2022-2023 Benefits Enrollment Guide

Prepared by:

HEALTHSURE
prevent.protect.prosper

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Contacts

Human Resources	
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Benefits	Carrier	Telephone/Web Address
Medical Insurance	**Allied** – Plan Administrator Group Number: A17181 **PHCS** - Network	800-288-2078 www.alliedbenefit.com 888-733-9582 www.multiplan.com
Pharmacy Benefit Manager	**Caremark/CVS**	877-860-6415 www.caremark.com
Dental Insurance **Vision Insurance** **Basic & Voluntary Life** **Short & Long Term Disability** **Critical Illness Insurance** **Accident Insurance** **Hospital Indemnity**	**Guardian** Group Number: 00562506	888-600-1600 www.GuardianAnytime.com
Health Savings Account	**Optum Financial**	855-687-2021 www.optumfinancial.com
Flexible Spending Account	**Optum Financial**	855-687-2021 www.optumfinancial.com
Retirement	**TCDRS**	800-832-7782 www.tcdrs.org
Retirement	**Milliman Supplemental Retirement**	1-877-839-4677 www.millimanbenefits.org
Legal Shield/ID Shield	**Legal Shield**	800-654-7757 www.mylegalshield.com memberservices@legalshield.com
Employee Assistance Program	**Dumas Counseling Center**	806-883-4040 611 E. 1st Street Dumas, TX

Benefit Basics

Moore County Hospital District offers a comprehensive suite of benefits to promote health and financial security for you and your family. This booklet provides you with a summary of your benefits. Please review it carefully so you can choose the coverage that's right for you.

As a Moore County employee, you are eligible for benefits if you work at least 30 hours per week.

Insurance and Employee Assistance are effective on the first day of the month following 60 days of full-time employment.

You may enroll your eligible dependents for coverage once you are eligible. Your eligible dependents include your *legal spouse if they are not eligible for insurance through their employer and your children up to age 26.

TCDRS Retirement Benefits go into effect upon employment. PTO, EIB and Bereavement Leave may be used after 90 days of employment.

***Effective July 1, 2017, If the spouse of an eligible employee is eligible for coverage through their employer, they are not eligible to participate in this plan.**

Notice of Privacy Practices

Moore County understands that information about you and your health is personal and we are committed to protecting this information. Moore County maintains a Notice of Privacy Practices that explains how we may disclose your health information. The Notice of Privacy Practices also describes your rights and our obligations regarding the use and disclosure of this information

Plans at a Glance

This brochure is intended to provide a convenient summary of benefit plans. It is not intended to be a legal document. If there are any inconsistencies between the information in this brochure and the plan Summary of Benefit documents or contracts, the plan documents and contracts will prevail.

Qualified Life Event

Generally, you may change your benefit elections only during the annual enrollment period. However, you may change your benefit elections during the year if you experience a qualified life event, including:

- Marriage
- Divorce or legal separation
- Death of your spouse or dependent child
- Birth of your child
- Adoption of or placement for adoption of your child
- Change in employment status of employee, spouse or dependent child
- Qualification by the Plan Administrator of a child support order for medical coverage
- Entitlement to Medicare or Medicaid

You must notify Human Resources within 30 days of the qualified life event. Depending on the type of event, you may be asked to provide proof of the event. If you do not contact Human Resources within 30 days of the qualified event, you will have to wait until the next annual enrollment period to make changes (unless you experience another qualified life event).

Terms and Descriptions

Reasonable & Customary (R&C) and /or Usual & Customary (U&C)

When using out-of-network providers for medical or dental benefit, payments from insurance carriers are based on what is considered reasonable. Everything not included as reasonable is considered the member's responsibility to pay to the provider, and the member is not credited for any of these expenses towards their deductible or coinsurance maximums.

Benefit Payments

For benefits received in the Network, you are responsible only for your co-payment or deductible amount and coinsurance. Your provider will file the claim. Benefits for Non-Network visits are payable on a reimbursement basis only. You can be subject to additional charges over the reasonable and customary allowed amount.

For more information about your benefits, please contact your HR Department.

The information in this Enrollment Guides is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. If you have any questions about your Guide, contact your Human Resources Department.

Moore County Hospital District – PPO Plan

Network	Level 1 MCH Providers Only	Level 2 MCH Affiliated Physicians	PHCS/NWTX Does not include BSA facilities	Out of Network
Plan Year Deductible Individual Family	$1,000/person $2,000/family	$1,000/person $2,000/family	$3,000/person $6,000/family	$5,000/person $10,000/family
Co Insurance	90%	90%	70%	40%
Plan Year Out of Pocket Maximum Individual Family	$3,000/person $6,000/family	$3,000/person $6,000/family	$6,550/person $13,100/family	Unlimited
Physician Services Well Adult / Child Care Moore Co. Clinic Physician Office Visit Specialist Office Visit Out Pt./Office Lab Diagnostics Out Pt./Office Radiology	 100% $10 $20 $40 100% 90%	 100% N/A $20 $40 70% 70%	 100% N/A $30 $50 70% 70%	 40% N/A 40% 40% 40% 40%
Emergency Room Services	$150 Copay then paid at 90% Deductible waived	N/A	$150 Copay then paid at 70% After deductible	Paid the same as a PHCS provider.
Prescription Drug Services Retail (Generic / Brand / Non-Pref Brand) Extended Retail (Generic / Brand / Non-Pref Brand) Mail (Generic / Brand / Non-Pref Brand)	*Preferred Pharmacy* *$20 / $40 / $60* *$40 / $80 / $120* *$40 / $80 / $120* *Deductible waived.*		*PBM Network* *$40 / $120 / $240* *$80 / $240 / $480* *$80 / $240 / $480* *Deductible waived.*	
Specialty Drug Benefit	*Not Covered through Caremark; Subject to Plan Year Deductible, Out-of-Pocket Maximum and coinsurance.*			
Lifetime Maximum	Unlimited			
This plan specifically excludes BSA Network facilities from the PHCS network.				
This information is intended to be a brief summary of our benefit program and is not interpreted as the official benefit plan document. In case of discrepancy, the summary plan description shall govern.				

PPO Plan

Administrator: Allied
Website: www.alliedbenefit.com
Phone: 800-288-2078

ALLIED

PPO Plan – Your Plan contains enhanced benefits through network providers. Benefits are generally paid at a higher level when using network Hospitals and network Physicians than when using non-network providers. For on-line inquiry to locate a network provider near You, or to verify that a provider is in the PPO network, visit the website listed on Your ID card. For direct assistance in locating network providers, call the "Provider Referral Number" listed on Your ID card.

A Covered Person has a free choice of any provider for medical care. At any time, the Covered Person may choose any qualified provider with the understanding that different benefits may apply according to the provisions of the Plan.

PPO Network

Carrier: PHCS
Phone: 888-733-9582

PHCS

PHCS has almost 900,000 healthcare providers under contract, an estimated 68 million consumers accessing their network products, and 40 million claims reduced through the network and non-network solutions each year, giving PHCS the experience and resources healthcare payers need to face today's unprecedented cost and competitive pressures.

Precertification

Carrier: Allied Care
Phone: 800-892-1893

CARE

Your Plan also includes a Pre-Certification Program. Certain services and procedures may require you and your doctor to contact Allied Care. Failure to do so may result in a penalty to your benefits. Please refer to your Summary Plan Description for the Pre-Certification requirements.

2022/2023 Summary of Benefits

Moore County Hospital District – HDHP Plan

Network	Level 1 MCH Providers Only	Level 2 MCH Affiliated Physicians	PHCS/NWTX Does not include BSA facilities	Out of Network
Plan Year Deductible Individual Family	 $2,800/person $5,600/family	 $2,800/person $5,600/family	 $3,700/person $7,400/family	 $6,000/person $12,000/family
Co Insurance	90%	90%	70%	40%
Plan Year Out of Pocket Maximum Individual Family	 $4,500/person $9,000/family	 $4,500/person $9,000/family	 $6,550/person $13,100/family	 Unlimited
Physician Services Well Adult / Child Care Moore Co. Clinic Physician Office Visit Specialist Office Visit Out Pt./Office Lab Diagnostics Out Pt./Office Radiology	 100% (Ded. Waived) 100% 90% 90% 100% 90%	 100% (Ded. Waived) N/A 90% 90% 70% 70%	 100% (Ded. Waived) N/A 70% 70% 70% 70%	 40% N/A 40% 40% 40% 40%
Emergency Room Services	90%	N/A	70%	Paid the same as a PHCS provider.
Prescription Drug Services Retail (Generic / Brand / Non-Pref Brand) Extended Retail (Generic / Brand / Non-Pref Brand) Mail (Generic / Brand / Non-Pref Brand)	*Preferred Pharmacy* *80% / 80% / 80%* *80% / 80% / 80%* *80% / 80% / 80%* *After Deductible*		*PBM Network* *80% / 80% / 80%* *80% / 80% / 80%* *80% / 80% / 80%* *After Deductible*	
Specialty Drug Benefit	*Not Covered through Caremark; Subject to Plan Year Deductible, Out-of-Pocket Maximum and coinsurance.*			

This plan is a qualified High Deductible Health Plan. Therefore, the deductible must be satisfied prior to the health plan coinsurance with exception to preventative services.

This plan specifically excludes BSA Network facilities from the PHCS network.

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Premium Contributions

The costs listed below reflect the share structure for the July 1, 2022 to June 30, 2023 plan year. The benefits and associated costs are subject to change in future plan years, at the Hospital's sole discretion and do not create a contract of employment, expressed or implied.

***Effective July 1, 2017, If the spouse of an eligible employee is eligible for coverage through their employer, they are not eligible to participate in this plan.**

Plan I - Copay Plan				
Coverage Tier - Tobacco Status	Total Cost of the Plan	Employer Contribution	Employee Monthly Cost	Employee Per Pay Period Cost
Employee Only - NON-TOBACCO	$742.67	$611.89	$130.78	$60.36
Employee Only - TOBACCO	$742.67	$572.66	$170.01	$78.47
Employee + Spouse - NON-TOBACCO	$1,650.96	$1,122.90	$528.06	$243.72
Employee + Spouse - TOBACCO	$1,650.96	$964.48	$686.48	$316.84
Employee + Child(ren) - NON-TOBACCO	$1,652.45	$1,257.64	$394.81	$182.22
Employee + Child(ren) - TOBACCO	$1,652.45	$1,139.19	$513.26	$236.88
Employee + Family - NON-TOBACCO	$1,657.65	$925.88	$731.77	$337.73
Employee + Family - TOBACCO	$1,657.65	$692.10	$965.55	$445.64

Plan II - High Deductible Health Plan (HSA)				
Coverage Tier - Tobacco Status	Total Cost of the Plan	Employer Contribution	Employee Monthly Cost	Employee Per Pay Period Cost
Employee Only - NON-TOBACCO	$677.14	$640.12	$37.02	$17.09
Employee Only - TOBACCO	$677.14	$629.02	$48.12	$22.21
Employee + Spouse - NON-TOBACCO	$1,505.29	$1,354.77	$150.52	$69.47
Employee + Spouse - TOBACCO	$1,505.29	$1,309.61	$195.68	$90.31
Employee + Child(ren) - NON-TOBACCO	$1,506.64	$1,395.60	$111.04	$51.25
Employee + Child(ren) - TOBACCO	$1,506.64	$1,362.29	$144.35	$66.62
Employee + Family - NON-TOBACCO	$1,511.38	$1,141.24	$370.14	$170.83
Employee + Family - TOBACCO	$1,511.38	$1,030.20	$481.18	$222.09

OPTUM Financial™

Health Savings Accounts

Paying for health care is now easier *and* less expensive with a Health Savings Account (HSA) from Optum.

What is an HSA?

An HSA is like a 401(k) for health care. HSAs are tax-advantaged accounts that accumulate interest and can earn investment returns. The funds can be used to pay for qualified medical expenses today or can be saved for future expenses. It is owned by you, is 100% vested from day one, and lets you build up savings for future needs.

HSAs offer triple tax savings, and funds never expire!

- **Triple tax savings.** Qualifying contributions, whether they are made by you or your employer, are not taxable to you, and investment growth is not taxed while it is in the account. Distributions are not taxable as long as they are spent on eligible health care expenses incurred after the HSA was established.
- **Interest and investments.** Not only will your HSA balance earn interest each month, but you will also have the option to invest in nationally recognized mutual fund families.
- **Multiple uses.** There are hundreds of eligible health care expenses for your HSA funds, including prescriptions, over-the-counter items, health insurance deductibles, and coinsurance. Funds may even be used for qualified expenses for your spouse or dependents.
- **Easy to access.** Funds in the account are easily accessed with the payment card. Or, you can submit withdrawal requests online when using the card is not convenient.
- **Take it with you.** Because your HSA is owned by you, if you change jobs or health plans, your account stays with you. You can even use your account for retirement expenses when you reach 65.

Have questions?

Visit **optumfinancial.com** or download the mobile app.

HSA Rules & Regulations

- HSAs remain with you even if you change health plans or companies. If you open an HSA and later become ineligible to make contributions, you can still use your remaining funds.
- To be eligible to open and contribute to an HSA, you must be covered by a qualified High Deductible Health Plan (HDHP).
- HSA funds may be used for any eligible health care expense not covered by insurance or any other plan for yourself, your spouse, or tax dependents.
- HSA funds can be withdrawn for non-health care items, but will be subject to regular income taxes and a 20% excise penalty.
- For 2022, contributions may not exceed $3,650 for individual coverage or $7,300 for family coverage. Individuals ages 55 or older can make additional “catch-up” contributions of up to $1,000 for 2022.
- The IRS may request itemized receipts for HSA purchases during tax time. **Always save your itemized receipts!**

Download the Optum Financial app.

Enjoy an easier way to manage your health savings account. You can pay bills, view transactions, upload receipts and more. Download today on your Apple or Android device.

Download on the App Store | GET IT ON Google Play

OPTUM Financial™

HSA + limited purpose FSA

If you wish to open and/or contribute to a health savings account (HSA), your flexible spending account (FSA) must be limited to dental and vision expenses only, according to IRS regulations. We call that a limited purpose FSA, or LPFSA. So how do these two work together?

Payment card

You'll receive one card to access both your HSA and LPFSA.

Your card is smart. At dental or vision merchants, like dentists and eye doctors, your card will automatically pull funds from your **LPFSA**.

All other card charges at locations not categorized as a dental or vision merchant will pull funds from your **HSA**.

Reimbursement requests

If you choose not to use your card, submit a claim online or on the mobile app.

Service types that are entered as dental or vision will pull from your **LPFSA**.

All other qualified medical expenses will pull funds from your **HSA**.

Submitting receipts is easy

Documentation will always be required for LPFSA reimbursement requests and will sometimes be required for LPFSA card charges.

1. Check online or on the mobile app to see if documentation is required.
2. Ensure your receipt has all five information requirements (patient name; item description; date of expense; provider name; amount).
3. Upload your documentation online or on the mobile app.

Smart tip: Always snap a picture of your receipt with your smartphone in case it is needed later.

Learn how Optum Financial can support your organization's needs with a range of financial and well-being solutions by visiting **optumfinancial.com**.

Optum Financial flexible spending account (FSA)

Plan for health care expenses.

An Optum Financial FSA is a smart way to save and pay for eligible health care expenses. It's smart because you can set aside pre-tax dollars in your FSA. Whenever you need to pay out-of-pocket for eligible health care costs, just use your Optum Financial payment card.

Lower your taxes.

When you contribute to an FSA, you're setting aside pre-tax dollars. You don't have to pay federal income taxes on the money you put into your account. That means you may actually lower the amount of federal income tax you pay.

Access your funds immediately.

The money you choose to put into your FSA is available to you on the first day of your plan year. You don't have to wait until your FSA balance grows to pay for eligible expenses.

The "use it or lose it" rule.

The "use it or lose it" rule means that you will lose any money left in your account at the end of the plan year. So be sure to try to use all of your FSA funds. But even if some funds are left in your account at the end of the plan year, you may still come out ahead because of the tax savings.

It's your choice. You decide how much to contribute.

With an FSA, you choose how much to contribute. Be sure to plan ahead by creating a list of anticipated health care expenses for the coming year.

Expense	Estimated cost
Prescriptions	
• Prescription drugs	$
Co-payments and co-insurance	
• Office visit co-payments	$
• Co-insurance payments	$
• Other co-payments	$
Dental	
• Dentist	$
• Orthodontist	$
Vision and hearing	
• Eye exams	$
• Eyeglasses and contacts	$
• Hearing aid	$
Your total expenses for plan year	$

You may be able to use your FSA to pay for:

- Alcohol and drug addiction inpatient treatment
- Breast reconstruction surgery following a mastectomy or cancer
- (Certain) over-the-counter drugs and medications
- Dental treatment
- Diagnostic tests and devices
- Doctor's visits
- Eye exams
- Eyeglasses and contact lenses
- Fertility enhancements
- Hearing aids and batteries
- Physical therapy
- Prescriptions
- Smoking cessation programs

You CANNOT use your FSA to pay for:

- Cosmetic surgery
- Diaper service
- Electrolysis or hair removal
- Health club dues
- Teeth whitening
- Toiletries (soap, body lotion)
- Vitamins and nutritional supplements
- Weight loss programs (unless prescribed)

IMPORTANT

This is only a partial list. For more information, check out the qualified medical expense tool on **optumfinancial.com**.

Your account and Social Security.
When you contribute to an FSA, the money is deducted from your paycheck before taxes. As a result, you may be reducing your future Social Security benefits. To calculate Social Security, the government uses the income you earn throughout your career. Only you can decide if the tax savings of an FSA justify the reduction in future Social Security benefits.

How much money can I save?

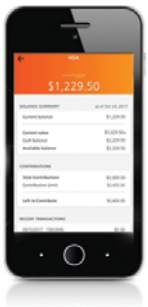
If your annual income is $45,000, you can **save $593 a year** in taxes.

Check it out:	With FSA	No FSA
Annual pay	$45,000	$45,000
Pre-tax FSA contribution	-$2,000	-$0
Taxable income	$43,000	$45,000
Combined Federal, State and Social Security taxes	-$12,750	-$13,343
After-tax dollars spent on eligible expenses	-$0	-$2,000
Spendable income	$30,251	$29,658
Tax Savings	**$593***	**$0**

Optum Financial payment card
It's easy to pay for eligible health care expenses with the Optum Financial payment card.

Start saving today.
Sign up for an Optum Financial FSA during your benefits enrollment. After you enroll, watch the mail for your welcome letter and Optum Financial payment card.

Access your account anywhere, anytime.



Sign in to your account at **optumfinancial.com** or use our mobile app to:

- Check your balance
- Submit a claim
- Monitor payments
- Receive messages
- Submit receipts

Paying for eligible expenses.
With your Optum Financial payment card, you can pay for eligible health care expenses without submitting any paper claim forms. It's fast and convenient.Fill a prescription. Pay and be on your way.

You can also pay for eligible health care expenses with a personal credit card or check. Just submit a claim request online, or on the mobile app, along with the right documents, and receive your reimbursement directly into your bank account. Sign up for direct deposit when you sign in to your account at **optumfinancial.com.**

Save your receipts.
Be careful how you use your FSA. There are rules. You will want to keep receipts from your doctors, dentists, clinic, pharmacy and hospital for all eligible health care expenses. All receipts should include the date and description of service, provider's name and amount paid. That way, you have proof if you need to verify that all of your FSA expenses meet IRS requirements for eligibility.

OPTUM Financial™

Dependent care — Flexible spending accounts

Don’t pay full price — get the tax-advantaged rate.

This dependent care FSA (DCFSA) benefit provides tax savings for the care of your children, a disabled spouse, or legally dependent parent during your working hours. So your family is completely taken care of while you’re busy on the job.

How much can I save?

On average, you can **save $1,482 a year**.

Check it out:	With DCFSA	No DCFSA
Annual pay	$45,000	$45,000
Pre-tax FSA contribution	-$5,000	-$0
Taxable income	$40,000	$45,000
Combined federal, state and Social Security taxes	$11,860	$13,343
After-tax dollars spent on eligible expenses	-$0	$5,000
Spendable income	$28,140	$26,658
Tax savings for the year	**$1,482***	**$0**

What does it cover?

Put pre-tax money into your account

Use it for eligible expenses

Save money

The cost of day care for children, or supervision for an aging parent, is a significant expense for many families. A dependent care flexible spending account from Optum Financial allows you to pay for these services while reaping an important tax break.

The following means of care are eligible for **children under 13**, providing you savings relief and peace of mind while you work:

- Before- and after-school care
- Day care and preschool
- Summer and holiday camp
- Babysitter, nanny, or au pair

You can also use your account for **adult dependents who need care**, such as a spouse or live-in parent. This includes:

- Care of an incapacitated adult who lives with you
- Expenses for an in-home caregiver

How do I start?

Sign up

Enrollment only comes once a year, so be sure to get your year-round savings. You decide how much to contribute, and pre-tax funds are deducted from your paycheck.

And remember to download the Optum Finanical mobile app for your **iOS** or **Android** device, your secure app that lets you view your balance and payments, upload photos of documentation and contact customer service.

Download the Optum Financial app

Enjoy an easier way to manage your flexible spending account. You can pay bills, view transactions, upload receipts and more. Download today on your Apple or Android device.

Download on the App Store | GET IT ON Google Play

OPTUM Financial™ optumfinancial.com

* Combined tax rate of 29.65% (22% + 7.65% FICA)

Results and amounts will vary depending on your particular circumstances.

Flexible spending accounts (FSAs) are administered on behalf of your plan sponsor by Optum Financial, Inc. and are subject to eligibility and restrictions. Please contact a legal or tax professional for advice on eligibility, tax treatment, and restrictions. Please contact your plan administrator with questions about enrollment or plan restrictions. Federal and state laws and regulations and the design of your plan are subject to change.

Guardian®

Watch our video
Learn how dental insurance can protect your long-term health.

Dental insurance

Taking care of your teeth is about more than just covering cavities and cleanings. It also means accounting for more expensive dental work, and your overall health.

With dental insurance, routine preventive care can lead to better overall health. And you'll be able to save money if any extensive dental work is required.

Who is it for?

Everyone should have access to great dental coverage, which is why we offer comprehensive plans that are available through employers as part of your benefit offerings.

What does it cover?

Dental insurance helps to protect your overall oral care. That includes services like preventive cleanings, x-rays, restorative services like fillings, and other more serious forms of oral surgery if you ever need them.

Why should I consider it?

Poor oral health isn't just aesthetic, it's also been linked to conditions including diabetes, heart disease, and strokes. So, while brushing and flossing every day can help keep your teeth clean, nothing should replace regular visits to the dentist.

You will receive these benefits if you meet the conditions listed in the policy.

Staying healthy

Joe visits his dentist for a routine dental cleaning, to take care of his teeth as well as his overall health.

Oral health is about more than just teeth and gums. It's also essential for a range of other health and wellbeing reasons:

Cardiovascular disease: Some research suggests that heart disease, clogged arteries, and infections may be linked to inflammation and infections from oral bacteria.

Osteoporosis: Weak and brittle bones may be linked to tooth loss.

Diabetes: Research shows that people with gum disease find it more difficult to control their blood sugar levels.

Alzheimer's disease: Tooth loss before the age of 35 may be a risk factor for Alzheimer's disease.

All information contained here is from the Mayo Clinic, Oral Health: A Window to Your Overall Health, www.mayoclinic.com. 2018.

MOORE COUNTY HOSPITAL DISTRICT
ALL OTHER ELIGIBLE EMPLOYEES

Guardian®

Your dental coverage

Option 1 or 2: LOW PLAN or HIGH PLAN plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan	**Option 1: LOW PLAN**		**Option 2: HIGH PLAN**	
Your Network is	DentalGuard Preferred		DentalGuard Preferred	
Calendar year deductible	*In-Network*	*Out-of-Network*	*In-Network*	*Out-of-Network*
Individual	$50	$50	$50	$50
Family limit	3 per family		3 per family	
Waived for	Preventive	Preventive	Preventive	Preventive
Charges covered for you (co-insurance)	*In-Network*	*Out-of-Network*	*In-Network*	*Out-of-Network*
Preventive Care	100%	100%	100%	100%
Basic Care	80%	80%	80%	80%
Major Care	50%	50%	50%	50%
Orthodontia	50%	50%	50%	50%
Annual Maximum Benefit	$1000	$1000	$1500	$1500
Maximum Rollover	Yes		Yes	
Rollover Threshold	$500		$700	
Rollover Amount	$250		$350	
Rollover Account Limit	$1000		$1250	
Lifetime Orthodontia Maximum	$1000		$1500	
Dependent Age Limits	26		26	

Guardian®

Your dental coverage

A Sample of Services Covered by Your Plan:

		Option 1: LOW PLAN *Plan pays (on average)*		Option 2: HIGH PLAN *Plan pays (on average)*	
		In-network	*Out-of-network*	*In-network*	*Out-of-network*
Preventive Care	Cleaning (prophylaxis)	100%	100%	100%	100%
	Frequency:	2 in 12 Months		2 in 12 Months	
	Fluoride Treatments	100%	100%	100%	100%
	Limits:	Under Age 14		Under Age 14	
	Oral Exams	100%	100%	100%	100%
	X-rays	100%	100%	100%	100%
Basic Care	Fillings‡	80%	80%	80%	80%
	Perio Surgery	80%	80%	80%	80%
	Periodontal Maintenance	80%	80%	80%	80%
	Frequency:	2 in 12 months		2 in 12 months	
	Root Canal	80%	80%	80%	80%
	Scaling & Root Planing (per quadrant)	80%	80%	80%	80%
	Simple Extractions	80%	80%	80%	80%
	Surgical Extractions	80%	80%	80%	80%
Major Care	Anesthesia*	50%	50%	50%	50%
	Bridges and Dentures	50%	50%	50%	50%
	Dental Implants	50%	50%	50%	50%
	Inlays, Onlays, Veneers**	50%	50%	50%	50%
	Repair & Maintenance of Crowns, Bridges & Dentures	50%	50%	50%	50%
	Single Crowns	50%	50%	50%	50%
Orthodontia	Orthodontia	50%	50%	50%	50%
	Limits:	Child(ren)		Adults & Child(ren)	

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filing material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

Guardian®

Your dental coverage

Manage Your Benefits:

Go to www.Guardianlife.com to access secure information about your Guardian benefits including access to an image your ID Card. Your on-line account will be set up within 30 days after your plan effective date..

Find A Dentist:

Visit www.Guardianlife.com
Click on "Find A Provider"; You will need to know your plan, which can be found on the first page of your dental benefit summary.

Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date. Please note, self-serve options over the phone or online at Guardian Anytime are not available until the case is fully implemented, please wait to speak to a live agent when calling the Guardian Helpline.

EXCLUSIONS AND LIMITATIONS

- Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred Network PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DG2000 et al.
- **PPO and or Indemnity Special Limitation:** Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG2000

Dental Low Plan	Per Month	Per Pay Period
Employee Only	$40.80	$18.83
Employee + Spouse	$79.30	$36.60
Employee + Child(ren)	$93.10	$42.97
Family	$141.30	$65.22

Dental High Plan	Per Month	Per Pay Period
Employee Only	$46.76	$21.58
Employee + Spouse	$90.97	$41.99
Employee + Child(ren)	$106.94	$49.36
Family	$162.32	$74.92

DentalGuard Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides DENTAL insurance only.
Policy Form # GP-1-DG2000, et al, GP-1-DEN-16

MOORE COUNTY HOSPITAL DISTRICT
ALL OTHER ELIGIBLE EMPLOYEES

Guardian®

Oral Health Rewards Program

Regular visits to the dentist can help prevent and detect the early signs of serious diseases.

That's why Guardian's Maximum Rollover Oral Health Rewards Program encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan's annual maximum is reached.

Automatic rollover

Submit a claim (without exceeding the paid claims threshold of a benefit year), and Guardian will roll over a portion of your unused annual dental maximum.

How maximum rollover works*

Depending on a plan's annual maximum, if claims made for a certain year don't reach a specified threshold, then the set maximum rollover amount can be rolled over.

Plan annual maximum**	Threshold	Maximum rollover amount	Maximum rollover account limit
$1,000 Maximum claims reimbursement	**$500** Claims amount that determines rollover eligibility	**$250** Additional dollars added to a plan's annual maximum for future years	**$1,000** The limit that cannot be exceeded within the maximum rollover account
$1,500 Maximum claims reimbursement	**$700** Claims amount that determines rollover eligibility	**$350** Additional dollars added to a plan's annual maximum for future years	**$1,250** The limit that cannot be exceeded within the maximum rollover account

* This example has been created for illustrative purposes only.

** If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, ($1500 PPO/$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan. May not be available in all states.

Guardian's Dental Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Information provided in this communication is for informational purposes only. Dental Policy Form No. GP-1-DEN-16. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America ® ©Copyright 2019 The Guardian Life Insurance Company of America.

2020-105050 (07/22)

Guardian®

Watch our video
How vision insurance can help you see clearly as you get older.

Vision insurance

Vision insurance helps protect the health of your eyes by providing coverage for benefits that often aren't covered by regular medical insurance.

Protecting your eyesight means allowing for routine visits to the optometrist for eye exams, as well as coverage for glasses and contacts. Make sure your eyes remain in great shape at any age – no matter how much time you spend staring at digital screens.

Who is it for?

Even if you have perfect eyesight, it's important to have regular eye exams to make sure you're still seeing clearly. Most of us may eventually need vision correction, which is why we offer vision insurance to cover some of the costs.

What does it cover?

Vision insurance covers benefits not typically included in medical insurance plans. It covers things like routine eye exams, allowances towards the purchase of eyeglasses and contact lenses, as well as discounts on corrective Lasik surgery.

Why should I consider it?

Regular eye exams can detect more than failing eyesight, they can also pick up diseases like glaucoma and diabetes. Vision problems are one of the most prevalent disabilities in the United States, making vision insurance especially useful for anyone who regularly needs to purchase eyeglasses or contacts, or anyone who simply wants to help protect their eyesight and general health.

You will receive these benefits if you meet the conditions listed in the policy.

20/20 coverage

David notices that his vision is deteriorating. He goes in for an eye exam, and is diagnosed with myopia, which means he needs glasses.

Average cost of vision exam: **$171**

Average cost of frames and lenses: **$350**

Total cost: **$521**

With a Vision policy from Guardian, David pays just **$10** for his eye exam. After **$25** in copay, his lenses are fully covered, and he pays **$96** for his frames.

David's total out-of-pocket expense is **$131**, saving him **$390**.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.

Guardian®

Your vision coverage

Option 1: Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of VSP's network locations, including one of the largest private practice provider networks, Visionworks and contracted Pearle Vision locations.

Your Vision Plan	**Full Feature**	
Your Network is	VSP Choice Network	
Copay		
Exams Copay	$ 10	
Materials Copay *(waived for elective contact lenses)*	$ 25	
Sample of Covered Services	*You pay (after copay if applicable):*	
	In-network	*Out-of-network*
Eye Exams	$0	Amount over $39
Single Vision Lenses	$0	Amount over $23
Lined Bifocal Lenses	$0	Amount over $37
Lined Trifocal Lenses	$0	Amount over $49
Lenticular Lenses	$0	Amount over $64
Frames	80% of amount over $130[1]	Amount over $46
Costco, Walmart and Sam's Club Frame Allowance	Amount over $70	
Contact Lenses *(Elective)*	Amount over $130	Amount over $100
Contact Lenses *(Medically Necessary)*	$0	Amount over $210
Contact Lenses *(Evaluation and fitting)*	Up to $60	Not Applicable
Cosmetic Extras	Avg. 20-25% off retail price	No discounts
Glasses *(Additional pair of frames and lenses)*	20% off retail price**	No discounts
Laser Correction Surgery Discount	Up to 15% off the usual charge or 5% off promotional price	No discounts
Service Frequencies		
Exams	Every calendar year	
Lenses *(for glasses or contact lenses)*‡‡	Every calendar year	
Frames	Every two calendar years‡‡‡	
Network discounts *(glasses and contact lens professional service)*	Limitless within 12 months of exam.	
Dependent Age Limits	26	
To Find a Provider:	Register at VSP.com to find a participating provider.	

VSP

- ‡‡Benefit includes coverage for glasses or contact lenses, not both.
- ** For the discount to apply your purchase must be made within 12 months of the eye exam.
- Charges for an initial purchase can be used toward the material allowance. Any unused balance remaining after the initial purchase cannot be banked for future use. The only exception would be if a member purchases contact lenses from an out of network provider, members can use the balance towards additional contact lenses within the same benefit period.
- [1]Extra $20 on select brands
- Members can use their in network benefits on line at Eyeconic.com.

Your vision coverage

- ‡‡‡.*The VSP system considers contact lenses to be the equivalent of a full pair of eyeglasses (lenses and frames) so while the member can obtain contact lenses one year and standard eyeglass lenses the next year, the frames benefit would not be available until 24 months or two calendar years, depending on the plan design, after the date the member obtained the contact lenses.*
- In Network Routine Retinal Screening Covered after no more than a $39 copay.

EXCLUSIONS AND LIMITATIONS

Important Information: This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for: orthoptics or vision training and any associated supplemental testing; medical or surgical treatment of the eye; and eye examination or corrective eyewear required by an employer as a condition of employment; replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available or a warranty exists). The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes.

The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract #GP-1-VSN-96-VIS et al.

Laser Correction Surgery:

Discounts on average of 10-20% off usual and customary charge or 5% off promotional price for vision laser Surgery. Members out-of-pocket costs are limited to $1,800 per eye for LASIK or $1,500 per eye for PRK or $2300 per eye for Custom LASIK, Custom PRK, or Bladeless LASIK.

Laser surgery is not an insured benefit. The surgery is available at a discounted fee. The covered person must pay the entire discounted fee. In addition, the laser surgery discount may not be available in all states.

Vision Plan	Per Month	Per Pay Period
Employee Only	$8.90	$4.11
Employee + Spouse	$15.12	$6.98
Employee + Child(ren)	$17.86	$8.24
Family	$24.94	$11.51

Guardian's Vision Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. This policy provides vision care limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Plan documents are the final arbiter of coverage.
Policy Form # GP-1-GVSN-17

Guardian®

Watch our video
How life insurance protects families and covers critical costs.

Life insurance

If something happens to you, life insurance can help your family reduce financial stress.

Life insurance helps protect your family's finances by providing a cash benefit if you pass away. This ensures that they'll be financially supported, and can cover important things from bills to funeral costs. With life policies, you can get affordable life insurance protection for a set period of time.

Who is it for?

Everyone's life insurance needs are different, depending on their family situation. That's why group life insurance through an employer is an easier and more affordable option than individual life insurance.

What does it cover?

Life insurance protects your loved ones by providing a benefit (which is usually tax-exempt) if you pass away.

Why should I consider it?

Life insurance is about more than just covering expenses. Depending on your circumstances, it could take your family years to recover from the loss of your income.

With a life insurance benefit, your family will have extra money to cover mortgage and rent payments, legal or medical fees, childcare, tuition, and any outstanding debts.

Guardian, its subsidiaries, agents, and employees do not provide tax, legal, or accounting advice. Consult your tax, legal, or accounting professional regarding your individual situation.

You will receive these benefits if you meet the conditions listed in the policy.

Preparing and planning

Jorge's never considered purchasing life insurance, but after being offered it through work, he decides it's a smart way to protect his family.

Jorge has a mortgage, and because his wife is helping to take care of her mother, she only works part-time. In addition, his daughter is about to start college.

Jorge looks at how his family would be affected by losing him.

Average funeral cost: **$9,000**

Average mortgage debt: **$202,000**

Average cost of college: **$17,000 - $44,000**

Average household credit card debt: **$8,500**

With life insurance, Jorge can make sure that part of these costs are covered if something happens to him.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.

MOORE COUNTY HOSPITAL DISTRICT
ALL OTHER ELIGIBLE EMPLOYEES
2020-104318 (07/22)

Kit created 04/26/2022
Group number: 00562506

Guardian®

Your life coverage

	BASIC LIFE	VOLUNTARY TERM LIFE
Employee Benefit	Your employer provides Basic Life Coverage for all full time employees in the amount of 150% of your annual salary, to a maximum of $100,000.	$10,000 increments to a maximum of $500,000. See Cost Illustration page for details.
Accidental Death and Dismemberment	Your Basic Life coverage includes Enhanced Accidental Death and Dismemberment coverage.	Employee, Spouse & Child(ren) coverage. Maximum 1 times life amount.
Spouse/Domestic Partner Benefit	N/A	$5,000 increments to a maximum of $250,000. See Cost Illustration page for details.
Child Benefit	N/A	Your dependent children age 14 days to 26 years. $5,000 increments to a maximum of $20,000. Subject to state limits. See Cost Illustration page for details.
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	Guarantee Issue coverage up to $100,000 per employee	We Guarantee Issue coverage up to: Employee Less than age 65 $200,000, 65-69 $50,000, 70+ $10,000. Spouse Less than age 65 $50,000, 65-69 $10,000. Dependent children $20,000.
Premiums	Covered by your company if you meet eligibility requirements	Increase on plan anniversary after you enter next five-year age group
Portability: Allows you to take coverage with you if you terminate employment.	Yes, with age and other restrictions	Yes, with age and other restrictions

Guardian®

Your life coverage

	BASIC LIFE	VOLUNTARY TERM LIFE
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits	Yes, with restrictions; see certificate of benefits
Accelerated Life Benefit: A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	Yes	Yes
Waiver of Premiums: Premium will not need to be paid if you are totally disabled.	For employees disabled prior to age 60, with premiums waived until age 65, if conditions are met	For employees disabled prior to age 60, with premiums waived until age 65, if conditions met
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.	35% at age 65, 50% at age 70	33% at age 70, 66% at age 75

Subject to coverage limits

Annual Election Option allows employees to increase the amount of their life coverage without a medical exam when they re-enroll in their company's Voluntary Life plan. This option allows employees to step up to an amount of up to $50,000, up to the Guarantee Issue amount.

WillPrep

Protect the ones you love with a range of dedicated services designed to help you provide for your family.

WillPrep Services includes a range of different resources that make it easier for you to prepare a will.

These range from a library of online planning documents to accessing experienced professionals that can help you with the more complicated details.

How it can help

Access simple documents including wills and power of attorney letters

Speak with consultants to discuss estate planning

Prepare your will with the assistance or support of an attorney

How to access

To access WillPrep Services, you'll need a few personal details.

Visit
ibhwillprep.com

User ID
WillPrep

Password
GLIC09

For more information or support, you can reach out by phoning **1 877 433 6789**.

This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.

WillPrep Services are provided by Integrated Behavioral Health, Inc., and its contractors. The Guardian Life Insurance Company of America (Guardian) does not provide any part of Will Prep Services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the WillPrep Services at any time without notice. Legal services will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer.

Guardian®

Watch our video
How short term disability insurance can supplement your income.

Disability insurance

Short term disability

Disability insurance covers a part of your income, so you can pay your bills if you're injured or sick and can't work.

Disability is more common than you might realize, and people can be unable to work for all sorts of different reasons. In fact, many disabilities are caused by illness, including common conditions like heart disease and arthritis. However, most disabilities aren't covered by workers' compensation.

Who is it for?

If you rely on your income to pay for everyday expenses, then you should probably consider disability insurance. It ensures that you'll receive a partial income if you're injured or too sick to work.

What does it cover?

Most disability insurance pays out a portion or percentage of your income if you're diagnosed with a serious illness or experience an injury that prevents you from doing your job.

Why should I consider it?

Accidents happen, and you can't always anticipate if or when you'll become sick or injured. That's why it's important to have a disability policy that helps you pay your bills in the event of being unable to collect your normal paycheck.

You will receive these benefits if you meet the conditions listed in the policy.

Replacing income

Mike injures his back in a bicycle accident and can't work for 13 weeks.

Unpaid time off work: **13 weeks**

Elimination period: **1 week**

After a 1-week elimination period following his accident, Mike's Guardian Short Term Disability policy kicks in and replaces **$400** of his weekly income for the remaining **12 weeks** of his rehabilitation.

This gives him a total of **$4,800** to cover his expenses while he's unable to work.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.

MOORE COUNTY HOSPITAL DISTRICT
ALL OTHER ELIGIBLE EMPLOYEES

Guardian®

Watch our video
How long term disability insurance can supplement your income.

Disability insurance

Long term disability

Disability insurance covers a part of your income, so you can pay your bills if you're injured or sick and can't work.

Disability is more common than you might realize, and people can be unable to work for all sorts of different reasons. In fact, many disabilities are caused by illness, including common conditions like heart disease and arthritis. However, most disabilities aren't covered by workers' compensation.

Who is it for?

If you rely on your income to pay for everyday expenses, then you should probably consider disability insurance. It ensures that you'll receive a partial income if you're injured or too sick to work.

What does it cover?

Most disability insurance pays out a portion or percentage of your income if you're diagnosed with a serious illness or experience an injury that prevents you from doing your job.

Why should I consider it?

Accidents happen, and you can't always anticipate if or when you'll become sick or injured. That's why it's important to have a disability policy that helps you pay your bills in the event of being unable to collect your normal paycheck.

You will receive these benefits if you meet the conditions listed in the policy.

Replacing income

Jim suffers a heart attack that leaves him unable to work for two years.

Unpaid time off work: **24 months**

Elimination period: **6 months**

After a 6 month elimination period, Jim's Guardian Long Term Disability policy kicks in and replaces **$2,000** of his monthly income for the remaining **18 months** of his disability or illness.

This gives him a total of **$36,000** to cover his expenses while he's unable to work.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.

MOORE COUNTY HOSPITAL DISTRICT
ALL OTHER ELIGIBLE EMPLOYEES

Guardian®

Your disability coverage

	Short-Term Disability	Long-Term Disability
Coverage amount	Choose weekly benefit amount from $100 to $1100. See cost illustration page for weekly benefit offerings.	60% of salary to maximum $5000/month
Maximum payment period: Maximum length of time you can receive disability benefits.	26 weeks	Social Security Normal Retirement Age
Accident benefits begin: The length of time you must be disabled before benefits begin.	Day 30	Day 181
Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 30	Day 181
Evidence of Insurability: A health statement requiring you to answer a few medical history questions.	Health Statement may be required	Health Statement may be required
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when applicant signs up for coverage during the initial enrollment period.	We Guarantee Issue $1100 in coverage	We Guarantee Issue $5000 in coverage
Minimum work hours/week: Minimum number of hours you must regularly work each week to be eligible for coverage.	Planholder Determines	Planholder Determines
Pre-existing conditions: A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months look back; 12 months after 2 week limitation	3 months look back; 12 months after exclusion
Premium waived if disabled: Premium will not need to be paid when you are receiving benefits.	Yes	Yes
Survivor benefit: Additional benefit payable to your family if you die while disabled.	No	3 months

UNDERSTANDING YOUR BENEFITS—DISABILITY (Some information may vary by state)

- **Disability (long-term):** For first two years of disability, you will receive benefit payments while you are unable to work in your own occupation. After two years, you will continue to receive benefits if you cannot work in any occupation based on training, experience and education.
- **Earnings definition:** Your covered salary excludes bonuses and commissions.
- **Special limitations:** Provides a 24-month benefit limit for specific conditions including mental health and substance abuse. Other conditions such as chronic fatigue are also included in this limitation. Refer to contract for details.

Guardian®

Your disability coverage

- **Work incentive:** Plan benefit will not be reduced for a specified amount of months so that you have part-time earnings while you remain disabled, unless the combined benefit and earnings exceed 100% of your previous earnings.

A SUMMARY OF DISABILITY PLAN LIMITATIONS AND EXCLUSIONS

- Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description.
- You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.
- Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.
- For Long-Term Disability coverage, we pay no benefits for a disability caused or contributed to by a pre-existing condition unless the disability starts after you have been insured under this plan for a specified period of time. We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse.
- For Short-Term Disability coverage, benefits for a disability caused or contributed to by a pre-existing condition are limited, unless the disability starts after you have been insured under this plan for a specified period of time. We do not pay short term disability benefits for any job-related or on-the-job injury, or conditions for which Workers' Compensation benefits are payable.
- We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane. We do not pay benefits for charges relating to legal intoxication, including but not limited to the operation of a motor vehicle, and for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed. We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse. We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and the employee's loss of earnings is not solely due to disability.
- This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", or "medical" insurance as defined by the New York State Insurance Department.
- If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. State variations may apply.
- When applicable, this coverage will integrate with NJ TDB, NY DBL, CA SDI, RI TDI, Hawaii TDI and Puerto Rico DBA, DC PFML and WA PFML.

  Contract #.s GP-1-STD94-1.0 et al; GP-1-STD2K-1.0 et al; GP-1-STD07-1.0 et al; GP-1-STD-15-1.0 et al. Contract #.s GP-1-LTD94-A,B,C-1.0 et al.; GP-1-LTD2K-1.0 et al; GP-1-LTD07-1.0 et al; GP-1-LTD-15-1.0 et al.

Guardian®

Watch our video
How accident insurance can get you back on your feet.

Accident insurance

Accidents happen. With accident insurance, you can help them hurt a bit less.

Accident insurance is an extra layer of protection that gives you a cash payment to cover out-of-pocket expenses when you suffer an unexpected, qualifying accident.

Who is it for?

Nobody can predict when an accident might happen. That's why accident insurance is a great add-on policy for people who want to supplement the health and disability insurance coverage they already have individually or through an employer.

What does it cover?

Accident insurance pays you lump sum benefits after you suffer an accident. This could be a severe burn, broken bone or emergency room visit. Our accident insurance policies also offer a special benefit that pays extra for children injured while playing an organized sport like soccer, baseball, lacrosse, or football.

Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Accident insurance is a simple, affordable way to supplement and cover additional expenses your health and disability insurance may not cover, including x-rays, ambulance services, deductibles, and even things like rent or groceries.

Plus, accident insurance is portable and payments are made directly to you.

Support during recovery

Amanda breaks her leg falling off her bike and needs emergency treatment.

Average non-surgical broken leg treatment expense: **$2,500**

Average Major Medical deductible: **$1,500**

Major Medical covers 80% of the surgical cost after the deductible is met, but Amanda's still responsible for 20%: **$200**

Total out-of-pocket amount for Amanda (deductible + coinsurance): **$1,700**

Amanda's Guardian Accident policy pays her a benefit of **$1,700,** which covers all of her out-of-pocket expenses.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.

You will receive these benefits if you meet the conditions listed in the policy.

MOORE COUNTY HOSPITAL DISTRICT
ALL OTHER ELIGIBLE EMPLOYEES

Guardian

Your accident coverage

	ACCIDENT
COVERAGE - DETAILS	
Accident Coverage Type	Off Job
Portability - Allows you to take your Accident coverage with you if you terminate employment.	Included
Child(ren) Age Limits	Children age birth to 6 years (26 if full time student)
RAINY DAY FUND	Benefit Amount: $400 Rollover Maximum: $200 Fund Maximum: $800
FEATURES	
Air Ambulance	$1,000
Ambulance	$200
Blood/Plasma/Platelets	$300
Burns (2nd Degree/3rd Degree)	9 sq inches To 18 sq inches: $0/$2,000 18 sq inches To 35 sq inches: $1,000/$4,000 Over 35 sq inches: $3,000/$12,000
Burns - Skin Graft	50% of burn benefit
Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child, age 18 years or younger, is participating in an organized sport that is governed by an organization and requires formal registration to participate.	25% increase to child benefits
Chiropractic Visits	$50/visit, up to 6 visits
Coma	$10,000
Concussion Baseline Study	$25
Concussions	$200
Diagnostic Exam (Major)	$200
Dislocations	Schedule up to $5,000
Doctor Follow-Up Visits	$50, up to 6 treatments
Emergency Dental Work	$300/Crown, $75/Extraction
Emergency Room Treatment	$200
Epidural Anesthesia Pain Management	$100, 2 times per accident
Eye Injury	$300
Family Care—Benefit is payable for each child attending a Child Care center while the insured is confined to a hospital, ICU or Alternate Care or Rehabilitative facility due to injuries sustained in a covered accident.	$20/day, up to 30 days
Fractures	Schedule up to $6,000
Gun Shot Wound	$750
Hospital Admission	$1,000
Hospital Confinement	$250/day - up to 1 year
Hospital ICU Admission	$2,000

Guardian

Your accident coverage

FEATURES (Cont.)	
Hospital ICU Confinement	$500/day - up to 15 days
Initial Dr. Office/Urgent Care Facility Treatment	$100
Joint Replacement (Hip/Knee/Shoulder)	$2,500/$1,250/$1,250
Knee Cartilage	$500
Laceration	Schedule up to $400
Lodging - The hospital stay must be more than 50 miles from the insured's residence.	$125/day, up to 30 days for companion hotel stay
Medical Appliance—Wheelchair, motorized scooter, leg or back brace, cane, crutches, walker, walking boot that extends above the ankle or brace for the neck.	Schedule up to $500
Outpatient Therapies	$35/day, up to 10 days
Post-Traumatic Stress Disorder	$400
Prosthetic Device/Artificial Limb	1: $500 2 or more: $1,000
Rehabilitation Unit Confinement	$100/day, up to 15 days
Ruptured Disc With Surgical Repair	$500
Surgery (Cranial, Open Abdominal, Thoracic, Hernia) Max	Schedule up to $1,250 Hernia: $250
Surgery (Exploratory or Arthroscopic)	$400
Tendon/Ligament/Rotator Cuff	1: $500 2 or more: $1,000
Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.	$0.50 per mile, limited to $500/round trip, up to 3 times per accident
Traumatic Brain Injury — A nondegenerative, noncongenital Injury to the brain from an external nonbiological force, requiring Hospital Confinement for 48 hours or more and resulting in a permanent neurological deficit with significant loss of muscle function and persistent clinical symptoms.	$4,000
X - Ray	$40

UNDERSTANDING YOUR BENEFITS:

- **Emergency Room Treatment** – Benefit is paid only when an insured is examined or treated within 72 hours of a covered accident.
- **Rainy Day Fund** – Can pay benefits when a claimant has exhausted a frequency limitation that applies to a particular benefit. Rainy Day Fund will apply to the following benefits Air Ambulance, Ambulance, Blood/Plasma/Platelets, Chiropractic visits, Diagnostic Exam (Major), Doctor Follow-Up visits, Emergency Dental Work, Epidural Anesthesia Pain Management, Eye Injury, Family Care, Fractures, Gun Shot Wound, Hospital Confinement, Hospital ICU Confinement, Joint Replacement, Knee Cartilage, Lodging, Outpatient Therapies, Rehabilitation Unit Confinement, Ruptured Disc with Surgical Repair, Surgery (Cranial, Open Abdominal, Thoracic, Hernia), Surgery (Exploratory and Arthroscopic), Transportation and X-Ray, if they are included on your plan.

Guardian

Your accident coverage

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF ACCIDENT LIMITATIONS AND EXCLUSIONS:

Employees must be working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

This proposal summarizes the major features of the Guardian Accident benefit plan. It is not intended to be a complete representation of the proposed plan. For full plan features, including exclusions and limitations, please refer to your Policy.

This proposal is hedged subject to satisfactory financial evaluation.

We don't pay benefits for any Injury caused by or related to directly or indirectly: Sickness, disease, mental infirmity or medical or surgical treatment; the covered person being legally intoxicated; declared or undeclared war, act of war, or armed aggression; service in the armed forces, National Guard, or military reserves of any state or country; taking part in a riot or civil disorder; commission of, or attempt to commit a felony; intentionally self-inflicted Injury, while sane or insane; suicide or attempted suicide, while sane or insane; travel or flight in any kind of aircraft, including any aircraft owned by or for the policyholder, except as a fare-paying passenger on a common carrier; participation in any kind of sporting activity for compensation or profit, including coaching or officiating; riding in or driving any motor-driven vehicle in a race, stunt show or speed test; participation in hang gliding, bungee jumping, sail gliding, parasailing, parakiting, ballooning, parachuting, zorbing or skydiving; an accident that occurred before the covered person is covered by this plan; injuries to a dependent child received during birth; voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless: (1) it was prescribed for a covered person by a doctor, and (2) it was used as prescribed. In the case of a non-prescription drug, this Plan does not pay for any Accident resulting from or contributed to by use in a manner inconsistent with package instructions. "Controlled substance" means anything called a controlled substance in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended from time to time. Job related or on the job injuries for the employee are excluded if Accident coverage is off job only.

Contract # GP-1-ACC-18

If Accident insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits.

Accident Insurance	Per Month	Per Pay Period
Employee Only	$11.29	$5.21
Employee + Spouse	$18.55	$8.56
Employee + Child(ren)	$19.78	$9.13
Family	$27.04	$12.48

Guardian's Accident Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides Accident insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.
IMPORTANT NOTICE –THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.
Policy Form # GP-1-AC-BEN-12, et al., GP-1-LAH-12R; GP-1-ACC-18

Guardian®

Watch our video
How critical illness insurance helps cover the costs of treatment.

Critical illness insurance

Critical illness insurance may help you cover expenses not covered by your health insurance.

It's a cash payment you receive if you ever experience a serious illness like cancer, a heart attack, or a stroke, giving you the financial support to focus on recovery.

Who is it for?

Critical illness insurance is a supplemental policy for people who already have health insurance. It provides you with an additional payment to cover expenses like deductibles, treatments, and living costs.

What does it cover?

Critical illnesses include strokes, heart attacks, Parkinson's disease and cancer. Our policies can cover over 30 major illnesses, helping you stay financially stable by paying you a lump sum if you're diagnosed with one of them.

Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Critical illness insurance is an affordable way to supplement and pay for additional expenses that your health insurance doesn't cover. Our policies typically provide payments for the first and second time you're diagnosed with a covered illness.

Plus, critical illness insurance is portable and payments are made directly to you.

You will receive these benefits if you meet the conditions listed in the policy.

Critical costs

John is hospitalized after a heart attack, and has to cover the cost of five days as an inpatient.

Average heart attack hospitalization expense: **$53,000**

Average Major Medical deductible: **$1,500**

Major Medical covers 80% of the cost after the deductible is met, but John's still responsible for 20%: **$10,300**.

Total out-of-pocket amount for John (deductible + coinsurance): **$11,800**.

John has a **$10,000** Guardian Critical Illness policy, which covers the majority of these out-of-pocket expenses.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.

MOORE COUNTY HOSPITAL DISTRICT
ALL OTHER ELIGIBLE EMPLOYEES

Guardian

Your critical illness coverage

	CRITICAL ILLNESS	
Benefit Amount(s)	Employee may choose a lump sum benefit up to $20,000. Please see your cost illustration for a full list of available benefit amounts.	
CONDITIONS		
Cancer	**1st OCCURRENCE**	**2nd OCCURRENCE**
Invasive Cancer	100%	100%
Carcinoma In Situ	30%	0%
Benign Brain Tumor	75%	0%
Skin Cancer	$250 per lifetime	Not Covered
Vascular		
Heart Attack	100%	100%
Stroke	100%	100%
Heart Failure	100%	100%
Coronary Arteriosclerosis	30%	0%
Other		
Organ Failure	100%	100%
Kidney Failure	100%	100%
Childhood Conditions	**1st OCCURRENCE ONLY**	
Cerebral Palsy	100%	
Cleft Lip/Palate	100%	
Club Foot	100%	
Cystic Fibrosis	100%	
Down's Syndrome	100%	
Muscular Dystrophy	100%	
Spina Bifida	100%	
Type 1 Diabetes	100%	
Spouse/Domestic Partner Benefit	50% of employee's lump sum benefit	
Child Benefit- children age Birth to 26 years	25% of employee's lump sum benefit	
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages	50% at age 70	
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period or the annual open enrollment period.	We Guarantee Issue up to: $20,000 For a spouse: $10,000 For a child: All Amounts **Health questions are required if the elected amount exceeds the Guarantee Issue.**	

MOORE COUNTY HOSPITAL DISTRICT

ALL OTHER ELIGIBLE EMPLOYEES

Guardian®

Your critical illness coverage

	CRITICAL ILLNESS
Portability: Allows you to take your Critical Illness coverage with you if you terminate employment.	Included
Pre-Existing Condition Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months prior/6 months treatment free/12 months after
WELLNESS BENEFIT	
Employee Per Year Limit	$75
Spouse Per Year Limit	$75
Child Per Year Limit	$75

Condition Definitions

- Stroke: Stroke must be severe enough to cause neurological deficits at least 30 days after the event.
- Heart Failure: An insured must be placed on an organ transplant list in order to be eligible for the Heart failure benefits.
- Coronary Arteriosclerosis: Coronary Arteriosclerosis must be severe enough to require a coronary artery bypass graft.
- Organ Failure: Organ failure includes both lungs, liver, pancreas or bone marrow and requires the insured to be placed on an organ transplant list.
- Kidney Failure: An insured must be placed on an organ transplant list in order to be eligible for the Kidney failure benefits.

EXCLUSIONS AND LIMITATIONS

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR CRITICAL ILLNESS:

We will not pay benefits for the First Occurrence of a Critical Illness if it occurs less than 3 months after the First Occurrence of a related Critical Illness for which this Plan paid benefits. By related we mean either: (a) both Critical Illnesses are contained within the Cancer Related Conditions category; or (b) both Critical Illnesses are contained within the Vascular Conditions category. We will not pay benefits for a Second occurrence (recurrence) of a Critical Illness unless the Covered Person has not exhibited symptoms or received care or treatment for that Critical Illness for at least 12 months in a row prior to the recurrence. For purposes of this exclusion, care or treatment does not include: (1) preventive medications in the absence of disease; and (2) routine scheduled follow-up visits to a Doctor.

We do not pay benefits for claims relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane.

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

Guardian's Critical Illness plan does not provide comprehensive medical coverage. It is a basic or limited benefit and is not intended to cover all medical expenses. It does not provide "basic hospital," "basic medical," or " medical" insurance as defined by the New York State Insurance Department.

Health questions are required on late enrollees. This coverage will not be effective until approved by a Guardian underwriter.

The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. See your certificate booklet for a full listing of exclusions & limitations..

If Critical Illness insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits..

Contract # GP-1-CI-14

MOORE COUNTY HOSPITAL DISTRICT

ALL OTHER ELIGIBLE EMPLOYEES

Guardian®

Watch our video
How hospital indemnity insurance can give you a comfortable stay.

Hospital indemnity insurance

Hospital indemnity insurance can cover some of the cost associated with a hospital stay, letting you focus on recovery.

Being hospitalized for illness or injury can happen to anyone, at any time. While medical insurance may cover hospital bills, it may not cover all the costs associated with a hospital stay. That's where hospital indemnity coverage can help.

Who is it for?

Hospital indemnity insurance is for people who need help covering the costs associated with a hospital stay if they suddenly become sick or injured.

What does it cover?

If you are admitted to a hospital for a covered sickness or injury, you'll receive payments that can be used to cover all sorts of costs, including:

- Deductibles and co-pays.
- Travel to and from the hospital for treatment.
- Childcare service assistance while recovering.

Why should I consider it?

Health coverage is becoming more expensive, with higher co-pays, premiums, and deductibles. Hospital indemnity insurance can help pay for out-of-pocket costs associated with being hospitalized, giving you more of a financial safety net for unplanned expenses brought on by a hospital stay.

Plus, hospital indemnity insurance is portable and payments are made directly to you – even if you didn't incur any out-of-pocket expenses.

You will receive these benefits if you meet the conditions listed in the policy.

Be prepared

John is hospitalized after a heart attack, and has to cover the cost of five days as an inpatient.

Average heart attack hospitalization expense: **$53,000**

Average Major Medical deductible: **$1,500**

Major Medical covers 80% of the cost after the deductible is met, but John's still responsible for 20%: **$10,300**.

Total out-of-pocket amount for John (deductible + coinsurance): **$11,800**.

John's Guardian Hospital Indemnity policy pays him **$1,000** for hospital admission.

The policy gives him a total payment of **$1,000** to help cover the out-of-pocket amount.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.

MOORE COUNTY HOSPITAL DISTRICT
ALL OTHER ELIGIBLE EMPLOYEES

Guardian

Your hospital indemnity coverage

	Hospital Indemnity
	Option 1
Coverage Details	
Benefits	
Hospital/ICU Admission	$1,000 per admission, limited to 1 admission(s) per insured and 3 admission(s) per covered family per benefit year.
Hospital/ICU Confinement	$200/$200 per day, limited to 15 day(s) per insured per benefit year.
Health Screening	$50 per day, limited to 1 day(s) per insured per benefit year.
Pre-Existing Conditions Limitation - A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months prior/6 months treatment free/12 months after
Portability - Allows you to take your Hospital Indemnity coverage with you if you terminate employment.	Included
Child(ren) Age Limits	Children age birth to 26 years
Applicants over the age of 69 are not eligible to enroll in the Hospital Indemnity coverage.	

UNDERSTANDING YOUR BENEFITS – HOSPITAL INDEMNITY

Hospital Admission & Hospital ICU Admission benefits are not payable on the same day.

Premium will be waived if you are hospitalized for more than 30 days.

Hospital admission or confinement benefits are not payable for a newborn unless the child is admitted to the Neonatal ICU.

Hospital/ICU confinement benefits are not payable on the same day as Hospital/ICU admission benefit.

After initial enrollment, Hospital Indemnity coverage will continue as long as an insured is actively at work.

The Health screening benefit is paid for the completion of specified routine wellness screenings such as mammography, pap smear, chest x-ray, and many more.

Hospital Indemnity	Per Month	Per Pay Period
Employee Only	$20.99	$9.69
Employee + Spouse	$36.14	$16.68
Employee + Child(ren)	$33.83	$15.61
Family	$48.99	$22.61

Your hospital indemnity coverage

LIMITATIONS AND EXCLUSIONS:

In order to be eligible for coverage: Employees must be legally working: (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian.
An applicant must enroll within 31 days of the coverage effective date. An open enrollment will occur each year during a 30 day time period specified by the policyholder. If an applicant does not enroll during their initial enrollment period, he/she may not enroll until the next open enrollment period.
This Plan will not pay benefits for:
• Treatment relating to a covered person: taking part in any war or act of war (including service in the armed forces), commission of or attempt to commit a felony, an act of terrorism, or participating in an illegal occupation, riot or insurrection.
.• Suicide or any intentionally self-inflicted injury
Elective surgery;
Surgery to correct vision or hearing, unless medically necessary surgery for glaucoma, cataracts or other sickness or injury;
Dental care, dental xrays, or dental treatment;
Gastric or intestinal bypass services including lap banding, gastric stapling, and other similar procedures to facilitate weight loss; the reversal, or revision of such procedures; or services required for the treatment of complications from such procedures. This exclusion does not apply to completion of a weight reduction program that may be payable under the Health Screening benefit ;
Rest cures or custodial care, or treatment of sleep disorders;
Cosmetic surgery. This Exclusion does not apply to reconstructive surgery:
(a) on an injured part of the body following infection or disease of the involved part;
(b) of a congenital disease or anomaly of a covered dependent newborn or adopted infant; or
(c) on a nondiseased breast to restore and achieve symmetry between two breasts following a covered Mastectomy;
Treatment or removal of warts, moles, boils, skin blemishes or birthmarks, bunions, acne, corns, calluses, the cutting and trimming of toenails, care for flat feet, fallen arches or chronic foot strain;
Service, treatment or loss related to alcoholism or drug addiction, except for drugs prescribed by the Covered Person's Doctor and taken as prescribed;
Care or treatment for mental or nervous disorders;
Services, treatment or loss rendered in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
Services or treatment Provided by a Doctor, Nurse or any other person who is employed or retained by a Covered Person or who is a Covered Person's Spouse, parent, brother, sister, child, Domestic Partner or partner in a civil union.
Surgery and treatment, procedures, products or services that are experimental or investigative.

Hospital Confinement and/or Hospital Admission and Inpatient Surgery due to any Covered Person's giving birth within the first 9 months after the Covered Person's effective date under this Plan as a result of a normal pregnancy, including cesarean section. Complications of Pregnancy will be covered to the same extent as any other Covered Sickness

Treatment of a Covered Dependent Child's Children;

Sickness or Injury sustained while on active duty in the armed forces of any country. This does not include Reserve or National Guard duty for training.

GP-1-HI-15

MOORE COUNTY HOSPITAL DISTRICT
ALL OTHER ELIGIBLE EMPLOYEES

Guardian

Employee Assistance Program

We all need a little support every now and then.

Guardian's Employee Assistance Program gives you and your family members access to confidential personal support, across everything from stress management and nutrition to handling legal or financial issues.

The services available include consultations with experts, as well as access to resources and discounts designed to help you in a variety of different ways.

How it can help

Consultative services are available to provide direct support and assistance

Work/life assistance that can help you save money and balance commitments

Access legal and financial assistance and resources – including WillPrep Services

How to access

To access the WorkLifeMatters Employee Assistance Program, you'll need a few personal details.

Visit
ibhworklife.com

User ID
Matters

Password
wlm70101

For more information or support, you can reach out by phoning **1800 386 7055**. The team is available 24 hours a day, 7 days a week[1].

This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.

WorkLifeMatters Program services are provided by Integrated Behavioral Health, Inc., and its contractors. Guardian does not provide any part of WorkLifeMatters program services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the WorkLifeMatters program at any time without notice. Legal services provided through WorkLifeMatters will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer. WorkLifeMatters Program is not an insurance benefit and may not be available in all states.

[1]Office hours: Monday-Friday 6 a.m.–5 p.m. PST.

Employee Assistance Program

Sometimes life can be challenging. MCHD provides an employee assistance program (EAP) to all eligible employees through Dumas Counseling Center at no cost to you. The EAP is a strictly confidential employee benefit which provides assessment and short-term counseling to employees, their spouses and their dependents. MCHD will pay for up to 5 visits per calendar year. With the EAP program, you and your immediate family can receive confidential assistance with a variety of personal and professional matters, such as:

- **Stress**
- **Emotional Well-being**
- **Financial Concerns**
- **Legal Matters**
- **Addictive Behaviors**
- **Relationships**
- **Mental Health**
- **Grief**
- **Parenting**
- **Work and Life Transitions**

To schedule an appointment, contact Dumas Counseling Center at 806-683-4040.

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Live sessions allow you to ask questions, get feedback, and connect with coworkers! Choose between one-on-one sessions or group sessions with your team. Meet with our counselors, life coaches, personal trainers, nutritionists, and more.

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GETTING STARTED IS EASY

1 CREATE AN ACCOUNT

Create an account or login at clients.nivati.com/

2 TAKE OUR WELLBEING ASSESSMENT

Start by taking our questionnaire upon login.

3 ATTEND YOUR FIRST SESSION

Book a live session or visit our content library.

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EMPLOYEE MENTAL HEALTH NEEDS TO INCLUDE FINANICAL WELLNESS

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Financial Wellness addresses a root cause of anxiety or depression for Americans. With Nivati, you can now help employees develop better financial habits. This is one of the many tools you will have available to improve your employees' mental health.

74%

OF ADULTS THAT SEEK FINANCIAL HELP ARE LIKELY TO HAVE A BETTER STATE OF MENTAL HEALTH.

THAT IS WHY WE ARE MAKING IT EASIER THAN EVER FOR EMPLOYEES TO IMPROVE THEIR FINANCIAL WELLNESS.

Paid Time Off & Extended Illness Bank

MCHD Full Time and Part Time Employees are eligible for PTO (Paid Time Off) and EIB (Extended Illness Bank) hours based on length of continuous service and employment status as defined in the PTO and EIB Accrual Chare (Exhibit A).

- Full Time status: An employee so designated by MCHD and who is normally scheduled to work from 60.0 to 80.0 hours per biweekly pay period.
- Part Time Status: An employee so designated by MCHD and who is normally scheduled to work from 40.0 to 59.0 hours per biweekly pay period.

Employees will accumulate PTO and EIB based on the rates described in Exhibit A:

Years of Continuous Service	Employee Status	Annualized PTO Accrual	PTO Accrual Per Pay Period	Maximum PTO Accrual	Annualized EIB Accrual	EIB Accrual Per Pay Period	Maximum EIB Accrual
1-2 Years	FT	144 hours	5.54 hours	260 hours	80 hours	3.08 hours	480 hours
	PT	72 hours	2.77 hours	130 hours	40 hours	1.54 hours	240 hours
3-4 Years	FT	155 hours	5.98 hours	260 hours	80 hours	3.08 hours	480 hours
	PT	77.5 hours	2.99 hours	130 hours	40 hours	1.54 hours	240 hours
5-6 Years	FT	184 hours	7.07 hours	260 hours	80 hours	3.08 hours	480 hours
	PT	92 hours	3.54 hours	130 hours	40 hours	1.54 hours	240 hours
7-8 Years	FT	192 hours	7.38 hours	260 hours	80 hours	3.08 hours	480 hours
	PT	96 hours	3.69 hours	130 hours	40 hours	1.54 hours	240 hours
9-10 Years	FT	200 hours	7.69 hours	260 hours	80 hours	3.08 hours	480 hours
	PT	100 hours	3.84 hours	130 hours	40 hours	1.54 hours	240 hours
11-12 Years	FT	208 hours	8.00 hours	260 hours	80 hours	3.08 hours	480 hours
	PT	104 hours	4.00 hours	130 hours	40 hours	1.54 hours	240 hours
13-14 Years	FT	216 hours	8.30 hours	260 hours	80 hours	3.08 hours	480 hours
	PT	108 hours	4.15 hours	130 hours	40 hours	1.54 hours	240 hours
15-19 Years	FT	224 hours	8.61 hours	260 hours	80 hours	3.08 hours	480 hours
	PT	112 hours	4.31 hours	130 hours	40 hours	1.54 hours	240 hours
20 or More Years	FT	264 hours	10.15 hours	260 hours	80 hours	3.08 hours	480 hours
	PT	132 hours	5.08 hours	130 hours	80 hours	1.54 hours	240 hours

Please refer to MCHD's PTO and EIB Policy for more information on PTO and EIB usage and accrual.

Get the most out of your membership

LegalShield®
Worry Less. Live More.

Your Quick-Start Guide

Your LegalShield and IDShield memberships are powerful things. Make sure you're getting the most out of them to maximize their value.

1. Digital Membership Kit

Once you have signed up for a LegalShield legal plan, you will receive a digital member kit by email approximately 72 hours after your application is processed.

- You will receive an email confirmation with your membership number.
- Now you can call your law firm for consultation on an unlimited amount of personal legal matters.
- You will also receive Member cards in the mail.
- If you do not have an email address OR if you completed the Spanish application, you will receive your member kit in the mail within seven business days.

2. Go To www.mylegalshield.com

Use your membership number to set up your account. You'll need to do this before downloading the free apps.

- This becomes your portal to access even more benefits.
- Access information about your law firm, FAQs, videos, free forms, and more!

3. Activate Your Identity Theft Plan

Enter your identity information that you want us to guard.

- Also available through www.mylegalshield.com if you signed up for both the LegalShield and IDShield plans.
- If you only signed up for the IDShield plan, go to www.myidshield.com.
- Your membership number has an "M" at the end of it—no space—and any spouse/partner has an "S" at the end of the same number.

4. Download the Apps

After you have created your accounts, get your free apps for Android or iPhone! You can connect with your provider firm or an identity theft specialist at the touch of a button.

- After setting up your member accounts at www.mylegalshield.com or www.myidshield.com, search for the MyLegalShield and MyIDShield apps at your Google Play or App store.

5. Complete Your Will Questionnaire

While it may feel daunting, creating a Will doesn't have to be a difficult task. Preparing it is included at no additional cost as part of your LegalShield membership!

- Download the Will Questionnaire and view the Will Webinar video at www.mylegalshield.com home page.
- Consult with your provider law firm in regards to any questions in completing your Will Questionnaire.
- Fill out the questionnaire.
- Send it to your Provider Firm.

6. Save with Exclusive MemberPerks

Hundreds of vendors offer thousands in discounts available only to you as a LegalShield or IDShield member. In many cases, you can save the cost of your membership—and beyond!

- Go to www.mylegalshield.com, click on the Resources tab and then on MemberPerks.
- Follow the instructions to set up your MemberPerks.

For more information, contact your Independent Associate

Jason Lavender

512.740.3322

jlavender@legalshieldassociate.com

Your Provider Law Firm is:

Ross and Mattews, P.C.

Contact them by calling:

800.458.6982

Need help? If you have questions about your membership, contact Member Services by email at **MemberServices@legalshield.com,** by using the **MyLegalShield** smart phone app, or by phone at **1-800-654-7757.**

IDShield℠

Millions of people lose their identities every year.

$5 MILLION SERVICE GUARANTEE

Don't be one of them.

Identity theft has been the top consumer complaint filed with the FTC for 15 years straight. Victims are spending an exorbitant amount of time and money dealing with it. The criminals are getting smarter. And they're not going away. That's why you need a company that's more than a website. You need an established institution that understands all the potential threats, how to prevent them and how to restore any damage done.

> **"My investigator gave me great advice and the next day cleared up my situation."**
>
> *– IDShield member – L.N. in Sioux City, NE*

MONITOR MORE OF WHAT MATTERS

We monitor your identity from every angle, not just your Social Security number, credit cards and bank accounts. If any change in your status occurs, you receive an email update immediately.

COUNSEL WHEN YOU NEED IT

Our identity specialists are focused on protecting you. They are available to provide you with a complete picture of identity theft, walk you through all the steps you can take to protect yourself and answer any questions. Plus, they are available 24 hours a day, every day, in the event of an identity theft emergency. We're always here to help, no matter what.

RESTORE YOUR IDENTITY COMPLETELY

IDShield is the only company with an exclusive partnership with Kroll, the worldwide leader in theft investigative services. If a compromise occurs, contact your Licensed Private Investigator who will immediately begin restoring your identity to exactly the way it was.

IDSHIELD FAMILY
(for you, your spouse/domestic partner and up to 8 minors

$18.95/month

IDSHIELD INDIVIDUAL
(for you)

$8.95/month

IDShield

Identity Consultation Services

Members have unlimited access to identity consultation services provided by Kroll's Licensed Private Investigators. The Investigator will advise members on best practices for identity management tailored to the member's specific situation. Consultative services include:

Privacy and Security Best Practice
- Consult on best practices for the use and protection of a consumer's Social Security number and Personal Identifying Information (PII)
- Provide consultation on current trends, scams and schemes related to identity theft and fraud issues
- Discuss best practices for financial transactions, online activities and consumer privacy
- Provide the knowledge to best protect the member from identity theft and to be aware of their rights under federal and state laws
- Help members interpret and analyze their credit report and take steps to reduce pre-approved credit offers
- Consult with members regarding a public record inquiry, background search or credit freeze

Event-Driven Consultation Support
- Lost/stolen wallet assistance
- Data Exposure/Data Breach
- Safeguards

Alerts and Notifications
- Monthly identity theft updates to help educate and protect
- Data breach notifications

Consultation Services are limited to the solutions, best practices, legislation, and established industry and organizational procedures in place in the United States and Canada as determined beneficial or productive by a Kroll Licensed Private Investigator.

Privacy Monitoring

Black Market Website Surveillance (Internet Monitoring)
Monitors global black market websites, IRC (internet relay chat) channels, chat rooms, peer-to-peer sharing networks, and social feeds for a member's Personally Identifiable Information (PII), looking for matches of name, date of birth, Social Security number, email addresses (up to 10), phone numbers (up to 10), driver's license number, passport number and/or medical ID numbers (up to 10).

Address Change Verification
Keeps track of a personal mailing address and alerts when a change of address has been requested through the United States Postal Service.

Security Monitoring

Black Market Website Surveillance (Internet Monitoring)
Monitors global black market websites, IRC (internet relay chat) channels, chat rooms, peer-to-peer sharing networks, and social feeds for a member's Personally Identifiable Information (PII), looking for matches of Social Security number, credit card numbers (up to 10) and bank account numbers (up to 10).

Court Records Monitoring
Detects criminal activity that may be associated with an individual's personal information, alerting them to signs of potential criminal identity theft. Credit Monitoring members have access to continuous credit monitoring through TransUnion. The credit monitoring service will alert members to activity up to and including new delinquent accounts, fraud alerts, improved account, new account, new address, new bankruptcy, new employment, new account inquiry, and new public records.

Credit Inquiry Alerts
Members will be notified via email when a creditor requests their TransUnion credit file for the purposes of opening a new credit account. Included are accounts that result in a new financial obligation, such as a new cell phone account, a lease for a new apartment, or even for an application for a new mortgage.

Quarterly Credit Score Tracker
A quarterly credit score from TransUnion that plots the member's score quarter by quarter on a graph.

Payday Loan Monitoring
Alerts the subscriber when their personal information is associated with short-term, payday, or similar cash-advance loans.

Minor Identity Protection (Family Plan only)
Allows parents/guardians of up to 8 minors under the age of 18 to monitor for potential fraudulent activity associated with their child's SSN. Unauthorized names, aliases and addresses that become associated with a minor's name and date of birth may be detected.

Identity Restoration

Kroll's Licensed Private Investigators perform the bulk of the restoration work required to restore a member's identity to pre-theft status.

IDShield Service Guarantee
We don't give up until your identity is restored.

We're confident in our ability to help protect your identity, but no one can prevent all identity theft. If you become a victim of identity theft while an IDShield member, we'll spend up to $5 million using Kroll's industry-leading Licensed Private Investigators to do whatever it takes for as long as it takes to help recover and restore your identity to its pre-theft status.

Purchase of IDShield requires member to have a valid email address.

The following are excluded from the Services: Legal Remedy—Any Stolen Identity Event where the member is unwilling or unable to prosecute or otherwise bring a civil or criminal claim against any person culpable or reasonably believed to be culpable for the fraud or its consequences. Dishonest Acts—Any dishonest, criminal, malicious or fraudulent acts, if the member(s) that suffered the fraud personally participated in, directed or had knowledge of such acts. Financial Loss—Any direct or indirect financial losses attributable to the Stolen Identity Event, including but not limited to, money stolen from a wallet, unauthorized purchases of retail goods or services online, by phone, mail or directly. Pre-existing Stolen Identity Event Limitations -If the victim either had knowledge of, or reasonably should have had knowledge of, the misuse of his/her identity, credit, or other personal information based on information provided, or reasonably available, to the individual prior to enrollment in the program (each a "Prior Misuse"), such Prior Misuse or the consequences caused by it are not covered by the restoration services. However, individuals who have merely experienced the loss or unauthorized exposure of personal identifiers, including credit or debit card data, such as a data breach event, with no indication of actual misuse or identity theft resulting from that event, are not subject to the Prior Misuse exclusion hereunder. Business—The theft or unauthorized or illegal use of any business name, DBA or any other method of identifying business (as distinguished from personal) activity. Third Parties Not Subject to U.S. or Canadian Law—Restoration services do not remediate issues with third parties not subject to United States or Canadian law that have been impacted by an individual's Stolen Identity Event, such as financial institutions, government agencies, and other entities.

Marketed by: Pre-Paid Legal Services, Inc. dba LegalShield® and subsidiaries; Pre-Paid Legal Casualty℠, Inc.; Pre-Paid Legal Access, Inc.; In FL: Pre-Paid Legal Services, Inc. of Florida; In VA: Legal Service Plans of Virginia, Inc.; and PPL Legal Care of Canada Corporation

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Retirement coverage is provided for MCHD employees by the Texas County and District Retirement System (TCDRS), which is governed by the State of Texas statutory requirements.

All employees are required to become participants with TCDRS upon hire. The employee contribution rate is seven percent of gross pay, tax sheltered. Employees who are classified as temporary in their employment status are not required to participate. All employees eligible to participate in TCDRS will be provided a copy of the retirement plan booklet upon hire. MCHD matches each employee $1.00 contributed with $1.70, vested after 5 years of employment.

When an employee is anticipating retirement, he/she should make an appointment with Human Resources to discuss the process of applying for pension payments. This should occur approximately *45* days prior to the anticipated retirement date to avoid unnecessary delay in receiving the first pension payment.

Each calendar year, employees will receive a Statement of Deposits and Earnings from TCDRS.

Questions about the TCDRS plan should be referred to the Human Resources Department or by calling a TCDRS representative at 800-823-7782. Employees may set up an online account to access information at www.tcdrs.org.

Terminating employees should contact TCDRS or the Human Resources Department to receive information and instructions regarding their TCDRS account and distribution options.

Plan Facts

Milliman
Voluntary Retirement Plan

Eligibility

Employees of Moore County Hospital District become eligible to participate in the Moore County Hospital District Retirement Savings Plan (the Plan) on the first day of the month after reaching age 18 and completing 60 days of continuous service. PRN Employees are not eligible to participate in the Plan.

Your Contributions

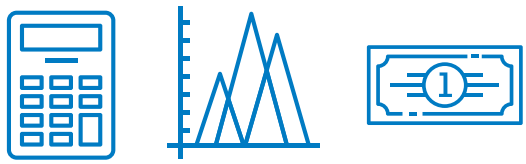
You may save up to 100% of your pay through convenient payroll deductions (subject to IRS limits that are not plan-specific). You may elect to save in one or a combination of the following ways:

- **Before-tax contributions,** which are deducted from your paycheck before federal income taxes are withheld. You pay taxes on these contributions and earnings when you withdraw money from the plan.
- **Roth after-tax contributions,** which are deducted from your paycheck after federal income taxes are withheld. You will not pay taxes again on these contributions or on the earnings if you receive the money as a qualified distribution.

To make sure you are saving enough, the plan offers you the option to set up automatic annual increases of your contribution rate. You can make that election at **MillimanBenefits.com**.

Vesting

Vesting means gaining ownership. You are always 100% vested in your account.



Your Investment Options

Your accounts will automatically be invested in the BlackRock® LifePath® Index Portfolio that most closely aligns with the timing of your normal retirement date at age 65. However, you have the right to direct the investment of all of your Plan accounts. The Plan offers these approaches to investing:

- **Target Retirement Funds.** Designed to take the confusion out of investing, Target Retirement Funds provide diversified investment mixes that are appropriate for different target retirement dates. These funds change investments over time, becoming more conservative as you near your retirement date.
- **Custom Investment Portfolio.** You design your own asset allocation. You may choose to invest in any combination of the plan's investment options, which represent a broad range of risk and return characteristics within various asset classes.
- **Morningstar.** Do you enjoy managing your own investments, but need some guidance? The Morningstar® Retirement Manager℠ Managed by You option might be right for you. Receive a personalized retirement strategy, including a retirement income goal and projection as well as recommendations for your savings rate, asset mix and investment selection to help you manage your account. **There is no cost for this service.** Advice is based on market conditions at the time it is given. Stay on track by reviewing your account periodically.

  If you don't have the time, interest or know-how, let a professional manage your account for you. Enroll in Morningstar® Retirement Manager℠ Managed by Morningstar and your account will receive ongoing professional investment management. You will receive quarterly reports to keep you informed. There is an annual fee of 0.48% (0.0048 of your account balance) for this service. You may cancel at any time, at no charge.

Loans

You may borrow up to 50% of your vested account balance up to $50,000. You are allowed one outstanding loan at any time. The minimum loan amount is $1,000. Log on to **MillimanBenefits.com** to model or request a loan.

Hardship Withdrawals

The plan provides for hardship withdrawals, which means you may be able to take money from the plan while you are still employed. Details are provided in the Summary Plan Description or at **MillimanBenefits.com**.

Distributions

Should you leave employment:

- If your vested account balance is less than $200, you will automatically receive a lump sum distribution.
- If your vested account balance is at least $200 but less than $5,000 and you do not elect otherwise, your account will be transferred to a Charles Schwab Individual Retirement Account (IRA) and will be deposited into an FDIC insured bank account. You will receive information directly from Charles Schwab on how to access your IRA. You will be able to direct the investment of your Charles Schwab IRA account once you complete an Account Activation Agreement online at schwab.com. If you have any questions, Schwab representatives are available Monday through Friday from 6 a.m. to 10 p.m. Central time at 1.800.724.7526.
- If your vested account balance is $5,000 or more, you may choose one of the following options:
  - Leave your money in the Plan.
  - Take a lump sum distribution
  - Take a partial distribution. The minimum partial distribution is $500.

Consider your distribution options carefully to avoid penalties and taxes. Contact the Milliman Benefits Service Center for assistance.

Easy Account Access

By accessing **MillimanBenefits.com**, you can learn more about investment options offered in the plan, including historical performance information. You can also learn about your investing style and risk tolerance to help you create your own custom portfolio.

REMINDER: Don't forget to name a beneficiary. The Enrollment Guide will help you through the process. The online system will have your personal information that will allow you to change your contribution rate and make other elections approximately 30 days after your date of hire.

Internet: MillimanBenefits.com

Benefits Service Center: 1.877.839.4677

When you call the telephone hotline, your temporary Personal Identification Number (PIN) is your date of birth (MMYY). For example, if you were born in September 1974, your initial PIN would be 0974. Follow the prompts to change your PIN the first time you call. The temporary PIN will be valid for 30 days following the date of the first contribution to your account.

Benefits Service Center representatives are available Monday through Friday from 7 a.m. to 7 p.m. Central time.

Spanish speaking representatives are available. Other languages are available through a telephonic translation service.

Plan Your Future

At **MillimanBenefits.com**, you can find the latest information about your retirement benefits and initiate transactions quickly. You can also:

- Access your account information in English or Spanish.
- Chat online with a representative during Benefits Service Center hours.
- Use Guides that walk you step by step through plan transactions.
- Use the PlanAhead For Retirement® tool to model your retirement.
- Access the Financial Resource Center with articles, calculators, workbooks and videos to help you through your life stages.

Moore County Hospital District offers all employees the opportunity to participate in the MCHD Wellness Program at no cost to the employee, with financial incentives for participating employees to maintain healthy ranges in 5 categories (weight/BMI, blood pressure, blood glucose, triglycerides and cholesterol).

The MCHD Employee Wellness Program is a yearlong program coinciding with MCHD's fiscal year with sign-up being in July. Monetary rewards for the program will be paid once a year in June, at the end of the fiscal year.

Those enrolled in their first year of the program will be eligible for up to $250 /year. Those continuing on through subsequent years, will be eligible for up to $400.

Weight/BMI and Blood Pressures will be monitored by the Employee Health Nurse once each quarter during the designated week. The employee will be eligible for $25 for each measure each quarter that meets normal parameters, or has improved 5% from their baseline (Maximum of $50 each quarter for this measure). A quarterly "report card" will be sent to each participant to track their progress and incentive money earned.

Blood glucose, triglycerides and cholesterol will be monitored every 6 months by lab tests during the designated week. The employee will be eligible for $25 for each 6 month period that meets normal parameters on each of these three measures, or has improved 5% from their baseline. This information will remain confidential. The results will be reported to the employee's Primary Care Physician with the employee's signed request. (Maximum of $75 every six months).

If at any time an employee misses a follow-up in a category, they will be dropped from that category for the remainder of that year's program. If at any time an employee becomes pregnant, they will be dropped from that year's program and may enter back into the program after pregnancy.

Night shift staff who cannot make a regular scheduled follow-up are encouraged to make other arrangements with the Employee Health Nurse and the lab.

There is no charge to the employee for lab tests or BP/weight monitoring as participants of the program.

If the employee meets normal parameters, or has improved by 5% over their baseline or previous measurement in any category they are eligible for the monetary reward for that period. If the employee has a category that does not meet normal parameters, or has not shown a 5% improvement over their baseline or previous measurement, they will not be eligible for the monetary reward for that period.

NORMAL PARAMETERS

Parameters for Meeting Criteria:		**Must be within this range, or improved 5% previous screening.**	
BMI (Body Mass Index)	**Ht/Wt**	**18.5 - 27**	**$25**
Blood Pressure		**100-139/60-90**	**$25**
Fasting Glucose		**70 - 110**	**$25**
Triglycerides		**0 - 150**	**$25**
Total Serum Cholesterol Levels		**0 - 200 mg/dL**	**$25**
Max earned 1st year **Max annually after 1st year**		**($50 bonus for perfect year!)**	**$250** **$400**

Payroll deductions and discounts to local gyms and the Moore County YMCA are available in Human Resources.

"I will be retiring soon, but not old enough for Medicare what should I do until I can sign up for Medicare?"

If this is you, and you would like guidance and assistance obtaining health insurance coverage, until you are eligible for Medicare, you can contact **Greg Downing** at **(512) 656-9378** or **greg@txtrusted.com**.

Greg Downing is a Licensed Insurance Professional that has helped hundreds of individuals with Medicare and Individual Health Plans. *You can get his expert service for FREE!*

Equal Employment Opportunity is

THE LAW

Private Employers, State and Local Governments, Educational Institutions, Employment Agencies and Labor Organizations

Applicants to and employees of most private employers, state and local governments, educational institutions, employment agencies and labor organizations are protected under Federal law from discrimination on the following bases:

RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN

Title VII of the Civil Rights Act of 1964, as amended, protects applicants and employees from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment, on the basis of race, color, religion, sex (including pregnancy), or national origin. Religious discrimination includes failing to reasonably accommodate an employee's religious practices where the accommodation does not impose undue hardship.

DISABILITY

Title I and Title V of the Americans with Disabilities Act of 1990, as amended, protect qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship.

AGE

The Age Discrimination in Employment Act of 1967, as amended, protects applicants and employees 40 years of age or older from discrimination based on age in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment.

SEX (WAGES)

In addition to sex discrimination prohibited by Title VII of the Civil Rights Act, as amended, the Equal Pay Act of 1963, as amended, prohibits sex discrimination in the payment of wages to women and men performing substantially equal work, in jobs that require equal skill, effort, and responsibility, under similar working conditions, in the same establishment.

GENETICS

Title II of the Genetic Information Nondiscrimination Act of 2008 protects applicants and employees from discrimination based on genetic information in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. GINA also restricts employers' acquisition of genetic information and strictly limits disclosure of genetic information. Genetic information includes information about genetic tests of applicants, employees, or their family members; the manifestation of diseases or disorders in family members (family medical history); and requests for or receipt of genetic services by applicants, employees, or their family members.

RETALIATION

All of these Federal laws prohibit covered entities from retaliating against a person who files a charge of discrimination, participates in a discrimination proceeding, or otherwise opposes an unlawful employment practice.

WHAT TO DO IF YOU BELIEVE DISCRIMINATION HAS OCCURRED

There are strict time limits for filing charges of employment discrimination. To preserve the ability of EEOC to act on your behalf and to protect your right to file a private lawsuit, should you ultimately need to, you should contact EEOC promptly when discrimination is suspected:

The U.S. Equal Employment Opportunity Commission (EEOC), 1-800-669-4000 (toll-free) or 1-800-669-6820 (toll-free TTY number for individuals with hearing impairments). EEOC field office information is available at www.eeoc.gov or in most telephone directories in the U.S. Government or Federal Government section. Additional information about EEOC, including information about charge filing, is available at www.eeoc.gov.

Employers Holding Federal Contracts or Subcontracts

Applicants to and employees of companies with a Federal government contract or subcontract are protected under Federal law from discrimination on the following bases:

RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN

Executive Order 11246, as amended, prohibits job discrimination on the basis of race, color, religion, sex or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.

INDIVIDUALS WITH DISABILITIES

Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship. Section 503 also requires that Federal contractors take affirmative action to employ and advance in employment qualified individuals with disabilities at all levels of employment, including the executive level.

DISABLED, RECENTLY SEPARATED, OTHER PROTECTED, AND ARMED FORCES SERVICE MEDAL VETERANS

The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, prohibits job discrimination and requires affirmative action to employ and advance in employment disabled veterans, recently separated veterans (within three years of discharge or release from active duty), other protected veterans (veterans who served during a war or in a campaign or expedition for which a campaign badge has been authorized), and Armed Forces service medal veterans (veterans who, while on active duty, participated in a U.S. military operation for which an Armed Forces service medal was awarded).

RETALIATION

Retaliation is prohibited against a person who files a complaint of discrimination, participates in an OFCCP proceeding, or otherwise opposes discrimination under these Federal laws.

Any person who believes a contractor has violated its nondiscrimination or affirmative action obligations under the authorities above should contact immediately:

The Office of Federal Contract Compliance Programs (OFCCP), U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210, 1-800-397-6251 (toll-free) or (202) 693-1337 (TTY). OFCCP may also be contacted by e-mail at OFCCP-Public@dol.gov, or by calling an OFCCP regional or district office, listed in most telephone directories under U.S. Government, Department of Labor.

Programs or Activities Receiving Federal Financial Assistance

RACE, COLOR, NATIONAL ORIGIN, SEX

In addition to the protections of Title VII of the Civil Rights Act of 1964, as amended, Title VI of the Civil Rights Act of 1964, as amended, prohibits discrimination on the basis of race, color or national origin in programs or activities receiving Federal financial assistance. Employment discrimination is covered by Title VI if the primary objective of the financial assistance is provision of employment, or where employment discrimination causes or may cause discrimination in providing services under such programs. Title IX of the Education Amendments of 1972 prohibits employment discrimination on the basis of sex in educational programs or activities which receive Federal financial assistance.

INDIVIDUALS WITH DISABILITIES

Section 504 of the Rehabilitation Act of 1973, as amended, prohibits employment discrimination on the basis of disability in any program or activity which receives Federal financial assistance. Discrimination is prohibited in all aspects of employment against persons with disabilities who, with or without reasonable accommodation, can perform the essential functions of the job.

If you believe you have been discriminated against in a program of any institution which receives Federal financial assistance, you should immediately contact the Federal agency providing such assistance.

Important Information

HIPAA Privacy Rights

The Health Insurance Portability and Accountability Act (HIPAA) provides you certain rights to privacy concerning your health information. The regulations designate certain types of information as Protected Health Information (PHI).

Health care providers, medical professionals, and health plans, including Moore County health plan representatives, are restricted in their use of PHI to purposes of treatment, payment, and health care operations and as required by national public health activities. Written authorization is required to use or disclose your PHI pertaining to your medical, dental, prescription drug, employee assistance program and health care operations and as required by national public health activities. Written authorization is required to sue or disclose your PHI pertaining to your medical, dental, prescription drug, employee assistance program and health care spending accounts outside of these purposes.

You may receive a form requesting your authorization to use your PHI for another purpose. Should you grant this authorization, your PHI is still protected from use and disclosure by any party other than the one(s) to whom you grant written authorization, and from use and disclosure by authorized parties for any purpose other than the one you specifically authorized.

Protected Health Information (PHI)

PHI includes information that could be used to identify you as an individual in electronic, printed or spoken forms that relates to (1) past, present or future health, physical or mental condition, (2) provision of health care, or (3) past, present or future payment for the provision of health care.

HIPAA gives you the right to: Receive notice of the health plan's uses and disclosures of your PHI, your privacy rights and the health plan's legal duties regarding your PHI; Obtain access to your own PHI; Amend your PHI; Receive an accounting of non-exempt uses and disclosures of your PHI over the past six years upon request; and Received communications by an alternative means or at an alternate location upon request. For information regarding HIPAA privacy rules, refer to your Summary Plan Description.

The Women's Health and Cancer Rights Act

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for Resources Department for more information.

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

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

These benefits will be provided subject to the same deductibles and co-insurance applicable to other medical and surgical benefits provided under the Karnes Health Plan.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately. You may not be discriminated against in employment because of information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate. If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources.

Important Information

Newborn and Mother's Health Protection Act

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

Patient Protection

Moore County generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Moore County or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, maybe required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan or procedures for making referrals.

For information on how to select a primary care provider or for a list of participating primary care providers or health care professionals who specialize in obstetrics or gynecology, contact the Human Resources Department.

HIPAA Special Enrollment Rights

Loss of Other Coverage – If you are declining enrollment for yourself and/or dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and/or 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. To be eligible for this special enrollment opportunity, you must request enrollment within 30 days after your other coverage ends or after the employer stops contributing towards the other coverage.

New Dependent as a Result of Marriage, Birth, Adoption, or Placement for Adoption – If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll your dependents. To be eligible for this special enrollment opportunity, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption. Contact your plan administrator to request a special enrollment.

Making Enrollment Changes During the Year:

In most cases, your benefit elections will remain in effect for the entire plan year (July 1, 2022 – June 30, 2023) During the annual enrollment period, you have the opportunity to review your benefit elections and make changes for the coming year.

- You may only make changes to your elections during the year if you have one of the following status changes:
- Marriage, divorce or legal separation (if your state recognizes legal separation);
- Gain or loss of an eligible dependent for reasons such as birth, adoption, court order, disability, death; reaching the dependent child age limit; or
- Significant changes in employment or employer – sponsored benefit coverage that affect you or your spouse's benefit eligibility.
- Your benefit change must be consistent with your change in family status.

IRS regulations require that for enrollment due to the qualifying events above, change forms must be submitted with in 30 days of that qualifying event. Contact your Human Resources office for information on completing these forms.

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of October 15, 2021. Contact your State for more information on eligibility –

ALABAMA Medicaid	**NORTH DAKOTA Medicaid**	**NEVADA Medicaid**
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
ALASKA Medicaid	**OKLAHOMA Medicaid and CHIP**	**NEW HAMPSHIRE Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
ARKANSAS Medicaid	**OREGON Medicaid**	**SOUTH DAKOTA Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://dss.sd.gov Phone: 1-888-828-0059
GEORGIA Medicaid	**PENNSYLVANIA Medicaid**	**TEXAS Medicaid**
Website: https://medicaid.georgia.gov/health-insurance- premium-payment-program-hipp Phone: 678-564-1162 ext 2131	Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
INDIANA Medicaid	**RHODE ISLAND Medicaid and CHIP**	**UTAH Medicaid and CHIP**
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
IOWA Medicaid and CHIP (Hawki)	**SOUTH CAROLINA Medicaid**	**VERMONT Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a- to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
KANSAS Medicaid	**CALIFORNIA Medicaid**	**VIRGINIA Medicaid and CHIP**
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924

KENTUCKY Medicaid	COLORADO Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	WASHINGTON Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
	FLORIDA Medicaid	**WEST VIRGINIA Medicaid**
	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
LOUISIANA Medicaid	**MASSACHUSETTS Medicaid and CHIP**	**WISCONSIN Medicaid and CHIP**
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: https://www.mass.gov/info-details/masshealth- premium-assistance-pa Phone: 1-800-862-4840	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
MAINE Medicaid	**MINNESOTA Medicaid**	**WYOMING Medicaid**
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	Website: https://mn.gov/dhs/people-we-serve/children-and- families/health-care/health-care-programs/programs-and- services/other-insurance.jsp Phone: 1-800-657-3739	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and- eligibility/ Phone: 1-800-251-1269
NEW JERSEY Medicaid and CHIP	**MISSOURI Medicaid**	
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	
NEW YORK Medicaid	**MONTANA Medicaid**	
Website: https://www.health.ny.gov/health care/medicaid/ Phone: 1-800-541-2831	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	
NORTH CAROLINA Medicaid	**NEBRASKA Medicaid**	
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	

To see if any other states have added a premium assistance program since October 15, 2021, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

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

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

OMB Control Number 1210-0137 (expires 1/31/2023)

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