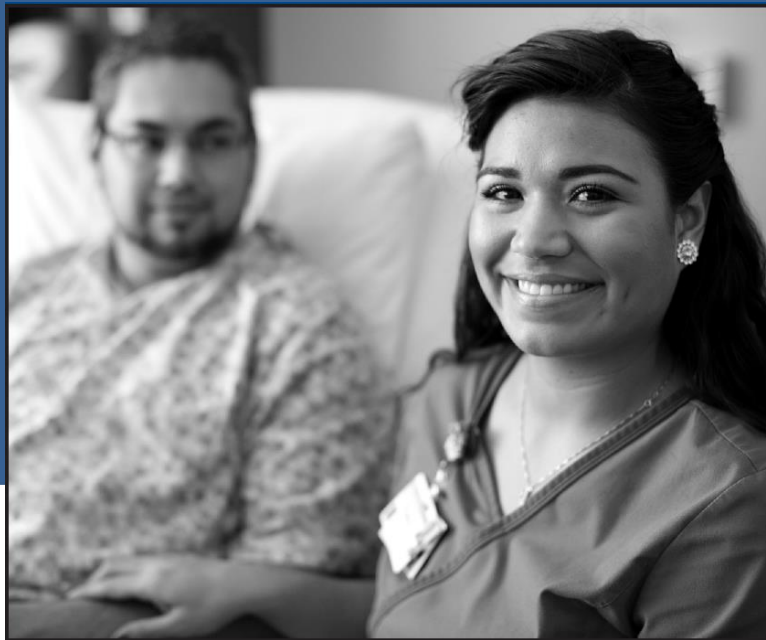


# Focus on the Benefits at UMC

Effective January 1, 2023



[umchealthsystem.com](http://umchealthsystem.com)

## CONTENTS

EMPLOYEE BENEFITS.....	3
TIME OFF PROGRAMS.....	4
BENEFIT PROGRAM ENROLLMENT...	5
FLEXIBLE BENEFIT PLAN.....	6
HEALTH PLAN.....	6
DENTAL PLAN.....	9
VISION PLAN.....	11
COBRA.....	11
FLEXIBLE SPENDING ACCOUNTS.....	12
LIFE INSURANCE.....	12
DISABILITY INSURANCE.....	13
VOLUNTARY PRODUCTS.....	14
WELLNESS PROGRAM.....	14
EMPLOYEE HEALTH.....	14
RETIREMENT PLAN.....	14
EMPLOYEE ASSISTANCE PROGRAM.	15
CREDIT UNION.....	15
EMPLOYEE DISCOUNTS.....	15
HOW TO ENROLL/CHANGE.....	15



### OUR MISSION

*“The mission of UMC Health System consists of three equal and distinct, but interrelated elements. These elements are the provision of high quality health care services, the clinical and financial support of graduate medical education, and the maintenance of a strong financial base for the Medical Center through prudent and conservative business practices.”*

### OUR VISION

*“To serve our patients in the best teaching hospital in the country.”*

This benefit guide is not a contract of employment. Nothing contained in this benefit guide or in any other statement of company policy should be taken as constituting an express or implied promise of continuing employment, or a modification of one’s employment-at-will status.

In order to retain necessary flexibility in the administration of policies and procedures, the company reserves the right to change, revise or delete the plans, policies, and benefits described in this benefit handbook at any time the company determines such a change is necessary. Changes are at the sole discretion of administration.

## EMPLOYEE BENEFITS

It is UMC's desire to provide a quality benefits package for eligible employees. Employees who are regular full-time with an FTE of .9 to 1.0 (36 to 40 hours per week) are full-time benefit eligible. Employees who are regular part-time with an FTE of .5 to .8 (20 to 35 hours) are part-time benefit eligible. This guide does not apply to employees who are not benefit eligible. This Employee Benefits Summary is intended to be a summary, and certain requirements or time frames may vary if otherwise specified in the benefit plan document.

EMPLOYEE BENEFITS SUMMARY				
TYPE	BENEFIT	WHO PAYS	WHAT YOU RECEIVE	EFFECTIVE
Health	Medical Insurance	UMC & Employee	Provided through our own UMC Health Plan.	Employees have 31 days from their first day of work or qualifying event to enroll. Benefits are effective the start of the pay period following hire or event date.
Health	Dental Insurance	UMC & Employee	Three dental choices: 1) UMC Dental Plan Reimbursement (only allowed if enrolled in UMC Medical Plan); 2) MET Dental Trust Preventive Dental; and 3) MET Dental Trust Full Dental with orthodontic coverage for children to age 19.	Employees have 31 days from their first day of work or qualifying event to enroll. Benefits are effective the start of the pay period following hire or event date.
Health	Vision Insurance	Employee	Vision coverage for exams, glasses or contacts.	Employees have 31 days from their first day of work or qualifying event to enroll. Benefits are effective the start of the pay period following hire or event date.
Health	Employee Assistance Program (EAP)	UMC	Evaluation and referral for employees with personal issues.	Benefits are effective the start of the pay period following hire or event date.
Health	Employee Health Services	UMC	Treatment for on-the-job injury. Preventative immunizations.	Eligible upon hire.
Health	Wellness Program	UMC	Rewards for active participation in healthy activities	Eligible after 90 days of employment.
Income Protection	Short Term Disability	Employee	Covers 60% of your base pay up to a maximum of \$2000 per week while disabled due to a non-work related illness or injury.	Employees have 31 days from their first day of work or qualifying event to enroll. Benefits are effective the start of the pay period following hire or event date.
Income Protection	Long Term Disability	UMC	Covers up to 60% of your base pay up to a maximum of \$10,000 per month.	Benefits are effective the start of the pay period following hire or event date.
Retirement	Tax Shelter Annuity (TSA)	UMC & Employee	Matching of the employees contributions with immediate vesting. 403(b) and 457 options with both Pre-Tax and Roth accounts. Eligible 91st day of employment.	Eligible after 90 days of employment. Deductions begin the start of the pay period after the waiting period is met and enrollment is complete.
Savings	Dependent Care Spending Account	Employee	Tax savings account for eligible unreimbursed day care expenses.	Employees have 31 days from their first day of work or qualifying event to enroll. Benefits are effective the start of the pay period following hire or event date.
Savings	Health Care Spending Account	Employee	Tax savings account for eligible unreimbursed medical expenses.	Employees have 31 days from their first day of work or qualifying event to enroll. Benefits are effective the start of the pay period following hire or event date.
Savings	TTUHSC Credit Union	Employee	Various financial services. Personal loans and savings made through payroll deductions.	Eligible to open an account anytime
Savings	Employee Discounts	Employee	Discounts for Daycare, activities, services, products through Beneplace	Eligible upon hire.
Time Off	Paid Time Off (PTO)	UMC	Continued compensation during vacation, holidays, personal illness, etc. Full-time employees: Earn 21–31 days per year. Part-time employees: Earn half the number of days as full-time employees.	Accrual of available time begins upon employment.
Time Off	Extended Illness (EI)	UMC	Continued compensation during extended personal illness. Begins paying depending on your years of service. Full-time employees: Earn 4-15 days per year based upon years of service. Part-time employees: Earn half the number of days as full-time employees.	Accrual of available time begins upon employment. Employees may begin using after 90 days of employment
Time Off	Jury Leave	UMC	Paid at base rate for time missed.	Eligible upon hire
Time Off	Funeral Leave	UMC	Up to 3 days paid for time missed for death in immediate family.	Eligible upon hire
Welfare	Life Insurance	UMC & Employee	UMC provides you with up to 1x your annual salary (maximum of \$50,000) in basic life insurance if you are enrolled in the Medical Plan. You may purchase additional life insurance for yourself and your eligible dependents.	Employees have 31 days from their first day of work or qualifying event to enroll. Benefits are effective the start of the pay period following hire or event date.
Welfare	Supplemental Benefits	Employee	Optional insurance coverages including Accident, Hospital and Critical Illness.	Employees have 31 days from their first day of work or qualifying event to enroll. Benefits are effective the start of the pay period following hire or event date.

## TIME OFF PROGRAMS

Refer to the appropriate policies for details of these time off programs.

### PAID TIME OFF (PTO)

Employees begin accruing PTO upon hire and may take time off with manager approval.

UMC encourages employees to use at least 80 hours of PTO a year. Please note that PTO accruals cease when an employee reaches the maximum balance shown in the charts below. To provide greater flexibility, an eligible employee may sell back at their current rate of pay those PTO hours that have accumulated in excess of 80 hours. The sell back provision will only be done the first pay period in June and the first pay period in December.

FULL-TIME PTO ACCRUAL		
YEARS OF SERVICE	ACCRUAL PER PAY PERIOD (ANNUAL HOURS/DAYS)	MAXIMUM BALANCE
0-5 Years (1-60 months)	6.46 hours (21 days/168 hours)	200 hours 25 days
6-10 Years (61-120 months)	8.31 hours (27 days/216 hours)	248 hours 31 days
11-15 Years (121-180 months)	8.92 hours (29 days/232 hours)	288 hours 36 days
16-20 Years (181-240 months)	9.23 hours (30 days/240 hours)	328 hours 41 days
21+ Years (241+ months)	9.54 hours (31 days/248 hours)	368 hours 46 days

PART-TIME PTO ACCRUAL		
YEARS OF SERVICE	ACCRUAL PER PAY PERIOD (ANNUAL HOURS/DAYS)	MAXIMUM BALANCE
0-5 Years (1-60 months)	3.23 hours (10.5 days/84 hours)	100 hours 12.5 days
6-10 Years (61-120 months)	4.16 hours (13.5 days/108 hours)	128 hours 16 days
11-15 Years (121-180 months)	4.46 hours (14.5 days/116 hours)	148 hours 18.5 days
16-20 Years (181-240 months)	4.62 hours (15 days/120 hours)	168 hours 21 days
21+ Years (241+ months)	4.77 hours (15.5 days/124 hours)	188 hours 23.5 days

### MANAGERIAL PAID TIME OFF (MPTO)

Directors and above may choose to enroll in the MPTO program instead of the standard PTO program. MPTO is granted in lump sum by the second pay period in January, in the same amount of hours shown in the PTO accrual charts, with the same maximums. New hire amounts are prorated based on the pay periods remaining in the calendar year at the time of hire.

MPTO participants should make every effort to deplete their accrual banks by the end of the calendar year. A limited number of hours, not to exceed 80, remaining in the accrual bank at the end of the year may be rolled over into the next year and added to the new bank. MPTO balances may only be sold back in December.

### EXTENDED ILLNESS (EI)

EI is available primarily for the employees own illness or injury which required time of work for recovery or provider appointment/care. Medically necessary time off for maternity is treated the same as other illnesses. A physician's statement is required for any time off in excess of three work days for illness or injury and may fall under a leave of absence policy.

FULL-TIME EI ACCRUAL		
YEARS OF SERVICE	ACCRUAL PER PAY PERIOD (ANNUAL HOURS/DAYS)	MAXIMUM BALANCE
0-1 Year (1-12 months)	1.23 hours (4 days/32 hours)	32 hours 4 days
1-5 Years (13-60 months)	1.84 hours (6 days/48 hours)	192 hours 24 days
6-10 Years (61-120 months)	2.46 hours (8 days/64 hours)	352 hours 44 days
11-15 Years (121-180 months)	3.06 hours (10 days/80 hours)	480 hours 60 days
16-20 Years (181-240 months)	4 hours (13 days/104 hours)	720 hours 90 days
21+ Years (241+ months)	4.61 hours (15 days/120 hours)	1016 hours 127 days

PART-TIME EI ACCRUAL		
YEARS OF SERVICE	ACCRUAL PER PAY PERIOD (ANNUAL HOURS/DAYS)	MAXIMUM BALANCE
0-1 Year (1-12 months)	0.61 hours (2 days/16 hours)	16 hours 2 days
1-5 Years (13-60 months)	0.92 hours (3 days/24 hours)	96 hours 12 days
6-10 Years (61-120 months)	1.23 hours (4 days/32 hours)	176 hours 22 days
11-15 Years (121-180 months)	1.53 hours (5 days/40 hours)	240 hours 30 days
16-20 Years (181-240 months)	2 hours (6.5 days/52 hours)	360 hours 45 days
21+ Years (241+ months)	2.30 hours (7.5 days/60 hours)	508 hours 63.5 days

Up to 7 days of EI days may be used for New Born Parent leave to care for a newborn or newly adopted child.

Employees may also use up to 7 days of their EI hours to take care of their children (up to 18 years of age) when their children are admitted to the hospital.

Employees must first use PTO to cover their own illness before using EI based on chart below. Employees may use EI immediately for any hospitalization. A physician's statement is required for any time off in excess of three workdays for illness or injury and may fall under a leave of absence policy.

Use of PTO Before EI Hours		
YEARS OF SERVICE	HOURS CHARGED FULL-TIME EMPLOYEE	HOURS CHARGED PART-TIME EMPLOYEE
0-2 Years (1-24 months)	24 hours of PTO Then EI	12 hours of PTO Then EI
3-14 Years (25-168 months)	16 hours of PTO Then EI	8 hours of PTO Then EI
15+ Years (169+ months)	8 hours of PTO Then EI	4 hours of PTO Then EI

### BIRTHDAY PTO

Full Time Employees receive 8 additional hours of PTO and Part Time Employees receive 4 additional hours of PTO per year. These hours will be automatically added to your total PTO bank on your birthday; yet they can be used any time after they are added.

### JURY DUTY

Employees will receive full pay at their base rate for scheduled work shifts they miss when summoned for jury duty and submitting the summons and certification of jury service.

### FUNERAL LEAVE

An employee is eligible for up to 3 days/shifts (24 hours for full-time or 12 hours for part-time employees at their base rate) when a death occurs in the immediate family. Employees may request to use additional PTO. Employees will not be paid funeral leave for days they are not scheduled to work.

### OTHER LEAVES OF ABSENCES

UMC has a variety of other leaves to support various circumstances in an employee's life. Some of these leaves are required by regulations and others are provided by UMC recognizing that all needs do not fall within regulatory guidelines. For leaves listed as unpaid, the employee may use PTO or EI according to policy. The following leaves may be available based on meeting eligibility rules as outlined in the individual policies or regulation.

#### UNPAID LEAVES:

- Family Medical Leave (FMLA)
- Family Medical Leave (FMLA) – Military Exigency
- Family Medical Leave (FMLA) – Military Caregiver
- Military Leave
- National Guard/Reservist Leave
- Personal Leave of Absence – Medical

- Personal Leave of Absence

#### PAID LEAVES:

- Worker's Compensation Leave

## BENEFIT PROGRAM ENROLLMENT

### ELIGIBILITY

Unless indicated in the description of the benefit plan to follow, employees have 31 days from their qualifying event to enroll in the benefit plans of their choice.

Qualifying events include the following:

- Initial employment as a regular full-time (FTE of .9 to 1.0) or regular part-time employee (FTE of .5 to .8).
- A change in employment classification from a non-benefited to a benefited status.
- A change in marital status
- A family addition by birth, adoption, or other legal means which establishes a dependent status
- Loss or gain of coverage
- When a dependent ceases to be a dependent in accordance with the benefit plan
- Death of a dependent.

If the employee delays for more than 31 days to complete their enrollment, they will not be permitted to modify most coverages until the next annual re-enrollment period.

An employee has 60 days to update their benefits only for termination or enrollment in Medicaid or the Children's Health Initiative Program (CHIP).

After initial eligibility, an employee may change their life insurance coverages at any time with approval from the life insurance company. An employee may also change their Tax-Sheltered Annuity (TSA) retirement election at any time. These changes will be effective the start of the pay period after approval.

### DEPENDENTS

For medical, dental, vision and life insurance coverages, you may also choose to enroll your eligible dependents which include your current spouse and your children through the pay period in which they turn age 26. Children include your biological children, adopted children, stepchildren, or other children for whom you have court ordered guardianship. For stepchildren or court ordered guardianship related only to your spouse, your spouse must be enrolled on our plans with their children.

You must provide supporting documentation for any dependents you choose to enroll in coverages.

Please refer to the UMC Dependent Documentation Requirements document for details.

## WHEN DOES COVERAGE START?

Benefit coverages are effective the start of the pay period following qualified event date unless further approval is required by the benefit provider. Qualified events for new baby or adoption result in the enrollment of the new child in the elected medical, dental or vision plan on the date of birth or adoption, if enrolled within the eligibility deadlines as stated previously.

Premium payments are in arrears – this means they are deducted from your paycheck the payday after the pay period of coverage. Example: Coverage for pay period Jan 2 to Jan 15, 2022 has a premium deduction on the Jan 20, 2022 pay day. Premiums are not pro-rated for partial coverage during a pay period. Premiums will be collected for retroactive enrollments (i.e. enrollments made within the required 31 or 60 days as described earlier, but after the end of the effective pay period.)

## WHEN DOES COVERAGE END?

Benefit coverages will terminate on the last day of the pay period in which the following occurs:

- Employee termination or death
- Employee ceases to be eligible
- A dependent ceases to be an eligible dependent
- A qualified event election waives a benefit coverage

Because premium deductions are in arrears, as described previously, your final premium deductions occur the pay day after your last pay period of coverage if you provide notice of termination in a timely manner. Premiums are not pro-rated for partial coverage during a pay period. Example: You are enrolled employee/children tier for medical coverage and your dependent child turns age 26 on March 11, 2022, during the pay period of Feb 28 to March 13, 2022. Your final deduction at the employee/children rate tier will occur on the payday of March 18, 2022.

SAVINGS OF A FLEXIBLE BENEFIT PLAN		
EXAMPLE IS PER PAY PERIOD	WITH FLEXIBLE BENEFIT PLAN	WITHOUT FLEXIBLE BENEFIT PLAN
Gross Pay	\$ 2,000.00	\$ 2,000.00
Health Premium	\$ 48.00	\$ 48.00
Dental Premium*	\$ 12.68	\$ 12.68
Vision Premium	\$ 3.35	\$ 3.35
<b>Taxable Income</b>	<b>\$ 1,935.97</b>	<b>\$ 2,000.00</b>
Federal Tax	\$ 425.91	\$ 440.00
Social Security Tax	\$ 120.03	\$ 124.00
Medicare Tax	\$ 28.07	\$ 29.00
<b>Take Home Pay</b>	<b>\$ 1,361.95</b>	<b>\$ 1,342.97</b>
	\$18.98 per pay period	
<b>Tax Savings</b>	<b>\$493.61 per year</b>	

\*UMC provides a free dental reimbursement plan, but one with a premium is shown for this example

## FLEXIBLE BENEFIT PLAN

The Flexible Benefit Plan, often called Section 125 Cafeteria Plans, allows employees to pay some of the

insurance premiums with pre-tax dollars, in other words tax free.

The following is a comparison of the tax savings by utilizing the Flexible Benefit Plan. Example is based on the following factors:

- Employee hourly rate: \$25.00
- Full Time with estimated salary of \$18,270
- Using these tax rates:
  - Federal Tax Rate of 22%
  - Social Security tax rate of 6.2%
  - Medicare tax rate of 1.45%

Plans that are pre-tax under the flexible benefit plan include:

- Medical coverage
- Dental coverage
- Vision coverage
- Accident coverage (Aflac only)
- Hospital coverage (Aflac only)
- Long term disability coverage
- Flexible Spending Accounts (FSA)

Plans that remain post-tax deductions include:

- Accident Coverage (Reliance Standard)
- Hospital Coverage (Reliance Standard)
- Life insurances
- Short term disability coverage
- Critical Illness coverage (Aflac & Reliance Standard)

Once an employee is no longer active, they are no longer active in the FSA. The last day in the plan is the last day they were an employee. Employees have 30 days from the termination date to submit claims for reimbursement.

## HEALTH PLAN

UMC maintains its own self-funded health benefit program. The plan is designed to meet your family's health care needs by providing access to a comprehensive network of Hospitals, Primary Care Physicians and Specialty Care Physicians while keeping your cost for the coverage affordable.

## MEMBER HANDBOOK

A health plan document is available on the UMC Intranet in the Health Plan Operations section and at [umchealthsystem.com](http://umchealthsystem.com) under the "For Employees" section. Your health plan document has important information about how your plan works.

If you have any questions regarding your UMC Health Plan coverage, please call UMC Health Plan Operations customer service at (806) 775-8793. They will be happy to help you.

## SUMMARY OF HEALTH BENEFITS

The following is a summary of the amounts which Participants must pay when receiving the services listed below as long as services are received In-Network. Please refer to the full Health Plan Document for a detailed explanation of benefit coverage. If there are conflicts between this summary and a Plan Document, the Plan Document rules.

### Out-of-Network services are allowed only for prescription drug coverage and emergency services.

Out-of-area services are available in the in-network pricing for members residing outside of the TeamChoice provider service area. This service is for employees and dependent(s), including students attending school outside the network coverage area. The MultiPlan is for those who reside outside of the area. The contact information for Multi-Plan is located on the back of the ID card. Employees must contact the UMC Health Plan Operations to document if they or their dependent(s) need these services.

Covered Health Services	In-Network Benefits*
<b>Annual Deductible</b> (excludes office visits, prescription benefits, and preventive services)	\$750 per individual
<b>Out-of-Pocket Maximum</b>	\$9,100 Individual/\$18,200 Family
<b>Outpatient Services</b>	
<i>Office Visits</i> including medications (except certain injectable medications) and materials administered in the Physician's office, and surgical procedures performed in the physician's office <i>and/or outpatient setting</i> .	
• Primary Care Physician	\$30 per visit
• Specialist Physician	\$60 per visit
• Express Care Clinic Visit	
o United Supermarket Express Care – 82 <sup>nd</sup> and Boston	
o United Supermarket Express Care – 50 <sup>th</sup> and Avenue Q	
o Express Care Clinic at the South Plains Mall – 6002 Slide Rd, Space P12	\$10 per visit
o Urgent Care	\$30 per visit
• Telemedicine Services	\$20 per visit
Laboratory Services	No Copay
Diagnostic Radiology Services (except for the following procedures):	No Copay
• Arteriograms, CT Scan, Magnetic Resonance Imaging (MRI); EEG; & Myelogram; Needle	\$200 per day
<b>Preventive Health Care Services, deductible waived</b>	
Routine Physical Exams	No Copay
Well-Baby and Well-Child Care	No Copay
Routine Immunizations	No Copay
Well-Woman Examinations	No Copay
<u>Screening</u> Mammograms	No Copay (limited to one within each Plan year)
<u>Screening</u> Colonoscopy (asymptomatic)	No Copay (limited to one within a five- year period under age 50)
Bone Mass Measurement	No Copay
Examinations for Detection of Prostate Cancer	No Copay
Routine Sight, Speech and Hearing Screenings for Children	No Copay
<b>Prescription Drug, deductible waived</b>	
Prescription Drug Coverage, including Immuno-suppressive Medications (up to a 34 day supply):	UMC Outpatient Pharmacy and MEDIMPACT (Retail Pharmacy)
• Generic	\$35 Copay per prescription
• Brand Name Formulary	Greater of \$55 copay or 20% per prescription
• Brand Name Non-Formulary	Greater of \$75 copay or 20% per prescription
• Formulary Excluded Drugs	Not Covered
• Generic Mail Order	3-month supply, \$80 Copay

Covered Health Services	In-Network Benefits*
<b>Covered Health Services</b>	
Biopsies, VCUG (voiding cysto-urethrogram)	
• Radionuclide Stress Test	\$200 per visit
• PET Scans	20% Coinsurance
• Ultrasound (maximum of 3 during pregnancy absent documented medical necessity) Pre-and Post-Natal Obstetrical Care	No Copay \$30 (one time only)
Rehabilitation, Speech, Occupational and Physical Therapy	\$15 per visit
Outpatient Surgery	\$400 per admission
Injectable Medications	20% Coinsurance (in the office, outpatient or home health setting)
Physician Home Visits	\$30 per visit
Allergy Services	\$30 per visit to PCP
• Office Visits including Testing	\$60 per visit to Specialist
• Serum	50% of Charges
• Injection Administration	\$0
Mental Health Services	\$30 per visit to PCP \$60 per visit to Specialist <i>Limited to 20 Outpatient visits per Plan Year</i>
Serious Mental Illness Health Services	\$60 per visit to Specialist <i>Limited to 60 Outpatient visits per Plan Year</i>
Chemical Dependency Services	\$60 per office visit to Specialist <i>Limited to 60 Outpatient visits per Plan Year</i> <i>Limited to 3 series of treatments per lifetime</i>
Day Treatment Facility for chemical and substance abuse treatment	20% coinsurance Limited to 30 days per Treatment <i>Limited to 3 series of treatments per lifetime</i>
Pain Management Services	\$30 per visit to PCP \$60 per visit to Specialist
• Percutaneous Decompression Nucleoplasty (PDNP)	50% of all charges
• Intradiscal Electrothermal Annuloplasty (IDET)	Not covered
• All other outpatient surgical procedures	\$400 per procedure
<b>Family Planning and Infertility Services</b>	
Family Planning Counseling	No Coinsurance, Deductible Waived
Depo-Provera™ Injections	No Coinsurance, Deductible Waived
Contraceptive implants	No Coinsurance, Deductible Waived
Infertility Testing ( <i>see exclusions</i> )	50% applies to all office visits and diagnostic services
<b>Inpatient Service</b>	
Inpatient Admissions Including:	
• Hospital	\$500 Copay Per Day Per Admission \$2500 max out-of-pocket, after deductible (inpatient physician services are covered at 100%, after deductible)
• Newborn Care (inpatient)	No Copay, after deductible
• Rehabilitation Facility	\$500 Copay Per Day Per Admission (waived if transferred from outpatient) \$2500 max out-of-pocket, after deductible
• Skilled Nursing Facility and Long-Term Care Facility	\$500 Copay Per Day Per Admission (waived if transferred from inpatient) \$2500 max out-of-pocket, after deductible <i>Limited to 100 days per Plan Year combined.</i>
• Chemical Dependency Residential Treatment Center	20% Coinsurance if residential treatment (limited to 30 days per treatment) <i>Limited to 3 series of treatments per lifetime</i>
• Psychiatric Hospital	\$500 Copay Per Day Per Admission \$2500 max out-of-pocket, after deductible <i>Mental Health - 15 Inpatient days per Plan Year</i> <i>Serious Mental Illness - 45 Inpatient days per Plan</i>
• Observation Unit Admission	\$150 per admission



Covered Health Services	In-Network Benefits*
<b>Other Health Care Services</b>	
Home Health Services	20% Coinsurance Per Day
Custodial Care	Not Covered
Chiropractic Care	Not covered
Prosthetics/Orthotics (Medically Necessary for condition commencing after effective date of coverage)	20% Coinsurance
Durable Medical Equipment (DME) & Medical Supplies	25% per piece of equipment or supply
Diabetic Supplies	20% per item, deductible waived. Supplies are limited to a 30-day fill for each prescription.
Diabetes Self-Management Education	\$30 per visit to PCP \$60 per visit to Specialist
Hearing Aids	Coverage limited to a maximum of \$500 per ear once every 36 months, remaining amount is Participant's responsibility
Speech & Hearing/Audiology Diagnostic Testing	\$30 Copay
Organ Transplant Services	Included in the office visit, outpatient surgery, or inpatient hospital copay
Chemotherapy, Radiation Therapy Services & Infusion Services	10% Coinsurance with a \$2,500 out of pocket max per year in the office, outpatient or home health setting. Cimzia, Cosentyx, Enbrel, Humira, Stelara, Sclar, Simponi, Tremfya, Orenia and Taltz will only be covered if administered at the UMC Infusion Center. (coinsurance will be waived)
Dialysis Services (Outpatient) Participating Providers: Fresenius location in the State of Texas	No Coinsurance
Hospice Services	No Copay for home hospice services. Other services are included in the office visit, outpatient surgery or inpatient hospital copay.
Gastric Bypass	30% Coinsurance with any and all expenses not applied against the annual out of pocket maximum: Coverage limited to only once in the lifetime of the Participant; the usual inpatient hospital copay and out of pocket maximum does not apply.
<b>Emergency Services</b>	
Emergency Room	\$500 per Hospital Emergency Room visit. Emergency Room Copay waived if admitted to the Hospital. Participant may be responsible for additional charges if visit is deemed to be non-emergent.
Minor Emergency or Urgent Care Center	\$30 per visit
Ambulance - Ground or Air	\$200 per ambulance trip (ambulance services subject to Plan review for medical necessity)

## IDENTIFICATION CARDS

You may print your ID cards at any time from the UMC Intranet Employee Portal. ID cards are not mailed to employees.

## DENTAL PLANS

Employees may choose between the UMC Dental Reimbursement Plan or one of the two MetLife Dental Plans. If an employee chooses one of the MetLife dental plans, they may no longer submit for reimbursement under the UMC Dental Reimbursement Plan.

### UMC DENTAL REIMBURSEMENT PLAN

UMC maintains its own self-funded dental benefit program. This dental plan is a "direct reimbursement" plan, which means that no outside insurance company is involved. The Plan will reimburse covered dental charges directly to the eligible Participant if filed directly to the Plan. Reimbursement to Participant is based on the date of payment of the dentist bill, not on the date of the performance of services. Claims must be filed within ninety (90) days of the date of service. Note that this is a reimbursement plan only. Liability for dental work remains with the Participant. There are no network restrictions on the UMC Dental Reimbursement Plan. Employees and any eligible dependents must be enrolled in the UMC Health Plan in order to be eligible for the UMC Dental Reimbursement plan. There is no additional premium for the UMC Dental Reimbursement Plan.

## MET DENTAL Trust PLANS

UMC also offers two traditionally insured dental plans through MET Dental Trust, a preventive plan, and a full coverage plan. Employees and their dependents do not need to be enrolled in the UMC Health Plan to enroll in one of the two MET dental plans.

The MET Dental Plans do have in-network providers and limited benefits are paid if the employee or dependents use an out-of-network provider.

Covered Health Services	UMC Dental Reimbursement Plan	MetLife Trust Preventive Plan	MetLife Trust Full Coverage Plan
<b>Annual Deductible</b> (excludes preventive services)	No Deductible	No Deductible	\$50 per individual
<b>Maximum Benefit</b>	\$1500 per covered individual	\$1000 per covered individual	\$1500 per covered individual \$1000 for lifetime benefit for orthodontics for each eligible dependent child under age 19
Tier 1 (UMC) or Preventive Services (Principal)	100% of first \$150 of covered dental expenses	100% for Preventive services	100% for Preventive services
Tier 2 (UMC) or Basic Services (Principal)	80% over \$150 up to \$500 of covered dental expenses	80% for Basic services	80% for Basic services
Tier 3 (UMC) or Major Services (Principal)	50% over \$500 up to annual maximum of \$1500 of covered dental expenses	Not covered	50% for Major services
Orthodontics (Dependent under age 19 only)	Not covered	Not covered	\$1,000 Lifetime Maximum
Other requirements	Employee and covered dependents must also be enrolled in the UMC Health Plan	UMC Health Plan enrollment is not required. Replaces the UMC Dental Reimbursement Plan.	UMC Health Plan enrollment is not required. Replaces the UMC Dental Reimbursement Plan.
Typical Preventive Services	All procedures except: <ul style="list-style-type: none"> <li>Treatment of temporomandibular joint dysfunction (TMJ)</li> <li>Cosmetic Dentistry</li> <li>Occupational Injury</li> <li>Replacement of a bridge or denture which is lost or stolen</li> <li>Expenses incurred before insurance begins or after it ends</li> <li>Dental prescriptions for medication</li> </ul>	<ul style="list-style-type: none"> <li>Exams ( 1 per 6 months)</li> <li>Second opinion consultation</li> <li>Cleanings ( per 6 months)</li> <li>X-Rays <ul style="list-style-type: none"> <li>Bitewing (1 per calendar year)</li> <li>Occlusal (2 per calendar year)</li> <li>Periapical (4 per calendar year)</li> <li>Full mouth survey (1 per 60 months)</li> <li>Extraoral (2 per 12 months)</li> </ul> </li> <li>Fluoride application (1 per calendar year) covered children under age 14</li> </ul>	<ul style="list-style-type: none"> <li>Exams ( 1 per 6 months)</li> <li>Second opinion consultation</li> <li>Cleanings ( per 6 months)</li> <li>X-Rays <ul style="list-style-type: none"> <li>Bitewing (1 per calendar year)</li> <li>Occlusal (2 per calendar year)</li> <li>Periapical (4 per calendar year)</li> <li>Full mouth survey (1 per 60 months)</li> <li>Extraoral (2 per 12 months)</li> </ul> </li> <li>Fluoride application (1 per calendar year) covered children under age 14</li> </ul>
Typical Basic Services	All procedures except: <ul style="list-style-type: none"> <li>Treatment of temporomandibular joint dysfunction (TMJ)</li> <li>Cosmetic Dentistry</li> <li>Occupational Injury</li> <li>Replacement of a bridge or denture which is lost or stolen</li> <li>Expenses incurred before insurance begins or after it ends</li> <li>Dental prescriptions for medication</li> </ul>	<ul style="list-style-type: none"> <li>Emergency exams (1 per 6 months)</li> <li>Periodontal maintenance</li> <li>Sealants on 1st &amp; 2nd permanent molars for covered children under age 14 (1 per 36 months)</li> <li>Space maintainers for children under age 14; repairs not covered</li> <li>Harmful habit appliance (children under age 14)</li> <li>Fillings</li> <li>Stainless steel crowns</li> </ul>	<ul style="list-style-type: none"> <li>Emergency exams (1 per 6 months)</li> <li>Periodontal maintenance</li> <li>Sealants on 1st &amp; 2nd permanent molars for covered children under age 14 (1 per 36 months)</li> <li>Space maintainers for children under age 14; repairs not covered</li> <li>Harmful habit appliance (children under age 14)</li> <li>Fillings</li> <li>Stainless steel crowns</li> </ul>
Typical Major Services	All procedures except: <ul style="list-style-type: none"> <li>Treatment of temporomandibular joint dysfunction (TMJ)</li> <li>Cosmetic Dentistry</li> <li>Occupational Injury</li> <li>Replacement of a bridge or denture which is lost or stolen</li> <li>Expenses incurred before insurance begins or after it ends</li> <li>Dental prescriptions for medication</li> </ul>	Not covered	<ul style="list-style-type: none"> <li>Simple oral surgery</li> <li>Complex oral surgery</li> <li>General anesthesia/IV sedation</li> <li>Periodontics (non-surgical), including scaling &amp; root planning (1 per quad per 24 months)</li> <li>Periodontal surgical procedures (1 per quad per 36 months)</li> <li>Simple endodontics (root canal therapy for anterior teeth)</li> <li>Complex endodontics (root canal therapy for molar teeth)</li> <li>Crowns (1 per tooth/120 months if tooth cannot be restored by a filling)</li> <li>Inlays, onlays, cast post and core, core buildup (1 per tooth/120 months)</li> <li>Bridges – initial placement, replacement after 120 months</li> <li>Complete or partial dentures – initial placement, replacement after 60 months</li> <li>Repairs – partial denture, bridges, relines, rebasing, tissue conditioning and adjustment to bridge/denture (within policy limitations)</li> </ul>
Orthodontics	Not covered	Not covered	<ul style="list-style-type: none"> <li>X-rays and other diagnostic procedures</li> <li>Fixed and removable appliances</li> </ul>

## VISION PLAN

Employees may choose to enroll in the Vision Plan offered by Superior Vision. There is no requirement to be enrolled in any other plan to enroll in the Vision Plan. Employees and their eligible dependents may be enrolled.

Covered Health Services	In-Network Benefits	Out-Of-Network Benefits
<b>Co-Pays</b>	Exam = \$10 Materials (frames/lenses only, not contacts) = \$25 Contact Lens Fitting = \$25 <i>Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements</i>	
<b>Frequency of Services</b>	Exam once per 12 months Frames once per 24 months Contact Lens Fitting once per 12 months	
Exam (Ophthalmologist)	Covered in full after a \$10 co-pay	Up to \$42 retail reimbursement
Exam (Optometrist)	Covered in full after a \$10 co-pay	Up to \$37 retail
Frames	\$130 retail allowance with a \$25 co-pay	Up to \$68 retail
Contact Lens Fitting (standard)	Covered in full after a \$25 co-pay	Not covered
Contact Lens Fitting (specialty)	\$50 retail allowance after a \$25 co-pay	Not covered
Lenses (standard) per pair		
Single Vision Lenses (standard per pair)	Covered in full after a \$25 co-pay	Up to \$32 retail
Bifocal Lenses (standard per pair)	Covered in full after a \$25 co-pay	Up to \$46 retail
Trifocal (standard per pair)	Covered in full after a \$25 co-pay	Up to \$61 retail
Progressive lens upgrade	Covered to provider's in-office standard retail lined trifocal amount; Member pays difference between progressive and standard retail lined trifocal, after co-pay	Up to \$61 retail
Contact Lenses Contact lenses are in lieu of eyeglass lenses and frames benefit	\$100 retail allowance after a \$25 co-pay	Up to \$100 retail

## COBRA (Continuation of Health Coverage)

Employees, their spouses or eligible dependent children covered by the UMC Health Plan may have the right to continue coverage under one or all previously enrolled plans should coverage cease for any of the following qualifying events:

- Voluntary or involuntary separation of the covered employee EXCEPT for gross misconduct
- Reduction in the number of employee's hours of employment resulting in loss of coverage
- Covered employee's divorce or legal separation
- Eligibility of the covered employee for Medicare, leaving dependents with no coverage
- Covered dependent ceases to be an eligible dependent
- Death of the covered employee

COBRA information will be mailed to the address of record of the employee.

## HEALTH CARE SPENDING ACCOUNT

A health care spending account (HCSA) allows you to set aside money on a tax free to cover eligible health care expenses (medical, prescription, dental and vision) you incur for you and your eligible dependents during the plan year. The minimum allowed contribution for the UMC HCSA is \$195 per year. The maximum allowed contribution in the UMC HCSA is \$2,850.

To be considered a “dependent”, the person must meet the definition of a dependent as used by the Internal Revenue Service.

Eligible health care expenses listed in IRS Publication 502 and may be revised over time. “Medical” expenses are the costs of diagnosis, cure, mitigation, treatment, or prevention of disease, and for the purpose of affecting any part or function of the body. These expenses include payments for legal medical services rendered by physicians, surgeons, dentists, and other medical practitioners. They include the costs of equipment, supplies, and diagnostic devices needed for these purposes.

Medical care expenses must be primarily to alleviate or prevent a physical or mental disability or illness. They do not include expenses that are merely beneficial to general health, such as vitamins or a vacation.

To qualify as a reimbursable health care expense, the medical, prescription, dental or vision expense must:

- Be incurred (received) during your eligible period of coverage
- Not be reimbursable by your medical, dental or vision plan coverages

The HCSA is “use it or lose it” meaning you must incur the expense between your eligibility date and February 28<sup>th</sup> of the following year (or the end of your eligibility for benefits, whichever is earlier.) Claims must be filed by March 31<sup>st</sup> of the following year. HCSA elections do not carry over and must be made during each annual enrollment period.

You will be provided with a debit card. Claim forms are also available.

## DEPENDENT (DAY) CARE SPENDING ACCOUNT

The Dependent (Day) Care Spending Account (DCSA) allows you to set aside money on a pre-tax basis to cover eligible daycare expenses for your eligible dependent(s). The minimum allowed contribution for the UMC DCSA is \$195 per year. The maximum allowed contribution in the UMC DCSA is \$5,000.

The expenses must be necessary for you to continue working. If married, you and your spouse must both work, or your spouse must be a full-time student or disabled.

To be considered a “dependent”, the person receiving daycare must be eligible to be claimed as your dependent on your Federal income tax return and be either:

- Under the age of 13
- Your spouse or other dependent who is physically or mentally incapable or self-support
- Spending at least 8 hours per day in your home.

To qualify as a reimbursable daycare expense, the expense must:

- Be incurred (received) during your eligible period of coverage
- Not be reimbursable by another source

The DCSA is “use it or lose it” meaning you must incur the expense between your eligibility date and December 31<sup>st</sup> of the current year (or the end of your eligibility for benefits, whichever is earlier.) Claims must be filed by March 31<sup>st</sup> of the following year. DCSA elections do not carry over and must be made during each annual enrollment period.

You will not be provided with a debit card. Claim forms are available.



## LIFE INSURANCES

### BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

UMC provides employees with Basic Life and AD&D insurance if you enroll in the UMC Health Plan. The coverage consists of one times (1x) your annual base salary. Maximum coverage is \$50,000 and minimum coverage is \$10,000. All coverage is guaranteed issue (GI), meaning no Evidence of Insurability (EOI) with medical questions is required.

## **EMPLOYEE SUPPLEMENTAL LIFE INSURANCE**

Employees have the option of purchasing supplemental life insurance for themselves, their spouse, and their eligible dependent children.

Employee Supplemental Life Insurance coverage is available for purchase in the amount of \$10,000 up to a maximum of \$1,000,000 in increments of \$10,000.

Amounts in excess of \$100,000 or enrollments after the initial eligibility period are subject to medical underwriting approval and Evidence of Insurability (EOI) with medical questions is required. The amounts will not go into effect unless approved by the insurance company.

For both basic and supplemental life, the coverage for employees age 70-74 is reduced to 65%, age 75-79 is reduced 40%, and age 80 and over is reduced to 25%. Premiums are not reduced.

## **SPOUSE SUPPLEMENTAL LIFE INSURANCE**

Spouse Supplemental Life Insurance coverage is available for purchase in the amount of \$10,000 up to a maximum of \$250,000 (not to exceed employee supplemental insurance amount) in increments of \$5,000.

Amounts in excess of \$25,000 or enrollments after the initial eligibility period are subject to medical underwriting approval and Evidence of Insurability (EOI) with medical questions is required. The amounts will not go into effect unless approved by the insurance company.

## **CHILD SUPPLEMENTAL LIFE INSURANCE**

Child Supplemental Life Insurance coverage is available for purchase in the amount of \$10,000 for eligible, unmarried children. Children under the age of 14 days are not covered. Children 14 days to 6 months are covered for \$1,000. Evidence of insurability is not required.

## **DEPENDENT UNIT LIFE INSURANCE**

In lieu of purchasing individual spouse and child supplemental coverage, employees can purchase a combined spouse and child life coverage. Evidence of insurability is not required. Children under the age of 14 days are not covered. Children 14 days to 6 months are covered for \$1,000. Unmarried, eligible children over 6 months are covered at \$10,000. Spouse coverage is \$10,000.

## **AGE REDUCTION**

For both basic and supplemental life insurances for employee and spouse, the coverage for employees age

70-74 is reduced to 65%, age 75-79 is reduced 40%, and age 80 and over is reduced to 25%. Premiums are not reduced.

## **LIVING BENEFIT OPTION**

The Living Benefit feature allows an employee to receive up to 50% of your basic and supplemental life insurance (not to exceed \$750,000) if you are terminally ill.

## **WAIVER OF PREMIUM**

If an employee becomes totally disabled while you are insured and you continue to be disabled through the waiting period, the carrier will waive the premiums for the policy from the start of the disability.

## **LIFE INSURANCE CONVERSION**

Conversion is benefit option that provides the opportunity for employees to obtain individual life insurance without EOI if their total life coverage or any portion of it ends. The conversion policy is an individual whole life insurance policy with cash value and is offered at individual insurance rates – not the group rates an employee pays.

## **LIFE INSURANCE PORTABILITY**

Portability is another options when group Supplemental Life Insurance ends. This benefit gives employees the opportunity to obtain new group life insurance regardless of their health status. Portability insurance is group term life coverage offered at group rates. It is available to employees who are less than the normal retirement age as defined by Social Security. An employee electing either Conversion or Portability must apply and pay the required premium within 31 days of the date coverage terminates. Please see the applicable insurance policies available on the UMC Intranet for details and exceptions.

## **LIFE INSURANCE WITH LONG TERM CARE**

Chubb Life Time Benefit Term Permanent Life Insurance is available to employees and spouses with a locked in rate. Please see plan specific details.

## **DISABILITY COVERAGE**

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### **SHORT TERM DISABILITY**

Employees may choose to purchase a short-term disability policy which provides 60% of base pay coverage up to \$2,000 per week after a seven-day elimination period. The coverage is for a maximum of 12 weeks.

Pre-existing exclusions apply for any condition for which an employee was being treated or a reasonable person would have sought treatment in the three months prior to coverage effective date. These conditions will not be covered for 12 months.

## LONG TERM DISABILITY

UMC provides Long Term Disability for employees. Long Term Disability is 60% of base salary up to a maximum amount of \$10,000 per month after a waiting period of 90 days. Please refer to the policy for maximum benefit periods.

## VOLUNTARY PRODUCTS

UMC provides the option to purchase three Voluntary Products – Accident, Critical Illness, Hospital and Life with Long Term Care – at group rates. Details of these coverages are available in separate brochures which are available on the UMC Intranet.

## WELLNESS PROGRAM

The UMC Wellness Program offers participants benefits for their active participation in healthy activities. People at UMC represent UMC’s greatest strength and asset. Therefore, UMC is highly committed to the health of each member of the team. The focus of the UMC Wellness Program is to provide opportunities to improve the health and life of each member of the team while proactively detecting and reducing disease risk factors.

For active participation, employees earn rewards to recognize and encourage efforts. The program also includes annual health screens and education.

To participate in the UMC Wellness Program, employees must enroll during one of the quarterly enrollment sessions. Employees must have completed their 90-day probationary period. There is no cost to participate.

## EMPLOYEE HEALTH

A visit to the Employee Health department is part of a every new employee’s onboarding with UMC. Employee Health ensures all employees are compliant with immunizations, treats or refers employees who may have an onsite injury and participates with Human Resources and management in returning employees from a medical leave of absence and/or determining reasonable accommodations under the Americans with Disability Action.

## RETIREMENT SAVINGS PROGRAM

### TAX SHELTERED ANNUITIES (TSA)

UMC encourages all employees to save for their future retirement. To assist, UMC provides two TSA programs, a 403(b) and a 457. You may participate in either program or both after 90 days of service with UMC.

The IRS determines the maximum contributions that can be made into the TSA programs. For 2022, the maximums are:

- Under age 50: \$20,500
- Age 50 and over: \$20,500 plus a \$6,500 catch-up

In addition, an employee has 15 years of service with UMC, they may make an additional \$3,000 contribution each year until they reach a maximum of \$15,000.

UMC will match contributions based on years of service to help an employee further save for retirement. An employee must contribute in order to receive the match. UMC will match either the 403(b) or the 457 plan, but not both.

TSA Changes Effective February 27, 2022	
COMPLETED LENGTH OF SERVICE	% OF ELIGIBLE CONTRIBUTIONS MATCHED
3 months +	Up to 5%
11 years (132 months) +	Up to 6%
20 years (240 months) +	Up to 7%
25 years (300 months) +	Up to 8%

The total employer plus employee contributions to all defined contribution plans is \$61,000 in 2022. The age-50-or-over catch-up contribution is on top of this limit. This means, for an employee under the age of 50, the maximum contributions and company match into their 403(b) and 457 accounts must not exceed \$61,000. For an employee aged 50 or above, the total amount must not exceed \$67,500.

UMC allows both pre-tax and Roth contributions, but only matches on pre-tax contributions.

Pre-tax contributions are not subject to Federal tax at the time they are withheld from an employee’s paycheck, but all contributions and earnings\* are subject to Federal tax at the time the employee takes a distribution under current regulations.

Roth contributions are subject to Federal tax at the time they are withheld from an employee’s paycheck, but neither contribution nor earning\* are subject to Federal tax at the time of distribution under current regulations.

Both pre-tax and Roth contributions are subject to Social Security and Medicare taxes (commonly referred to as

FICA) at the time they are withheld from an employee's paycheck.

Employees should consult a tax advisor if they have questions on whether pre-tax, Roth or a combination of contributions is the best for their current and future tax situations.

To participate in a TSA, an employee must first open an account and select investments with one of our TSA providers. Providers are listed on the Benefit Contact handout.

\*UMC is not responsible for the earnings or losses incurred in an employee's 403(b) or 457 account(s).

## OTHER BENEFITS

### EMPLOYEE ASSISTANCE PROGRAM (EAP)

UMC provides its employees and their family members access to an Employee Assistance Program through the Texas Tech University Health Science Center (TTUHSC). The EAP provides a 24-hour Help Line at (806) 743-1EAP or (800) 327-0238 and in-person counseling with a scheduled appointment at the TTUHSC offices connected to UMC hospital.

### CREDIT UNION

UMC employees have access to the Texas Tech Credit union located on the first floor of the Texas Tech University Health Science Center, Room #1A98, connected to UMC hospital.

### EMPLOYEE DISCOUNTS

UMC uses Beneplace to bring employees discounts on a wide variety of products, services, and attractions. Beneplace can be accessed at [umchealthsystem.com](http://umchealthsystem.com) under Employees, then Human Resources. Employees set up a personal account with their email address and set a password. A mobile application is also available.

Daycare discounts with local providers can be found on the UMC tab on the Beneplace site. Human Resources also has flyers with the current daycare providers providing discounts to UMC employees.

Other discounts and activities are sent via email and appear on the rolling announcements on the UMC Intranet.

## HOW TO ENROLL IN OR CHANGE BENEFITS

### WORKDAY

Enrollment or changes in benefits based on qualifying events is done through our Human Resources

Information System called Workday. Workday is accessed through an icon on your UMC desktop or laptop, from your home computer or can be accessed at a kiosk computer in Human Resources. Your UMC email is your ID and your password is your UMC password.

Your initial enrollment will appear in your inbox in the upper right corner.



When you click on your inbox item, benefit enrollment is a step-by-step process. Make sure you have your dependent documentation saved on your desktop so that you can attach it as part of the enrollment process.

For qualified events, click on the Benefits icon that appears on your home page.



You will then choose Change Benefits and start the process of loading your supporting documentation for the event, choosing your event type as described earlier in this document, and walking through your changes. Not mentioned earlier, you can change your life insurance beneficiaries through this process also at any time.

Through the Benefits icon on Workday you can also access a variety of plan documents and provider information. The below is just a sample, as documents may change.

External Links
<a href="#">Benefits - Key Contacts &amp; Forms</a>
<a href="#">Medical Provider Directory (Team Choice)</a>
<a href="#">Medical Schedule of Benefits (Team Choice)</a>
<a href="#">Medical Plan Description (Team Choice)</a>
<a href="#">Dental Plan Description (Team Choice)</a>
<a href="#">Dental Plan Comparison (UMC Dental Reimburse...)</a>
<a href="#">Dental Provider Directory (MetLife Dental Plan)</a>
<a href="#">Vision Plan Summary (Superior Vision)</a>
<a href="#">Employee Assistance Plan (EAP)</a>
<a href="#">Pension Concepts (Healthcare FSA &amp; DDCSA)</a>
<a href="#">Group Life Insurance Policy (Reliance Standard)</a>
<a href="#">Life with Long Term Care (CHUBB)</a>
<a href="#">Voluntary Supplemental Benefits (Aflac &amp; RSLI)</a>

