

Your 2022-23 Benefits

Welcome to MEDICAL CITY DALLAS MANAGEMENT, LTD.
This brochure provides an overview of our benefits program

BENEFITS PROVIDED BY MCDML INCLUDE:

Employee & Employee Dependent Child Health
Employee & Employee Dependent Health
Reimbursement Account
Employee Flex Spending Account
Employee & Employee Dependent Spouse/Child Dental
Employee & Employee Dependent Spouse/Child Vision
Employee & Employee Dependent Spouse/Child Life
Employee Accidental Death Insurance
Employee Disability Insurance
401(k) Savings & Profit-Sharing Plans.

ELIGIBILITY FOR BENEFITS:

If you are a regular, full-time employee scheduled to work at least 30 hours per week, you are eligible for benefits on the first day of the month following 60 days of continuous service.

In most cases, you can also cover your eligible dependent(s) children under age 26, and employee dependent unmarried children of any age who are unable to support themselves because of physical or mental disability.

WHEN COVERAGE BEGINS:

Enrollment for New Hires: Several weeks before the effective date of a new employee's coverage MCDML sends all new hires enrolled forms and Summary Plan Descriptions of the benefits. The enrollment forms must be completed and returned to MCDML before you will be enrolled in any plan. In the event you do not return the enrollment form(s) prior to your eligibility date you will have to wait until the next annual Open Enrollment to enroll in benefits. Should you have a Qualifying Life Event such as getting married, divorced, having a baby or loss of health coverage you may be eligible to enroll or change your enrollment anytime during the plan year.

HOW TO ENROLL:

Please complete the benefit enrollment forms sent to you and return to HR two weeks prior to eligibility date.

For Questions or HELP IN COMPLETING THE FORM CONTACT:

Debbie Conner 972-566-7840

debbieconner@medicalcity.com

or

Donna Lynn 972-566-4625 donnalynn@medicalcity.com

MEDICAL AND PRESCRIPTION COVERAGE

MCDML medical plan is administered by BCBSTX.

Information relating to your coverage, claims, and innetwork provides can be obtained via BCBSTX site at: www.bcbstx.com

IN NETWORK BENEFIT HIGHLIGHTS:

BLUE CROSS BLUE SHIELD - PPO		
Provider Availability	IN-NETWORK**	
Bi-Weekly Cost (26 pay periods)		
EE Only – MCDMH PAYS PREMIUM	\$0.00	
EE + Child(ren)	\$253.25	
Calendar Year Deductible		
Individual	\$6,650	
Family	\$13,300	
Annual OOP Maximum (before the use of HRA card)		
Individual	\$6,650	
Family	\$13,300	
Copays/Coinsurance		
Preventive Care	Covered 100%	
Primary Care	0% after deductible	
Specialist	0% after deductible	
Diagnostic, X-Ray, Lab Services	0% after deductible	
Urgent Care	0% after deductible	
ER	0% after deductible	
Inpatient Hospital Care	0% after deductible	
Outpatient Surgery	0% after deductible	
Rx Coverage		
Retail (31-day supp.)/Mail Order (90-day supp.)		
Generic (Preferred/Non-Preferred)	0% after deductible	
Brand (Preferred/Non-Preferred)	0% after deductible	
Specialty (Preferred/Non-Preferred)	0% after deductible	

**The chart above reflects In-Network services only. You will pay the first dollar for the above services until the deductible is satisfied. Then, you are covered at 100% for In-Network services for the remainder of the calendar year. Services received from Out of Network providers have a \$13,300 individual deductible/\$26,000 family deductible followed by 50% coinsurance. Please reference your Summary of Benefits for additional information.

HEALTH REIMBURSEMENT ACCOUNT (HRA)

The HRA, funded by MCDML, funds a portion of the medical plan deductible after you have paid the first \$500. The HRA does not assist with expenses on the dental or vision plan. The HRA is administered by TaxSaver Plan.

Individual Coverage – HRA CONTRIBUTION \$4,000			
Total Deductible BCBS \$6,650		Your Net Deductible & out of pocket after using HRA \$2,650	
Employee: Pays first \$500	MCDML: Pays next \$4,000	Employee: Pays last \$2,150	
Family Coverage - HRA CONTRIBUTION \$7,000			
Total Deductible \$13,300		Your Net Deductible \$6,300	
Employee: Pays first \$500	MCDML: Pays next \$7,000	Employee: Pays last \$5,800	

HRA REIMBURSEMENT PROCESS

Once you have paid \$500 toward your covered medical expenses, you can begin filing for reimbursement through the HRA by following these steps:

- 1. Log into www.bcbstx.com and retrieve your most recent Explanation of Benefits (EOB). If you have not already registered click "Register Now" link.
- 2. On the Home Screen. Click on Claims Center to see all claims processed by BCBS. To view details on how BCBS processed a claim, click on the Claim number.
- 3. Scroll to the bottom of the page to access your EOB. Click on "Download your EOB".
- 4. Print the EOB. If you are unable to print the EOB, you can print the "Claim Payment Summary".
- 5. Complete the TaxSaver Request for Reimbursement Form. You can obtain this form by emailing debbieconner@medicalcity.com.
- 6. Submit the Request for Reimbursement Form along with the EOB(s) to TaxSaver:

• Email: claims@taxsaverplan.com

Fax: 214-528-8122

Customer Service: 1-800-328-4337



DENTAL COVERAGE

MCDML Dental plan is administered by BCBSTX. The plan provides coverage for typical dental expenses, such as cleanings, X-rays, fillings, and orthodontia for children. To find providers in the BlueCare Dental Network, please visit: http://www.bcbstx.com/onlinedirectory/dental.htm

Feature	Dental PPO	
Deductible		
Individual	\$50	
Family	\$150	
Preventive	100% Deductible does not apply	
Basic Services	80%	
Major Services	50%	
Orthodontia	50%	
(Adult/dependent children up		
to age 19)		
	\$2,000	
Lifetime Maximum	Deductible does not apply	
Bi-weekly Cost (26 pay periods)		
EE Only	\$0.00	
EE + Spouse	\$14.20	
EE + Child(ren)	\$18.30	
Family	\$36.70	

VISION COVERAGE

MCDML Vision plan is administered by MetLife. The plan covers eye exams, lenses, frames, and contact lenses. To find a VSP network provider, visit: www.metlife.com/vision.

Feature	In-Network	
Exam	\$10	
Prescription Glasses		
Lenses	\$20	
Frames	\$25 + \$150 allowance At Costco: \$85 allowance after \$25 copay + 20% savings over allowance	
Contacts (In lieu of glasses)		
Medically Necessary	Covered in full	
Elective	\$150 allowance	
Contact Lens Exam	Copay up to \$60	
Frequency		
Exam	Once Every 12 months	
Frames	Once Every 12 months	
Lenses	Once Every 12 months	
Contacts	Once Every 12 months	
Bi-weekly Cost (26 pay periods)		
EE Only	\$4.41	
EE + Spouse	\$8.39	
EE + Child(ren)	\$8.83	
Family	\$12.98	

LIFE INSURANCE AND AD&D COVERAGE

MCDML provides Basic Life insurance for you and your dependents at no costs to you. Accidental Death and Dismemberment (AD&D) is provided also at no costs to the employee and is employee only coverage.

Both Basic life and AD&D are with and administered by MetLife. Coverage limits are:

Basic Life and AD&D Coverage	
Employee	2X Basic Annual Earnings up to maximum of \$400,000
Spouse	\$5,000
Child(ren)	Birth to 6 months: \$100 6 months to 26 years: \$2,000
Benefits are reduced by 50% at age 70 for Employee Life	

DISABILITY COVERAGE

MCDML provides Long-Term Disability (LTD) coverage to keep all or part of your paycheck coming if you cannot work due to a qualifying illness or injury. Participation begins on the first of the month following 60 days of employment. Coverage is administered by MetLife Network.

If you remain on disability or are unable to work after 90-day elimination period, LTD kicks in and will replace up to 60% of your base pay, up to a maximum of \$10,000 per month.



HOLMES MURPHY BENEFIT ADVOCACY RESOURCE

Holmes Murphy is the Agent that assist MCDML with employee benefits. As an employee of Medical City Dallas Management, you have access to one of Holmes Murphy's Benefits Analyst. Sandie Cooper is available to you and your dependents to help assist you in your benefits related questions. Simply call or email and Sandie will be available to help you with your questions. If she does not have an immediate answer, she will research it and get back to you in a timely manner without you waiting on hold. How easy is that?

Some of these questions you might have include:

- How do I order a new ID card?
- Is my doctor/dentist in the network or out of the network?
- What is my deductible or what does "co-insurance" mean?
- I received a bill from my doctor. Was my claim paid correctly?
- What is an "EOB" and how do I read it?
- I just need to get my teeth cleaned. What is my co-pay?
- How often can I get new eyeglasses/contacts?
- Where can I find a claim form for out-of-pocket payments?



SANDIE COOPER
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Available Monday-Friday from 8a-5p CST

ABOUT THIS SUMMARY

This is a very brief summary of benefits. In the event the wording of this summary causes confusion about how the program operates, the language of the Summary Plan Descriptions (SPDs), legal plan descriptions, and contracts will govern. For more information or benefit details, please refer to your enrollment guide or the Summary of Benefits (SPD's) for each plan that were provided to you prior to enrollment.