



Employee Benefits Guide

Plan year

September 1 – August 31

MHMR has played an important role in Tarrant and surrounding counties for more than 40 years. Our goal is to change lives by addressing unique health care needs, such as substance abuse, mental illness, developmental disabilities and delays in your children.

MHMR is an equal opportunity employer that provides a quality work environment. We recognize the importance of having employees who enjoy where they work and whose main goal is to help change lives of the people we serve. As an MHMR employee, you will receive the following competitive benefits laid out in this information packet. Disclaimer: Plan Document rules apply. Not all data is covered in this guide.

This guide provides information on benefits for MHMR employees.

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Insurance Benefits Eligibility

- Full time employees are offered coverage on the 1st of the month following last day of hire (see deadline dates on the following page). Online deadline will display as the end of the month but it's best not to wait until the final day.
- Specific job titles are offered coverage immediately first day of work and have 30 days to make elections from the date of hire (listed below).
- Part time market employees in specific job classes (market driven) are also eligible (refer to the page related to part time benefits)
- Spouses are not eligible under MHMR medical plan if they have eligible coverage through their employer. Please visit MHMR intranet or your human resources department for additional information.
- Refer online Benefits Website for dependent detail eligibility. Plan documents prevail over all items listed in this guide

Full time and Part time job titles that are considered "market driven" are offered insurance immediately:

Behavioral Health Services	Disability Services	Early Intervention Services
Advance Practice Nurse	Board Certified Behavior Analyst	Board Certified Behavior Analyst
Psychiatrist	Director Sr. Clinical (Psychologist)	Physical Therapist
Physician Assistant	Licensed Psychologist	Physical Therapist Asst.
All Registered Nurses	Occupational Therapist	Infant Mental Health Specialist
Dietitian	Licensed Psychological Assoc. (Assessment Specialist)	Occupational Therapist
Licensed Therapist Supervisor	Dietitian	Occupational Therapist Asst.
Licensed Therapist	All Registered Nurses	Licensed Family Support Coach
Licensed Chemical Dependency Counselor		All Registered Nurses
Licensed Chemical Dependency Counselor Supervisor		Team Coordinator – OT
		Team Coordinator – PT
		Team Coordinator – SLP
		Mental Health Consultant L (fully licensed)
		Trauma Therapist (fully licensed)

Dependent Verification

If you plan to add any dependents to your Medical, Dental and/or Vision insurance, MHMR does mandate to have dependent verification on file. For example: If you would like to add your child to your insurance, you will need to submit a birth certificate or legal documentation listing you as the guardian (a full list of acceptable documents can be found on our benefits website under "Quick Links"). Should you not complete this portion and fail to turn in dependent verification, you will not receive coverage for that dependency requested. All documentation must be submitted up to 30 days after your effective date but will risk retro deductions if not turned in prior to your insurance effective date. Should you fail to submit documentation within the timeframe, your next opportunity to enroll or edit will be the following open enrollment period.

Annual Open Enrollment

Anyone who is eligible but has not enrolled themselves during their initial hiring period or their dependents may enroll in the health plan without completing the health questionnaire or going through the approval process during open enrollment of 9-1 (each year). Mid-year changes occur if you have one of the life changing events as stated below and qualify for "Special Enrollment" as stated under the Plan event page. We highly encourage you to review your benefits each year by the open enrollment deadlines as items can change and you can find yourself without coverage or with coverage you did not want selected.

Open Enrollment does not waive the waiting period. If you are a new employee and are still within the required waiting period, your coverage will not become effective until you have completed said waiting period.

HIPAA Special Enrollment

This Plan complies with the Health Insurance Portability & Accountability Act (HIPAA) of 1996. For more information regarding your rights under HIPAA, you may want to contact the nearest Department of Labor. An initial notice of your rights under COBRA will be sent to any employee who elects medical, dental, and/or vision.

Special Enrollment Events

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan if you have a qualifying event such as you get married (please note spouse carve out provision on the medical plan), have a baby, adopt a child, you or your dependents lose eligibility for other coverage, or you or your dependents meet a lifetime limit on all benefits on other coverage, or the employer stops contributing towards you or your dependents' other coverage, provided that you request enrollment for this plan within 31 days after one of these events. Please refer to the Plan Document on MHMR intranet or online Benefits Website for all eligible qualifying events.

Effective Dates of Coverage

1st of month following last hire date.

Employees in “market driven” positions, listed on previous page begin immediately following hire date

Month Hired or transferred to job with benefits	Make final selections*online Benefits Website	Effective date of insurance is the 1 st of this month. Insurance deductions start on the first check date received in this month
January	Before February 1st	February
February	Before March 1 st	March
March	Before April 1 st	April
April	Before May 1 st	May
May	Before June 1 st	June
June	Before July 1 st	July
July	Before August 1 st	August
August	Before September 1 st	September
September	Before October 1 st	October
October	Before November 1st	November
November	Before December 1 st	December
December	Before January 1st	January

*If your benefits are effective immediately, the above chart does not apply to you. You have 30 days from your hire date to make your elections.

*If benefit selections are completed online after this timeframe, you may incur retroactive deductions. Additionally, you could experience a delay in getting your insurance cards by your effective date. All benefits selected are still effective on your initial effective date listed above and not at the time you select the coverage online.

Benefits Website:

www.mhmrtarrantbenefits.hrintouch.com/

Use your MHMR computer credentials (<USERID>@MHMRTC.ORG) when logging into BenefitFocus. If you are on an MHMR computer already, the link will automatically log you in through single sign on.

Nicotine Questionnaire

All employees must complete the nicotine questionnaire that will display once you log in to the Benefits portal. Failure to complete the questionnaire and upload applicable documentation (if a nicotine user) will result in a nicotine surcharge rate applied to your applicable rate. To upload documentation for the Nicotine questionnaire, select “other document” as the type of document for the nicotine documentation. Acceptable documents are:

- Proof of enrollment in any nicotine program OR
- Proof of physician statement indicating the nicotine user is in a monitored nicotine cessation

Insurance Plan Event Changes

An employee has the right to make changes to their insurance benefits anytime during the plan year if they have a qualifying **Event Change**. The employee has **31 days** to complete request online Benefits Website of such change from the event effective change date to add or drop coverage with MHMR. With each event change the employee must submit supporting documentation (upload on Benefits Website) of recently lost coverage or newly added coverage with another insurance company. **Additional information is also available on Info Depot under HR and online Benefits Website.**

Please keep in mind that you only have 31 days from the Event Change to add or drop coverage. If your dependent has recently lost coverage through "CHIPS" you will have 60 days from the effective date or termination date to add or drop coverage with MHMR.

Event Change

The following are examples of Qualifying Event Changes:

- ▶ Loss of coverage or recently enrolled into a new plan
- ▶ Marriage
- ▶ Divorce
- ▶ Adoption
- ▶ Birth
- ▶ Legal separation
- ▶ Death
- ▶ Termination
- ▶ Reduction of hours

Please note that the specific insurance change requested must be consistent with the event change.

31 Days

Example: If you lose coverage on Jan. 31 and submit your documentation on Feb. 28, we will add your coverage with MHMR on Feb. 1, since there cannot be a lapse in coverage. Since two paydays in February have already been paid, we will need to catch up your deductions. Please keep in mind that you will still have to be charged for the whole month of February. The next check you receive will have to be charged retroactively. Your next check will have to be adjusted with a One-Time double deduction for the month of February plus the deduction for the first check in March.

Actions Needed in Benefits Website

1. Edit requested plan change.
2. Upload documentation.

Online changes must be completed within 31 days of the qualifying event. **If the event is not completed online then the change cannot be accepted/ processed.**

Insurance Benefits that can be changed during the year with an applicable event change are: Health, dental, vision, and medical reimbursement/dependent care reimbursement.

Medical Benefits

Claims administration provided by Boon-Chapman

Apply for this
coverage online

Your health benefits are provided under a self-insured plan managed by Boon-Chapman. You may choose between the following three PPO plans PPO Plan with an HRA feature, Basic Plan and a Premium Plan.

Boon-Chapman's utilization management system is designed to be your partner in **controlling healthcare costs** while promoting **high quality appropriate care**. Now, with one phone call, you or your doctor can contact Boon-Chapman and obtain verification of benefits and case management services. Cigna also provides pre-certification for medical necessary procedures.

The utilization management program incorporates the managed care activities of:

- Hospital admission review
- Concurrent hospital review
- Discharge planning
- Surgical procedure review

All admissions and outpatient surgical procedures, chemo, radiation, dialysis, infusion therapies and inpatient rehab require that you notify Boon-Chapman within two (2) business days following the scheduled date of service. A telephone call is required to initiate the review process. A registered nurse will contact your physician to determine the medical necessity of your admission and coordinate the length of hospital stay. Surgical procedures will be reviewed to identify the medical necessity. **Ensure you check your explanation of benefits (EOB) after each service with a provider to ensure accuracy.**

Spotlight Enhancements*

- Infertility Treatment coverage after 2 years of current employment - Limited to: \$10,000 per Plan Participant per Lifetime
- Bariatric Surgery after 2 years of current employment
- Hearing Aids – No Deductible up to \$4000 per ear
- One-time credit toward deductible of \$500 for plan year FY21
- Additional medical billing support for non-selected providers

*Review the plan document for specific coverage, limits and eligibility requirements.

Spouse Acknowledgement

MHMR's policy restricts spouses to be covered under the medical insurance plan if they are offered working coverage (coverage through their employer). If you add your spouse to the medical insurance, you must acknowledge online that they are not offered working coverage as well as complete the Spouse Carve Out Form attached at the end of this Guide.

Provider Listing

A PPO provider network listing (doctor listing) is available online at www.cigna.com. Click on "Find a Doctor". On the next page, click on "select a plan for your search" and then select "PPO, Choice Fund PPO" in the pop-up box.

Pharmacy/Prescriptions

Your Prescription Drug Card provider is Caremark. Their network includes major U.S. pharmacy chains and the majority of the regional pharmacy chains and independent pharmacies including CVS, Eckerd, K-Mart, Kroger, Wal-Mart, Walgreens, Tom Thumb, and Sam’s Pharmacy. Contact Caremark’s “Help Desk” at **866-475-0056**. Please present your new Caremark Prescription Drug card/ID card to your local pharmacist when you get a prescription filled or refilled.

Mail Order

1. Complete a Caremark Direct Enrollment form and mail or fax to Caremark Direct along with your Prescription from your Doctor and a co-pay amount.
2. Contact Caremark’s “Quick Start” program by phone: **800-346-9113** have your prescription information ready, name of medication and dosage, and the names and phone number of the prescribing Physician. Caremark will contact your Physician to obtain a copy of the prescription.

Medical Credit

We are pleased to announce that after recent review of the plan performance, we are able to pass along savings to you as well as to the employer contribution. Your health plan is paid for by you as well as by your division/RU. Starting in April 16, you will receive a credit on your health insurance premium on your paycheck. The credit is based on what plan you are enrolled on and paid for the previous paycheck. (You may not change plans unless you have a change of life event.) See the chart below for the credit you can anticipate based on your insurance plan. Eligibility requirements are listed below:

- Must be a current employee at the time of the credit is being issued.
- Credit does not apply to COBRA rates.
- Employees may not change medical plans except for qualifying life-changing events.
- Reminder: You will continue to see the total payroll deduction on your pay stub; and you will see the credit listed above on the following pay stub. Note: This credit will be treated as income by the Internal Revenue Services

Medical Insurance Rates through 8/31/2021 (FTE .75 – 30+ hours)

Employee Pays / Per Check (26 pay periods)	HRA Plan (\$1,750 plan year individual deductible)	Basic Plan (\$2,000 plan year individual deductible)	Premium Plan (\$1,250 plan year individual deductible)	Nicotine additional surcharge
Employee Only	\$16.31 \$11.31*	\$43.35 \$33.35*	\$120.68 \$105.68*	+10.00
Emp + Children	\$128.71 \$28.71*	\$183.79 \$58.79*	\$386.01 \$236.01*	+20.00
Emp + Spouse**	\$218.72 \$68.72*	\$287.23 \$112.23*	\$488.56 \$288.56*	+20.00
Emp + Family	\$307.16 \$107.16*	\$394.50 \$169.50*	\$686.03 \$436.03*	+20.00

*MHMR is providing a temporary Medical Plan Premium Credit that can be discontinued at any time. The credit is based on what plan you are enrolled on and paid for the previous paycheck. (You may not change plans unless you have a change of life event.) The chart illustrates the current premium costs per plan while the temporary credit is in effect.**Not eligible if offered medical insurance through their group employer; restrictions apply.

Note: Employees who get Employer-sponsored insurance through a family member’s work (i.e. through MHMR) may qualify to have your insurance premiums reimbursed through the Texas Health Insurance Premium Payment (HIPP) program if a member of the family is enrolled in Medicaid. (<http://gethiptexas.com>)

PPO Plans	Office Visit Copay	Individual Deductible (plan year)	Family Deductible (plan year)	Co-insurance	Individual Out of Pocket Maximum (20% co-ins.) plan year	Family Out of Pocket Maximum (20% co-ins.) plan year	Urgent Care	Emergency Room	Hospital InPatient	Prescription Copays Generic Brand Non-Formulary(1) Specialty drugs (over \$1,000)
PPO Plan w/HRA*	TPA will be billed for negotiated rates. If there is still a deductible amount remaining after the HRA is exhausted, employees pay the balance owed.	\$1,750^	\$3,500	80/20**	\$5,500	\$11,000	TPA will be billed for negotiated rates. If there is still a deductible amount remaining after the HRA is exhausted, employees pay the balance owed. Co-insurance amounts apply after deductible is met.	\$150 copay with a max. of two visits per plan year per insured member. Additional visits go toward deductible.	TPA will be billed for negotiated rates. If there is still a deductible amount remaining after the HRA is exhausted, employees pay the balance owed. Co-insurance amounts apply after deductible is met.	\$10 \$35 \$55 \$100 (drugs over \$1,000) Cannot use HRA but can sign up for FSA
<p>*HRA \$500 employee only coverage, \$1,000 employee +1 dependent, or \$1,500 for Employee +2 or more dependent coverage funded by Employer. A <u>plan year</u> maximum balance carryover of \$1,500 employee only and \$3,000 emp and dependents. Note: new employees enrolling in HRA will have HRA amount pro-rated based on effective date enrolled in thru 8-31 of each plan year. Full HRA amounts begin each September 1.</p> <p>^HRA amount used does reduce the deductible amount for the individual or family member who used the HRA amount</p>										
Basic Plan	\$35	\$2,000	\$4,000	80/20**	\$4,000	\$8,000	\$50	Same as HRA and Premium Plan	Deductible then Co-insurance Applies	\$10 \$35 \$55 \$100 (drugs over \$1,000)
Premium Plan	\$25	\$1,250	\$2,500	80/20**	\$2,000	\$4,000	\$50	Same as HRA and Basic Plan	Deductible then Co-insurance Applies	\$10 \$30 \$55 \$100 (drugs over \$1,000)
<p>Note: Listed coverages are in-network</p> <p>** After the plan year deductible is met, employees and the health plan share additional expenses. Employees pay 20% and the plan pays 80% up to the out of pocket maximums</p> <p>(1) Prescriptions submitted through Mail Order will experience a charge of 2 1/2 times the copay for a 3 month supply</p>										

Detailed plan documents are available to all employees on the Benefits Enrollment website.

Working Part Time in Market driven positions

Refer to the table under eligibility for the market driven job titles eligible to have benefits if part time

The Benefit Package is slightly different if you are employed part-time market driven (less than 40 hours). Market driven positions are predefined by MHMR.

Differences from regular full-time benefits for the part-time benefits are:

- ▶ Separate health plan rates for FTE less than .75 (displayed below)
- ▶ Not eligible for disability plans and must have an FTE of .38 for life insurance
- ▶ PTO hours are based on FTE (displayed below)
- ▶ Holiday hours paid are based on FTE

**Pool positions do not qualify for benefits except mileage reimbursement.*

Part time - Health Plan Rates

EMPLOYEE PAYS / PER CHECK	HRA PLAN	BASIC PLAN	PREMIUM PLAN	Nicotine surcharge
Employee Only	\$58.16 \$53.16*	\$150.31 \$140.31*	\$219.96 \$204.96*	+10.00
Employee + Children	\$315.60 \$215.6*	\$350.59 \$225.59*	\$520.84 \$370.84*	+20.00
Employee + Spouse**	\$417.98 \$267.98*	\$465.00 \$290*	\$640.06 \$440.06*	+20.00
Employee + Family	\$541.78 \$341.78*	\$606.06 \$381.06*	\$852.78 \$602.78*	+20.00

*MHMR is providing a temporary Medical Plan Premium Credit that can be discontinued at any time. The credit is based on what plan you are enrolled on and paid for the previous paycheck. (You may not change plans unless you have a change of life event.) The chart illustrates the current premium costs per plan while the temporary credit is in effect. **Not eligible if offered medical insurance through their group employer; restrictions apply.

Part time Holiday Hours and PTO are based on the FTE assigned, not hours worked. Contact Payroll department for PTO and Holiday pay questions.

FTE Hours	Holiday Hours Received	PTO Schedule Months Employed—Hours Received Bi-Weekly	PTO Maximum Balance and Payoff at Termination	
.01 - .19 1 - 7	1	0 - 24 months	.50 hours	20.00 hrs. max 0.00%
		25 - 60 months	.75 hours	25.00 hrs. max 50%
		61 - 120 months	.75 hours	31.00 hrs. max 75%
		121 - 180 months	.75 hours	34.00 hrs. max 85%
		181+ months	.75 hours	37.00 hrs. max 100%
.20 - .39 8 - 15	2.5	0 - 24 months	1.50 hours	61.00 hrs. max 0.00%
		25 - 60 months	2.00 hours	76.00 hrs. max 50%
		61 - 120 months	2.50 hours	94.00 hrs. max 75%
		121 - 180 months	2.50 hours	103.00 hrs. max 85%
		181+ months	2.50 hours	112.00 hrs. max 100%
.40 - .59 16 - 23	4	0 - 24 months	2.75 hours	102.00 hrs. max 0.00%
		25 - 60 months	3.25 hours	126.00 hrs. max 50%
		61 - 120 months	4.00 hours	156.00 hrs. max 75%
		121 - 180 months	4.00 hours	171.00 hrs. max 85%
		181+ months	4.00 hours	186.00 hrs. max 100%
.60 - .79 24 - 31	5.5	0 - 24 months	3.75 hours	143.00 hrs. max 0.00%
		25 - 60 months	4.50 hours	176.00 hrs. max 50%
		61 - 120 months	5.50 hours	218.00 hrs. max 75%
		121 - 180 months	5.50 hours	239.00 hrs. max 85%
		181+ months	5.50 hours	260.00 hrs. max 100%
.80 - .99 32 - 39	7	0 - 24 months	4.75 hours	184.00 hrs. max 0.00%
		25 - 60 months	5.75 hours	227.00 hrs. max 50%
		61 - 120 months	7.25 hours	281.00 hrs. max 75%
		121 - 180 months	7.25 hours	308.00 hrs. max 85%
		181+ months	7.25 hours	335.00 hrs. max 100%

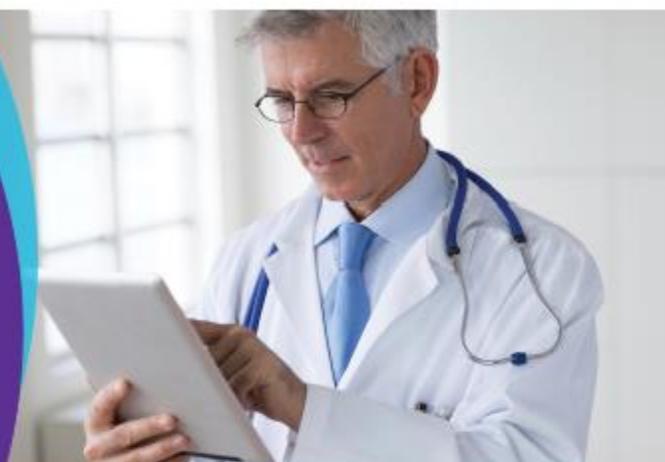
Teladoc is only available for employees and dependents enrolled in the medical plan with MHMR. Coverage is automatic once enrolled in medical plan.



Brought to you by:
MHMR of Tarrant County

AVAILABLE NOW: Access to a doctor anytime, anywhere

Available 09/01/2017



A welcome letter is being mailed to your home with instructions for setting up your Teladoc® account, completing your medical history and requesting a consult. Once you're set up, a Teladoc doctor is always just a call or click away.

MEET OUR DOCTORS

Teladoc is simply a new way to access qualified doctors. All Teladoc doctors:

- Are practicing PCPs, pediatricians, and family medicine physicians
- Average 20 years experience
- Are U.S. board-certified and licensed in your state
- Are credentialed every three years, meeting NCQA standards

GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Sinus problems
- Sore throat
- Respiratory infection
- Skin problems
- And more!

WHY TELADOC?

It is a convenient and affordable option for quality care.

- When you need care now
- If you're considering the ER or urgent care for a non-emergency issue
- On vacation, on a business trip, or away from home
- For short term prescription refills

Talk to a doctor anytime for free!

 Teladoc.com

 1-800-Teladoc (835-2362)



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Teladoc Only Plan

Telehealth can be an important component of your health and wellness, and that of your family. Currently Teladoc is available to employees who have MHMR medical insurance plans.

Teladoc is a doctor consultation by telephone or email on demand, 24/7. You can contact Teladoc to talk to a doctor for information, advice and treatment, including prescription medication when appropriate.

MHMR is now offering Teladoc to eligible employees who chose not to enroll in the MHMR medical insurance plan (waived coverage).

You will be able to enroll on this plan as a new hire or during open enrollment. Eligible employees and their eligible dependents can enroll for \$5 per paycheck subject to change as rates are reviewed at renewal.

Employees who have an MHMR medical plan will continue to receive Teladoc within their MHMR medical plan at no additional charge.

You will see a deduction of \$5 on each pay check of the month for which you are enrolled.

You can cancel enrollment beginning the 1st of any month following the written request to cancel the Teladoc only benefit but will not be refunded any payment paid previously. You will need to wait for the following open enrollment if you wish to re-enroll. At employment end, the Teladoc coverage will end accordingly based on premiums paid.

This plan is only eligible for those employees that are normally eligible for MHMR medical plan AND who waived the medical plan. Teladoc is already included in the medical plan for participants.

Important Note: Employees cannot enroll just their dependents on this plan (must include the employee). Employees who are enrolled as employee only on the medical plan cannot enroll in this plan so that their dependents get access to the Teladoc benefit only.

Teladoc services are available to you (and your eligible dependents) from home, work or wherever you may be. The goal is not to replace every doctor's office visit but to assist you with immediate access to a physician 24/7 to provide advice or treatment (including some prescriptions) that allows avoidance of a more traditional and expensive clinical visit and/or to guide the patient down the best path for resolution of the medical complaint.

Employees who have used it have reported they have used Teladoc in place of a higher-cost urgent care visit or waiting for a scheduled doctor's appointment.

For more information, visit the Benefits Website: click on Health Benefits, Medical, Teladoc.

If you have any questions, contact Human.Resources@mhmrtc.org

Dependent Verification

Note - Employees who are enrolled in the medical plan as employee only and did not enroll dependents on the medical plan cannot enroll themselves or dependents only (without the employee) on this plan.

MHMR mandates to have dependent verification on file for each dependent. If you would like to add your child(ren) or Spouse to Teladoc only benefit, you will need upload proof of each dependent into the Benefits Website. If you have previously uploaded dependent verification data for dental, vision or if you had MHMR's

medical plan in the past, then you do not have to re-load any documents. Validate the existence of your documents by reviewing the Document center to find your previously uploaded documents.

A full list of acceptable documents dependent verification documents can be found on our benefits website under “Quick Links” and included with this communication.

Should you not complete this portion of the enrollment process and fail to upload eligible dependent verification documents for the dependents you wish to enroll, you will not receive the Teladoc benefit for the specific dependent(s) requested.

Additional disclaimers:

1. Participation in this benefit does not satisfy the requirement of the Patient Protection and Affordable Care Act (PPACA) to maintain medical coverage.
2. Teladoc doctors do not issue prescriptions for controlled substances, non-therapeutic drugs, and certain other drugs.
3. This benefit is not intended to replace any existing health insurance coverage
4. This is a voluntary supplemental benefit offering, not a medical plan.
5. This is the same criteria eligibility for dependents as the medical plan (up to age 26 and other applicable criteria).
6. This plan is only eligible for those employees that are normally eligible for MHMR medical plan AND who waived the medical plan. Teladoc is already included in the medical plan for participants. Employees cannot enroll just their dependents on this plan (must include the employee). Employees who are enrolled as employee only on the medical plan cannot enroll in this plan so that their dependents get access to the Teladoc benefit only.
7. This offering is not a qualifying event to add or remove any other benefit this benefit is not COBRA eligible.
8. This is an after-tax deduction from paychecks.
9. Enrollment period deadlines apply, I will have to wait until Open Enrollment and new applicable rates may apply.
10. If you have other coverage under a HDHP with an HSA, confirm with that plan’s administrator for additional guidance.

Frequently Asked Questions

Q1 – If I decline the agency medical plan can I choose to elect to just participate in Teladoc only.

A1- Yes, you can choose to enroll in Teladoc only if you don’t have the medical plan.

Q2 – If I decline the agency medical plan, can I choose to enroll only my dependents in the Teladoc only plan?

A2 – No, employees must also sign up for this benefit if they are interested in adding their dependent.

Q3 – I am enrolled in the medical plan, but I want to have Teladoc. Can I enroll in the Teladoc only plan?

A3 - Teladoc is included for all the members on the medical plan when you elect one of the medical plan options.

Q4 – I am enrolled in the medical plan but my dependents are not. Can I enroll in the Teladoc only plan for my dependents only?

A4 – No, the Teladoc only plan must include the employees. You cannot enroll only dependents in the Teladoc Only plan.

Dental

Provided by UnitedHealthcare

Apply for this coverage online

1. **DHMO** which offers benefits through a network of Plan Dentists
 - Group plan (**TX DHMO Select - Dallas**) number:754425
 - No Deductibles, No Claim Forms to file for Plan Dentist and Plan Specialty Dentist
 - Referrals required for Specialty Dentist Services
 - No Annual Maximum for Plan Dentist and Plan Specialty Dentist Services
 - Varied co-pays for services ranging from \$5-\$65 for preventative services, crowns \$250 plus fees for noble.

Dentist: You **MUST** select a dentist provider for this plan that is in the UHC network while enrolling at www.myuhc.com. You will need the "Prac ID" number of the dentist you choose.

You will not be able to use your dental coverage on this plan until you select a dentist. There are a limited number of pediatric dentists in network on this plan. *There are limited pediatric dentists within this plan.

2. **PPO (National Options PPO 30)** which gives you the freedom to choose any Dentist/Specialist
 - Group Number
 - Freedom to Choose any Dentist, including Specialist – Better benefit value in Network
 - Deductibles apply and Coinsurance amounts
 - No referrals required, you or your dentist can file your claims

UnitedHealthcare Insurance Company® Contributory Options PPO 30 /covered dental services		Dental Plan New Standard/PS213/U90			
	NON-ORTHODONTICS		ORTHODONTICS		
	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	
Individual Annual Deductible	\$50	\$50	\$0	\$0	
Family Annual Deductible	\$150	\$150	\$0	\$0	
Maximum (the sum of all Network and Non-Network benefits will not exceed Annual maximum)	\$1,500 per person per Calendar Year	\$1,500 per person per Calendar Year	\$1,000 per person per Lifetime	\$1,000 per person per Lifetime	
New enrollee's waiting period	None				
Annual deductible applies to preventive and diagnostic services			No (In Network)	No (Out Network)	
Annual Deductible Applies to Orthodontic Services			No		
Orthodontic Eligibility Requirement			Child Only (Up to Age 19)		
CMM-Annual Roll-Over			Yes		
COVERED SERVICES *	NETWORK PLAN PAY %	NON-NETWORK PLAN PAY %	BENEFIT GUIDELINES		
DIAGNOSTIC SERVICES					
Periodic Oral Evaluation	100%	100%	See Exclusions and Limitations section for benefit guidelines.		
Radiographs	100%	100%			
Lab and Other Diagnostic Tests	100%	100%			
PREVENTIVE SERVICES					
Prophylaxis (Cleaning)	100%	100%	See Exclusions and Limitations section for benefit guidelines.		
Fluoride Treatment (Preventive)	100%	100%			
Sealants	100%	100%			
Space Maintainers	100%	100%			
BASIC SERVICES					
Restorations (Amalgams or Composite)*	80%	80%	See Exclusions and Limitations section for benefit guidelines.		
Emergency Treatment/General Services	80%	80%			
Simple Extractions	80%	80%			
Oral Surgery (incl. surgical extractions)	80%	80%			
Periodontics	80%	80%			
Endodontics	80%	80%			
MAJOR SERVICES					
Inlays/Onlays/Crowns	50%	50%	See Exclusions and Limitations section for benefit guidelines.		
Dentures and Removable Prosthetics	50%	50%			
Fixed Partial Dentures (Bridges)	50%	50%			
Implants	50%	50%			
ORTHODONTIC SERVICES					
Diagnose or correct misalignment of the teeth or bite	50%	50%			

Dental Rates

EMPLOYEE PAYS / PER CHECK	DHMO	PPO Dental
Employee Only	\$2.57	\$16.01
Employee + Children*	\$8.38	\$41.18
Employee + Spouse*	\$5.46	\$35.12
Employee + Family*	\$10.20	\$46.96

*Must complete dependent verification for coverage of any dependents.

Apply for this coverage online

Vision

Provided by UnitedHealthcare

In-network, covered-in-full benefits (after applicable copay) include a comprehensive exam, eye glasses with standard single vision, lined bifocal, or lined trifocal lenses, standard scratch-resistant coating¹ and the frame, or contact lenses in lieu of eye glasses. Below is a summary of the vision benefit:

Exam with Materials	
Benefit Frequency	
Comprehensive Exam(s)	Once every 12 months
Spectacle Lenses	Once every 12 months
Frames	Once every 12 months
Contact Lenses in Lieu of Eyeglasses	Once every 12 months

In-Network Services

Copays	
Exam(s)	\$ 15.00
Materials	\$ 30.00

Frame Benefit (for frames that exceed the allowance, an additional 30% discount may be applied to the coverage)¹

Private Practice Provider	\$175.00 retail frame allowance
Retail Chain Provider	\$175.00 retail frame allowance

Lens Options

Standard Scratch-resistant Coating, Polycarbonate Lenses for Dependent Children (up to age 19) - covered in full. Other optional lens upgrades may be offered at a discount. Based on state guidelines, lens materials and options may not be available at these discounted prices at all provider locations. Please ask your provider for details. The Lens Options list can be found at myuhcvision.com.

Contact Lens Benefit² (Formulary contact lenses refer to contact lenses available on our formulary contact list. Contact lenses not on this list are referred to as Non-Formulary. A copy of the list can be found at myuhcvision.com).

Formulary contact lenses The fitting/evaluation fees, contact lenses, and up to two follow-up visits are covered in full after copay (if applicable).	If you choose disposable contacts, up to 8 boxes are included when obtained from an in-network provider.
Non-Formulary contact lenses An allowance is applied toward the purchase of contact lenses outside the Formulary. Material copay (if applicable) is waived.	\$200.00
Necessary contact lenses ³	Covered in full after copay (if applicable).

Out-of-Network Reimbursements (Copays do not apply)

Exam(s)	Up to \$40.00
Frames	Up to \$45.00
Single Vision Lenses	Up to \$40.00
Lined Bifocal Lenses	Up to \$60.00
Lined Trifocal Lenses	Up to \$80.00
Lenticular Lenses	Up to \$80.00
Elective Contacts in Lieu of Eyeglasses ²	Up to \$200.00
Necessary Contacts in Lieu of Eyeglasses ³	Up to \$210.00

Discounts

Laser vision
UnitedHealthcare has partnered with the Laser Vision Network of America (LVNA) to provide our members with access to discounted laser vision correction providers. Members receive 15% off standard or 5% off promotional pricing at more than 550 network provider locations and even greater discounts through set pricing at LasikPlus[®] locations. For more information, call 1-888-563-4497 or visit us at www.uhclasic.com.

EMPLOYEE PAYS / PER CHECK		VISION PLAN	
Employee Only	\$2.46	Employee + Spouse*	\$4.75
Employee + Children*	\$4.97	Employee + Family*	\$7.85

*Must complete dependent verification for coverage of any dependents.

Let us handle the healthcare stuff.

Health benefits can be confusing, medical costs are rising, and finding the right care for you and your family can be frustrating and time consuming. We are here to simplify your healthcare experience and help you take control of healthcare costs. Your personal Health Pro® consultant will take care of you, so you can spend more time on what matters most. We can help you...

- **Understand your benefits**

Clear up any confusion about your health plan.

- **Find great doctors**

Locate highly-rated doctors, dentists and eye care professionals.

- **Save money on healthcare**

Compare prices and choose more cost-effective options.

- **Pay less for prescriptions**

Get recommendations for lower-cost medications.

- **Resolve billing errors**

Over 30% of medical bills are wrong. Don't get overcharged.

- **Schedule appointments**

Have your appointments scheduled at times most convenient for you.



Get started.

Member Portal: member.compassphs.com

Health Pro: answers@compassphs.com | 800.513.1667

Please note: Starting January 1, 2020, Compass will be called Alight.

alight | COMPASS

If you have any issues, please contact Human Resources via email: Human.Resources@mhmrtc.org or call (817)569-4301

Flexible Benefit Plan

Provided by Boon-Chapman

Apply for this
coverage online

Medical Reimbursement Account

You use the account to pay for eligible health care expenses that your health plan does not cover, such as: Deductibles, co-pays, coinsurance, dental services, contact lenses, eyeglasses and eye exams, prescription drugs

In general, health care expenses are eligible for reimbursement if they are incurred during the Plan Year and are considered tax-deductible by the IRS.

For a detailed list of eligible and ineligible expenses, review MHMR Intranet or online Benefits Website

You will receive a Flex Debit Card which will be loaded with your annual elected amount. You will use this card for all eligible medical expenses. The amount of the purchase will be deducted from the card balance.

Important: Keep your receipts for all your Flex Visa Card transactions in the event of an audit.

Dependent Care Reimbursement Account

Generally, you may use the money in the Dependent Care Account to care for your children under age 13 whom you claim as dependents for tax purposes for day care expenses. The **IRS requires** that you, the employee, must meet qualifications below to participate in this plan:

1. If married, your **spouse must be working, permanently disabled, or a full-time student**. Or you may be a single parent.
2. Day care expenses are being incurred ***in order for you to work*** or be gainfully employed.
3. Your child is age 12 or under.

Employees must file a paper claim for dependent care reimbursement.

Use It or Lose It – You **MUST** use all of the money in your accounts during the Plan Year except for a rollover amount of \$500. You will lose any remaining balance in the account at the end of the Plan Year. Money in your accounts may be used only for reimbursement of expenses you have incurred during the Plan Year. Claims for expenses you incur during the Plan Year must be submitted for reimbursement within 90 days after the Plan Year ends each 8/31.

Flexible Benefit Plan – A Tax Savings Program

Your Benefit Choices		
Premium Account (Administered by your Employer)	Medical Reimbursement Flexible Spending Account (FSA)	Dependent/Child Care Flexible Spending Account
<ul style="list-style-type: none"> ▶ Medical Premiums ▶ Dental Premiums <p>Ask Human Resources if your Company has this Plan.</p>	<ul style="list-style-type: none"> ▶ Deductibles ▶ Co-payments ▶ Non-covered Medical Expenses ▶ Dental Expenses ▶ Vision Expenses ▶ Prescriptions ▶ Prescribed Over-the-Counter Medications 	<ul style="list-style-type: none"> ▶ Day Care Providers
Description of Accounts		
Premiums deducted from your paycheck are paid tax-free through this account.	Allows you to set aside money tax-free to cover out-of-pocket health-related expenses for you and your family members.	Allows you to set aside money tax-free to cover child care expenses that are incurred while you are at work.
Annual Deposits Allowed by IRS		
Medical, Dental Premiums	Minimum: \$130 Maximum: \$2,750	Minimum: \$0 Maximum: \$5,000 per family unit; \$2,500 if married and filing separately
Employee Paid FSA Rollover		
At the end of the plan year (Aug. 31), participants can rollover up to \$500 of unused FSA balance.		

Documentation you will need to include when submitting a claim against your FSA.

Medical Expenses
Covered Under a Plan

Copy of EOB

Over-the-Counter (OTC)
Medications

Copy of Prescription

Expenses NOT Covered
by ANY Benefit Plan

Itemized Bill with
Details of Service

If you have insurance, you must first file your claim with your insurance plan or carrier.

*EOB – your insurance plan will send you an Explanation of Benefits (EOB) stating what portion of the incurred healthcare expenses **YOU are responsible for paying** out of pocket. Attach a copy of the EOB to a Flexible Spending Account Withdrawal Request Claim Form and mail to:

Boon-Chapman

Flex Department

P.O. Box 9201

Austin, Texas 78766

Email: flex@boonchapman.com

Healthcare (Medical) Flexible Spending Account – Worksheet

Medical	
Physicals	\$
Pap Smear	
Doctor Office Visit	
Well-Baby Care	
Lab Work	
Immunizations	
Prescription Drugs	
Other	
Subtotal:	

Dental	
Exams	\$
X-rays	
Fillings	
Dentures/Partials	
Crowns	
Root Canal	
Orthodontia	
Other	
Subtotal:	

Vision	
Exams	\$
Lenses	
Frames	
Contacts & Solutions	
Other	
Subtotal:	

Other (see medical list)	
	\$
Subtotal:	

Hearing	
Exams	\$
Hearing Aid	
Other	
Subtotal:	

Subtotal of All Above:	\$
Less Any Insurance Reimbursement of the Above:	-
TOTAL:	\$
Maximum:	\$2,750

- TO CALCULATE YOUR DEDUCTION FOR YOUR ELECTION FORM:**
1. Divide the **TOTAL** by 26 paydays = *DEDUCTIONS/DEPOSIT: \$ _____
 2. On the Enrollment Form, write the DEDUCTION/DEPOSIT AMOUNT *on the line next to Unreimbursed Medical*

*This amount will be payroll-deducted **each pay period** and deposited to your account **each pay period** beginning of each Plan Year September 1.

Dependent/Child Care Flexible Spending Account – Worksheet

The **IRS requires** that you, the employee, must meet **all** of the following **qualifications** to participate in this Plan:

4. If married, your **spouse must be working, permanently disabled, or a full-time student**. Or you may be a single parent.
5. Day care expenses are being incurred **in order for you to work** or be gainfully employed.
6. Your child is age 12 or under.

List child care expenses you will incur each month from **Sept. 1 through Aug. 31**.

Remember, adjust your expenses for certain times of the year and when child care is ineligible.

January	
February	
March <i>(spring break)</i>	
April	
May	
June <i>(summer)</i>	
July <i>(summer)</i>	
August <i>(summer)</i>	
September <i>(school starts)</i>	
October	
November <i>(Thanksgiving)</i>	
December <i>(holidays)</i>	
SUBTOTAL	\$
LESS: Vacation (no payment to provider)	-
LESS: Sick days at home	-
TOTAL	\$
Maximum*	\$5,000

**Maximum to \$5,000 per family unit; \$2,500 if married filing separate*

TO CALCULATE YOUR DEDUCTION FOR YOUR ELECTION FORM:

1. Divide the **TOTAL** by **26** paydays = *DEDUCTIONS/DEPOSIT: \$_____
2. On the Enrollment Form, write the DEDUCTION/DEPOSIT AMOUNT *on the line next to Child Care*

Flexible Spending Account Benefit Plan – IRS Rules

1. Open **enrollment is held annually** for you to elect the benefits you wish to participate in during the Plan Year. Current participants must re-enroll each Plan Year.
2. After the Plan Year starts, **you cannot change your elections** unless you experience a "Event change." With an event change you may only make a change in your Dependent/Child Care Flexible Spending Account. You will have **31 days** from the date of the qualified event in which to complete a new enrollment form.
3. An **"Event change"** is defined as:
 - ▶ Marriage, divorce or legal separation
 - ▶ Birth or adoption of a child
 - ▶ Death of a dependent or spouse
 - ▶ Change (loss or gain) in employment status of yourself or your spouse
4. The **expenses** you elect to pre-tax through your Flexible Spending Account **must be "incurred"** (the services rendered) **during the Plan Year.**
5. The **expenses** you elect to pre-tax through your Flexible Spending Account **cannot be reimbursed by any other source** (i.e., paid by your Insurance Company or Plan).
6. The **expenses** you elect to pre-tax through your Flexible Spending Account **cannot also be deducted** on your personal income tax return.
7. **Maximum dependent day care** expenses allowed for the Plan Year are **\$5,000 per family unit; \$2,500 if married and filing separate.**
8. **Maximum healthcare(medical)** expenses allowed for the Plan Year is **\$2750.**
9. If you have insurance, an Explanation of Benefit (EOB) statement is required to document your claim.
10. If you are participating in the Dependent/Child Care Flexible Spending Account, the IRS requires a Form 2441 be attached to your personal income tax return.
11. Debit cards can be deactivated if proper documentation is not submitted when requested.

Basic Life, Accidental Death and Dismemberment (AD&D) and Voluntary Supplemental Life Insurance

Apply for this coverage online

Provided by Metlife

Coverage

This benefit pays the designated beneficiary twice the amount of the employee's annual salary for both Basic Life and AD&D (Accidental Death and Dismemberment). Maximum of \$1,300,000.

Market-Driven Positions must work a minimum of 15 hours (FTE .38) to be eligible for Life Insurance.

New Age Reduction Schedule as of 9/1/20:

Age of Employee	Percentage
70 but less than 75	45%
75 but less than 80	30%
80 or older	20%

Cost

Basic and AD&D coverage is free to all eligible employees.

Additional voluntary supplemental life insurance

You may also buy up additional life insurance for yourself, spouse or children (maximums apply)

- ▶ Designation of beneficiary needs to be selected in Benefits Website.
- ▶ Enrollment selection must be completed in Benefits Website (The online system will automatically display the amounts of coverage you are eligible for without a health questionnaire. If you select coverage that requires a questionnaire, then only the coverage you are eligible immediately for will be deducted from your paycheck). The questionnaires must be submitted directly to the insurance company for consideration of the additional amount requested.
- ▶ Employee rate sheet for your extra life insurance (provided on subsequent page)
- ▶ Spouse rate sheet for extra life insurance (maximums apply, the online enrollment system will automatically display the amounts your spouse is eligible.
 - Child(ren) rate is listed at the bottom of the spouse rate sheet. Coverage is for \$10,000 each eligible child.
- ▶ For those that enroll in the Supplemental Life insurance, MetLife offers a **FREE** Will Preparation Service. To discuss the rules and regulations regarding the Will preparation service, please contact MetLife (thru Hyatt Legal) at Toll Free 1-800-821-6400. Our company plan number is 105959. The representative will ask you to verify some personal information to determine if you currently have the supplemental life insurance plan.
- ▶ **Note:** Detailed plan documents are available to all employees on the employee MHMR intranet and the Benefits Website communication portal. Click on Administration, Human Resources, and then each benefit is listed to access more details of the plans.

MHMR of Tarrant County Dependent Life
Employee Bi-Weekly Payroll Deduction – **SPOUSE RATES**

Spouse Rates

Spouse Age Brackets	\$ 5,000	\$ 10,000	\$ 15,000	\$ 20,000	\$ 25,000 *	\$ 30,000	\$ 35,000	\$ 40,000	\$ 45,000	\$ 50,000
15 to 19	\$ 0.14	\$ 0.28	\$ 0.42	\$ 0.55	\$ 0.69	\$ 0.83	\$ 0.97	\$ 1.11	\$ 1.25	\$ 1.38
20 to 24	\$ 0.12	\$ 0.23	\$ 0.35	\$ 0.46	\$ 0.58	\$ 0.69	\$ 0.81	\$ 0.92	\$ 1.04	\$ 1.15
25 to 29	\$ 0.14	\$ 0.28	\$ 0.42	\$ 0.55	\$ 0.69	\$ 0.83	\$ 0.97	\$ 1.11	\$ 1.25	\$ 1.38
30 to 34	\$ 0.18	\$ 0.37	\$ 0.55	\$ 0.74	\$ 0.92	\$ 1.11	\$ 1.29	\$ 1.48	\$ 1.66	\$ 1.85
35 to 39	\$ 0.21	\$ 0.42	\$ 0.62	\$ 0.83	\$ 1.04	\$ 1.25	\$ 1.45	\$ 1.66	\$ 1.87	\$ 2.08
40 to 44	\$ 0.25	\$ 0.51	\$ 0.76	\$ 1.02	\$ 1.27	\$ 1.52	\$ 1.78	\$ 2.03	\$ 2.28	\$ 2.54
45 to 49	\$ 0.39	\$ 0.78	\$ 1.18	\$ 1.57	\$ 1.96	\$ 2.35	\$ 2.75	\$ 3.14	\$ 3.53	\$ 3.92
50 to 54	\$ 0.74	\$ 1.48	\$ 2.22	\$ 2.95	\$ 3.69	\$ 4.43	\$ 5.17	\$ 5.91	\$ 6.65	\$ 7.38
55 to 59	\$ 1.18	\$ 2.35	\$ 3.53	\$ 4.71	\$ 5.88	\$ 7.06	\$ 8.24	\$ 9.42	\$ 10.59	\$ 11.77
60 to 64	\$ 2.15	\$ 4.29	\$ 6.44	\$ 8.58	\$ 10.73	\$ 12.88	\$ 15.02	\$ 17.17	\$ 19.32	\$ 21.46
65 to 69	\$ 3.69	\$ 7.38	\$ 11.08	\$ 14.77	\$ 18.46	\$ 22.15	\$ 25.85	\$ 29.54	\$ 33.23	\$ 36.92
70 & Over	\$ 5.61	\$ 11.22	\$ 16.82	\$ 22.43	\$ 28.04	\$ 33.65	\$ 39.25	\$ 44.86	\$ 50.47	\$ 56.08

Spouse Age Brackets	\$ 55,000	\$ 60,000	\$ 65,000	\$ 70,000	\$ 75,000	\$ 80,000	\$ 85,000	\$ 90,000	\$ 95,000	\$ 100,000
15 to 19	\$ 1.52	\$ 1.66	\$ 1.80	\$ 1.94	\$ 2.08	\$ 2.22	\$ 2.35	\$ 2.49	\$ 2.63	\$ 2.77
20 to 24	\$ 1.27	\$ 1.38	\$ 1.50	\$ 1.62	\$ 1.73	\$ 1.85	\$ 1.96	\$ 2.08	\$ 2.19	\$ 2.31
25 to 29	\$ 1.52	\$ 1.66	\$ 1.80	\$ 1.94	\$ 2.08	\$ 2.22	\$ 2.35	\$ 2.49	\$ 2.63	\$ 2.77
30 to 34	\$ 2.03	\$ 2.22	\$ 2.40	\$ 2.58	\$ 2.77	\$ 2.95	\$ 3.14	\$ 3.32	\$ 3.51	\$ 3.69
35 to 39	\$ 2.28	\$ 2.49	\$ 2.70	\$ 2.91	\$ 3.12	\$ 3.32	\$ 3.53	\$ 3.74	\$ 3.95	\$ 4.15
40 to 44	\$ 2.79	\$ 3.05	\$ 3.30	\$ 3.55	\$ 3.81	\$ 4.06	\$ 4.32	\$ 4.57	\$ 4.82	\$ 5.08
45 to 49	\$ 4.32	\$ 4.71	\$ 5.10	\$ 5.49	\$ 5.88	\$ 6.28	\$ 6.67	\$ 7.06	\$ 7.45	\$ 7.85
50 to 54	\$ 8.12	\$ 8.86	\$ 9.60	\$ 10.34	\$ 11.08	\$ 11.82	\$ 12.55	\$ 13.29	\$ 14.03	\$ 14.77
55 to 59	\$ 12.95	\$ 14.12	\$ 15.30	\$ 16.48	\$ 17.65	\$ 18.83	\$ 20.01	\$ 21.18	\$ 22.36	\$ 23.54
60 to 64	\$ 23.61	\$ 25.75	\$ 27.90	\$ 30.05	\$ 32.19	\$ 34.34	\$ 36.48	\$ 38.63	\$ 40.78	\$ 42.92
65 to 69	\$ 40.62	\$ 44.31	\$ 48.00	\$ 51.69	\$ 55.38	\$ 59.08	\$ 62.77	\$ 66.46	\$ 70.15	\$ 73.85
70 & Over	\$ 61.68	\$ 67.29	\$ 72.90	\$ 78.51	\$ 84.12	\$ 89.72	\$ 95.33	\$ 100.94	\$ 106.55	\$ 112.15

Spouse Coverage cannot exceed half of the employee's optional life amount **up to \$100,000**.

* Guaranteed issue amount (without health questionnaire) is \$25,000.

Dependent Life coverage terminates when Dependent Life contributions cease, upon the death of the employee, when a dependent no longer qualifies as a dependent, when a dependent reaches age 80, or upon termination of the group contract by your employer upon prior written notice to MetLife. This coverage may also be discontinued by MetLife for non-payment of premium or if participation requirements are not met. Dependent Life insurance does not provide payment of increased benefits for death caused by suicide within the first two years (one year in North Dakota) of the effective date of the certificate, or payment of increased benefits for death caused by suicide within the first two years (one year in North Dakota) of an increase in coverage (except in Missouri, Washington and Massachusetts). [For use for NY situated cases only. Spouse coverage cannot exceed employee coverage.]

Child(ren) coverage cannot exceed \$10,000 per eligible child. [For employees residing in Texas, dependent coverage cannot exceed employee coverage.]

Child(ren) coverage: \$10,000

The cost of child(ren) term life coverage is 1.02 per month or .47 per check (15 days to 19, after 19 to 25 if full time student). One rate for all covered children. Employees must notify the Employee Benefits Dept. when dependent ceases to be eligible for child(ren) life coverage.

MHMR of Tarrant County Optional Life Insurance
Employee Bi-Weekly Payroll Deduction – Employee coverage rates

Age Brackets	Rate Per 1000	\$1,000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
Under 25	\$0.04	0.0184615	\$0.18	\$0.37	\$0.55	\$0.74	\$0.92	\$1.11	\$1.29	\$1.48	\$1.66	\$1.85
25 to 29	\$0.04	0.0184615	\$0.18	\$0.37	\$0.55	\$0.74	\$0.92	\$1.11	\$1.29	\$1.48	\$1.66	\$1.85
30 to 34	\$0.05	0.0230769	\$0.23	\$0.46	\$0.69	\$0.92	\$1.15	\$1.38	\$1.62	\$1.85	\$2.08	\$2.31
35 to 39	\$0.07	0.0323077	\$0.32	\$0.65	\$0.97	\$1.29	\$1.62	\$1.94	\$2.26	\$2.58	\$2.91	\$3.23
40 to 44	\$0.08	0.0369231	\$0.37	\$0.74	\$1.11	\$1.48	\$1.85	\$2.22	\$2.58	\$2.95	\$3.32	\$3.69
45 to 49	\$0.12	0.0553846	\$0.55	\$1.11	\$1.66	\$2.22	\$2.77	\$3.32	\$3.88	\$4.43	\$4.98	\$5.54
50 to 54	\$0.19	0.0876923	\$0.88	\$1.75	\$2.63	\$3.51	\$4.38	\$5.26	\$6.14	\$7.02	\$7.89	\$8.77
55 to 59	\$0.31	0.1430769	\$1.43	\$2.86	\$4.29	\$5.72	\$7.15	\$8.58	\$10.02	\$11.45	\$12.88	\$14.31
60 to 64	\$0.54	0.2492308	\$2.49	\$4.98	\$7.48	\$9.97	\$12.46	\$14.95	\$17.45	\$19.94	\$22.43	\$24.92
65 to 69	\$1.02	0.4707692	\$4.71	\$9.42	\$14.12	\$18.83	\$23.54	\$28.25	\$32.95	\$37.66	\$42.37	\$47.08
70 & Over	\$1.65	0.7615385	\$7.62	\$15.23	\$22.85	\$30.46	\$38.08	\$45.69	\$53.31	\$60.92	\$68.54	\$76.15
	Rate Per 1000	\$1,000	\$110,000	\$120,000	\$130,000	\$140,000	\$150,000	\$160,000	\$170,000	\$180,000	\$190,000	\$200,000
Under 25	\$0.04	0.0184615	\$2.03	\$2.22	\$2.40	\$2.58	\$2.77	\$2.95	\$3.14	\$3.32	\$3.51	\$3.69
25 to 29	\$0.04	0.0184615	\$2.03	\$2.22	\$2.40	\$2.58	\$2.77	\$2.95	\$3.14	\$3.32	\$3.51	\$3.69
30 to 34	\$0.05	0.0230769	\$2.54	\$2.77	\$3.00	\$3.23	\$3.46	\$3.69	\$3.92	\$4.15	\$4.38	\$4.62
35 to 39	\$0.07	0.0323077	\$3.55	\$3.88	\$4.20	\$4.52	\$4.85	\$5.17	\$5.49	\$5.82	\$6.14	\$6.46
40 to 44	\$0.08	0.0369231	\$4.06	\$4.43	\$4.80	\$5.17	\$5.54	\$5.91	\$6.28	\$6.65	\$7.02	\$7.38
45 to 49	\$0.12	0.0553846	\$6.09	\$6.65	\$7.20	\$7.75	\$8.31	\$8.86	\$9.42	\$9.97	\$10.52	\$11.08
50 to 54	\$0.19	0.0876923	\$9.65	\$10.52	\$11.40	\$12.28	\$13.15	\$14.03	\$14.91	\$15.78	\$16.66	\$17.54
55 to 59	\$0.31	0.1430769	\$15.74	\$17.17	\$18.60	\$20.03	\$21.46	\$22.89	\$24.32	\$25.75	\$27.18	\$28.62
60 to 64	\$0.54	0.2492308	\$27.42	\$29.91	\$32.40	\$34.89	\$37.38	\$39.88	\$42.37	\$44.86	\$47.35	\$49.85
65 to 69	\$1.02	0.4707692	\$51.78	\$56.49	\$61.20	\$65.91	\$70.62	\$75.32	\$80.03	\$84.74	\$89.45	\$94.15
70 & Over	\$1.65	0.7615385	\$83.77	\$91.38	\$99.00	\$106.62	\$114.23	\$121.85	\$129.46	\$137.08	\$144.69	\$152.31
	Rate Per 1000	\$1,000	\$210,000	\$220,000	\$230,000	\$240,000	\$250,000	\$260,000	\$270,000	\$280,000	\$290,000	\$300,000
Under 25	\$0.04	0.0184615	\$3.88	\$4.06	\$4.25	\$4.43	\$4.62	\$4.80	\$4.98	\$5.17	\$5.35	\$5.54
25 to 29	\$0.04	0.0184615	\$3.88	\$4.06	\$4.25	\$4.43	\$4.62	\$4.80	\$4.98	\$5.17	\$5.35	\$5.54
30 to 34	\$0.05	0.0230769	\$4.85	\$5.08	\$5.31	\$5.54	\$5.77	\$6.00	\$6.23	\$6.46	\$6.69	\$6.92
35 to 39	\$0.07	0.0323077	\$6.78	\$7.11	\$7.43	\$7.75	\$8.08	\$8.40	\$8.72	\$9.05	\$9.37	\$9.69
40 to 44	\$0.08	0.0369231	\$7.75	\$8.12	\$8.49	\$8.86	\$9.23	\$9.60	\$9.97	\$10.34	\$10.71	\$11.08
45 to 49	\$0.12	0.0553846	\$11.63	\$12.18	\$12.74	\$13.29	\$13.85	\$14.40	\$14.95	\$15.51	\$16.06	\$16.62
50 to 54	\$0.19	0.0876923	\$18.42	\$19.29	\$20.17	\$21.05	\$21.92	\$22.80	\$23.68	\$24.55	\$25.43	\$26.31
55 to 59	\$0.31	0.1430769	\$30.05	\$31.48	\$32.91	\$34.34	\$35.77	\$37.20	\$38.63	\$40.06	\$41.49	\$42.92
60 to 64	\$0.54	0.2492308	\$52.34	\$54.83	\$57.32	\$59.82	\$62.31	\$64.80	\$67.29	\$69.78	\$72.28	\$74.77
65 to 69	\$1.02	0.4707692	\$98.86	\$103.57	\$108.28	\$112.98	\$117.69	\$122.40	\$127.11	\$131.82	\$136.52	\$141.23
70 & Over	\$1.65	0.7615385	\$159.92	\$167.54	\$175.15	\$182.77	\$190.38	\$198.00	\$205.62	\$213.23	\$220.85	\$228.46

MHMR of Tarrant County Optional Life Insurance
Employee Bi-Weekly Payroll Deduction- Employee coverage rates continued

Age Brackets	Rate Per 1000	\$1,000	\$310,000	\$320,000	\$330,000	\$340,000	\$350,000	\$360,000	\$370,000	\$380,000	\$390,000	\$400,000
Under 25	\$0.04	0.0184615	\$5.72	\$5.91	\$6.09	\$6.28	\$6.46	\$6.65	\$6.83	\$7.02	\$7.20	\$7.38
25 to 29	\$0.04	0.0184615	\$5.72	\$5.91	\$6.09	\$6.28	\$6.46	\$6.65	\$6.83	\$7.02	\$7.20	\$7.38
30 to 34	\$0.05	0.0230769	\$7.15	\$7.38	\$7.62	\$7.85	\$8.08	\$8.31	\$8.54	\$8.77	\$9.00	\$9.23
35 to 39	\$0.07	0.0323077	\$10.02	\$10.34	\$10.66	\$10.98	\$11.31	\$11.63	\$11.95	\$12.28	\$12.60	\$12.92
40 to 44	\$0.08	0.0369231	\$11.45	\$11.82	\$12.18	\$12.55	\$12.92	\$13.29	\$13.66	\$14.03	\$14.40	\$14.77
45 to 49	\$0.12	0.0553846	\$17.17	\$17.72	\$18.28	\$18.83	\$19.38	\$19.94	\$20.49	\$21.05	\$21.60	\$22.15
50 to 54	\$0.19	0.0876923	\$27.18	\$28.06	\$28.94	\$29.82	\$30.69	\$31.57	\$32.45	\$33.32	\$34.20	\$35.08
55 to 59	\$0.31	0.1430769	\$44.35	\$45.78	\$47.22	\$48.65	\$50.08	\$51.51	\$52.94	\$54.37	\$55.80	\$57.23
60 to 64	\$0.54	0.2492308	\$77.26	\$79.75	\$82.25	\$84.74	\$87.23	\$89.72	\$92.22	\$94.71	\$97.20	\$99.69
65 to 69	\$1.02	0.4707692	\$145.94	\$150.65	\$155.35	\$160.06	\$164.77	\$169.48	\$174.18	\$178.89	\$183.60	\$188.31
70 & Over	\$1.65	0.7615385	\$236.08	\$243.69	\$251.31	\$258.92	\$266.54	\$274.15	\$281.77	\$289.38	\$297.00	\$304.62
	Rate Per 1000	\$1,000	\$410,000	\$420,000	\$430,000	\$440,000	\$450,000	\$460,000	\$470,000	\$480,000	\$490,000	\$500,000
Under 25	\$0.04	0.0184615	\$7.57	\$7.75	\$7.94	\$8.12	\$8.31	\$8.49	\$8.68	\$8.86	\$9.05	\$9.23
25 to 29	\$0.04	0.0184615	\$7.57	\$7.75	\$7.94	\$8.12	\$8.31	\$8.49	\$8.68	\$8.86	\$9.05	\$9.23
30 to 34	\$0.05	0.0230769	\$9.46	\$9.69	\$9.92	\$10.15	\$10.38	\$10.62	\$10.85	\$11.08	\$11.31	\$11.54
35 to 39	\$0.07	0.0323077	\$13.25	\$13.57	\$13.89	\$14.22	\$14.54	\$14.86	\$15.18	\$15.51	\$15.83	\$16.15
40 to 44	\$0.08	0.0369231	\$15.14	\$15.51	\$15.88	\$16.25	\$16.62	\$16.98	\$17.35	\$17.72	\$18.09	\$18.46
45 to 49	\$0.12	0.0553846	\$22.71	\$23.26	\$23.82	\$24.37	\$24.92	\$25.48	\$26.03	\$26.58	\$27.14	\$27.69
50 to 54	\$0.19	0.0876923	\$35.95	\$36.83	\$37.71	\$38.58	\$39.46	\$40.34	\$41.22	\$42.09	\$42.97	\$43.85
55 to 59	\$0.31	0.1430769	\$58.66	\$60.09	\$61.52	\$62.95	\$64.38	\$65.82	\$67.25	\$68.68	\$70.11	\$71.54
60 to 64	\$0.54	0.2492308	\$102.18	\$104.68	\$107.17	\$109.66	\$112.15	\$114.65	\$117.14	\$119.63	\$122.12	\$124.62
65 to 69	\$1.02	0.4707692	\$193.02	\$197.72	\$202.43	\$207.14	\$211.85	\$216.55	\$221.26	\$225.97	\$230.68	\$235.38
70 & Over	\$1.65	0.7615385	\$312.23	\$319.85	\$327.46	\$335.08	\$342.69	\$350.31	\$357.92	\$365.54	\$373.15	\$380.77

Coverage is provided under a group insurance policy (Policy Form G.2130-S OR Policy Form GPN-P99) issued to your employer by MetLife. Optional Life coverage terminates when your employment ceases, when your Optional Life contributions cease, or upon termination of the group contract by your employer upon prior written notice to MetLife. Optional Life Insurance does not provide payments of benefits for death caused by suicide within the first two years (one year in North Dakota) of the effective date of the certificate, or payment of increased benefits for death caused by suicide within two years (one year in North Dakota) of an increase in coverage (except in Missouri and Washington). This coverage may also be discontinued by MetLife for non-payment of premium if participation requirements are not met.

Disability Insurance Plans

Provided by Cigna

If eligible, you will automatically be enrolled in this coverage.

Long-Term Disability (LTD) Insurance Coverage

Paid by MHMR

Eligibility

This benefit is provided to active, full-time MHMR employees regularly working a minimum of 40 hours per week.

Monthly Benefit

This plan pays a benefit of up to 60% of your monthly covered earnings up to a maximum of \$6,000 per month.

Definition of Disability

Disability means that, solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation and you are unable to earn 80% or more of your indexed earnings from working in your regular occupation. After benefits have been payable for 24 months, you are considered disabled if solely due to your injury or sickness, you are unable to perform the material duties of any occupation for which you are (or may reasonably become) qualified by education, training or experience, and you are unable to earn 60% or more of your indexed earnings. We will require proof of earnings and continued disability.

Elimination Period

You must be disabled for 90 days whichever is greater, before benefits may be payable.

Benefit Duration

Once you qualify for benefits under this plan, you continue to receive them until the end of the benefit period shown below, or until you no longer qualify for benefits, whichever occurs first.

Your benefit period begins on the first day after you complete your elimination period. And, should you remain disabled, your benefits continue according to the following schedule, depending on your age at the time you become disabled.

Age at Disability	62 or Younger	63	64	65	66	67	68	69+
Duration of Payments (months)	To SSNRA or the date the 42 nd monthly benefit is payable, if later	36	30	24	21	18	15	12

Cost

Free. The cost of this insurance program is paid by MHMR

78% Americans live paycheck-to-paycheck.

CareerBuilder, January 11, 2019

60 percent of Americans do not have a “rainy day” fund to cover three months of unanticipated financial emergencies.

FINRA Foundation State-by-State Financial Capability Survey, 2011

Additional Plan Details

Earnings While Disabled

During the first 24 months that benefits are payable, benefits will be reduced if benefits plus income from employment exceeds 100% of pre-disability covered earnings. After that, benefits will be reduced by 50% of earnings from employment.

Pre-Existing Conditions

Benefits are not payable for medical conditions for which you incurred expenses, took prescription drugs, received medical treatment, care or services (including diagnostic measures,) or for which a reasonable person would have consulted a physician during the 3 months just prior to the most recent effective date of insurance.

Benefits are not payable for any disability resulting from a pre-existing condition unless the disability occurs after you have been in active service for a time of 3 consecutive months when you received no medical treatment, care, or services after you have been under this plan for at least 12 months after your most recent effective date of insurance.

Limited Benefit Period

Disabilities caused by or contributed to by any one or more of the following conditions are subject to a lifetime limit of 24 months for outpatient treatment: Anxiety-disorders, delusional (paranoid) or depressive disorders, eating disorders, mental illness, somatoform disorders.

Benefits are payable during periods of hospital confinement for these conditions for hospitalizations lasting more than 14 consecutive days that occur before the 24- month lifetime outpatient limit is exhausted. Disabilities caused by or contributed to by any one or more of the following conditions are subject to a lifetime limit of 24 months for outpatient treatment: Alcoholism, drug addiction or abuse.

Family Survivor Benefit

If you die while receiving disability benefits, we will pay a survivor benefit based on 100% of the total of your last month's benefit plus the amount of any disability earnings by which this benefit had been reduced for that month. This plan pays a single lump sum equal to 3 months of benefits. We pay this benefit directly to your lawful spouse, or to your children in equal shares, if there is no lawful spouse. If you have no lawful spouse or children, we pay this benefit to your estate.

Programs Included at No Additional Cost

Cigna's Online Will and Health-related Legal Document and Funeral Preparation Program

offers you and your covered spouse access to a website that helps you build state-specific customized wills and other legal documents as well as create an end-of-life plan that spells out the handling of your estate and funeral arrangements. Visit www.Cignawillcenter.com.

Cigna's Identity Theft Program

The program provides access to personal case managers who give step-by-step assistance and guidance if you have had your identity stolen. Call 888.724.2262, Monday – Friday from 9:00 am to 11:00 pm EST to speak with an MSA representative. All you'll need to give is your name, city, state, zip code and the name of your employer or plan sponsor. You can also visit cigna.mysecureadvantage.com for more information, or to register and access online tools and educational resources and create legal documents.

This information is a brief description of the important features of the plan. It is not a contract. Terms and conditions of life insurance coverage are set forth in Group Policy No.LK-963401, issued in TX to MHMR. The group policy is subject to the laws of the jurisdiction in which it is issued. The availability of this offer may change. Please keep this material as a reference. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut Street, Philadelphia, PA. As used in this brochure, the term Cigna and Cigna Group Insurance are registered service marks of Life Insurance Company of North America, a CIGNA company, which is the insurer of the Group Policy. Insurance products and services are provided by the individual CIGNA companies and not by the Corporation itself. © Cigna 2011

Voluntary Short-Term Disability (STD) Insurance Coverage

Provided by Cigna

Employee Paid

Apply for this
coverage online

Eligibility

This benefit is provided to active, full-time MHMR employees regularly working a minimum of 40 hours per week.

Monthly Benefit

This plan pays a benefit of up to 60% of your monthly covered earnings up to a maximum of \$1,100 per week.

Definition of Disability

Disability means that, solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation and you are unable to earn 80% or more of your covered earnings from working in your regular occupation. We will require proof of earnings and continued disability.

Elimination Period

You must be disabled for 14 days from either accident or sickness.

Benefit Duration

Once you qualify for benefits under this plan, you continue to receive them until the end of the 11-week benefit period, or until you no longer qualify for benefits, whichever occurs first.

Cost

The cost of this insurance program is paid by you. The cost of this coverage is \$0.40 per \$100 of monthly covered earnings.

Full-Time Employee Deductions

Basic Weekly earnings (hourly rate x 40) x \$.024 =

*Monthly Deduction x 12 divided by 26 = per paycheck deduction

Example: \$300 per week x \$.024 = \$7.20

*monthly deduction x 12 divided by 26 =

\$3.32 per paycheck deduction

78% Americans live
paycheck-to-paycheck.

CareerBuilder, January 11, 2019

60% of Americans do not
have a "rainy day" fund to
cover three months of
unanticipated financial
emergencies.

FINRA Foundation State-by-State
Financial Capability Survey, 2011

Additional Plan Details

This information is a brief description of the important features of the plan. It is not a contract. Terms and conditions of life insurance coverage are set

Earnings While Disabled

Benefits will be reduced for any week that benefits plus income from employment exceeds 100% of weekly covered earnings.

Termination of Disability Benefits

Disabilities caused by or contributed to by any one or more of the following conditions are subject to a lifetime limit of 12 months for outpatient treatment: Alcoholism, drug addiction or abuse.

Your benefits will terminate when your disability ceases, when your benefit duration period is exceeded, or on the following events: (1) the date you earn from any occupation more than 80% of your covered earnings, (refer to your plan's definition of disability); (2) the date you fail to cooperate with us in a rehabilitation plan, transitional work arrangement, or the administration of the claim.

When Coverage Takes Effect

Your coverage takes effect on the later of the program's effective date, the date you become eligible, the date we receive your completed enrollment form, or the date you authorize any necessary payroll deductions.

If you have to submit evidence of good health, your coverage takes effect on the date we agree, in writing, to cover you.

If you're not actively at work on the date your coverage would otherwise take effect, you'll be covered on the date you return to work.

Programs Included at No Additional Cost

Cigna's Online Will and Health-related Legal Document and Funeral Preparation Program

offers you and your covered spouse access to a website that helps you build state-specific customized wills and other legal documents. Visit www.Cignawillcenter.com or call 800.901.7534.

Cigna's Identity Theft Program

The program provides access to personal case managers who give step-by-step assistance and guidance if you have had your identity stolen.

forth in Group Policy No. VDT- 961201, issued in TX to MHMR. The group policy is subject to the laws of the jurisdiction in which it is issued. The availability of this offer may change. Please keep this material as a reference. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut Street, Philadelphia, PA. As used in this brochure, the term Cigna and Cigna Group Insurance are registered service marks of Life Insurance Company of North America, a CIGNA company, which is the insurer of the Group Policy. Insurance products and services are provided by the individual CIGNA companies and not by the Corporation itself. © Cigna 2011

Family Medical Leave Act (FMLA)



MHMR wants to ensure that all employees are made aware of their rights and responsibilities under the Family and Medical Leave Act. On the following pages you will find information issued by the Department of Labor regarding MHMR rights and responsibilities and those of the employees.

Please take the time to review this information carefully. Be advised that all requests regarding your desire to exercise your rights under the Family and Medical Leave Act must be made to your supervisor as well as the MHMR

Disability Coordinator, who can be reached at 817- 569-4306 or email Human.Resources@mhmrtc.org.

Americans with Disability Act (ADA)

MHMR, after being placed on appropriate notice, provides reasonable accommodation to qualified job applicants/employees with disabilities, unless to do so would cause undue hardship. MHMR is committed to compliance with the Americans with Disabilities Act [“ADA”] and other applicable laws pertaining to individuals with disabilities.

For “reasonable accommodation requests” please contact the Leave Coordinator in Human Resources at leaves@mhmrtc.org.

EMPLOYEE RIGHTS AND RESPONSIBILITIES

UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job protected leave to eligible employees for the following reasons:

- ▶ For incapacity due to pregnancy, prenatal medical care or childbirth;
- ▶ To care for the employee's child after birth, or placement for adoption or foster care;
- ▶ To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- ▶ For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post- deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service member during a single 12-month period. A covered service member is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty, on active duty, that may render the service member medically unfit to perform his or her duties for which the service member is undergoing medical treatment, recuperation or therapy; is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits and other terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days' notice is not possible, the employee must provide notice as soon as practicable, and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions; the family member is unable to perform daily activities; the need for hospitalization or continuing treatment by a healthcare provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- ▶ Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- ▶ Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.

HOSPITAL INDEMNITY INSURANCE BENEFITS

With MetLife, you'll have a choice of two comprehensive plans which provide payments in addition to any other insurance payments you may receive. Here are just some of the covered benefits/services, when an accident or illness puts you in the hospital.¹

Benefit Type ²	Low Plan MetLife Hospital Indemnity Insurance Pays YOU	High Plan MetLife Hospital Indemnity Insurance Pays YOU
Hospital Coverage (Accident)		
Admission - Non-ICU - ICU must occur within 180 days after the accident	\$500 per accident \$1,000 per accident	\$1,000 per accident \$2,000 per accident
Confinement - Non-ICU - ICU must occur within 180 days after the accident	\$100 a day, up to 365 days \$200 a day up 30 days	\$200 a day, up to 365 days \$400 a day up to 30 days
Inpatient Rehab stay must occur immediately following hospital confinement and occur within 365 days of accident	\$100 a day, up to 15 days per accident and 30 days per calendar year	\$200 a day, up to 15 days per accident and 30 days per calendar year
Hospital Coverage (Sickness)³		
Admission - Non-ICU - ICU <i>Payable 1x per calendar year</i>	\$500 \$1,000	\$1,000 \$2,000
Confinement - Non-ICU - ICU <i>Paid per sickness</i>	\$100 a day, up to 365 days \$200 a day up 30 days	\$200 a day, up to 365 days \$400 a day up to 30 days
Other Benefits		
Lodging ⁴ benefit provided for a companion accompanying a covered insured while hospitalized	\$100 a day up to 30 days per calendar year; lodging facility must be located at least 50 miles from covered person's primary residence	\$200 a day up to 30 days per calendar year; lodging facility must be located at least 50 miles from covered person's primary residence
Health Screening (Wellness) ⁵ benefit provided if the covered insured takes one of the covered screening/prevention tests <i>Payable 1x per calendar year</i>	\$50	\$100

Susan wakes up in the middle of the night experiencing chest pain. An ambulance takes her to the emergency room (ER) at a local hospital. Upon arrival, the ER doctor examines Susan and advises that she requires immediate admission to the Intensive Care Unit for further evaluation and treatment. After 1 day in the Intensive Care Unit, Susan moves to a standard room and spends 2 additional days recovering in the hospital. Susan was released to her primary care physician for follow-up treatment and observation. Her primary doctor is now keeping a close watch over Susan's overall health. Depending on her health insurance, Susan's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. Hospital Indemnity Insurance payments can be used to help cover these unexpected costs or to cover other expenses.

BENEFIT PAYMENT EXAMPLE

Covered Benefit ²	Benefit Amount ⁶
Admission - Intensive Care Unit Coverage (Sickness)	\$2,000
Confinement for 1 day- Intensive Care Unit Coverage (Sickness)	\$400
Confinement for 2 days – Hospital Coverage (Sickness)	\$400
Benefits paid by Hospital Indemnity Insurance	\$2,800

EMPLOYEE PAYS / PER CHECK	LOW PLAN	HIGH PLAN
Employee Only	\$6.40	\$13.01
Employee + Children	\$8.38	\$21.09
Employee + Spouse	\$5.46	\$21.09
Employee + Family	\$10.20	\$30.41

CRITICAL ILLNESS INSURANCE PLAN SUMMARY

COVERAGE OPTIONS

Eligible Individual	Initial Benefit	Requirements
Employee	\$10,000, \$20,000 or \$30,000	Coverage is guaranteed provided you are actively at work. ²
Spouse	100% of the employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. ²
Dependent Child(ren) ^{1*}	100% of the employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. ²

BENEFIT PAYMENT

This plan has a smoker rate based on the nicotine usage in the 1st nicotine questionnaire

Your **Initial Benefit** provides a lump-sum payment upon the first diagnosis of a Covered Condition. Your plan pays a Recurrence Benefit³ equal to the Initial Benefit for the following Covered Conditions: Heart Attack, Stroke, Coronary Artery Bypass Graft, Full Benefit Cancer and Partial Benefit Cancer. A Recurrence Benefit is only available if an Initial Benefit has been paid for the Covered Condition. There is a Benefit Suspension Period between Recurrences. Initial Benefits and Recurrence Benefits will be paid until the Total Benefit Amount has been reached.

The maximum amount that you can receive through your Critical Illness Insurance plan is called the **Total Benefit** and is 3 times the amount of your Initial Benefit. This means that you can receive multiple Initial Benefit and Recurrence Benefit payments until you reach the maximum of 300% or \$30,000; \$60,000 or \$90,000.

Covered Conditions	Initial Benefit	Recurrence Benefit
Full Benefit Cancer ⁴	100% of Initial Benefit	100% of Initial Benefit
Partial Benefit Cancer ⁴	25% of Initial Benefit	25% of Initial Benefit
All Other Cancer ⁴	\$100 Initial Benefit	50% of Initial Benefit
Heart Attack	100% of Initial Benefit	100% of Initial Benefit
Stroke ⁵	100% of Initial Benefit	100% of Initial Benefit
Coronary Artery Bypass Graft ⁶	100% of Initial Benefit	100% of Initial Benefit
Kidney Failure	100% of Initial Benefit	Not applicable
Alzheimer's Disease ⁷	100% of Initial Benefit	Not applicable
Major Organ Transplant Benefit	100% of Initial Benefit	Not applicable
22 Listed Conditions	25% of Initial Benefit	Not applicable

Example of Initial & Recurrence Benefit Payments

The example below illustrates an employee who elected an Initial Benefit of \$10,000 and has a Total Benefit of 3 times the Initial Benefit Amount or \$30,000.

Illness – Covered Condition	Payment	Total Benefit Remaining
Heart Attack – first diagnosis	Initial Benefit payment of \$10,000 or 100%.	\$20,000
Heart Attack – second diagnosis, two years later	Recurrence Benefit payment of \$10,000 or 100%	\$10,000
Kidney Failure – first diagnosis, three years later	Initial Benefit payment of \$10,000 or 100%	\$0

ACCIDENT INSURANCE BENEFITS

With MetLife, you'll have a choice of two comprehensive plans which provide payments in addition to any other insurance payments you may receive. Here are just some of the covered events/services.

Benefit Type ¹	Low Plan MetLife Accident Insurance Pays YOU	High Plan MetLife Accident Insurance Pays YOU
Injuries		
Fractures ²	\$50 – \$3,000	\$100 – \$6,000
Dislocations ²	\$50 – \$3,000	\$100 – \$6,000
Second and Third Degree Burns	\$50 – \$5,000	\$100 – \$10,000
Concussions	\$200	\$400
Cuts/Lacerations	\$25 – \$200	\$50 – \$400
Eye Injuries	\$200	\$300
Medical Services & Treatment		
Ambulance	\$200 – \$750	\$300 – \$1,000
Emergency Care	\$25 – \$50	\$50 – \$100
Non-Emergency Care	\$25	\$50
Physician Follow-Up	\$50	\$75
Therapy Services (including physical therapy)	\$15	\$25
Medical Testing Benefit	\$100	\$200
Medical Appliances	\$50 – \$500	\$100 – \$1,000
Inpatient Surgery	\$100 – \$1,000	\$200 – \$2,000
Hospital ³ Coverage (Accident)		
Admission	\$500 – \$1,000 per accident	\$1,000 – \$2,000 per accident
Confinement (non-ICU confinement paid for up to 365 days. ICU confinement paid for 30 days)	\$100 (non-ICU) – \$200 (ICU) a day	\$200 (non-ICU) – \$400 (ICU) a day
Inpatient Rehab (paid per accident)	\$100 a day, up to 15 days	\$200 a day, up to 15 days
Benefit Type ¹	Low Plan Accident Insurance Pays YOU	High Plan Accident Insurance Pays YOU
Accidental Death		
Employee receives 100% of amount shown, spouse receives 50% and children receive 20% of amount shown.	\$25,000 \$75,000 for common carrier ⁵	\$50,000 \$150,000 for common carrier ⁴
Dismemberment, Loss & Paralysis		
Dismemberment, Loss & Paralysis	\$250 – \$10,000 per injury	\$500 - \$50,000 per injury
Other Benefits		
Lodging ⁵ - Pays for lodging for companion up to 30 nights per calendar year	\$100 per night, up to 30 nights; up to \$3,000 in total lodging benefits available per calendar year	\$200 per night, up to 30 nights; up to \$6,000 in total lodging benefits available per calendar year

Kathy's daughter, Molly, plays soccer on the varsity high school team. During a recent game, she collided with an opposing player, was knocked unconscious and taken to the local emergency room by ambulance for treatment. The ER doctor diagnosed a concussion and a broken tooth. He ordered a CT scan to check for facial fractures too, since Molly's face was very swollen. Molly was released to her primary care physician for follow-up treatment, and her dentist repaired her broken tooth with a crown. Depending on her health insurance, Kathy's out-of-pocket costs could run into hundreds of dollars to cover expenses like co-payments and deductibles. Accident Insurance payments can be used to help cover these unexpected costs.

BENEFIT PAYMENT EXAMPLE

Covered Event ¹	Benefit Amount ⁷
Ambulance (ground)	\$300
Emergency Care	\$100
Physician Follow-Up (\$75 x 2)	\$150
Medical Testing	\$200
Concussion	\$400
Broken Tooth (repaired by crown)	\$200
Benefits paid by MetLife Group Accident Insurance	\$1,350

EMPLOYEE PAYS / PER CHECK	LOW PLAN	HIGH PLAN
Employee Only	3.09	5.87
Employee + Children	4.8	8.95
Employee + Spouse	5.6	10.41
Employee + Family	7.46	13.77



Wellness Program -

Wellness.Works@mhmrtc.org

MHMR supports its employees to voluntarily participate in wellness initiatives to help foster healthy lifestyles and save the agency and its employee's health care costs over time. Onsite and online engagement is available. Announcements and communications are distributed year-round depending on the activities being promoted. Some activities include onsite Flu shots, mobile blood donations, mobile mammograms and more!

MHMR has partnered with [Wellable](#) as the health and wellness platform for you and your colleagues. With Wellable, you will have the opportunity to compete in different challenges, explore new ways to create and maintain an active and healthy lifestyle, and qualify for exciting prizes! All MHMR employees are eligible to join.

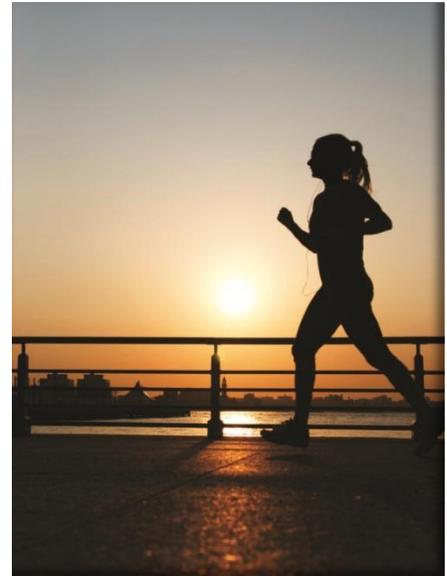
<https://app.wellable.co/>

Wellness Works provides you additional resources, partnerships and support in the following areas of overall health:

- Emotional
- Financial
- Occupational
- Social
- Environmental
- Intellectual
- Physical
- Spiritual

In order to support these areas, the following resources are available at no additional fee:

- ICMA-RC – www.icmarc.org - retirement record-keeper
- Gus Bates – victoria@gusbates.com & susanb@gusbates.com - Retirement consultant
- GoodRx – <http://www.goodrx.com> – Potential coupons on your prescriptions. This benefit should be used only if your insurance plan does not cover an item or if the cost under the insurance copay is higher than what GoodRx may offer for your particular prescription.
- My Strength – www.mystrength.com – various overall health topics
- Cigna EAP – www.cignabehavioral.com/CGI - employee assistance program
- Compass/Algiht – www.compassphs.com – Medical, Dental and vision plan assistance
- Teladoc – www.teladoc.com – Telehealth Medical assistance
- Boon Chapman – www.boonchapman.com Medical Case Management and Maternity Program
- Nicotine Program - CPRIT_NRP@mhmrtc.org - Nicotine Recovery Program



Wellness Works!

MHMR offers the following health and wellness programs to help you and your family stay healthy and get more out of life:

- MHMR has teamed up with [Wellable](#) to bring you a wellness initiative. If you are a Full-Time or Part-Time employee of MHMR Tarrant, and have worked for at least 6-months, you can pick up a Fitbit with a completed [company property form](#) while supplies last.
- MHMR currently has agreements for [discounts](#) at various fitness facilities for all employees and their direct family members. Information can be found on the benefits website under the Wellness Resources tab. On occasion, MHMR will pay gym membership premiums upon meeting specific criteria. When credit is provided, taxes will apply. Restrictions apply.
- Throughout the year, MHMR hosts blood drives as well as mobile mammograms and other preventative screenings including flu shot opportunities – all covered by your MHMR insurance.
- LifeTime and YMCA provides [discounted memberships](#) to employees on MHMR medical plans. At times MHMR pays the entire cost of the memberships (check restrictions and time limits that apply).
- MHMR gives employees **free** access to [MyStrength.com](#) at no cost to you. My Strength offers a mobile app that allows you to track your mental wellbeing by taking assessments, logging your mood and participating within the app to personalize the experience. Visit Benefits Website under the Wellness Resources tab for more information.
- [Stay Trauma Informed!](#) Your employee assistance program ([EAP](#)) and work/life services program can help with a variety of personal and family problems and concerns. Examples include **free** stress, financial management, family/ friends and co-worker relationships, child and elder care, legal services and emotional short-term counseling. Longer term counseling services is available through your MHMR medical plan selection.
- A [Nicotine Program](#) is available to employees for FREE. Employees can participate in group sessions, individual support, nicotine replacement therapies or be connected to resources in the community.
- Utilize [Alight](#), they can help with:
 - a. What medical plan options may work better for you based on your history of claims
 - b. Reducing RX costs by finding alternatives and using generics
 - c. Finding low cost doctors and doctors that are not recommended based on surveys
 - d. Using in network and lower cost facilities for outpatient surgeries
 - e. Review bills for employees and dependents on the medical, dental and vision plans
- Potential discounts on your prescriptions can be offered as well. Visit www.goodrx.com for coupons on your prescriptions. This benefit should be used only if your insurance plan does not cover an item or if the cost under the insurance copay is higher than what GoodRx may offer for your particular prescription. The prices listed on GoodRx are updated frequently and are generally very accurate, but if you have experienced an issue with a price at your pharmacy, please give us a call at 1-855-268-2822 (Monday-Sunday, between the hours of 8AM and 7PM CT). ** Our Rx Plan costs are separate from deductible and co-insurance maximums and do not apply**

Employee Assistance Program

Provided by Cigna - FREE

Life

Just when you think you have it figured out, along comes a challenge. But whether those challenges are big or small, your Life Assistance & Work/Life Support Program, provided by Cigna, is available to help you and your family, find a solution and restore peace of mind.

Call any time, any day. We're just a phone call away whenever you need us – at no cost to you.

An advocate is ready to help assess your needs and develop a solution to help resolve your concerns. He or she can also direct you to an array of resources in your community as well as online tools.



Visit a specialist. For face-to-face assistance, you have three sessions available to you and your household members. Call us to request a referral.

Achieve Work-Life Balance

Get extra support for handling life's demands. Call for a referral to a service in your community or advice on topics such as:

- ▶ **Legal consultation.** Receive a 30-minute free consultation and up to a 25% discount on select fees.
- ▶ **Parenting.** Receive guidance on child development, sibling rivalry, separation anxiety and much more.
- ▶ **Senior care.** Learn about challenges and solutions associated with caring for an aging loved one.
- ▶ **Childcare.** Whether you need care all day or just after school, find a place that's right for your family.
- ▶ **Pet care.** From grooming to boarding to veterinary services, find what you need to care for your pet.
- ▶ **Temporary back-up care.** Don't let an unplanned event get the best of you – find back-up child care.
- ▶ **Financial Services & Referral.** Receive a free 30-Minute consultation and 25% discount on the Select Fees with network providers.

Self-Service Support at Your Fingertips

Educational materials on work/life topics such as caregiving, daily living and working smarter are available online, including a savings center and relocation center.

Extra Flexibility

For assistance with your search, we can email you. Include your email address when you request support via the web. It's just one more way for us to meet your needs. These are just a few examples of the support available to you. Call to get the assistance you need to help resolve life's challenges. Call **800.539.3543** or visit **www.signalap.com**.

SOLUTIONS FOR ALL TYPES OF PERSONAL FINANCIAL CHALLENGES

My Secure Advantage

Cigna knows that financial issues are one of the leading causes of stress in America.* That's why we offer a full-service financial wellness program. My Secure Advantage™ can help support the financial health of your household, at no additional cost to you.

MY SECURE ADVANTAGE PROGRAM INCLUDES:

My Secure Advantage (MSA) Money Coaching

- › You can take advantage of a free 30-minute consultation with a certified financial expert before you decide to participate in Money Coaching.
- › Individuals and couples can work with a designated Money Coach for 30 days, paid for by Cigna.
- › Your Money Coach can help you handle a wide range of financial challenge, including but not limited to: Basic money management, getting out of debt, saving for college or retirement, purchasing a home, marriage or divorce, loss of income, death in the family, and more.
- › Through an easy-to-use online portal, you can communicate with your Coach, view educational webinars and access a library of financial tools, forms and tips.
- › After the first 30-day coaching period, you may continue working with your Money Coach for \$39.95 per month.
- › Even if you don't participate in Money Coaching you can get a 25% discount on tax planning and preparation.

Identity theft protection and will preparation services include:

- › Education on how to avoid identity theft, consultation with a Fraud Resolution Specialist, and a fraud resolution kit that provides the right documents to use and steps to follow
- › Online resources to create and execute state-specific wills, powers of attorney and a variety of other important legal documents
- › Free 30-minute legal consultation with a licensed practicing attorney to obtain advice or review legal documents, and a 25% discount off standard fixed or hourly attorney's fees



Call 888.724.2262, Monday - Friday from 9:00 am to 11:00 pm EST (6:00 am to 8:00 pm PST) to speak with an MSA representative.

All you'll need to give is your name, city, state, zip code and the name of your employer or plan sponsor. You can also visit cigna.mysecureadvantage.com for more information, or to register and access online tools and educational resources and create legal documents.

401a & 457 Retirement Accounts

(You will not be able to enroll in these accounts online Benefits Website, contact HR for enrollment information/forms.)

401a Eligibility

Employees in the following groups are eligible to participate in the plan:

- ▶ All full-time employees
- ▶ Market part-time employees
- ▶ Minimum age required for participation is 18 years old
- ▶ You may participate after you've been employed for 12 months; if you are rehired, you may be eligible immediately – contact HR immediately.
- ▶ **You must submit your completed enrollment by your 12-month anniversary date or you will no longer be eligible for the remainder of your employment.**
- ▶ Once enrolled, employees cannot stop contributions during employment; contributions will stop when employees are no longer eligible for the plan

Eligible Earnings

Your contributions will be calculated based on several earning sources. These include:

- ▶ W-2 earnings
- ▶ Bonuses
- ▶ Overtime

Employee/Employer Contributions

Your retirement program provides for the following:

- ▶ Employee contributions are a mandatory 5%
- ▶ Mandatory employee contribution pick-up (making your contribution tax-deferred)
- ▶ Employer contribution of 8% of earnings

Vesting Schedule*

The vesting schedule for your plan is as follows:

1 Year of Service	20%
2 Years of Service	40%
3 Years of Service	60%
4 Years of Service	80%
5 Years of Service	100%

The exception to this rule is you will be 100% vested at age 59 ½ regardless of years of service. Retirement age is 59 ½.

*Vesting for the 457ER match plan is based on each Sept 1 – not anniversary date

Loans/Withdrawals

MHMR employees may not withdrawal from their 401a retirement while still employed. Your retirement plan allows you to borrow against your account. You may borrow up to half of your *vested balance*. You may borrow one time per year with no more than 5 outstanding loans. There will be fees applied. Your retirement allows complete withdrawal only upon termination.

457 Accounts

457 Employee Account is a tax deferred account not matched by your employer. Employees can contribute up to the maximum allowed in this plan per year, or 50% of yearly taxable includible salary, whichever is less. If you are 50 years of age, you can tax defer an additional amount. Maximums are set by the IRS. Contact HR if you are interested in enrollment. An enrollment packet will be provided to you at your eligibility period.

Pet Insurance

Provided by MetLife

Apply for this
thru Metlife



- ✓ 90% reimbursement on vet bills, regardless of where you go.
- ✓ More coverage for congenital diseases, Rx therapeutic diets and more.
- ✓ Just two questions to determine cost: state and species.
- ✓ Exclusive program and pricing not available to the general market.
- ✓ Wellness plan option that includes spay/neuter, dental cleaning and more.
- ✓ \$7,500 benefit (max annual) bucket of money to use at enrollee's discretion.

Premiums vary based on plan type, species, and state of residence. Pre-existing conditions are not covered. Some exclusions may apply. See policy documents for a complete list of exclusions.

Easy employee enrollment, convenient policy management



Easily enroll online at www.metlife.com/mybenefits with preferred employee pricing

OR



Call us at 800-GET-MET8 and speak with a trained representative

Plus quick solutions to get employees the answers they need!



Member Care: 800-540-2016
Monday-Friday 5am-7pm PT
Saturday 7am-3:30 pm PT

20 second average answer time!



Policyholder Portal:
My.petinsurance.com
Email claims, check claim status and view claim history

Also has great FAQ resources!



When you need an attorney, Texas Legal has you covered

Texas Legal, a nonprofit organization, founded by the State Bar and the Texas State Legislature, provides legal insurance to Texans. Legal insurance covers the fees of working with in-network attorneys, ensuring the resolution of personal legal matters is always affordable, accessible, and convenient.

Why You Should be a Member of Texas Legal

Always have Legal Help When You Need It

Every year, 70 percent of people have a legal issue. But many Texans don't get the help they need because hiring an attorney is too expensive, time-consuming, or stressful. Texas Legal can help.

"Texas Legal has saved us thousands of dollars and provides peace of mind knowing we don't have to worry about legal issues."

- Gloria R., Texas Legal Member

Affordable Access to High-Quality Attorneys

Texas Legal has experienced and qualified attorneys to serve our members in multiple practice areas. We have the most comprehensive plan on the market covering:

- Wills & Trusts
- Divorce
- Criminal Defense
- ID Monitoring
- And Much More

With a network of over 500 licensed attorneys across the State of Texas, our 24,000+ members have access to the best legal help without the high price tag.

Serving Texans – Not Profiting

As a nonprofit, our mission is to protect and serve Texans, not profit from them. Our goal is to make receiving comprehensive legal services from high-quality attorneys affordable and accessible for every Texan. Rest easy knowing Texas Legal has you and your family covered for the majority of life's personal legal needs.

Need a Will? We Have You Covered!

PROBLEM: You need a will, but you don't know an attorney and wills are expensive.

SOLUTION: A Texas Legal membership fully covers estate planning. You simply call one of our attorneys, and he or she takes you through the whole process.

\$1,500 - The average cost of a basic will and estate planning package

\$300 - The average yearly premium paid by Texas Legal Members

Process: Easy

Saved: \$1,200

Gained: Priceless Peace of Mind



Please see the next page to learn about our legal insurance plans.

*Identity Theft Monitoring and Repair is now through Expedia

Group Plan Coverage

Please note that while the vast majority of personal legal needs are covered, not all limitations and exclusions are listed below, especially for contested / complex matters.*

Select Plan*

\$10 Individual/\$15 Family, Monthly
\$100 Individual/\$150 Family, Annually

Preferred Plan*

\$20 Individual/\$30 Family, Monthly
\$195 Individual/\$290 Family, Annually

GENERAL ATTORNEY ACCESS & DISCOUNTS		
Legal Access Line	Covered†	Covered†
Attorney Consultations	2 Consultations Covered	4 Consultations Covered
General Legal Services Anything not covered, but not excluded	2 Hours Covered	6 Hours Covered
In-Network Discount Anything not covered, but not excluded	25% Discount	25% Discount
ESTATE PLANNING		
Wills, Trusts, Living Wills & Power of Attorney	Covered†	Covered†
Probate	25% Discount	Covered†
FAMILY LAW		
Pre/postnuptial Agreements	25% Discount	Covered†
Adoption	25% Discount	Covered†
Name Change	Covered†	Covered†
Divorce -OR- Modification/Establishment or Enforcements	10 Hours Covered	Covered†
Protective Order	25% Discount	Covered†
Guardianship of Adult or Minor	25% Discount	Covered†
Family Immigration Assistance	25% Discount	Covered†
CIVIL LAW		
Defense of Civil Action	8 Hours Covered	Covered†
Consumer Protection	Consultations & Negotiations Only	Covered†
CRIMINAL LAW		
Habeas Corpus	25% Discount	Covered†
Misdemeanor	25% Discount	Covered†
Felony	25% Discount	Covered†
Driving / Boating while Intoxicated	25% Discount	Covered†
Public Intoxication	25% Discount	Covered†
Defense of Insanity or Infirmary	25% Discount	Covered†
Juvenile/Children's Court	25% Discount	Covered†
Traffic Tickets	25% Discount	Covered†
Defense of Driving Privileges	25% Discount	Covered†
Expunction & Order of Nondisclosure	25% Discount	Covered†
REAL ESTATE & FINANCIAL		
Residential Real Estate Transaction	25% Discount	Covered†
Bankruptcy Chapter 7-OR-Chapter 13	25% Discount	Covered†
Financial Counseling	Covered†	Covered†
AllClear ID® Identity Theft Monitoring & Repair	Covered†	Covered†

*Limitations and exclusions apply. This document is for illustrative purposes only, and is not a contract. Please see the Summary of Benefits or a sample Certificate of Coverage for details.

Gain priceless peace of mind – don't put legal issues off another day

Visit TexasLegal.org/join, or call 1.800.252.9346 and join today!



DB/Marketing/Products/Group/General/GroupPlan_Flyer_Preferred+Select_DirectBill_11-27-17_E



GROUP PLAN APPLICATION

(employer or association sponsored preferred and select plans)

Completed application should be sent directly to Texas Legal by email, fax, or mail:
 7500 Rialto Boulevard, Building One, Suite 120, Austin, Texas 78735 | Toll Free (800) 252-9346 | Fax (512) 327-0163 | members@texaslegal.org

ONE - TYPE OF SUBMISSION ALL EFFECTIVE DATES ONLY OCCUR ON THE 1ST OF EACH MONTH

JOIN: NEW Enrollment ⇨ *SELECT A PLAN:* Preferred Plan OR Select Plan
 UPDATE: Dependents AND/OR Payment Method

TWO - ENROLLMENT INFORMATION This plan is made available to me by... (select one)

Employer _____ OR Association _____

THREE - PERSONAL INFORMATION

APPLICANT NAME (First, MI, Last Name) _____ DATE OF BIRTH (MM/DD/YY) _____ GENDER Male Female
 MAILING ADDRESS _____ APT/SUITE _____
 CITY _____ STATE _____ ZIP _____
 EMAIL ADDRESS _____
 PRIMARY PHONE _____ SECONDARY PHONE _____

FOUR - TYPE OF COVERAGE

SELECT ONE Single OR Family ⇨ Complete Section Five Dependent Information

FIVE - DEPENDENT INFORMATION

SELECT ONE	Dependent *See back for definition of Eligible Dependents. First, MI, Last Name	Relationship to Applicant	Date of Birth (MM/DD/YY)	Gender SELECT ONE
<input type="checkbox"/> Add <input type="checkbox"/> Remove				<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Add <input type="checkbox"/> Remove				<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Add <input type="checkbox"/> Remove				<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Add <input type="checkbox"/> Remove				<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Add <input type="checkbox"/> Remove				<input type="checkbox"/> Male <input type="checkbox"/> Female

SIX - NOTICE OF RATES & PAYMENT METHOD Texas Legal & Master Policyholder determine the Plan & Rate. The rates appear below as notification.

COVERAGE RATE(S)	SINGLE ANNUAL	FAMILY ANNUAL	SINGLE MONTHLY	FAMILY MONTHLY
Preferred Plan Premiums	\$195.00	\$290.00	\$20.00	\$30.00
Select Plan Premiums	\$100.00	\$150.00	\$10.00	\$15.00
Endorsement Plan <i>Select Associations Only**</i>	Preferred Plan \$207.00 Select Plan \$112.00	Preferred Plan \$302.00 Select Plan \$162.00	Preferred Plan \$21.00 Select Plan \$11.00	Preferred Plan \$31.00 Select Plan \$16.00

BANK DRAFT OPTION	BANK ACCOUNT NUMBER	9-DIGIT BANK ROUTING NUMBER
RECURRING Payment Frequency: <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUAL	ACCOUNT TYPE: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	BANK NAME

BANK DRAFT CUSTOMERS PLEASE COMPLETE BANK INFORMATION ON THIS FORM: **NOTICE: RETURNED BANK DRAFTS PAYMENTS INCUR \$25 FEE**
 By signature of this application, you hereby authorize Texas Legal to charge/draft your checking/savings account from the financial institution listed. This is a recurring monthly or recurring annual option. This authority is in effect until Texas Legal receives written notification from you revoking the authorization, subject to the terms and restrictions provided in the Policy. This account will be drafted at the beginning of each month. Payment is due on the 1st of each month. Your account may not reflect the debit until the 2nd and later depending on the bank or credit union transactions or guidelines. Each financial institute establishes its own

SEVEN - SIGNATURE AND AUTHORIZATION

I understand that Texas Legal Protection Plan, Inc. db/a Texas Legal ("Texas Legal") sets forth the terms on my membership, including any exclusions or limitations, and agree to be bound by the same. The Certificate of Coverage, together with the Master Policy of the Preferred Plan or Select Plan, depending on which I selected above, Schedule of Benefits, Declarations Page, endorsements and this application constitutes the entire agreement between Texas Legal and the member with respect to the membership, and there are no agreements, understandings, warranties or representations other than as set forth herein and in those documents. Please honor payment option listed above or below on my account by Texas Legal to its own order.

Signature of Applicant _____ Date _____

TEXAS LEGAL OFFICERS	
Subscriber ID :	Group ID: _____ Effective Date: _____
Processed By: _____	Processed Date: _____ Received Date: _____

CREDIT CARD CUSTOMERS PLEASE COMPLETE CREDIT CARD INFORMATION ON THIS FORM: **NOTICE: DECLINED CREDIT CARD PAYMENTS INCUR \$25 FEE**
 I hereby authorize Texas Legal to charge the credit card above for an annual or monthly payment of my premium or due fees, depending on my selection. I certify that I am the authorized holder and signer or have the consent of the authorized holder and signer of the credit card referenced above and that all information above is complete and accurate. I understand that this information will be securely maintained.

CREDIT CARD OPTION	RECURRING Payment Frequency: <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUAL	Cardholder Name
Billing Address	City	State Zip
Card Number	Expiration Date	

TEXAS LEGAL GROUP APPLICATION INSTRUCTIONS

www.texaslegal.org

ONE – TYPE OF SUBMISSION

If you are selecting one of the following, you are:

NEW Enrollment – You are electing coverage for the first time or are a previous customer who is applying for a new policy.

Update – You could be adding or removing dependents or updating payment information.

TWO – ENROLLMENT INFORMATION

Include the name of the group which made this benefit available to you.

THREE – PERSONAL INFORMATION

Complete all requested information.

FOUR – TYPE OF COVERAGE

Select Single or Family coverage option. Single coverage option covers only the applicant. For a detailed description of dependents that qualify for coverage under the Family coverage option, see FIVE – DEPENDENT INFORMATION.

FIVE – DEPENDENT INFORMATION

Eligible dependents means (1) Participant's spouse; and all of Participant's children, including step-children, legally adopted children, children for which Participant is the legal guardian, any of which are under twenty-six (26) years of age; or (2) the definition of eligible dependent provided by the Master Policyholder for all other benefits offered by the Master Policyholder provided that said definition is more broad than (1) above and Master Policyholder provides a copy of same to Texas Legal. Notwithstanding the foregoing, an Eligible Dependent child may not be older than 26.

SIX – NOTICE OF RATES & PAYMENT METHOD

For monthly or annual payment option, be sure to complete all of the bank related information or credit card related information requested. Your signature on the application authorizes us to draft the checking or savings account you have listed or charge the credit card listed. We will continue to draft that account or credit card until you notify us in writing to cancel your Texas Legal plan.

SEVEN – SIGNATURE AND AUTHORIZATION

After completing the entire application, please review, sign and date. Signature of the applicant is required.

NOTICE – Incomplete applications may be returned by Texas Legal staff.

FREQUENTLY ASKED QUESTIONS:

1. Do I need to fill out an application each year?

No. We make the enrollment process easy; you will only have to enroll once and not every year.

2. When will my account draft each month?

Payment is due on the 1st of each month. Your account may not reflect the debit until the 2nd and later depending on the bank or credit union transactions or guidelines. Each financial institute establishes its own guidelines.

3. How do I know if I'm enrolled?

Texas Legal issues a Welcome Kit when enrollment is complete. You will receive a packet by mail which will include: your Texas Legal ID card, instructions to access the Attorney Finder, Declarations Page, Certificate of Coverage, Schedule of Benefits, and any endorsements, if applicable.

4. Who is covered under my legal plan?

If you select the single plan only you are covered. If you select the Family Coverage Option, it covers Eligible Dependents that you listed on the application. Eligible dependents means (1) Participant's spouse; and all of Participant's children, including step-children, legally adopted children, children for which Participant is the legal guardian, any of which are under twenty-six (26) years of age; or (2) the definition of eligible dependent provided by the Master Policyholder for all other benefits offered by the Master Policyholder provided that said definition is more broad than (1) above and Master Policyholder provides a copy of same to Texas Legal. Notwithstanding the foregoing, an Eligible Dependent child may not be older than 26.

5. If I change jobs or retire can I remain on the plan?

Yes, if you enrolled through a group and became a Texas Legal member you have the option to convert to an Independent Policy after an employment separation due to retirement or otherwise. If you are enrolled and premiums are collected by payroll you will need to contact Texas Legal to make arrangements for premium payments.

6. Is each benefit available every plan year?

Each benefit is available once per policy per Plan Year, excepting General Legal Services, Consultations, Legal Access Services, Identity Theft Restoration, and Identity Theft Monitoring. Different benefits are covered under different plans, and Plan Years also vary. See your Texas Legal identification card or policy documents to find out what benefits are available to you and when your Plan Year is, or contact us for your policy information.

7. If I know someone that would benefit from the Texas Legal but their employer doesn't currently offer the Texas Legal benefit, would they be eligible to enroll?

Yes, Texas Legal does offer an Independent Plan. Additionally, we welcome the opportunity to offer this benefit to their employer or association. Please feel free to contact us on how to become a participating employer or association.

Paid Time Off (PTO), Holidays, Discounts and other benefits

Holidays and Paid Time Off (PTO)

- Employees immediately receive 10 paid holidays: Labor Day, Thanksgiving, the day after Thanksgiving, Christmas Eve, Christmas Day, New Year’s Day, Martin Luther King’s Birthday, Good Friday, Memorial Day and Independence Day.
- When a holiday falls on a weekend date; Holidays are observed on Monday or Friday as applicable.
- Fulltime Employees accrue PTO each week. **Contact Payroll for Holiday and PTO questions.**

PTO Bank-Tenure Level	Level I	Level II	Level III	Level IV	Level V
Employment Months/Years	0 – 24 mos. 0 thru 2 yrs.	25 – 60 mos. 2+ thru 5 yrs.	61 – 120 mos. 5+ thru 10 yrs.	121 – 180 mos. 10+ thru 15 yrs.	181+ mos. 15+ yrs.
Hours Per Pay Week	2.63	3.25	4.00	4.00	4.00
Maximum Carryover	204	252	312	342	372
Payoff Hours at Termination/Resignation	0	50% of balance with a max of 126 hours	75% of balance with a max of 234 hours	85% of balance with a maximum of 291 hours	100% of balance with a maximum of 372 hours

Employees can carryover their maximum only on their anniversary date. Hours accrued after their anniversary date may be accumulated above their maximum but must be used before their following anniversary date. PTO plan hours can be used after 30 days of employment upon supervisor approval.

Employee Discounts

- DELL computer, AT&T, Legal Protection Plan, various discounts thru a disability company, MetLife Personal Auto and Home Insurance and discounts at fitness facility
- At various times, discount tickets are available to locations such as Six Flags, Hurricane Harbor, Hawaiian Falls, Circus, and Motor Cross Events

Other Benefits

- ▶ Flexible hours
- ▶ Paid bi-weekly
- ▶ Bereavement leave
- ▶ Tuition reimbursement (subject to availability of funds)
- ▶ Working at MHMR may qualify you for the public service school loan forgiveness program
- ▶ Ability to make a lasting impact on the lives of people and their families
- ▶ Be a part of changing lives in health care in our community

Affordable Care Act

Health Insurance Marketplace Coverage Options and Your Health Coverage

Part A: General Information

When key parts of the healthcare law took effect in 2014, there are new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October for coverage starting as early as January.

Can I Save Money On My Health Insurance Premium In The Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility For Premium Savings Through The Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. ¹

NOTE: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after- tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, check your summary plan description or contact Human Resources, 817-569-4300 or Human.Resources@mhmrtc.org.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. The MHMR notice that indicates that the medical plan meets minimum value is located on Benefits Website.

Mandated notices

Patient Protection and Affordable Care Act Disclosure Notice

This group health plan believes this plan is a "Grandfathered Health Plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a Grandfathered Health Plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a Grandfathered Health Plan means that your Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, Grandfathered Health Plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a Grandfathered Health Plan and what might cause a plan to change from Grandfathered Health Plan status can be directed to the Plan Administrator at the following address:

MHMR of Tarrant County
Human Resources, 3840 Hulen St, Fort Worth, Texas 76107
817-569-4350 or Human.Resources@mhmrtc.org

Women's Health & Cancer Rights Notice

As required by the Women's Health and Cancer Rights Act of 1998 (WHCRA), this medical plan provides coverage for:

- ▶ All stages of reconstruction of the breast of which the mastectomy was performed;
- ▶ Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- ▶ Protheses and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information of WHCRA benefits, call your plan administrator.

Special Enrollment Notice

MHMR offers health benefit coverage to all eligible employees during the initial enrollment period. If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing towards the other coverage).

In addition, if you have a new dependent because of marriage, birth, adoption or placement for adoption (qualifying event), you may be able to enroll yourself and your dependents; however, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or to obtain more information, contact your Plan Administrator.

HIPAA Privacy Notice The Plan protects your Private Health Information as required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Our Plan's HIPAA Privacy Notice and Your Rights under HIPAA are posted on the Company Intranet or a printed copy can be requested from HR.

Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with MHMR 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. MHMR has determined that the prescription drug coverage offered by the MHMR Employee Health Plan are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and are 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 Nov. 15 through Dec. 31.

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

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage will not be affected. You may keep this coverage if you elect Part D and MHMR Employee Health Plan will continue to be your primary carrier as long as you are actively employed. See your Employee Welfare Benefit Plan summary of benefits for the prescription drug program currently available to you.

If you do decide to join a Medicare drug plan, you cannot drop your current Employee Welfare Benefit Plan prescription drug coverage without dropping the medical plan. A member may not opt out of only the prescription drug portion of the plan.

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 MHMR under Employee Welfare Benefit Plan and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

For More Information About This Notice or Your Current Prescription Drug Coverage

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through MHMR Employee Welfare Benefit Plan changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage

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

For more information about Medicare prescription drug coverage:

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

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

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

Date: Annual in July
 Name of Entity/Sender: MHMR of Tarrant County (MHMR)
 Contact--Position/Office: **Human Resources**
 Address: **3840 Hulen St.**
Fort Worth, Texas 76107
 Phone Number: **817-569-4350**

**Medicaid and the Children's Health Insurance Program (CHIP)
Offer Free or Low-Cost Health Coverage to Children and Families**

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage but need assistance paying their health premiums.

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or

dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan - as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

You should contact your State for further information on eligibility:

TEXAS - Medicaid
Website: https://www.gethipptexas.com/
Phone: 1-800-440-0493

To see if any more States have added a premium assistance program since November 3, 2010, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor Services
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, ext. 61565

Benefits Website - Online enrollment instructions

www.mhmrtarrantbenefits.hrntouch.com/

Or use the MHMR single sign on link once you are logged into an MHMR computer:

<https://wechangelives.sharepoint.com/:b:/s/human-resources/EdHBMYP1bQtElG9sxiqDXbQBP9wSqs9bmY2maR37PBLwaQ?e=JHeSht>

Use your MHMR computer credentials (<USERID>@MHMRTC.ORG) when logging into BenefitFocus. If you are on an MHMR computer already, the link will automatically log you in through single sign on.

BENEFITFOCUS® / HR InTouch provide employees with cloud-based technology to shop, enroll, manage and exchange benefits information. The website is secure and meets all HIPAA compliance regulations.

For assistance to navigate the online portal or troubleshoot login contact MHMR's Employee Benefits Service Center at 1-844-604-9878.

Visit the Online portal to provide you more information that is summarized in this guide. Plan documents will prevail in any misinterpreted information provided on this guide.

Once you are logged into the Benefits Website, You can begin your enrollments, edits or view your data anytime. You can always save where you left off and continue later if you want review other benefits before finalizing your selections.

Take some time to review your personal information that has been automatically pre-loaded for you. Personal information is directed from MHMR HR system to BenefitFocus, you will use Kronos Self-Service to update any personal information and that data will automatically feed to BenefitFocus.



After you sign in to the Benefits Website you can download the phone app (BenefitFocus) for iPhone and Android. The code is 013v766 or mhmrtarrantbenefits

Contact Us

MHMR Benefits Service Center, (844) 604-9878, MHMRBenefits@benefitfocus.com

Human Resources (817) 569-4301 | fax (817) 810-3313 | Human.Resources@mhmrtc.org

Diane Kleen

Employee Retirement & Insurance Liaison
(817) 569-4350

Diane.Kleen@mhmrtc.org

Iris Davila/Delanna Caraway

Disability/Leave/Worker's Comp
(817) 569-4306

Leaves@mhmrtc.org

Espi West

Sr Director of HR, Diversity & Inclusion
(817) 569-4307

Esperanza.West@mhmrtc.org

Benefit	Company/Name	Contact number	Website/email
Medical	Boon Chapman	(800) 252-9653	customerservice@boonchapman.com
Pharmacy/prescriptions	CareMark	800-777-1023	www.Caremark.com
Alight (Compass)	Medical, Dental and Vision support	800-513-1667 x954	grace.conti@alight.com member.compassphs.com
Teladoc	Teladoc – 24 hour phone and online	800-362-2667	www.teladoc.com www.teladoc.com/mobile
Flexible Spending	Boon Chapman	800-252-9653 x6	flex@boonchapman.com
Dental Plans – DHMO PPO	UnitedHealthCare	1-877-813-4259 1-877-816-3596	www.uhc.com
Vision Plan	UnitedHealthcare	800-638-3120	www.Myuhcvision.com
Life Insurance Supplemental Life	MetLife Life	800-438-6388 800-638-6420	www.Metlife.com Eoi@metlife.com
Disability Plans	Cigna	800-362-4462	www.Cigna.com
FMLA, ADA, and Work Accommodations	Human Resources After Hours/Emergency	817-569-4306 682-309-3163	Leaves@mhmrtc.org
Accident/Critical Ins.	MetLife	800-438-6388	www.Metlife.com
Employee Assistance Plan (EAP)	Cigna	1-800-538-3543	www.CignaBehavioral.com/CGI
Retirement Consultant	Gus Bates	817-529-5308	Victoria@gusbates.com
Retirement Record-keeper	ICMA-RC	1-800-669-7400	www.icmarc.org
Wellness Program My Strength online	Human Resources	817-569-4350	Wellness.works@mhmrtc.org MyStrength.com
Nicotine Program	MHMR Program	817-569-4015	CPRIT_NRP@mhmrtc.org
Legal Protection Plan	Texas Legal	800-252-9346	www.texaslegal.org/join
Employee Discounts	Human Resources	817-569-4350	Human.Resources@mhmrtc.org
Notary Services	Human Resources	817-569-5122 817-569-4309	Human.Resources@mhmrtc.org
Affordable Care Act	Human Resources	817-569-4307	Human.Resources@mhmrtc.org



**MHMR of Tarrant County
Medical Insurance - Working Spouse Carve-out Form**

MHMR does not offer healthcare coverage to spouses of employees who have healthcare insurance available to them through his/her employer. Employees must attest to the fact that their spouses are not eligible under any other major medical/drug group coverage (to include a prescription drug plan) should they desire to enroll their spouses in the healthcare coverage offered through MHMR. If it is your desire to enroll your spouse on the healthcare coverage offered by MHMR, then please attest to the following statement, which will be placed in your benefit file with our organization:

"I hereby attest that my spouse is not eligible under any other major medical/drug group coverage (to include a prescription drug plan) available from his/her employer, therefore making him/her eligible for MHMR's group medical/drug coverage. If my spouse changes employers and/or becomes eligible during the plan year under his/her employer's medical plan, I will notify MHMR's Human Resource Department immediately.

I understand that misrepresenting my spouse's ability to enroll in his/her employer's healthcare plan may lead to serious consequences, which could include that I reimburse MHMR for premiums paid by the organization, as well any claims paid on behalf of my spouse. I also understand that any misrepresentation on my part could lead to disciplinary action, up to and including termination of employment.

*I further understand that it is my responsibility to submit this attestation to the HR Department no later **than my designated deadline to submit/enroll for insurance**, and failure to do so will result in my spouse automatically being dropped from medical coverage offered through MHMR."*

Signature **Printed Name** **Date**

Spouse's Signature **Spouse's Printed Name** **Date**

Please remember that it is your responsibility to notify Human Resources of the status of your spouse's eligibility for other employer group medical insurance during the plan year.

Contact your Human Resource Office at 817-569-4350 if you have questions.

State of Texas
County of _____

_____, personally, appeared before me, and being first duly sworn declared that he/she signed this application in the capacity designated, if any, and further states that he/she has read the above application and the statements therein contained are true.

(Personalized Seal)

Notary Public's Signature