goals, finding the right tools, gathering a supportive team, establishing an effective routine, overcoming obstacles, and maintaining momentum.

Texas Health provides tools and programs to help you reach your highest health goals through our wellness program, *Be Healthy*.

Your commitment to taking advantage of the resources Texas Health provides is your Ticket to Health.



2013 Benefits Guide photos were taken at Rockledge Park, Grapevine, TX.

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LEADING THE WAY TO A HEALTHIER LIFE

Texas Health is taking innovative steps to inspire change in the way people think about their own health. One of the keys to meeting this challenge is to shift the focus from caring for people when they are ill to implementing behavior interventions to improve health and outcomes over the long term.

The community looks to us, as employees of Texas Health, for guidance and inspiration in adopting a healthier lifestyle. When you make healthy choices, the positive effects spread to others too.

Use this guide to help you make the most of the health and wellness tools Texas Health provides. Then go to www.MyTHR.org to enroll for your 2013 benefits.



This workplace has been recognized by the American Heart Association for meeting criteria for employee wellness.

Be Healthy

Be Healthy is our wellness program. It is designed to educate and reward you for taking steps to live a healthier life. Through *Be Healthy*, you'll learn about making lifestyle changes to reduce your health risks and improve your wellbeing.

Activities	Page
Be Aware	
Helps you find out about your health status and learn how to improve your health and reduce risks of serious illness.	
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Helps you get the support you need to take charge of your wellbeing.	
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HOW TO SELECT YOUR REWARD

After you complete the requirements for a reward, you will receive an email (provided your email address is included in your profile on the wellness website) confirming that a deposit has been made to your reward account. For your reward, you can choose gift cards from more than 100 national retailers, restaurants, entertainment and travel providers or choose a Visa gift card.

The reward of your choice will be mailed to your home address. Please note that after you earn a reward, it may take *Be Healthy* 6 - 8 weeks to process it.

The IRS considers rewards a part of your pay. The tax for your rewards will be shown on your paycheck as tax on additional pay. On average, the tax on a \$25 reward will be around \$5. You will be taxed for rewards you receive for your spouse too.

YOUR PRIVACY IS PROTECTED

It is important for you to know that Texas Health uses independent companies to operate the wellness programs and provide health coaching. They provide only summary reports to Texas Health, not individual employee's personal health information. Texas Health uses the summary data to make decisions about what benefit programs we will offer to employees.

Health Assessment

Taking the Health Assessment each year gives you a record of your progress on your health journey. Many of the questions it asks are things you can easily answer like your physical activity level, stress level, eating and smoking habits, alcohol and tobacco use, and seat belt use.

To make the most of your online health assessment, write down your current weight, blood pressure and cholesterol and have the information handy when you complete the assessment.

When you finish entering your information, you'll receive results in a report that gives you information about what you're doing well, how you can improve, and what goals might be appropriate for you.

TIMING IS IMPORTANT

By completing your Health Assessment on time, you can earn a \$75 reward. If you are covering your spouse under the Total Health Medical Plan, and your spouse completes the Health Assessment on time, you can receive an additional \$25.

- **Active employees:** Complete your Health Assessment during Open Enrollment, Nov. 1 - 15, 2012.
- **New employees:** Complete your Health Assessment within 14 calendar days of your hire date.
- **Newly eligible employees:** If you were previously not eligible for benefits and are now eligible (for example, if you were a PRN and are now a benefits-eligible employee) complete your Health Assessment within 31 calendar days of becoming eligible.
- **Spouses enrolled in our medical plan in 2012:** Complete your Health Assessment during Open Enrollment, Nov. 1 - 15, 2012.
- **Spouses who were not enrolled in our medical plan in 2012:** Complete your Health Assessment during Open Enrollment in November 2013.

HOW TO ACCESS

To complete the Health Assessment, employees go to www.MyTHR.org and select the *Be Healthy* link in the upper left corner. Spouses go to www.BeHealthyTHR.org. Make sure your pop-up blocker is turned off before you begin.

COMPLETE YOUR PROFILE

When you log on to the wellness website for the first time, you will be prompted to complete a profile. The email address you provide is used to send you the notification that your award has been deposited to your reward account.

Your spouse must log on and complete a profile to earn rewards too. Spouses enrolled in the 2013 Total Health Medical Plan will not earn a reward until open enrollment in November 2013.



Paul Palermo
Nursing Supervisor
THFW



You will receive a \$75 reward for completing the online Health Assessment by the deadline. If your spouse is covered by the Total Health Medical Plan and completes the Health Assessment on time, you will receive an additional \$25.

Preventive/Wellness Exam

Seeing a doctor every year for a routine wellness exam is one of the best things you can do to maintain good health. Speaking face-to-face allows your doctor to help you understand and manage your health risks.

Also, your doctor may be able to identify your risk for future medical problems, screen for diseases, encourage a healthy lifestyle, and update your vaccinations. Plus, it is important to have a relationship with a doctor in the event of an illness in the future.

If those weren't good enough reasons to get a wellness exam, employees enrolled in the Total Health Medical Plan receive a \$100 reward from *Be Healthy*. If your spouse is also covered by the Total Health Medical Plan in 2013 and gets a preventive/wellness exam, you will receive an additional \$25. Your spouse must complete a profile on the *Be Healthy* site to earn rewards.

HOW TO PARTICIPATE

Schedule your annual wellness exam with a doctor who is part of the UHC Choice or Choice Plus network. Your exam may be performed by your primary care physician or women can get a well-woman exam with their gynecologist.

Based on the results of your preventive/wellness exam, your doctor may recommend that you participate in one of the wellness programs.

After your exam, your doctor will file your claim. Once it is processed, you will receive a reward notification. If you had lab tests done at the same time as your preventive/wellness exam, they are billed separately and your rewards may arrive at separate times. See p. 7 for details on getting your lab tests done at your doctor's office.

It is important that your doctor's office codes your visit as a "wellness exam" and not a routine office visit so you will be able to receive this reward.

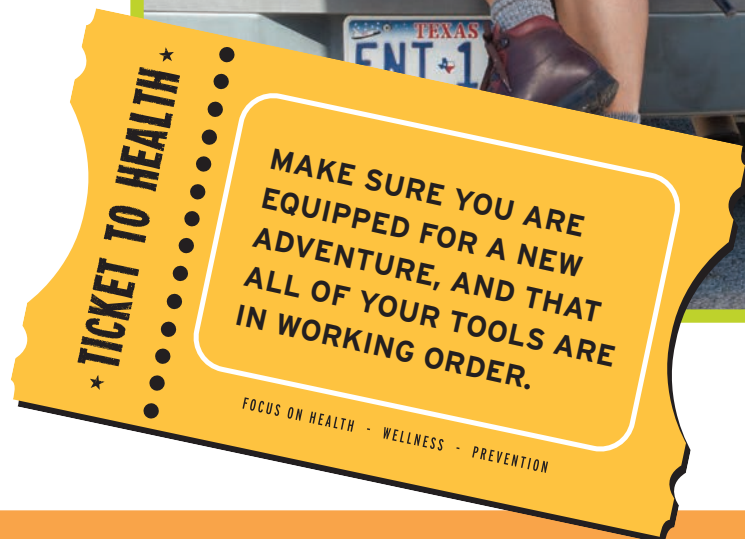
If you are enrolled in the Total Health Medical Plan, *Be Healthy* gives you a \$100 reward for getting a preventive/wellness exam anytime during 2013.

If your spouse is also covered by our medical plan and gets a preventive/wellness exam in 2013, you receive an additional \$25.



Melanie Wright
Lab Manager
THK

Kim Le
Medical Lab Scientist
THFW



Be Healthy Basics

Be Healthy Basics are measures of your physical condition — like having lab tests or getting your blood pressure taken — that provide clues about your health. Your *Be Healthy Basics* tell you and your doctor about your current health and identify health risks. You need to understand what your *Be Healthy Basics* results mean and take action to ensure they are all within healthy ranges.

You may get your *Be Healthy Basics* at your entity's health fair or your physician may order the lab panel anytime during 2013.

TWO WAYS TO EARN THIS REWARD

1. If at least two of the following *Be Healthy Basics* are within the healthy range, you earn the \$50 reward:
 - Your total cholesterol is less than 200 mg/dl
 - Your blood pressure is 130/80 or lower
 - Your body mass index (BMI) is 25 or lower.
2. If you do not have at least two *Be Healthy Basics* that fall within these ranges, you can still qualify for the \$50 reward by completing one of the following prior to December 31, 2013:
 - Weight Watchers (see page 9 for details)
 - Health Coaching by phone (see page 10 for details).

GETTING YOUR BASICS AT A HEALTH FAIR

Each entity that has at least 100 employees holds an annual Health Fair to give employees an opportunity to increase their awareness of their health risks. If you attend your entity's on-site health fair, your *Be Healthy Basics* will include your blood pressure, blood glucose, cholesterol/lipids, body mass index (BMI), and body fat percentage.

GETTING YOUR BASICS AT YOUR DOCTOR'S OFFICE

If you prefer to get your *Be Healthy Basics* at your doctor's office instead of at the health fair, you can still receive credit for your *Be Healthy Basics*. (If your physician orders the lab panel, remember to use a UHC Choice or Choice Plus network lab.)

Here's what you need to do:

- Call 1-866-235-8740 and request a Health Provider Screening form to take to your doctor's office. You can call Monday – Friday between 8:00 a.m. and 10:00 p.m. Central time.
- A representative will email it to you within one business day. If you do not have an email address, customer service will mail your form and you should receive it within 10 business days.
- After your doctor completes the form, fax it to 1-877-457-2612. The forms are processed daily.

BE IN THE GREEN WITH YOUR BE HEALTHY BASICS

This table shows the ranges for the *Be Healthy Basics*. Ideally, all of your *Be Healthy Basics* results will be in the green range.

Body Mass Index	18.5 - 25	26 - 29	30 or higher
Blood Pressure	Under 130/80	130 - 139/ 80 - 89	140 or higher/ 90 or higher
Total Cholesterol	Under 200	200 - 239	240 or higher
Triglycerides	Under 100	100 - 149	150 or higher
HDL	60 or higher	41 - 59	40 or lower
LDL	Under 100	100 - 159	160 or higher
Glucose (measured before eating)	Under 100	100 - 125	126 or higher
Tobacco	Non-user	Tobacco User	

	Healthy
	Unhealthy
	Dangerous

You will receive a \$50 reward if at least two of your *Be Healthy Basics* are within the healthy range.

Otherwise, you may qualify for the reward by completing Weight Watchers or Health Coaching.



TICKET TO HEALTH

STAY IN SHAPE AND YOU'LL ALWAYS BE ABLE TO PULL YOUR OWN WEIGHT.

FOCUS ON HEALTH - WELLNESS - PREVENTION

Alyssa Taylor
Speech Pathologist
THAM

Fitness Memberships

Benefits-eligible employees receive discounts at the Texas Health hospitals on-site fitness centers, located at Arlington Memorial, Dallas, Fort Worth, Denton, HEB, Cleburne and Burleson. Employees also have access to thousands of fitness centers nationwide — from respected national chains to small independent facilities — at below-retail rates through www.globalfit.com/thrtotalhealth or by calling 1-800-294-1500.

As a benefits-eligible employee, you can join the Cooper Aerobics Center at Craig Ranch for \$50 per month (a \$20 discount). You pay an additional cost for family members.

To find out more about these programs, visit MyTexasHealth. Go to the People & Culture heading, then select *Be Healthy*.

Shape Up Texas Health

Shape Up Texas Health is a website you can join to participate in physical activity and nutrition challenges. It tells you about group challenges with coworkers – and it’s available throughout the year to enable you to interact with coworkers to support each other’s efforts to be more active.

When you sign up for Shape Up Texas Health, you will receive a welcome kit including an exercise log book, a wristband, and a pedometer. If you lose or break your pedometer, you can request a replacement anytime.

Participating in challenges is fun and easy. Join a team of five to 11 of your coworkers. Each week of the competition, log your results by phone or online. You will earn a prize for completing

each challenge. For more information, all employees can go to www.shapeuptexashealth.org.

Be Healthy Breaks

After work isn’t the only time you need to engage in physical activity. *Be Healthy* Breaks are short 5-10 minute videos designed specifically for Texas Health employees at work. You can do them at your desk, during a break from a long meeting or even at a nurse’s station. To find them on MyTexasHealth, search for “Be Healthy Breaks.”

Try this video...	When you...
Cardio Stress Relief	Need to relieve stress with physical activity
Cardio Standing	Want to increase your heart rate while standing
Cardio Sitting	Want to increase your heart rate while sitting
Conference Room	Have a break during a long meeting
Core Strength	Need to counteract the negative effects of sitting at a desk all day
Nurses Station	Stand for long periods of time
Office Fitness	Work at a computer for a long period of time
Flexibility: Floor	Need to relieve stress and have room to lie on the floor
Flexibility: Seated	Need to relieve stress while sitting
Relaxation & Yoga	Need to relax

Weight Watchers®

Texas Health employees who participated in Weight Watchers lost a total of 23,241 pounds in 2011! We have heard many stories from employees losing weight with Weight Watchers At Work meetings. They're convenient and you have nothing to lose but the pounds!

Texas Health makes it easy for you to join Weight Watchers. Here are your options.

- **Weight Watchers At Work meetings:** A Weight Watchers leader comes to your workplace to provide experienced guidance at weekly meetings. You benefit from the proven advantage of group support from your coworkers while you attend meetings that fit your busy schedule.
- **Weight Watchers community meeting monthly pass:** If you are not able to attend a meeting at work, your monthly pass offers the flexibility of attending Weight Watchers meetings in your community.
- **Weight Watchers online subscription:** Weight Watchers online is available for employees who are not able to participate in Weight Watchers At Work or Weight Watchers community meetings.

ELIGIBILITY

All benefits-eligible employees are eligible for Weight Watchers At Work, the community meeting program, and Weight Watchers Online. Your membership is non-transferable.

PARTICIPATION REQUIREMENTS AND COST

Texas Health will pay for your participation in Weight Watchers, as follows.

- **Weight Watchers At Work:** Texas Health pays 100% of the membership fees if you attend at least 10 out of 13 meetings in a series. If you do not attend at least 10 meetings in a series, you will be required to pay the entire membership fee through payroll deduction.
- **Weight Watchers community meeting monthly pass:** Texas Health will pay 50% of the fees if you attend least 10 out of 13 meetings in a series.
- **Weight Watchers Online:** Texas Health will contribute 50% for a Weight Watchers 3-month online membership.

HOW TO PARTICIPATE

Find out how to enroll for Weight Watchers by going to [MyTexasHealth](#). Select the People & Culture heading and then select *Be Healthy*.

ALTERNATIVE TO BE HEALTHY BASICS

You may attend Weight Watchers as an alternative to *Be Healthy Basics*. To receive credit, you must enroll and attend at least 10 out of 13 meetings in a series before December 31, 2013. To satisfy this *Be Healthy Basics* alternative, your participation will be automatically reported.

TAKE ADVANTAGE OF ETOOLS

Whether you enroll in Weight Watchers meetings at work or in your community, you have access to eTools. eTools are an informative and engaging Internet companion to meetings. These eTools enable you to plan menus, find recipes, track your progress, and learn about exercises.

Weight Watchers mobile is included with eTools, so you can access your plan information wherever you go.

LaTonya Endsley-Harris
Lab Assistant
THAM

Jeanette Prasifka
Medical Librarian
THD



TICKET TO HEALTH

USE THE BUDDY SYSTEM
TO STAY ON TRACK.
HOLD EACH OTHER
ACCOUNTABLE AND
CHEER EACH OTHER ON.

FOCUS ON HEALTH - WELLNESS - PREVENTION

Health Coaches

Based on your Health Assessment or *Be Healthy* Basics results, you may be eligible to participate in a personalized Health Coaching program. Health coaches are available to assist you with programs for exercise, nutrition, stress, heart health, diabetes, smoking, and weight loss.

Your personal Health Coach will provide one-on-one coaching and many other resources to help you lead a healthier life. Health Coaches help you develop a personal wellness strategy. You evaluate your current lifestyle, identify opportunities for improvement, and get support in making changes.

HOW TO ACCESS A HEALTH COACH

When your health coach first contacts you, you can decide how often you want to receive coaching: weekly, monthly, or every few months. The decision is completely yours.

- Take the calls from Optum Health.
- Log on to www.MyTHR.org. Click the “*Be Healthy*” link. Then, click “I DO,” to access to the online programs.

ALTERNATIVE TO *BE HEALTHY* BASICS

You can take advantage of health coaching as an alternative to *Be Healthy* Basics. To receive credit, you must complete a telephone health coaching program by December 31, 2013. You will not receive credit for an online health coach. To satisfy this *Be Healthy* Basics alternative, your participation will be automatically reported. All health coaching programs except tobacco cessation count toward the *Be Healthy* Basics reward.



Lisa Norris, Admissions Specialist, THS
Dr. Noushin Firouzbakht, MD,
Physician, THPG
Clara Mainoo, RN, THHEB
Toni Stegemoller
Clinical Documentation Specialist, THC

Maternity Support Program

With the Maternity Support Program, you can take advantage of free information on diet choices, risk factors, and exercise programs to make sure you are as healthy as possible during your pregnancy.

ACCESS TO YOUR OWN MATERNITY NURSE

Your nurse will keep in touch with you throughout your pregnancy to help you be sure you are receiving an appropriate amount of maternity care. Your nurse can answer your questions about many topics, including pre-conception health, pregnancy, high risk births and taking care of your newborn.

RECEIVE A \$100 REWARD

The Maternity Support Program is administered by UnitedHealthcare and is available to eligible Total Health Medical Plan members, including spouses.

Enroll in the Maternity Support Program by your 16th week and actively participate through the 12th week after your baby is born to earn a \$100 reward.

Active participation means taking calls from the Maternity Support Program and EAP, as well as completing three questionnaires, including the postpartum assessment within 12 weeks after your baby is born.

HOW TO JOIN

To enroll in the Maternity Support Program, call 1-877-MyTHRLink (1-877-698-4754) and select prompt 2. You can call Monday through Friday, 8 a.m. - 5 p.m. Log on to www.myuhc.com for more details.



Cancer Screenings

It is important to get regular cancer screening exams because some types of cancer don't have obvious symptoms in the early stages.

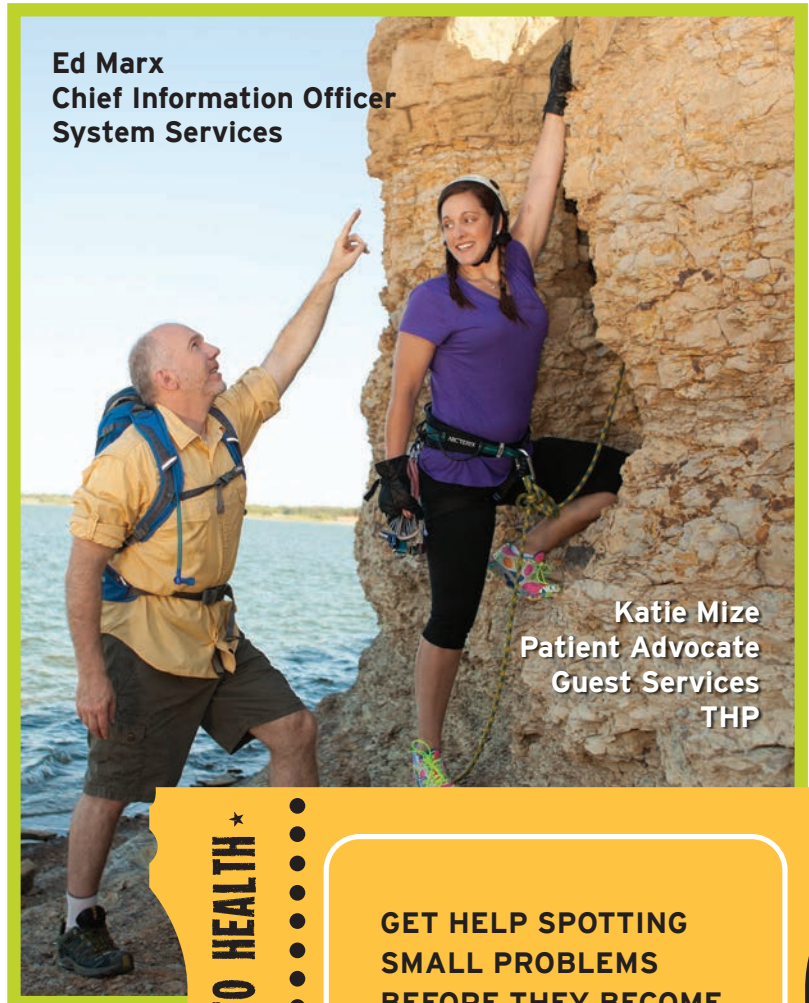
If you are enrolled in the Total Health Medical Plan, you receive a \$25 reward for each cancer screening exam you have within the guidelines shown in the table below.

For people who do not have any specific symptoms and who are not in any high-risk group for a certain type of cancer, the table on this page lists the recommended cancer screenings offered by the Total Health Medical Plan.

People who are at increased risk for certain types of cancer may need to be screened earlier or more often.

Screening exams can help doctors find and treat some types of cancer early – when they are often more easily treated.

Fact: 70% of women over age 40 covered by the Total Health Medical Plan get their free annual mammogram.



Ed Marx
Chief Information Officer
System Services

Katie Mize
Patient Advocate
Guest Services
THP

TICKET TO HEALTH

GET HELP SPOTTING
SMALL PROBLEMS
BEFORE THEY BECOME
LARGER ONES.

FOCUS ON HEALTH - WELLNESS - PREVENTION

Type of Cancer and Screening Exam	Recommended First Exam	Recommended Follow-up Exams	You Pay Under the Total Health Medical Plan	Reward Amount ¹
Colorectal Cancer – Colonoscopy	Men and women starting at age 50	Every 10 years	Covered at 100% one time per year ²	\$25
Breast Cancer – Mammogram	Women starting at age 40	Every year	Covered at 100% one time per year ²	\$25
Prostate Cancer – Prostate Exam or PSA Test	Men starting at age 50	Every year	Covered at 100% one time per year ²	\$25

¹ You may earn only one reward each year for each type of cancer screening.

² One well exam per year is covered in full if the claims administrator determines the physical is for preventive care. Additional screenings or services will be considered diagnostic services and will be covered after you pay the applicable copay or deductible and coinsurance. At the time of your preventive care visit, if other services are performed that are not preventive services, as determined by the claims administrator, they will not be paid at 100% even if they are submitted as part of a claim for preventive care. Some items that were previously covered as preventive care are no longer covered as preventive care and now require you to pay the appropriate copay or coinsurance, including electrocardiograms (EKGs), focused office visits, thyroid scans, breast MRI, vitamin D assays, and transvaginal ultrasounds.

Demetris McDowell
Admissions Specialist
THSW

Marjeta Daja
Diversity Consultant
System Services



Employee Assistance Program

Your Employee Assistance Program (EAP) is here to help you manage life's challenges. Services, paid for by Texas Health and provided by MHN, are available to you and eligible members of your household.

CLINICAL SUPPORT

Your EAP provides assessment, assistance, and when necessary, referral to additional services. It offers unlimited telephonic or web video consultations, and six face-to-face consultations per issue, per year. Services are available 24/7 to help you with:

- Marriage, relationship, and family problems
- Problems in the workplace
- Domestic violence
- Alcohol and drug dependency
- Stress, anxiety and sadness
- Changes in mood
- Grief and loss.

WORK & LIFE SERVICES

Your EAP also features services to help you make the best of life's chores and challenges. Online and telephonic guidance or referrals are available to help with childcare and eldercare, financial services, legal services, identity theft, daily living services and more.

MHN's website has tools to help you take charge of your wellbeing. You can ask our expert an emotional health question, make a change with self-help programs, take advantage of interactive e-learning programs, and find articles and videos on emotional health, physical health and making healthy choices. Beginning Jan. 1, 2013, visit members.mhn.com and enter the company code "thr" to access the site.

MORE INFORMATION

Services are provided free of charge and are completely confidential. For more information about the EAP or to speak with a counselor, call 1-877-MyTHRLink (1-877-698-4754) and select option 4 and select 4 again.

To speak with an EAP counselor, call 1-877-MyTHRLink (1-877-698-4754) and select option 4, prompt 4.

Tobacco Cessation Program

For people who want to stop smoking, here's a breath of fresh air. Texas Health offers a program to help you meet your goal. Wanting to quit is the first step. But going from "wanting" to "trying" to "quitting" takes hard work.

You can get a great start by participating in the Alere® Quit for Life™ tobacco cessation program. Texas Health pays the full cost of this program, so there's no cost to you or your family.

The program includes the following:

- Access to individual phone-based counseling with a Quit Coach
- Medications like the nicotine patch, gum, or Bupropion – free for up to an 8-week supply
- Personalized Quit Guides to provide helpful tips and information to help you stay on track between calls with your Quit Coach
- Web Coach™ – an interactive website to help you between calls.

The prescription medication Chantix™ is covered for participants enrolled in Alere Tobacco Cessation program if recommended by their Quit Coach.

Texas Health pays the full cost of the Tobacco Cessation program, so there's no cost to you or your family.

To participate, call 1-877-MyTHRLink (1-877-698-4754) and choose option 4, then 2, or go online to www.MyTHR.org and click on the Alere link.

Medical Nutrition Therapy

Members of the Total Health Medical Plan with a BMI greater than 28 are eligible for an initial assessment and up to three 30-minute Medical Nutrition Therapy sessions per year at no cost to you. To be covered, you need a physician referral and the therapy must be provided by a Texas Health clinical dietitian.

A registered dietitian will customize a healthy eating plan that meets your specific health and wellness needs. You can make an appointment for:

- A personalized lifestyle assessment
- Personalized meal planning
- Behavior modification counseling to work on your personal challenges such as emotional eating, skipping meals, portion management, and listening to hunger/fullness cues.

Diabetes Management

Texas Health provides you with a diabetes program specific to your needs to help you manage the disease through education and ongoing motivation. To be eligible for this program, you must be enrolled in the Total Health Medical Plan and diagnosed as having diabetes. The program includes:

- **Unlimited Education:** \$10 copay at Texas Health facilities
- **Free Glucometer and Test Strips:** Diabetic members of the Texas Health Medical Plan who meet with a Texas Health Diabetes Educator once every three months are eligible to receive a free glucometer and test strips available through Caremark Mail Service, THD Apothecary, THD Prescription Shop, and THP Medicine Chest with a prescription.

Pediatric (under age 16) members obtain test strips through Optum Nurses (Personal Health Support) by contacting Caremark for an override.

Medical Plan Options

The Total Health Medical Plans provide generous coverage for illness and injury. You pay nothing for an annual wellness exam and only a small in-network copay for office visits. Texas Health offers three Total Health Medical Plan options. All three cover the same medical services. Here are the differences.

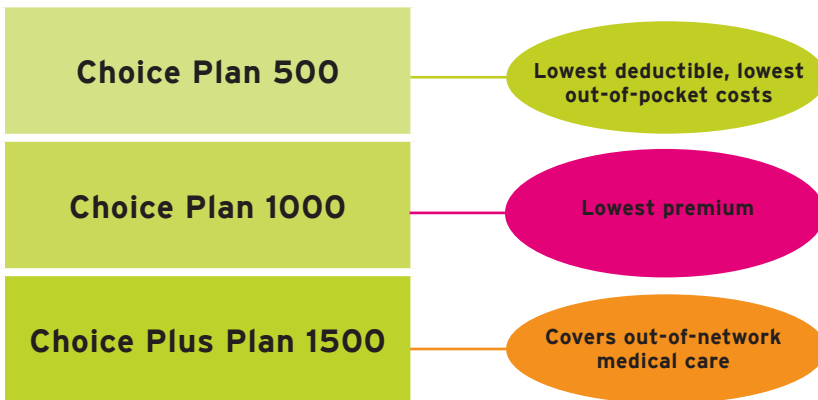
- The amount you pay for services, including your annual deductible and annual out-of-pocket maximums, varies by plan.
- Premiums depend on the plan you choose and your salary tier. Texas Health pays a large percentage of the premiums for all employees – and pays more for employees who earn less.
- Only the Choice Plus Plan covers out-of-network medical care.

Selecting the medical option that is right for your family is a three-step process. You will choose a medical plan, prescription drug option, and coverage for dependents. Each of these choices affects your premiums and out-of-pocket expenses.

CHOOSE YOUR MEDICAL PLAN

All three Total Health Medical Plans cover the same medical services. The differences are in the premiums and the amount you pay out of your own pocket for medical care. When choosing your option, you'll need to decide which factors are more important to you:

- Paying higher premiums but having a lower deductible
- Paying lower premiums but having a higher deductible
- Having coverage for out-of-network doctors and other medical care providers.



The tables on page 16 show how much you pay for medical care under each option.

CHOOSE YOUR PRESCRIPTION DRUG COVERAGE

Your medical plan includes the Low Rx prescription drug plan. When you enroll, you can choose to pay an additional amount each pay period to elect the High Rx plan. Both options cover the same medicines and have the same copay for generic drugs. They both have the same formulary — which is the list of covered preferred medications. The difference is in the coinsurance for preferred and non-preferred medications.



TOTAL HEALTH MEDICAL PLANS

SPECIAL FEATURES OF THE TOTAL HEALTH MEDICAL PLAN

- Preventive Care is covered for an extensive array of preventive/wellness exams.
- Health Advocate offers a team of trained individuals who help you navigate the health care system and gives you a trusted source for health care information and support 24 hours a day.
- A Cancer Support Nurse is available to you or your family member covered by a Total Health Medical Plan that has been diagnosed with cancer. The experienced cancer nurse can assist you during active treatment of all forms of cancer.
- UHC Personal Health SupportSM helps you if you have to be admitted to a hospital. It is designed to improve your health care experience by providing support from the time you learn you need to go to the hospital until after you return home.
- Mental health and substance abuse treatment must be coordinated through United Behavioral Health (UBH).
- Case Managers are nurses, social workers and other professionals who help patients and their families effectively cope with complicated health conditions to achieve a better quality of life.
- To access any of these services, call 1-877-MyTHRLink (1-877-698-4754) and select prompt 2.

HOW MUCH YOU PAY FOR COVERED MEDICAL SERVICES

- Under all medical plans, you pay only an office visit copay for visits to your in-network family doctor or specialist.
- For other services, such as outpatient surgery, lab work, and diagnostic testing, the plan pays:
 - 90% when performed at Texas Health Preferred Hospitals (listed on page 18)
 - 50% when performed at UnitedHealthcare Choice network hospitals that are not Texas Health Preferred Hospitals
 - 90% when performed at in-network free-standing facilities that are not affiliated with a hospital
 - 50% at out-of-network hospitals (covered only under the Choice Plus Plan 1500).



Michelle Inman
RN
THS

Immaculate Ndirangu
Nursing Supervisor
THD

★ TICKET TO HEALTH ★

TAKE CARE OF TEAM MEMBERS DURING THE JOURNEY.

FOCUS ON HEALTH • WELLNESS • PREVENTION

TOTAL HEALTH MEDICAL PLANS

MEDICAL PLAN DEDUCTIBLES AND OUT-OF-POCKET MAXIMUMS

Plan Name	Plan Feature	Preferred Hospitals ¹	UHC Choice Network ¹	Out-of-Network ²
These plans cover in-network care but do not cover services provided by out-of-network providers.				
Choice Plan 500	Deductible	\$500 individual \$1,500 family	\$3,000 individual \$9,000 family	No out-of-network coverage
	Out-of-pocket Maximum ¹	\$3,000 individual \$6,000 family	\$12,000 individual \$24,000 family	No out-of-network coverage
Choice Plan 1000	Deductible	\$1,000 individual \$3,000 family	\$4,000 individual \$12,000 family	No out-of-network coverage
	Out-of-pocket Maximum ¹	\$5,000 individual \$10,000 family	\$15,000 individual \$30,000 family	No out-of-network coverage
This plan covers in-network and out-of-network care.³				
Choice Plus Plan 1500	Deductible	\$1,500 individual \$4,500 family	\$4,000 individual \$12,000 family	\$5,000 individual \$15,000 family
	Out-of-pocket Maximum ¹	\$5,500 individual \$11,000 family	\$15,000 individual \$30,000 family	\$18,000 individual \$36,000 family

¹ Maximum does not include deductible or copays for medical care or prescriptions.

² Choice Plans 500 and 1000 do not cover out-of-network care unless it is for an emergency.

³ You generally only need Choice Plus Plan 1500 if a member of your family has an existing patient relationship with an out-of-network provider that should not be disrupted.

YOUR COST FOR COVERED SERVICES

Plan Feature	Coverage Under All Medical Plans		Coverage Only Under Choice Plus Plan 1500
	Preferred Hospitals	UHC Choice Network	Out-of-Network ⁴
Office Visits	\$30 copay for PCP; \$50 copay for specialist		50% after deductible
Maternity Office Visits	\$30 for initial office visit; no cost for additional visits		50% after deductible
Inpatient Hospital Care	10% after deductible	50% after deductible	50% after deductible with notification ⁶
Emergency Room	10% after deductible		
Urgent Care Center	\$50 copay		50% after deductible
Outpatient Surgery	Office visit copay applies; 10% after deductible if not in doctor's office	Office visit copay applies; 10% or 50% after deductible if not in doctor's office ⁷	50% after deductible with notification ⁶
Routine Physicals⁵	\$0		Not covered
Well-Woman/Man Exams (Including Pap Test or PSA Test)⁵	\$0		Not covered
Well-Child Care (Including Immunizations)⁵	\$0 for first visit of the year, \$30 copay for additional visits during the year		Not covered
Mammography⁸	\$0		Not covered
Colonoscopy⁵	\$0		Not covered
Outpatient Diagnostic Lab & X-ray (Excluding MRI, CAT, PET Scans)	No additional charge in doctor's office; 10% after deductible if not in doctor's office		50% after deductible
MRI, CAT & PET Scans	10% after deductible	10% or 50% after deductible ⁷	50% after deductible
Outpatient Therapy⁹	\$30 per visit	\$50 per visit	50% after deductible

⁴ Whenever you use an out-of-network provider, you pay for services when you receive them and file a claim for reimbursement of eligible expenses.

⁵ One well exam per year is covered in full if the claims administrator determines the physical is for preventive care. Additional screenings or services will be considered diagnostic services and will be covered after you pay the applicable copay or deductible and coinsurance. At the time of your preventive care visit, if other services are performed that are not preventive services, as determined by the claims administrator, they will not be paid at 100% even if they are submitted as part of a claim for preventive care. Some items that were previously covered as preventive care are no longer covered as preventive care and now require you to pay the appropriate copay or coinsurance, including electrocardiograms (EKGs), focused office visits, thyroid scans, breast MRI, vitamin D assays, and transvaginal ultrasounds.

⁶ \$1,000 penalty for failure to provide notification.

⁷ Coinsurance is 10% at a freestanding network facility and 50% at a hospital that is not a Texas Health Preferred Hospital.

⁸ One per year is covered. You pay the coinsurance for additional mammograms.

⁹ Up to combined 60 visits per year covered for outpatient physical, occupational, and speech therapy. Pulmonary and chiropractic rehabilitation are each covered up to 20 visits. Up to 36 cardiac rehabilitation visits are covered.

Prescription Drug Coverage

Type of Prescription	Low Rx		High Rx	
	Retail: 31-day supply	Mail Order ¹ : 90-day supply	Retail: 31-day supply	Mail Order ¹ : 90-day supply
Generic	\$10 copay	\$20 copay	\$10 copay	\$20 copay
Preferred	40% (\$20 minimum and \$150 maximum per prescription)	40% (\$40 minimum and \$300 maximum per prescription)	25% (\$20 minimum and \$100 maximum per prescription)	25% (\$40 minimum and \$200 maximum per prescription)
Non-Preferred	50% (\$40 minimum with no maximum per prescription)	50% (\$80 minimum with no maximum per prescription)	40% (\$40 minimum with no maximum per prescription)	40% (\$80 minimum with no maximum per prescription)
Annual Out-of-Pocket Maximum²	If you earn less than \$25,000, \$1,000 per person If you earn \$25,000 or more, \$2,000 per person		If you earn less than \$25,000, \$1,000 per person If you earn \$25,000 or more, \$2,000 per person	

¹ Up to a 90-day supply. Mail order is required for maintenance medications on the third time you fill it. You are required to refill maintenance medications with a 90-day supply through Caremark's mail order program, at the Texas Health Dallas or Plano retail pharmacies, or at your local CVS pharmacy. Otherwise, you will pay double the retail charge after the second time you fill the prescription.

² This maximum is for retail and mail order prescriptions combined. Copays for generic drugs apply toward the out-of-pocket maximum. Penalties for dispense as written (DAW) do not count toward the maximum. The prescription drug out-of-pocket maximum is separate from the medical plan out-of-pocket maximum.

GENERIC STEP THERAPY

When your doctor prescribes medication, ask if a generic drug is available. In order to have coverage for prescription drugs in certain drug classes, you must try a generic drug first. If you try (or have tried) a generic drug and it does not work for you, then you may receive coverage for a brand-name drug. If you choose to use a brand-name drug without trying a generic first or without getting prior approval, coverage may be denied. Find the list of drugs requiring generic step therapy by logging in to www.caremark.com.

ONLINE TOOLS

- **Check Drug Cost:** It is important to understand your pharmacy benefit options so you can make informed and cost-effective decisions about your care. To give you access to the most up-to-date information, Caremark provides a tool called "Check Drug Cost" on www.caremark.com. "Check Drug Cost" is a tool that you can use to learn about your options for filling prescription medications.
- **Formulary List:** Each calendar quarter, Caremark updates the formulary list. Before you fill a prescription, check to be sure the medication is on the formulary list. You can view it online at www.caremark.com.
- **Other Features:** Using www.caremark.com, you can order prescription refills, set refill reminders, check the status of your prescription order, check your pharmacy coverage, research drug information, view your prescription history, locate a pharmacy near you, view valuable health information, and send an email message to Caremark Customer Care if you have questions.



Generic birth control prescriptions are now covered at 100%.

TOTAL HEALTH MEDICAL PLANS

Your Preferred Hospital List

Below is a list of Preferred Hospitals. Whenever you need hospital care, your Total Health benefits will be greatest when you use a hospital on this list.

ALLEN

- Texas Health Allen
- Texas Health Springwood Allen

ARLINGTON

- Texas Health Arlington Memorial
- Texas Health Heart and Vascular Hospital Arlington
- USMD Hospital of Arlington

ATLANTA

- Atlanta Memorial Hospital

AZLE

- Texas Health Azle

BEDFORD

- Texas Health HEB
- Texas Health Springwood HEB

BURLESON

- Texas Health Burleson

CLEBURNE

- Texas Health Cleburne

DALLAS

- Children's Medical Center
- LifeCare Hospitals of Dallas
- Methodist Charlton Medical Center
- Methodist Dallas Medical Center
- Parkland Health and Hospital System
- Texas Health Dallas
- Texas Institute for Surgery at Presbyterian Hospital of Dallas
- UT Southwestern Univ. Hospitals - St. Paul
- UT Southwestern Univ. Hospitals - Zale Lipshy

DECATUR

- Wise Regional Health System

DENTON

- Texas Health Denton

ENNIS

- Ennis Regional Medical Center

FLOWER MOUND

- Texas Health Flower Mound

FORT WORTH

- Cook Children's Medical Center
- Texas Health Specialty Hospital
- Texas Health Fort Worth
- Texas Health Alliance
- Texas Health Southwest
- John Peter Smith Hospital
- LifeCare Hospitals of Fort Worth
- USMD Hospital at Fort Worth
- Texas Rehabilitation Hospital of Fort Worth

GAINESVILLE

- North Texas Medical Center

GRAND SALINE

- Cozby-Germany Hospital

GREENVILLE

- Hunt Regional Medical Center at Greenville

HENDERSON

- Henderson Memorial Hospital

KAUFMAN

- Texas Health Kaufman

KILGORE

- Laird Memorial Hospital

LINDEN

- Good Shepherd Medical Center - Linden

LONGVIEW

- Good Shepherd Medical Center

MADILL, OK

- Integris Marshall County Medical Center

MANSFIELD

- Methodist Mansfield Medical Center

MARSHALL

- Marshall Regional Medical Center

MINERAL WELLS

- Palo Pinto General Hospital

MOUNT PLEASANT

- Titus Regional Medical Center

MUENSTER

- Muenster Memorial Hospital

PALESTINE

- Palestine Regional Medical Center

PARIS

- Paris Regional Medical Center

PLANO

- LifeCare Hospitals of Plano
- Texas Health Plano
- Children's Medical Center
- Presbyterian Plano Center for Diagnostics & Surgery

RICHARDSON

- Methodist Richardson Medical Center

ROCKWALL

- Presbyterian Hospital of Rockwall

SHERMAN

- Texas Health Presbyterian Hospital-WNJ

SOUTHLAKE

- Harris Methodist Southlake Center for Diagnostics and Surgery
- Springwood Behavioral Health Center of Southlake

STEPHENVILLE

- Texas Health Stephenville

SULPHUR SPRINGS

- Hopkins County Memorial Hospital

TYLER

- Mother Frances Hospital-Tyler
- University of Texas Health Center at Tyler

WEATHERFORD

- Weatherford Regional Medical Center

WHITNEY

- Lake Whitney Medical Center

WINNSBORO

- Trinity Mother Frances Hospital-Winnsboro

Saving Money on Healthcare

Every doctor's office visit or medical treatment presents you with choices and responsibilities. Texas Health encourages you to be a careful health care consumer. By being informed, asking questions, and making wise decisions regarding your medical care and treatment, you take charge of your health.

KNOW BEFORE YOU GO

Before you get medical care, check your Employee Benefits Handbook to be sure you understand how your care is covered and what you will be expected to pay. Take this Employee Benefits Guide with you to the doctor's office in case they have any questions about your coverage.

TIPS FOR HOLDING DOWN YOUR MEDICAL COSTS

- **Use generic or mail-order prescription drugs whenever possible:** Caremark's mail order program saves you money on medications you take regularly. You can also get up to a 90-day supply of maintenance medications filled at the Texas Health Dallas or Plano retail pharmacies or at your local CVS pharmacy.
- **Use the UHC Choice or Choice Plus network:** Always use network providers. They are listed online at www.myuhc.com. When you use an out-of-network provider, you must first meet a much higher annual deductible, then you pay 50% of the cost of covered services.
- **Use Preferred Hospitals:** Your out-of-pocket costs will be lower when you use a Preferred Hospital listed on page 18. Your coinsurance after deductible will be 50% at a hospital not on the Preferred Hospital list, compared to 10% at Preferred Hospitals.
- **There is an added benefit to using a Texas Health facility:** You and your covered dependents receive an employee discount and pay 15% on average less for services than others covered by UnitedHealthcare. That savings is in addition to your low copay.

ALWAYS CHECK YOUR BILL

When you go to a hospital for a procedure (such as surgery or childbirth), you may receive services from hospital-based physicians that you are not aware you have received. For example, if you have an MRI, you typically will not meet the radiologist who interprets the results.

Under most employer-sponsored medical plans, charges are often considered out-of-network for services provided by hospital-based physicians, including radiologists, anesthesiologists, pathologists and emergency physicians. Under the Texas Health Medical Plan, however, when you use a Preferred Hospital, Texas Health saves you money by covering these services as in-network.

Because most employers do not offer this same advantage, these claims are often processed incorrectly. When you receive your explanation of benefits from UnitedHealthcare, you should carefully check your hospital charges to be sure you are not being charged out-of-network rates for these services. If you believe you are being overcharged, call UHC at 1-877-698-4754 (prompt 1) and ask for a review of the claim.



Katie Brown
RN
THFW

Peggy Moss
Total Health/Total Rewards Consultant
System Services

TICKET TO HEALTH

A LITTLE ADVANCE RESEARCH PREPARES YOU FOR ANY CHALLENGES AHEAD AND ARMS YOU FOR SUCCESS.

FOCUS ON HEALTH · WELLNESS · PREVENTION

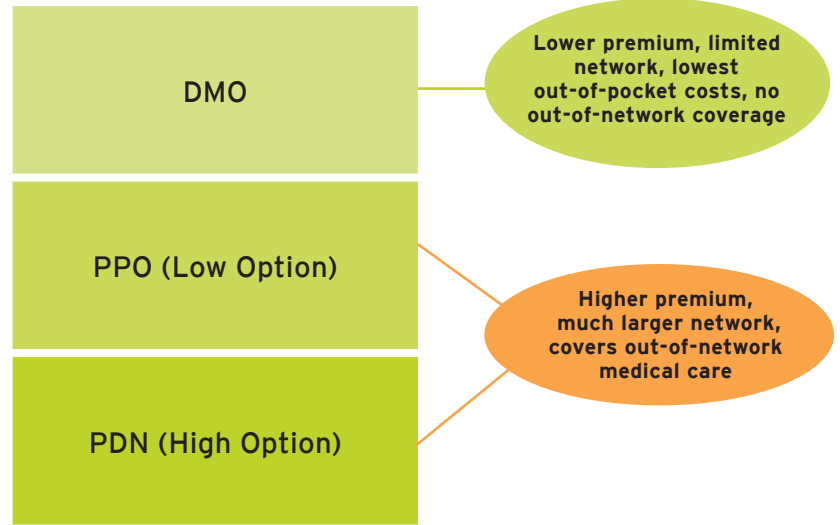
Your Dental Options

You have three dental plan options. All are offered through Aetna and cover preventive care, basic care, major care, and orthodontia. See page 34 for biweekly premiums.

The options include:

- *Aetna Managed Dental Plan (DMO)*, which pays benefits only when you use network providers
- *Aetna PDN (High Option)*, which pays benefits in- and out-of-network
- *Aetna PPO (Low Option)*, which pays benefits in- and out-of-network.

For a list of Aetna dental network providers, go to www.aetna.com.



SUMMARY OF COVERAGE

The table below summarizes how each plan covers dental expenses and shows what each plan pays. For more information, call 1-877-MyTHRLink (1-877-698-4754) prompt 6, press 3.

Plan Feature	Aetna Managed Dental Plan (DMO) In-Network only	Aetna PPO (Low Option) In-Network and Out-of-Network ¹	Aetna PDN (High Option) In-Network and Out-of-Network ²
Deductible	None	\$50 per person \$150 per family	\$50 per person \$150 per family
Preventive Care: One visit every six months for routine checkups, X-rays, cleaning, and polishing	You pay a \$5 copay	Plan pays 80% with no deductible	Plan pays 100% with no deductible
Basic Care: Fillings, extractions, root canal therapy, scaling of teeth, and basic oral surgery	You pay a fixed copay according to the plan's schedule	Plan pays 60% after deductible	Plan pays 80% after deductible
Major Care: Bridges, dentures, crowns, inlays, onlays, and complex oral surgery	You pay a fixed copay according to the plan's schedule	Plan pays 40% after deductible	Plan pays 50% after deductible
Maximum Annual Benefit	No limit	\$1,000 per person	\$1,500 per person
Orthodontic Care³	You pay a \$2,300 copay	50% with no deductible; \$1,000 lifetime maximum	50% with no deductible; \$1,250 lifetime maximum

¹ For the PPO (Low Option), fees are based on Aetna's fee schedule, so your out-of-pocket expenses will be higher than those under the PDN (High Option).

² Dental PDN network providers agree to charge discounted rates for their services. Although the coverage is the same for in-network and out-of-network care, out-of-network providers may charge higher fees than in-network providers, resulting in higher out-of-pocket expenses for you.

³ For eligible adults and dependent children. See the Aetna packet available on MyTexasHealth for details. Look under People and Culture, then Benefits.

Accessing DMO services will be quicker if you designate a primary care dentist when you enroll.

Superior Vision

The Superior Vision Services plan pays benefits for annual exams and corrective lenses. You pay a copay for exams, and the plan pays for frames and lenses up to certain limits.

You may use in-network or out-of-network vision care providers, but you receive greater benefits when you use in-network providers.

The plan will pay the allowance for either contact lenses or eyeglass frames once every 12 consecutive months. You can receive benefits for *either* eyeglasses or contact lenses in the same 12-month period, not both.

In addition to the benefits described in the table on this page, you can take advantage of discounts through the Superior Vision Services plan. Find out more by logging on to www.superiorvision.com. You may also order contact lenses online at www.svcontacts.com.

CONTACT LENS FITTING

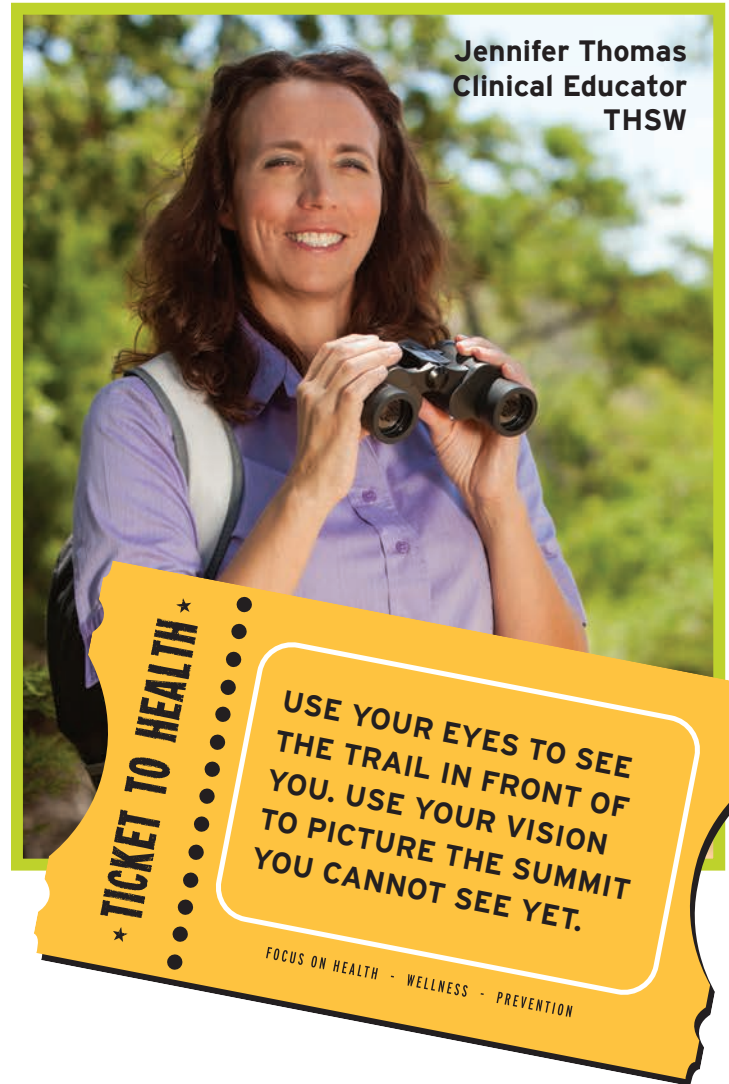
The vision plan includes coverage for contact lens fittings. To be eligible for this benefit, you must use a network provider from the Superior Vision provider directory who has the code “CLI” next to his or her name or indicates “CFL” (contact lens fitting) on the Internet.

The plan covers standard lens fitting as well as fitting for specialty lenses. The fitting benefit is in addition to your contact lens allowance. You can get your contact lens fitting and then get either glasses or contact lenses.

SUMMARY OF COVERAGE

Feature	In-Network	Out-of-Network
Comprehensive Eye Exam	Covered in full after \$10 copay	Plan pays up to \$42 for ophthalmologist (M.D.) or \$37 for optometrist (O.D.)
Standard Lenses	Covered in full after \$10 materials charge	Single vision – up to \$32 allowance Bifocal – up to \$46 allowance Trifocal – up to \$61 allowance Lenticular – up to \$84 allowance
Contact Lenses (per Pair, in Lieu of Eyeglasses)	Medically necessary – covered in full Cosmetic elective – up to \$140 allowance	Medically necessary – up to \$210 allowance Cosmetic elective – up to \$100 allowance
Standard Frames	Up to \$140 allowance	Up to \$53 allowance
Refractive Surgery (Lasik, Radial Keratotomy, or Photo-refractive Keratotomy)	20% discount	No benefit

You may use in-network or out-of-network vision care providers, but you receive greater benefits when you use in-network providers. Find them at www.superiorvision.com.



Jennifer Thomas
Clinical Educator
THSW

Health Care Spending Account

The Health Care Spending Account (HCSA) is administered by PayFlex. The HCSA helps you manage your out-of-pocket costs for medical, dental, and vision care. At any time during the year, you can be reimbursed from your HCSA up to the full amount you elect to contribute for the whole year — even if you do not have that much in your account yet. Paying for expenses like a deductible or a costly prescription is worry free when you save for them using the HCSA.

HOW YOU BENEFIT FROM THE HCSA

You pay no federal income taxes or Social Security taxes on the money you contribute to the HCSA, so you pay lower overall taxes on your income. And, the HCSA reimburses you tax-free for eligible health care expenses that are not paid by insurance.

You may be reimbursed for eligible expenses incurred by you, your spouse, and children you claim as dependents on your federal tax return — regardless of whether they are covered by Texas Health's medical, dental, or vision plans. Eligible out-of-pocket expenses include deductibles, coinsurance, and copays for medical, dental, vision, and hearing care.

USING YOUR DEBIT CARD

You can use your HCSA debit card to pay medical, prescription, dental and vision expenses at providers that accept MasterCard and are set up with an eligible merchant code and system.

If you go to a provider who doesn't meet the requirements, you will pay your expenses out-of-pocket at the time of service and file a claim for reimbursement from your HCSA.

According to IRS guidelines, PayFlex is required to verify that all debit card purchases are eligible expenses. If you receive a Request for Documentation letter from PayFlex, you must provide documentation for the transactions listed in the letter in order to keep your card active.

HOW THE HCSA WORKS

1. Carefully estimate your health care expenses for 2013.
2. Decide the annual amount you want to contribute to the account — from \$130 to \$2,500 per year. Divide by 26 to get your per-pay-period contribution. Your spouse may also contribute up to \$2,500 at his/her employer.
3. Beginning Jan. 1, 2013, you can use your debit card or submit a claim online at www.healthhub.com when you have eligible health care expenses.
4. You will be reimbursed up to the amount you elected to contribute for the year.
5. According to IRS rules, the account operates on a use-it-or-lose-it basis, meaning that you forfeit any unreimbursed amounts left in your account. The 2013 claim-filing deadline is March 31, 2014, for eligible expenses you incur between Jan. 1, 2013 and March 15, 2014.

Internal Revenue Publication 502 lists all eligible expenses. You can access it at www.irs.gov/publications/p502.



Teresa Melton, Quality Improvement Coordinator, THK

Nicole Wright, Certified Surgical Technician, THC

Chuck Stewart, Radiographer CT, THK

Carmela Medrano, Nurse Manager, THD

Elizabeth Ransom, MD, EVP Zone Clinical Leader, System Services

TICKET TO HEALTH

TO ASSEMBLE A WINNING TEAM, LOOK FOR DIVERSE PERSPECTIVES AND TALENTS.

FOCUS ON HEALTH - WELLNESS - PREVENTION

DAY CARE SPENDING ACCOUNT

Day Care Spending Account

When you participate in the Day Care Spending Account (DCSA), you contribute to an account that reimburses you for day care for your dependents while you work (*not health care expenses for dependents*). You pay no federal income or Social Security taxes on the earnings you deposit or on the reimbursements from your account for eligible expenses.

If you use a day care provider who accepts MasterCard, you may be able to use your debit card to pay day care expenses instead of filing claims and being reimbursed — but only if the day care is set up with an eligible merchant code.

ELIGIBLE EXPENSES

You may claim dependent day care expenses for a dependent who lives with you and relies on you for more than half of his or her financial support. Dependents include your children under age 13 whom you claim on your federal income tax return and disabled dependents of any age who live with you more than half the year.

You may be reimbursed for day care only if it enables you to work, not for occasional baby sitters. If you are married, your spouse must also work, be looking for work, be a full-time student, or be disabled.

Eligible care includes care in your home, someone else's home, or a licensed day care center. You may be reimbursed for care provided by a relative who is not your spouse, child under age 19, or someone you claim as a dependent on your federal income tax return.

Internal Revenue Publication 503 lists all eligible expenses. You can access it at www.irs.gov/publications/p503.

HOW THE DCSA WORKS

1. Carefully estimate your dependent day care expenses for the coming year.
2. Decide the annual amount you want to contribute to the account — from \$130 to \$5,000 per year. Divide by 26 to get your per-pay-period contribution.
3. Beginning Jan. 1, 2013, you can file a claim online at www.healthhub.com when you have eligible day care expenses.
4. You will be reimbursed up to the balance in your account at the time you submit the claim.
5. According to IRS rules, the account operates on a use-it-or-lose-it basis — meaning that you forfeit any unreimbursed amounts left in your account. The 2013 claim-filing deadline is March 31, 2014, for eligible expenses you incur Jan. 1, 2013 – March 15, 2014.

HOW MUCH YOU CAN CONTRIBUTE

The table below shows the maximum amount you can contribute based on your marital and tax filing status.

If you are:	This is your family's annual limit:
Single	\$5,000
Married, filing a joint tax return	Lesser of \$5,000, your income, or your spouse's income
Married, filing separate tax returns	Lesser of \$2,500, your income, or your spouse's income



**Priti Jain, Project Manager
Performance Improvement
System Services**

**Syra
Jain**



Life and AD&D

Life insurance pays a benefit after the death of a covered person. In the event of your death, benefits are paid to the person you have named as your beneficiary. If your covered spouse or dependent child dies, benefits are paid to you.

Accidental death and dismemberment (AD&D) coverage pays a benefit to you or your beneficiary after an accident that causes the covered person's death or severe disability. Your Employee Benefits Handbook provides details on covered accidents and disabilities.

SUMMARY OF COVERAGE

As a benefits-eligible employee, Texas Health provides life insurance coverage equal to your annual base pay, up to \$50,000 — even if you don't elect any additional coverage. This table shows your basic, company-paid coverage, as well as your choices for additional and dependent coverage.

Benefit Plan	Coverage Amount	Who Pays Premiums
Employee Life Insurance		
Basic Life Insurance for You	One times your annual base pay up to \$50,000	Texas Health
Additional Life Insurance for You	One to 6 times your annual base pay (rounded to the next \$1,000) up to \$2,000,000 ¹ including Basic Life ²	You
Dependent Life Insurance		
Spouse Life Insurance	\$10,000 increments up to \$50,000 ^{3,4}	You
Child Life Insurance	\$10,000 for all your eligible children; coverage begins from date of live birth ⁵	You
AD&D for Employee and Family		
Basic AD&D for You	One times your annual base pay up to \$50,000	Texas Health
Additional AD&D for You	One to 10 times your annual base pay, up to \$750,000 ⁶	You
AD&D for Your Family	If you elect family coverage, all eligible members of your family are covered. See your Benefits Handbook to find the exact coverage level for dependents. The maximum coverage is \$750,000 for you, \$375,000 for your spouse and \$75,000 for each child. ^{4,5}	You

¹ Medical underwriting or evidence of insurability is required for coverage over \$1,000,000.

² You may increase your coverage by only one level during the open enrollment period. If you are absent from work because of sickness or injury on the date your Life and/or AD&D coverage (or increase in coverage) would otherwise become effective, the effective date of your coverage (or increase in coverage) will be deferred until you return to work.

³ You may increase your spouse's coverage by \$10,000 during the open enrollment period. The cost of coverage for your spouse is based on the employee's age as of Jan. 1, 2013.

⁴ If your dependent is hospitalized or disabled, or if the employee is not actively at work at the time, a change or increase in the amount of coverage may be delayed and subsequent claims will not be paid for the increased amount. The increase in coverage will not start until the hospitalization or disability ends or until the employee returns to work.

⁵ Eligible unmarried children can continue to be covered through age 24.

⁶ If you are absent from work because of sickness or injury on the date your Life and/or AD&D coverage (or increase in coverage) would otherwise become effective, the effective date of your coverage (or increase in coverage) will be deferred until you return to work.



Amy Zertuche
Health Information
Specialist
THHEB



DISABILITY BENEFITS

Disability Benefits

Disability benefits provide a continuing source of income if you are unable to work because of a disability. Disability coverage is an important part of financial planning for you and your family.

SUMMARY OF COVERAGE

Benefit Plan	Who Pays for Coverage	Coverage Amount	Waiting Period
Short Term Disability	You	60% of your base pay up to \$1,700 per week	14 days or 30 days
Basic Long Term Disability	Texas Health	50% of your base pay. The minimum benefit is \$100 per month and the maximum is \$15,000 per month	180 days
Additional Long Term Disability	You	10% of your annual base pay in addition to Basic LTD – for a total of 60% of your annual base pay, up to a combined maximum benefit of \$15,000 per month	180 days

Short Term Disability

Short Term Disability (STD) will pay benefits if you are unable to perform the essential duties of your occupation because of an illness, injury, or pregnancy. You must be receiving appropriate, regular care for your condition from a licensed physician who is not you or a member of your family.

After the waiting period, STD will pay benefits for eligible disabilities for up to 180 days from the date of disability. Your benefit amount is based on your rate of base pay in the payroll system on the day before your disability.

STD benefits are reduced by any benefits you receive from Social Security or other benefits such as auto insurance. STD does not cover work-related illnesses or injuries (which may be covered by Workers' Compensation).

You may receive Paid Time Off (PTO) pay while collecting STD benefits. However, your PTO and STD combined cannot be more than 100% of your base pay.

PRE-EXISTING CONDITIONS UNDER STD

The Texas Health disability plan does not require evidence of insurability. However, it does have certain limitations and exclusions for pre-existing conditions when you enroll for the plan during open enrollment or add the benefit after a status change. (New hire enrollment isn't subject to pre-existing condition limitations). Examples of pre-existing conditions include illness, chronic medical conditions, pregnancy, mental health conditions, etc.

If you have a disability that is caused by, contributed to, or the result of a pre-existing condition within the first 12 months after your coverage becomes effective under the disability plan, your benefits will be limited to 4 weeks (if you were not covered by STD within 12 months before your disability began).

If you elected the 30-day waiting period in 2012 and changed to the 14-day waiting period in 2013, your 2013 benefits for a pre-existing condition will be subject to the 30 day waiting period. If you become disabled in 2013 due to a condition that is not a pre-existing condition, the 14-day waiting period will apply.

Basic and Additional Long Term Disability

The Long Term Disability (LTD) plan pays benefits for an eligible disability that lasts more than 180 days. Under the LTD plan, disability means you are receiving appropriate, regular care for your condition from a licensed physician who is not you or a member of your family and:

- For the first 24 months, you are unable to perform the essential duties of your own occupation
- After 24 months, you are unable to perform the essential duties of any occupation for which you are reasonably qualified by education, training, or experience.

LTD benefits are reduced by other sources of income during disability such as Workers' Compensation, Social Security, and other benefits.

Unless you had LTD coverage in 2012, you may be subject to the pre-existing condition limitation. If you were diagnosed or received treatment, services, or medications for a condition during the 12 months before your LTD coverage became effective, the LTD plan will not pay benefits for a disability caused by that condition that begins in the first 12 months of your LTD coverage.

If you are a physician employed by THPG, you are not eligible for the Texas Health LTD plan.

OTHER BENEFITS

Paid Time Off

Time away from work allows you to balance work with the rest of your life. Texas Health offers the Paid Time Off (PTO) program so you continue to receive pay while you are away from work for vacation, holidays, illness or injury, leave of absence or Family and Medical Leave.

ACCRUING PTO

As a benefits-eligible employee, you accrue PTO each pay period beginning on your date of hire. The table below shows the annual PTO accrual schedule for full-time employees scheduled in the payroll system to work 80 hours per pay period. If you are scheduled to work less than 80 hours (but 24 hours or more) per pay period, you accrue PTO as a percentage of the schedule (for example, 64 hours is 80%).

You may accrue up to 600 hours of PTO.

Years of Service	Annual PTO Accrual	
	Positions Below Director	Director & Above
Less than 2	192 hours	232 hours
2 but less than 4	208 hours	248 hours
4 but less than 9	232 hours	272 hours
9 but less than 14	256 hours	296 hours
14 but less than 20	280 hours	312 hours
20 or more	296 hours	328 hours

PRNs, part-time benefits-ineligible employees, and medical residents/interns/fellows are not eligible for PTO. THPG physicians and mid-level providers do not accrue PTO according to this table, but may be eligible for time off based on their contract.

CONVERTING PTO

During open enrollment, you can convert up to 80 hours of PTO you will earn during 2013 (in 8-hour increments) to pay for your benefits. The value of the PTO hours will be added to your paycheck over 26 pay periods. To be eligible to convert PTO, you must elect at least one of the following benefits: medical, dental, vision, health care spending account, day care spending account, additional life insurance, additional AD&D insurance, or additional long term disability.

You are limited to a combined total of 100 hours per year for converting, selling, and donating PTO.

Physicians and mid-level providers employed by THPG are not eligible for PTO conversion.

OTHER OPTIONS FOR YOUR PTO

You can also sell or donate up to a total of 100 hours of PTO per year. If you prefer to have the money rather than the paid time, you may sell up to 80 hours of PTO each year. You may elect to sell two times a year at the end of any pay period.

You also may donate the net after-tax proceeds from the sale of your PTO to Texas Health Gives. For detailed information about the PTO program, see your Employee Benefits Handbook.

Helping Hands

The Helping Hands Fund gives Texas Health employees a way to help other Texas Health employees by providing PTO to those who have used all of their PTO and still need time away from work because of an illness or catastrophic event. An employee who has experienced a catastrophic event and has used all of his or her PTO can apply and, if approved, receive PTO hours from the fund. To donate PTO, complete a form that is available at www.MyTHR.org.



Alexia Croteau
Medical Lab
Scientist
THFW

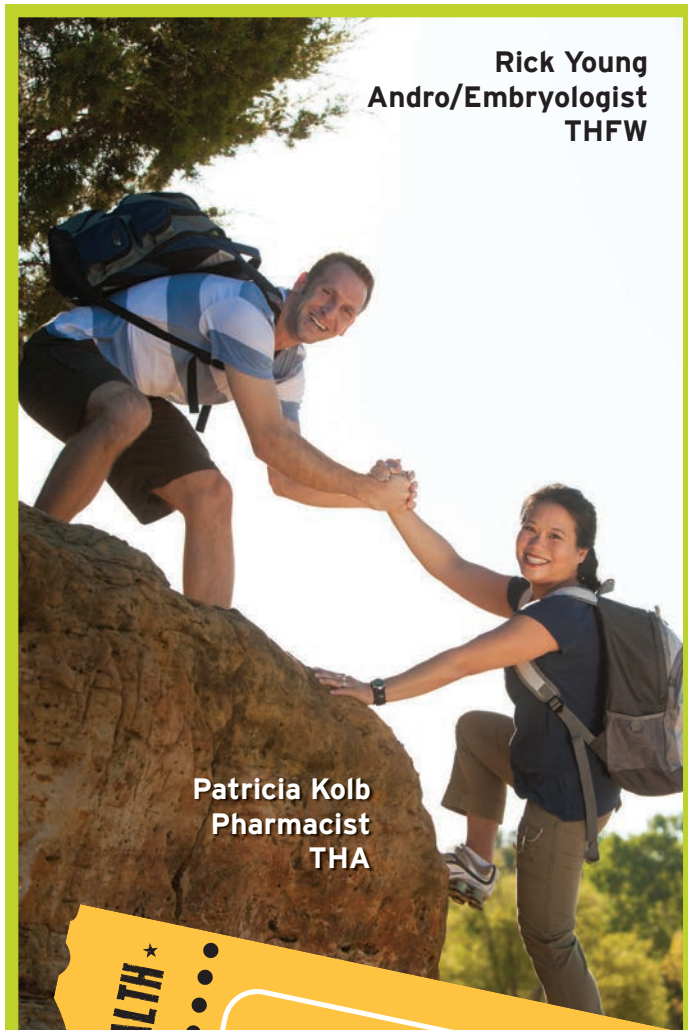
OTHER BENEFITS

401(k) Retirement Plan

The Texas Health 401(k) Retirement Plan is designed to help you save for your future. Through before-tax or after-tax contributions to your account, you build income for retirement. You can choose from a variety of investment options to help meet your goals.

ELIGIBILITY AND ENROLLMENT

All employees of Texas Health are eligible to participate in the plan. You can enroll in the plan anytime and receive matching contributions after you complete one year of service with Texas Health.¹



Rick Young
Andro/Embryologist
THFW

Patricia Kolb
Pharmacist
THA

TICKET TO HEALTH ★

REACHING YOUR GOALS IS MUCH EASIER WHEN YOU GET A HELPING HAND. GRAB WHAT'S OFFERED!

FOCUS ON HEALTH - WELLNESS - PREVENTION

To enroll, log on to www.retireonline.com or call 1-877-MyTHRLink (1-877-698-4754) and select prompt 5. You will need your Social Security number and personal access code (PAC) when you log on or call.

- Your Username is your Social Security number.
- Your temporary PAC is the last four digits of your Social Security number and the month and date of your birth (in MMDD format). You can change these after you initially log on.

When calling the automated system, enter your Social Security number and your PAC. You can elect not to enter your PAC, and instead press 0 and the # key to speak to a representative.

EMPLOYEE CONTRIBUTIONS

In 2013, if you are under age 50, you may contribute up to \$16,500² to the 401(k) and up to \$22,000² if you are age 50 or older. You choose the percentage you want to increase your contributions each year. You may also make part or all of your contributions on an after-tax basis through the Roth 401(k) account.

EMPLOYER MATCHING CONTRIBUTIONS

After one year of service, Texas Health provides a generous match for every dollar you contribute to the plan, up to certain limits.^{1,3} And the longer you work for Texas Health, the greater your match. This table shows the amount of employer matching contributions you receive based on your years of service with Texas Health. You must contribute at least 2% of your pay each payroll period to be eligible for matching contributions. Because Texas Health matches your contributions of up to 6%, when you contribute at least 6% of your pay, you receive the maximum match from Texas Health.

You earn vesting credit on your employer matching contributions based on your years of service with Texas Health, as explained in your Benefits Handbook.

If your years of service with Texas Health equal:	For each \$1 you contribute, ¹ up to 6% of your eligible pay, Texas Health adds:
1 but less than 5	\$0.75
5 but less than 10	\$1.00
10 or more	\$1.25

¹ If you previously worked for Texas Health and earned one or more years of service, you may be immediately eligible for matching contributions.

² Contribution limits may change based on IRS guidelines.

³ The employer match is based on your contribution per pay period. The employer match ends when you have met the IRS limit. For example, if you reach your IRS maximum in June, you would not receive additional employer match because your contributions have ended.

Tuition Reimbursement

Texas Health will reimburse tuition and fees for approved degree plans that benefit Texas Health or your position at Texas Health.

ELIGIBILITY

Full-time employees:

- *Clinical degrees:* up to \$5,250 per year
- *Non-clinical degrees:* After six months of service, up to \$4,000 per year

Part-time benefits-eligible employees:

- *Clinical degrees:*
 - Up to \$5,250 per year for employees who are full-time students
 - Up to \$2,625 per year for employees who are part-time students
- *Non-clinical degrees:* After six months of service, up to \$2,000 per year

REQUESTING REIMBURSEMENT

To be considered for reimbursement, an online application must be submitted before the class/semester starts. After the semester ends, you must submit your request for reimbursement within 60 days.

All participants in the Tuition Reimbursement program are required to complete a career development plan before they are eligible to receive reimbursement.

For more information or to access the Tuition Reimbursement application, go to www.MyTHR.org.

If you have questions, call 1-877-MyTHRLink (1-877-698-4754), prompt 6, press 2 or email THRTuitionReimbursement@texashealth.org.

Employee Discount Program

The employee discount program can save you money and give you convenient access to a wide variety of products and services.

Find out about all the available discounts by going to www.Beneplace.com/TexasHealth. Check the site often, because new discounts will be added from time to time.

Check your monthly e-newsletter for special discounts too.

Long Term Care

Long Term Care (LTC) insurance is available through Genworth Life. LTC consists of a wide range of services that can help people who are unable to care for themselves for an extended period of time because of a physical or cognitive impairment. LTC services might include assistance in your own home for day-to-day activities or special attention in a nursing home.

KEY FEATURES

- There is a 90-calendar-day waiting period before benefits begin.
- Coverage is guaranteed to be renewable.
- When you enroll, you choose one of three options to help keep up with rising costs:
 - Future buy-ups
 - Automatic 5% increase until age 70
 - Automatic 5% increase for life.
- If you leave Texas Health, you may continue your Long Term Care coverage by paying the premium directly.

LTC PARTICIPATION

All benefits-eligible employees may participate. Genworth Life provides complete administrative services for the LTC benefit, so you enroll directly with them. Premiums for you and your spouse are based on current age and the benefit selected.

ENROLLING

If you enroll as a new hire, you may use the short enrollment form and answer only a few medical questions before being approved for coverage. If you enroll at any other time, you will complete a longer application before you can be approved.

If you are required to submit evidence of insurability, your coverage will become effective after you have been approved.

You may also elect coverage for your spouse, parents, in-laws, and grandparents. However, those family members must complete a long application (your spouse who is under age 65 may use a short form) and be approved before coverage begins.

To enroll or for more information about LTC, log on to www.genworth.com/groupltc. Enter "THR" for the group name and enter "groupltc" for the password. After you have enrolled for the LTC benefit, you do not need to re-enroll each year.

Medicare Part D Notice

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Texas Health Resources 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. Texas Health Resources has determined that the prescription drug coverage offered by the Total Health Medical 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?

Your Texas Health coverage pays for other health expenses in addition to prescription drug. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits. If you do decide to join a Medicare drug plan and drop your current Texas Health coverage, be aware that you and your dependents may not be able to get this coverage back.

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 Texas Health Resources 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.

MEDICARE PART D NOTICE

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 enroll.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE

For further information, call 1-877-MyTHRLink (1-877-698-4754) and select prompt 3. 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 Texas Health Resources changes. You also may request a copy of this notice at any time.

For 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.

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: 10/14/12

Name of Sender: Texas Health Resources

Contact/Office: Benefits Department

Address: 612 E. Lamar Blvd. Suite 200 Arlington, TX 76011

Phone number: (682) 236-7236

KNOW WHO IS COVERED

Employees

You are eligible for benefits if you enroll for them during your enrollment period and you are a:

- Full-time employee classified to work 64 or more hours per pay period
- Part-time employee classified to work 48 - 63 hours per pay period.

Your status as a full-time or part-time employee is based your classification in the HR/payroll system and not on the number of hours you work.

Dependents

You must have coverage for yourself to enroll your eligible family members. Your eligible dependents include:

- Your legal spouse
- Your children.

To be eligible for medical, a child must be under 26 or any age if physically or mentally incapable of self-support.

To be eligible for dental, vision, or life insurance, a child must meet all the following criteria:

- Be under 25 or any age if physically or mentally incapable of self-support
- Be unmarried
- Live in the United States (Under the life insurance plan, you may cover an eligible child who does not live in the U.S.)
- Have the same primary residence as you and be a member of your household. (Under the life insurance plan, you may cover an eligible child who does not reside with you.)

You may also cover a child meeting the criteria above for which you are also able to provide documentation showing that you have adopted the child, the child has been placed in your home for foster care, or you have been appointed by the court as the child's legal guardian or non-parent managing conservator. The documentation you provide must be copies of the court order signed by the judge. If you receive a QMCSO, special rules apply.

STEPCHILDREN

Your stepchildren are eligible for coverage under the Total Health Medical Plan only if they meet all the requirements above and your spouse (the child's parent) is covered under the plan.

DEPENDENT VERIFICATION

To ensure only eligible dependents are covered under our plans, Texas Health requires employees to provide documentation of each dependent's eligibility. Whenever you add medical, dental or vision coverage for a dependent, you must show that the dependent meets the eligibility requirements listed in your Employee Benefits Handbook.

To add coverage for dependents, you must provide documentation by December 17 (for open enrollment) or within 31 days of hire or benefits eligibility.

If you add a dependent to medical, dental or vision coverage, you must provide documentation to the Benefits Department that verifies each dependent's eligibility. If you do not provide complete and timely documentation, your dependents will not be added to coverage. During open enrollment, the deadline is December 17. If you are enrolling as a new hire, you must submit this documentation within 31 days of hire or benefits eligibility.

Following are acceptable forms of documentation:

- **Spouse:** You must provide *both* of the following:
 - Copy of marriage license, marriage certificate provided by a religious organization, most recent tax return, or certification of common law marriage* and
 - Copy of driver's license, most recent tax return, utility bill or other documentation showing that you and your spouse currently live at the same address.
- **Children:** You must provide a copy of one of the following for each eligible child:
 - Birth certificate that shows you and/or your spouse as parents or
 - Hospital birth record showing you and/or your spouse as parents or
 - Legal guardianship or adoption papers or
 - Qualified Medical Child Support Order (QMCSO).

A Social Security number must be provided for every covered dependent over six months of age.

IF YOUR SPOUSE OR CHILD WORKS FOR TEXAS HEALTH

If you and your spouse both work for Texas Health, you cannot be covered both as an employee and a dependent on the same plan. Only one of you may cover your eligible dependents.

If you and your benefits-eligible dependent child work for Texas Health, you may cover your dependent child as long as your child meets the eligibility requirements. However, your child cannot be covered as an employee and a dependent on the same plan. If your dependent child has children, only one of you may cover them as eligible dependents.

* If your spouse is a common law spouse, certification of common law marriage is required. Tax returns will not be accepted.

KNOW WHO IS COVERED

MAKING CHANGES AFTER OPEN ENROLLMENT

The Total Health Benefits Program is a flexible benefits plan regulated by federal laws that restrict when you may change your elections. According to these laws, you may request a benefit change during the year only if you have a qualified status change that affects your eligibility or coverage. You have 31 days from the date of the status change to notify Human Resources, provide documentation and make changes to your benefits.

In most cases, the change will be effective the first pay period after you have entered your change and provided the required documentation. However, coverage for birth and adoption is effective retroactive to the date of the event. To add coverage for a new dependent, you must enroll the new dependent within 31 calendar days of the event, even if you already have family coverage.

Because of IRS regulations, you may not change plans (for example, from 500 High Rx to 500 Low Rx). During the year, you may only change your coverage level (for example, from employee-only coverage to employee + spouse coverage) or add or drop coverage for one of the following reasons:

- You marry or divorce
- You gain or lose a dependent due to birth, adoption, placement for adoption, eligibility under a QMCSO, or death
- You, your spouse, or dependent obtains or loses a job that affects eligibility for coverage
- You, your spouse, or dependent experiences a significant change in employment status (for example, change from full-time to part-time work) that affects eligibility for benefits
- You move to a new address or work location that causes you to lose the medical and/or dental plan coverage you selected
- Your dependent is no longer eligible
- You or your spouse take (or return from) an unpaid leave of absence that affects coverage.

Remember to notify Human Resources, provide documentation and make your change online within 31 calendar days of a qualified event.

The benefit change must be consistent with the reason for the change. For more details on status changes, see your Employee Benefits Handbook.

To make most changes:

- Go to www.MyTHR.org.
- Click “My Benefits.”
- Click “Enroll Now.” You must provide Human Resources with documentation supporting your change in status or the change will not take effect.



Kathleen Vaden
RN
THC

TICKET TO HEALTH

GOD GRANT ME THE SERENITY TO ACCEPT THE THINGS I CANNOT CHANGE, THE COURAGE TO CHANGE THE THINGS I CAN, AND THE WISDOM TO KNOW THE DIFFERENCE.

FOCUS ON HEALTH - WELLNESS - PREVENTION

2013 COST FOR COVERAGE

Benefit Costs Per Pay Period

The tables below and on the following pages show your benefit costs per pay period. Premiums will be deducted from 26 pay periods.

MEDICAL COVERAGE WITH LOW RX & ADDITIONAL COST FOR HIGH RX (PAID BEFORE-TAX)

Following is your cost per pay period for medical coverage and the additional cost each pay period if you elect the High Rx.

Plan Name	Employee Only		Employee + Spouse		Employee + Child(ren)		Employee + Family	
	Employee	Texas Health	Employee	Texas Health	Employee	Texas Health	Employee	Texas Health
FULL-TIME EMPLOYEES WHO EARN LESS THAN \$25,000								
Choice Plan 500/Low Rx	\$2.62	\$268.83	\$51.52	\$483.75	\$30.92	\$466.09	\$74.54	\$752.71
Choice Plan 1000/Low Rx	\$0.96	\$232.33	\$28.67	\$430.86	\$17.86	\$409.44	\$42.05	\$668.48
Choice Plan 1500 Plus/Low Rx	\$12.48	\$224.30	\$113.92	\$355.63	\$85.69	\$351.15	\$157.13	\$568.73
Additional cost for High Rx	\$0.75	\$8.00	\$5.25	\$12.00	\$2.75	\$10.25	\$10.75	\$17.50
FULL-TIME EMPLOYEES WHO EARN \$25,000 - \$49,999								
Choice Plan 500/Low Rx	\$13.30	\$258.15	\$87.18	\$448.09	\$85.50	\$411.51	\$155.20	\$672.05
Choice Plan 1000/Low Rx	\$4.91	\$228.38	\$41.57	\$417.96	\$41.59	\$385.71	\$75.21	\$635.32
Choice Plan 1500 Plus/Low Rx	\$39.98	\$196.80	\$176.06	\$293.49	\$163.09	\$273.75	\$290.89	\$434.97
Additional cost for High Rx	\$2.50	\$6.25	\$8.00	\$9.25	\$4.00	\$9.00	\$16.00	\$12.25
FULL-TIME EMPLOYEES WHO EARN \$50,000 - \$74,999								
Choice Plan 500/Low Rx	\$13.47	\$257.98	\$90.60	\$444.67	\$89.95	\$407.06	\$161.70	\$665.55
Choice Plan 1000/Low Rx	\$4.72	\$228.57	\$42.33	\$417.20	\$42.53	\$384.77	\$75.64	\$634.89
Choice Plan 1500 Plus/Low Rx	\$41.34	\$195.44	\$183.55	\$286.00	\$169.88	\$266.96	\$303.52	\$422.34
Additional cost for High Rx	\$3.25	\$5.50	\$9.25	\$8.00	\$4.75	\$8.25	\$18.50	\$9.75
FULL-TIME EMPLOYEES WHO EARN \$75,000 - \$99,999								
Choice Plan 500/Low Rx	\$21.60	\$249.85	\$140.83	\$394.44	\$129.18	\$367.83	\$239.91	\$587.34
Choice Plan 1000/Low Rx	\$7.84	\$225.45	\$61.47	\$398.06	\$62.17	\$365.13	\$113.75	\$596.78
Choice Plan 1500 Plus/Low Rx	\$66.05	\$170.73	\$284.96	\$184.59	\$262.46	\$174.38	\$471.09	\$254.77
Additional cost for High Rx	\$4.00	\$4.75	\$13.25	\$4.00	\$6.75	\$6.25	\$21.25	\$7.00
FULL-TIME EMPLOYEES WHO EARN \$100,000 AND ABOVE								
Choice Plan 500/Low Rx	\$22.64	\$248.81	\$146.74	\$388.53	\$135.10	\$361.91	\$252.53	\$574.72
Choice Plan 1000/Low Rx	\$8.17	\$225.12	\$65.50	\$394.03	\$65.39	\$361.91	\$119.67	\$590.86
Choice Plan 1500 Plus/Low Rx	\$69.46	\$167.32	\$299.21	\$170.34	\$275.60	\$161.24	\$494.63	\$231.23
Additional cost for High Rx	\$4.25	\$4.50	\$14.00	\$3.25	\$7.00	\$6.00	\$22.25	\$6.00
PART-TIME EMPLOYEES*								
Choice Plan 500/Low Rx	\$91.74	\$179.71	\$216.16	\$319.11	\$200.52	\$296.49	\$310.23	\$517.02
Choice Plan 1000/Low Rx	\$36.58	\$196.71	\$92.55	\$366.98	\$90.99	\$336.31	\$142.91	\$567.62
Choice Plan 1500 Plus/Low Rx	\$135.07	\$101.71	\$317.18	\$152.37	\$288.23	\$148.61	\$455.45	\$270.41
Additional cost for High Rx	\$8.50	\$0.25	\$17.00	\$0.25	\$12.25	\$0.75	\$26.75	\$1.50

*If you are a part-time employee over age 55, Texas Health provides you with a subsidy for medical coverage equal to the difference between the cost of coverage for a full-time employee earning between \$50,000 and \$74,999 a year and a part-time employee's cost. When you enroll online, the premium amount you see will have the part-time over age 55 subsidy included. However, your paycheck will show the regular part-time premium amount on one line and the over age 55 subsidy on a separate line.

2013 COST FOR COVERAGE

DENTAL (PAID BEFORE-TAX)

Coverage Level	Aetna Managed (DMO)	Aetna PPO Max (Low Option)	Aetna PDN (High Option)
Employee Only	\$5.75	\$7.02	\$17.84
Employee + Spouse	\$11.49	\$14.05	\$35.67
Employee + Child(ren)	\$15.38	\$18.79	\$47.72
Employee + Family	\$19.51	\$23.84	\$60.57

VISION (PAID BEFORE-TAX)

Coverage Level	Superior Vision
Employee Only	\$3.68
Employee + Spouse	\$7.93
Employee + Child(ren)	\$5.97
Employee + Family	\$10.87

ADDITIONAL LIFE* (PAID AFTER-TAX)

Your Age*	Cost per pay period per \$1,000 of coverage
Under 30	\$0.0176
30 - 34	\$0.0220
35 - 39	\$0.0309
40 - 44	\$0.0397
45 - 49	\$0.0617
50 - 54	\$0.0970
55 - 59	\$0.1455
60 - 64	\$0.1895
65 - 69	\$0.2821
70 - 74	\$0.3835
75 - 79	\$0.5510

SPOUSE LIFE* (PAID AFTER-TAX)

Your Age*	Cost per pay period per \$1,000 of coverage
Under 30	\$0.0264
30 - 34	\$0.0353
35 - 39	\$0.0397
40 - 44	\$0.0441
45 - 49	\$0.0661
50 - 54	\$0.1014
55 - 59	\$0.1895
60 - 64	\$0.2909
65 - 69	\$0.5598
70 - 74	\$0.9080
75 - 79	\$0.9080

CHILD LIFE (PAID AFTER-TAX)

Coverage	Cost per pay period
All your children	\$0.2689 for \$10,000 of coverage

ADDITIONAL AD&D (PAID BEFORE-TAX)

Coverage	Cost per pay period per \$1,000 of coverage
Employee Only	\$0.0055
Employee + Family	\$0.0102

* Additional and Spouse Life rates are based on the employee's age as of Jan. 1, 2013.

COST OF DISABILITY COVERAGE

To calculate your premiums for disability, multiply your hourly base rate by the cost of coverage listed in the tables below. For example, if you earn \$8 per hour and you are electing STD with a 14-day waiting period, multiply $\$8 \times \$0.7643 = \$6.11$ per paycheck.

If you are a part-time employee, multiply $\$8 \times \$0.7643 \times (\text{hours you are regularly scheduled to work} \div 80)$.

STD (PAID AFTER-TAX)

Waiting Period	Rate Multiplier
14 days	\$0.7643
30 days	\$0.5317

ADDITIONAL LTD (PAID AFTER-TAX)

Coverage	Rate Multiplier
Additional LTD ("Buy-Up" Plan)	\$0.3360

ANNUAL BASE BENEFITS RATE

Your premiums for medical, life, AD&D and disability benefits are based on your ABBR (annual base benefits rate), which is your base pay as of Oct. 1, 2012 or hire date, whichever is later. See your Employee Benefits Handbook for more details on determining your ABBR if you were rehired or had a status change.

WHERE TO GET MORE INFORMATION

More Information

In addition to this Employee Benefits Guide, here are other resources when you have questions about your benefits.

- **Online:** The first place to look for answers is online at www.MyTHR.org. The site gives you around-the-clock benefit plan information and provides links to the benefit plan providers.
- **Employee Benefits Handbook:** If your question is about how one of your benefits works or what is covered, your Employee Benefits Handbook is the best resource. It is always posted online at www.MyTHR.org.
- **Benefits Provider:** The customer service representatives for each benefit program are trained to help you understand your benefits. Call 1-877-MyTHRLink (1-877-698-4754).
- **Email:** You can also get answers by email. Here are the addresses by topic:
 - Leaves, Disability and Workers' Compensation: thridm@texashealth.org
 - Tuition Reimbursement: thrtuitionreimbursement@texashealth.org
 - Wellness: behealthythr@texashealth.org
 - All Other Benefits: thrbenefits@texashealth.org
- **Human Resources:** If you have tried the other information sources listed above and you still need help, contact Human Resources. They will direct you to the right resource.

HUMAN RESOURCES CONTACTS

Entity	Human Resources Phone Number
Texas Health Resources	(682) 236-6200
Texas Health Allen	(972) 747-6290
Texas Health Alliance	(682) 212-2024
Texas Health Arlington Memorial	(817) 960-6161
Texas Health Azle	(817) 444-8662
Texas Health Cleburne	(817) 556-4398
Texas Health Dallas	(214) 345-6520
Texas Health Denton	(940) 898-7051
Texas Health Fort Worth	(817) 250-2882
Texas Health HEB	(817) 848-4800
Texas Health Kaufman	(972) 932-7264
Texas Health Organization for Physicians	(972) 739-3058
Texas Health Partners	(972) 419-6724
Texas Health Physicians Group	(972) 739-3014
Texas Health Plano	(972) 981-8132
Texas Health Southwest	(817) 433-6075
Texas Health Specialty Hospital	(817) 250-2882
Texas Health Stephenville	(254) 965-1522
Texas Professional Buildings	(682) 236-6200
Texas Research Institute	(682) 236-6200



Brandi Trujillo, RN
Acute ICU
THSW



MY THR IS YOUR LINK TO TOTAL HEALTH

My THR Link

You can log on to www.MyTHR.org anytime for more information about employee benefits, or you may call 1-877-MyTHRLink (1-877-698-4754). Following are choices when you call.

Press	To Hear About	Then Choose from These Additional Options
1	Total Health Medical Claims, Benefits, and Eligibility Please have your UHC subscriber number (printed on your UHC ID card) available when you call. If you do not have a subscriber number, say, "I don't know."	None
2	Health Advocate This option gives you 24/7 access to help with health and wellness questions and can connect you with a health coach, case manager or Personal Health Support.	None
3	Pharmacy Plan	None
4	Wellness Benefits	Press 1: Weight Watchers Press 2: Alere tobacco cessation program Press 3: <i>Be Healthy</i> website or rewards Press 4: Employee Assistance Program (EAP) Press 5: To repeat these options
5	401(k) Retirement Plan	None
6	Other Total Health Questions	Press 1: Leaves of Absence and Workplace Injuries Press 2: Tuition Reimbursement Press 3: Dental benefits Press 4: Vision benefits Press 5: Disability benefits, Life Insurance or AD&D Press 6: Spending Accounts Press 7: Long Term Care benefits Press 8: Adoption Assistance Press 9: To repeat these options
7	To Repeat All Options	None
8	Español Marque el 8 para ayuda en español.	None

The information in this 2013 Employee Benefits Guide is intended to help you enroll in your 2013 Flexible Benefits. Not all plan provisions, limitations, or exclusions are described in this publication. In case of a conflict between the information in this section and the actual plan documents and insurance contracts, the plan documents and insurance contracts will govern. Contact Human Resources for additional information. Texas Health reserves the right to change or terminate benefits at any time. Neither the benefits nor this section should be interpreted as a guarantee of future benefits or a contract of employment.