

# UMC Benefits



## Within the first 31 Days of Employment:

Medical – **UMC Health Plan (Team Choice Provider Network)**

Dental – **UMC Dental Reimbursement**

Supplemental Dental – **Sun Life**

Vision – **Sun Life (VSP Network)**

Healthcare FSA & Dependent Day Care Spending - **Pension Concepts**

Voluntary Supplemental Life – **Sun Life Assurance Co.**

Short Term Disability – **Sun Life Assurance Co.**

Accident – **Aflac**

Hospital Indemnity – **Aflac**

Critical Illness – **Aflac**

403(b)/457 Tax Sheltered Annuities Plan

Retirement – Available to begin contributions Immediately

UMC will Match after 90 days of consecutive service.

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## UMC Health System Paid Benefits

*(Effective the First Day of the Pay period Following Hire)*

Basic Life and AD&D (If enrolled in Medical Plan) – **Sun Life Assurance Co.**

Long Term Disability – **Sun Life Assurance Co.**

Employee Assistance Program – **TTUHSC Counseling Center**

# Benefits Administration



**UMC Health Plan** – Health Plan Operations (806) 775-8793 Utilizes the **Team Choice** Provider Network



**UMC Dental Reimbursement Plan** – Health Plan Operations (806) 775-8793  
**Sun Life Dental** – (800) 247-6875



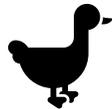
**Sun Life Vision** – VSP Provider Network (800) 877-7195 vsp.com



**Health Care FSA & DDCSA** – Pension Concepts (806) 745-9781 [www.pensionconcepts.org](http://www.pensionconcepts.org)



**Short Term Disability** – Sun Life Assurance Co. of Canada (800) 247-6875 [sunlife.com/us](http://sunlife.com/us)  
**Long Term Disability** – Sun Life Assurance Co. of Canada (800) 247-6875 [sunlife.com/us](http://sunlife.com/us)



**Aflac** Accident Insurance - UMC Benefit Specialist (806) 775-9222  
**Aflac** Hospital Indemnity Insurance - UMC Benefit Specialist (806) 775-9222  
**Aflac** Critical Illness Insurance - UMC Benefit Specialist (806) 775-9222



Retirement – 403(b) / 457 – **Empower** (800) 701-8255 <https://participant.empower-retirement.com/>



Employee Assistance Program, EAP – **TTUHSC Counseling Center** (806) 743-1327 or (800) 327-0328 [ttuhsc.edu/eap](http://ttuhsc.edu/eap)

*Service • Teamwork • Leadership*





## Group Accident Insurance

Accident Insurance helps cover expenses such as:

Ambulance Rides

Prescriptions

Emergency Room Visits

Surgery and Anesthesia

Major Diagnostic Testing

Burns

Fractures

Concussion

Traumatic Brain Injury

Coma

Lacerations

...and more

*Service • Teamwork • Leadership*

## Group Hospital Indemnity

The Aflac Group Hospital Indemnity plan benefits include the following:

- Hospital Confinement Benefit
- Hospital Admission Benefit
- Hospital Intensive Care Benefit and more
- How it works
- Insured has a high fever and goes to the Emergency Room
- The physician admits the insured into the hospital
- The insured is released after two days
- The plan pays \$1,300

## Group Critical Illness

Covered Critical Illnesses:

Cancer

Heart Attack

Stroke

Major Organ Transplant

Kidney Failure

Bone Marrow Transplant

Sudden Cardiac Arrest

Severe Burn

Loss of Speech / Sight / Hearing

Non-Invasive Cancer

Coronary Artery Bypass Surgery





## DEPENDENT DOCUMENTATION REQUIREMENTS

Forms and supporting documentation must be submitted by:

- **Newly Eligible Employee:** within 31 days of becoming eligible
- **Newly Eligible Dependent Event** (i.e. marriage or adoption): within 31 days of the event
- **Open Enrollment Period** (Normally occurs November 1<sup>st</sup> to November 30<sup>th</sup> each year) receive no later than November 30<sup>th</sup>

DEPENDENT RELATIONSHIP	DOCUMENTS REQUIRED
<b>Spouse:</b> - Legal Spouse - Common-law Spouse <i>(legally separated or divorced spouses are not eligible for coverage)</i>	You may provide a copy of marriage certificate or declaration of informal marriage <b>and</b> social security card <b>OR</b> Social security card <b>and</b> a copy of your recent tax return (front page through line 6 of Form 1040); please black out the first five digits of your SSN and all financial information. Note: if your spouse files married separately, head of household or single, you will also need to submit their recent tax return (front page through line 6 of Form 1040). Please black out any financial information and social security number. We only need the last 4 digits of the employee's SSN.
<b>Child under age 26:</b> - Your natural child, legally adopted child, or child in the process of being adopted; - Stepchild; - A child whom you have legal guardianship of; or - A child who is the subject of a Qualified Medical Child Support Order issued to you.	A copy of the following document(s) (varies by the relationship of the child to the Employee): <b><u>Social Security Card and</u></b> <b>Natural child or legally adopted child:</b> State or county issued birth certificate showing employee's name or signed court order <b>Stepchild:</b> State or county issued birth certificate showing parents' names, and documentation of spouse relationship as requested above. <b>Child for whom you have legal guardianship:</b> Signed Court Order or recent tax return claiming the child as a dependent. Please be sure to leave the last four digits of the dependent's SSN visible. <b>Child who is the subject of a Qualified Medical Child Support Order ("QMCSO"):</b> Signed Court Order. If you received a National Medical Support Notice, that is a QMSCO.
<b>Child age 26 and over:</b> - A child as defined above who is dependent on the employee for primary financial support and maintenance due to a physical or mental disability which existed prior to the age of 26.	A copy of the documentation for a child under age 26 as requested above <b>AND</b> A copy of your recent tax return claiming the child as a dependent. Please be sure to leave the last four digits of the dependent's SSN visible. <b>AND</b> Documentation from the Social Security Administration indicating that your child has been deemed disabled, or a statement of disability or other proof of such incapacity.
<b>Grandchild:</b> - A grandchild who is unmarried and under 26 who is dependent on the employee for primary financial support and maintenance.	For the grandchild's parent, a copy of the documentation for a child under age 26 as requested above. <b>AND</b> A copy of the state or county issued birth certificate of the grandchild showing parents' names <b>AND</b> Court papers demonstrating legal guardianship or a copy of your recent tax return claiming the child as a dependent. Please be sure to leave the last four digits of the dependent's SSN visible.

## Paid Time Off – Full Time

Length of Service (Completed Years of Service)	Effective January 1, 2025 Annual PTO Accrual: Hours / Year	Accrued Hours per Pay Period
0-36 months (0 – 3 Years)	196	7.54
37-60 months (3 – 5 years)	200	7.69
61-120 months (5-10 years)	244	9.38
121-180 months (10-15 years)	260	10
181-240 months (15-20 years)	268	10.31
241-300 months (20-25 years)	276	10.62
301-360 months (25+ years)	280	10.77

## Paid Time Off – Part Time

Length of Service (Completed Years of Service)	Effective January 1, 2025 Annual PTO Accrual: Hours / Year	Accrued Hours per Pay Period
0-36 months (0 – 3 Years)	98	3.77
37-60 months (3 – 5 years)	100	3.85
61-120 months (5-10 years)	122	4.69
121-180 months (10-15 years)	130	5
181-240 months (15-20 years)	134	5.16
241-300 months (20-25 years)	138	5.31
301-360 months (25+ years)	140	5.39

# EMPLOYEE BENEFITS GUIDE



2026  
PLAN YEAR

This benefit guide summarizes the benefit plans that are available to UMC Health System eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.

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## Welcome

At UMC Health System, we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. This benefit guide will help you choose the type of plan and level of coverage that is right for you.

You can also view overviews of our benefit plans online at [www.umchealthsystem.com](http://www.umchealthsystem.com).

Sincerely,

Human Resources



# Contact Information

## USI Mobile App

UMC Health System is pleased to offer on-the-go access to key benefit information through the **USI Mobile App**, MyBenefits2GO. Download in the App Store or Google Play Store and enter code F66102 in the app to access your benefit highlights.

## USI Benefit Resource Center

We encourage you to contact the **USI Benefit Resource Center (BRC)** Team. The Benefit Specialists at USI are experienced professionals, and their primary responsibility is to assist you! They can answer many of the benefits questions you have, or they will help you find an answer.

Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time

Phone: 855-874-0110

Email: [BRCSouthwest@usi.com](mailto:BRCSouthwest@usi.com)

## Carrier Customer Service

	Carrier	Phone Number	Website
Medical EPO	UMC Health Plan	(806) 775-8793	<a href="http://www.umchealthsystem.com">www.umchealthsystem.com</a>
Dental PPO	SunLife	(800) 247-6875	<a href="http://www.sunlife.com/us">www.sunlife.com/us</a>
Vision	SunLife	(800) 877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Life and AD&D	SunLife	(800) 247-6875	<a href="http://www.sunlife.com/us">www.sunlife.com/us</a>
Voluntary Life and AD&D	SunLife	(800) 247-6875	<a href="http://www.sunlife.com/us">www.sunlife.com/us</a>
Short Term Disability (STD)	SunLife	(800) 247-6875	<a href="http://www.sunlife.com/us">www.sunlife.com/us</a>
Long Term Disability (LTD)	SunLife	(800) 247-6875	<a href="http://www.sunlife.com/us">www.sunlife.com/us</a>
Voluntary Critical Illness	Aflac	(800) 433-3036	<a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>
Voluntary Hospital Indemnity	Aflac	(800) 433-3036	<a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>
Voluntary Accident	Aflac	(800) 433-3036	<a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>
Flexible Spending Accounts	Pension Concepts	(806) 745-9781	<a href="http://www.pensionconcepts.org">www.pensionconcepts.org</a>
Online Will Preparation	Estate Guidance	N/A	<a href="http://www.EstateGuidance.com">www.EstateGuidance.com</a> Promo code: SLF4VAS
Mental Health Support	ComPsych EAP Texas Tech EAP	(888)-475-3827 (806) 743-1327	<a href="http://www.compsych.com">www.compsych.com</a> <a href="http://www.ttuhs.edu/eap">www.ttuhs.edu/eap</a>

Additional information regarding benefit plans can be found in Workday. Contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

# Eligibility

## Who is Eligible

You may enroll in the UMC Health System Employee Benefits Program if you are a full- or part-time employee scheduled to work at least 20 hours per week.

## When Coverage Begins

The effective date for your benefits is January 1, 2026. Newly hired employees and dependents will be effective in UMC Health System's benefits programs on the first day of the pay period following hire. All elections are in effect for the entire plan year and can only be changed during Open Enrollment, unless you experience a family status event.

## Eligible Dependents

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your:

- Legal spouse
- Children up to age 26 including natural, adopted, stepchildren and children obtained through court-appointed legal guardianship, as well as children of same sex state-registered domestic partners.
  - If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided.

## How to Enroll

All employees will select benefits, add dependents, and review beneficiary information in Workday. Contact Human Resources if you have questions about accessing or updating Workday.





## 2026 BENEFIT PREMIUMS (Per Pay Period)

When you enter your benefit elections in Workday, it will display your personal amounts based on salary, age, nicotine user status as applicable.

UMC reserves the right to change benefit plans, design or rates at any time.

MEDICAL FULL TIME EMPLOYEE EARNING < \$18/HOUR		
Coverage Category	Regular	Nicotine User
Employee Only	\$ 54.00	\$ 81.00
Employee & Child(ren)	\$ 214.00	\$ 240.00
Employee & Spouse	\$ 299.00	\$ 325.00
Employee & Family	\$ 373.00	\$ 400.00

MEDICAL PART TIME EMPLOYEE EARNING < \$18/HOUR		
Coverage Category	Regular	Nicotine User
Employee Only	\$ 153.00	\$ 180.00
Employee & Child(ren)	\$ 299.00	\$ 326.00
Employee & Spouse	\$ 407.00	\$ 433.00
Employee & Family	\$ 464.00	\$ 491.00

MEDICAL FULL TIME EMPLOYEE EARNING > \$18/HOUR		
Coverage Category	Regular	Nicotine User
Employee Only	\$ 63.00	\$ 90.00
Employee & Child(ren)	\$ 248.00	\$ 274.00
Employee & Spouse	\$ 345.00	\$ 371.00
Employee & Family	\$ 432.00	\$ 459.00

MEDICAL PART TIME EMPLOYEE EARNING > \$18/HOUR		
Coverage Category	Regular	Nicotine User
Employee Only	\$ 177.00	\$ 205.00
Employee & Child(ren)	\$ 348.00	\$ 374.00
Employee & Spouse	\$ 470.00	\$ 496.00
Employee & Family	\$ 536.00	\$ 563.00

DENTAL			
Coverage Category	UMC Reimbursement	Sun Life Preventive	Sun Life Full Coverage
Employee Only	\$ -	\$ 5.85	\$ 11.69
Employee & Child(ren)	\$ -	\$ 14.67	\$ 29.63
Employee & Spouse	\$ -	\$ 11.44	\$ 21.94
Employee & Family	\$ -	\$ 21.30	\$ 42.04

EMPLOYEE & SPOUSE LIFE INSURANCE	
Age Band	Cost per \$1000 of Coverage
<30	\$0.032
30-34	\$0.042
35-39	\$0.051
40-44	\$0.083
45-49	\$0.134
50-54	\$0.208
55-59	\$0.314
60-64	\$0.485
65-69	\$0.808
70-74	\$1.458
75+	\$2.968

CHILD LIFE ONLY	
Coverage	Cost
Child Life Only: \$10,000	\$0.923

*UMC Reimbursement is included in the Medical plan premium.*

VISION	
Coverage Category	Sun Life / VSP
Employee Only	\$ 2.64
Employee & Child(ren)	\$ 5.13
Employee & Spouse	\$ 5.23
Employee & Family	\$ 7.80



## 2026 BENEFIT PREMIUMS – Continued (Per Pay Period)

SHORT TERM DISABILITY	
Age Band	Cost per \$10 of Weekly Benefit
18-24	\$0.417
25-29	\$0.498
30-34	\$0.483
35-39	\$0.354
40-44	\$0.282
45-49	\$0.305
50-54	\$0.343
55-59	\$0.410
60-64	\$0.462
65-69	\$0.485
70+	\$0.616

FLEXIBLE SPENDING ACCOUNTS (FSA) ALLOWED ANNUAL CONTRIBUTIONS		
Plan	Minimum Annual Contribution	Maximum Annual Contribution
Healthcare FSA	\$ 195.00	\$ 3,400.00
Dependent Care FSA	\$ 195.00	\$ 7,500.00

Aflac GROUP BENEFITS	
Accident Plan	\$6.75
Hospital Indemnity Plan	\$7.11

Aflac Critical Illness Non-Nicotine						
	Coverage \$5000	Coverage \$10000	Coverage \$15000	Coverage \$20000	Coverage \$25000	Coverage \$30000
18-25	\$1.19	\$1.68	\$2.16	\$2.64	\$3.12	\$3.60
26-30	\$1.41	\$2.10	\$2.80	\$3.50	\$4.19	\$4.89
31-35	\$1.54	\$2.38	\$3.21	\$4.05	\$4.88	\$5.72
36-40	\$1.85	\$2.99	\$4.12	\$5.26	\$6.40	\$7.54
41-45	\$2.12	\$3.53	\$4.94	\$6.35	\$7.76	\$9.18
46-50	\$2.43	\$4.14	\$5.86	\$7.58	\$9.30	\$11.01
51-55	\$3.39	\$6.06	\$8.74	\$11.42	\$14.09	\$16.77
56-60	\$3.46	\$6.22	\$8.97	\$11.72	\$14.48	\$17.23
61-65	\$6.44	\$12.17	\$17.90	\$23.63	\$29.36	\$35.09
66+	\$11.00	\$21.30	\$31.59	\$41.89	\$52.18	\$62.48

Aflac Critical Illness Nicotine Users						
	Coverage \$5000	Coverage \$10000	Coverage \$15000	Coverage \$20000	Coverage \$25000	Coverage \$30000
18-25	\$1.42	\$2.13	\$2.84	\$3.55	\$4.26	\$4.97
26-30	\$1.71	\$2.72	\$3.72	\$4.73	\$5.73	\$6.74
31-35	\$2.01	\$3.31	\$4.61	\$5.92	\$7.22	\$8.52
36-40	\$2.54	\$4.37	\$6.20	\$8.03	\$9.86	\$11.68
41-45	\$2.95	\$5.19	\$7.43	\$9.67	\$11.91	\$14.15
46-50	\$3.42	\$6.14	\$8.85	\$11.57	\$14.28	\$17.00
51-55	\$5.10	\$9.49	\$13.87	\$18.26	\$22.65	\$27.04
56-60	\$5.15	\$9.58	\$14.02	\$18.46	\$22.90	\$27.33
61-65	\$9.79	\$18.87	\$27.96	\$37.04	\$46.12	\$55.20
66+	\$16.55	\$32.38	\$48.22	\$64.05	\$79.89	\$95.72

# Medical Insurance

The UMC Health System is pleased to offer a comprehensive medical plan to our employees. Below is a summary of your benefits. To find an in-network provider, go to [www.team-choice.com](http://www.team-choice.com). For more information, please reference your Summary Plan Description.

EPO Medical Plan		
Benefits	In-Network	Out-of-Network
<b>Calendar Year Deductible</b> Individual	\$750	N/A
<b>Out of Pocket Maximum</b> Individual Family	\$5,000 \$10,000	N/A
<b>Physician Visits</b> Primary Care Specialist Express Care Clinic Rx Perks Clinic MyTeamCare Now Telemedicine	\$30 Copay \$60 Copay \$10 Copay \$0 Copay \$20 Copay	Not Covered
<b>Preventive Services</b>	Covered at 100%, Ded. Waived	Not Covered
<b>Diagnostic Lab &amp; X-Ray</b>	Covered at 100%, Ded. Waived	Not Covered
<b>Advanced Imaging</b> CT, MRI PET Scans	\$300 Copay 20% after Deductible	Not Covered
<b>Emergency Room</b>	\$600 Copay (waived if admitted)	
<b>Urgent Care Center</b>	\$30 Copay	Not Covered
<b>Inpatient Hospital</b>	\$600 copay per day up to \$3,000	Not Covered
<b>Outpatient Hospital</b>	\$500 per admission	Not Covered
<b>Pharmacy Benefits (UMC Outpatient Pharmacy &amp; MedImpact)</b>		
<ul style="list-style-type: none"> <li>■ Generic</li> <li>■ Brand Name Formulary</li> <li>■ Brand Name Non-Formulary</li> <li>■ Specialty Drugs</li> </ul>	\$35 Copay Greater of \$55 or 20% Greater of \$75 or 20%  \$0 Copay if prescribed at hospital discharge or through RXP Program	

\*Out of network services are allowed only for prescription drug coverage and emergency services. The Participant may be responsible for any balances billed by the Out-of-Network Provider for emergency services that are in excess of the Plan's responsibility. The Participant is responsible for contacting UMC Health Plan Operations (806-775-8793) if the Participant resides outside of the usual TeamChoice service area in order to obtain In-Network benefits, other than emergency services, through the approved out-of-area provider network.

# Flexible Spending Accounts (FSA)

A Flexible Spending Account (FSA) helps you pay for health care or dependent care costs using tax-free dollars. Your contribution is deducted from your paycheck on a pretax basis and is put into the FSA. When you incur expenses, you can access the funds in your account to pay for eligible expenses. This chart below shows the eligible expenses for each FSA and how much you can contribute each year. Each of these options reduces your taxable income.

Account Type	Eligible Expenses	Annual Contribution Limits
Health Care FSA	Most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses, and prescriptions)	Minimum contribution is \$195 per year. Maximum contribution is \$3,400 per year. Funds are deducted throughout the year, but all funds are available on January 1.
Dependent Care FSA	Dependent care expenses (such as day care, after school programs or elder care programs) for children under age 13 or elder care so you and your spouse can work or attend school full-time	Maximum contribution is \$7,500 per year (\$3,750 if married and filing separate tax returns).

- Reimbursement set up: debit cards, direct deposit, and/or paper checks
- Online claims submission
- 24/7 member portal access to track claims submission, reimbursement totals, and balance information

For more information, go to [www.pensionconcepts.org](http://www.pensionconcepts.org) or call (806) 745-9781.

## Important information about FSAs

Your FSA elections are effective from January 1<sup>st</sup> through December 31<sup>st</sup> each year. FSA elections do not automatically continue from year to year; you must actively enroll each year. Claims for reimbursement of services received from January 1<sup>st</sup> through February 28<sup>th</sup> must be submitted by March 31<sup>st</sup> of the following year. All unused funds will be forfeited. This is known as the “use it or lose it” rule and it is governed by IRS regulations.

# Dental Insurance

UMC Health System offers dental insurance in three ways:

## 1. UMC Dental Reimbursement Plan

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 to be eligible for the UMC Dental Reimbursement plan. There is no additional premium for the UMC Dental Reimbursement Plan, this is included in the Medical Plan premium.

## 2. SunLife Base Plan

The Base Plan covers preventive services as well as a limited number of basic services.

## 3. SunLife Enhanced Plan

The Enhanced Plan provides coverage for preventive, basic, and major dental services as well as orthodontia for children.

### Preventive & Basic Care (Available on either SunLife Plan)

*Exams, cleanings, routine x-rays, fillings, periodontal maintenance, space maintainers (for children under 19), and fluoride treatments.*

### Major & Orthodontic Care (Available on Enhanced Plan only)

*Caps, crowns, bridges, dentures, implants. There is a \$1,000 lifetime maximum on orthodontia and it only covers children under age 19.*

	SunLife Dental PPO	
Benefits Coverage	Base Plan	Enhanced Plan
<b>Annual Deductible</b>		
Individual	\$50	\$50
Family	\$150	\$150
Waived for Preventive Care?	Yes	Yes
<b>Annual Maximum</b>		
Per Person / Family	\$1,000	\$1,500
Preventive	100%	100%
Basic	80%	80%
Major	Not Covered	50%
<b>Orthodontia</b>		
Benefit Percentage		50%
Adults (and Covered Full-Time Students, if Eligible)	Not covered	Not covered
Dependent Child(ren)		Covered
Lifetime Maximum		\$1,000

## VISION COVERAGE

# Vision Insurance

UMC Health System provides Vision Insurance through SunLife and uses the VSP Network.

	SunLife Vision
<b>Copay</b>	
Routine Exams (Annual)	\$10 copay
<b>Vision Materials</b>	
Materials Copay	\$25 copay
Lenses	Benefit varies by type of lens. Covered every 12 months
Contacts Covered in lieu of frames. Medically necessary contacts may be covered at a higher benefit level	\$60 for contact lens fitting and evaluation Elective contacts covered \$130 allowance every 12 months
Frames	Covered at 100% to \$130 allowance; 20% off amount over allowance every 24 months

### Using your vision plan:

1. Review your plan information
2. Find an eye doctor – Create an account or log in at [www.vsp.com](http://www.vsp.com) before you search to make sure you find a doctor in your network. You'll get more and save more in-network!
3. Make an appointment and let the office know you are a VSP member.



## LIFE INSURANCE

# Basic Life and AD&D

UMC Health System provides Basic Life and AD&D if employees are enrolled in the medical plan. Coverage provided is at one time an employee's annual salary not to exceed a maximum of \$50,000.

SunLife Basic Life and AD&D	
<b>You</b>	
Benefit Maximum	\$50,000
Guaranteed Issue	\$50,000
<b>Your Spouse and/or Child</b>	
Benefit Maximum	Not covered
Guaranteed Issue	Not covered

The above benefits reduce to 65% at age 70, 40% at age 75, and 25% at age 80.

# Voluntary Life and AD&D Insurance

In addition to the employer paid Basic Life and AD&D coverage, you have the option to purchase additional Voluntary Life Insurance to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. Your election, however, is paid for entirely by you and could be subject to medical questions and evidence of insurability (EOI). You must submit EOI each time you do any of the following or any of the following occur:

- You enroll for Employee Voluntary Life Insurance as a Late Entrant;
- You apply for an increase in your amount of Employee Voluntary Life Insurance; or
- Your amount of Employee Voluntary Life Insurance is in excess of the Guaranteed Issue Amount.

Any amount of insurance that requires EOI will NOT go into effect unless it is approved by SunLife in writing. EOI will not be required if you elect or elect to increase your amount of Employee Voluntary Life Insurance within 31 days following a Family Status Change, as long as the total amount of Employee Voluntary Life Insurance after the increase does not exceed the Guaranteed Issue Amount. Your Voluntary Life Insurance benefits reduce to 65% at age 70, 40% at age 75, and 25% at age 80. Refer to Workday for more information.

<b>SunLife Voluntary Life and AD&amp;D</b>	
<b>You</b>	
Benefit Minimum	\$10,000
Benefit Maximum	\$1,000,000 or 5x your salary (whichever is less)
Increments	\$5,000
Guaranteed Issue	\$250,000
<b>Your Spouse</b>	
Benefit Minimum	\$5,000
Benefit Maximum	100% of employee election amount
Increments	\$5,000
Guaranteed Issue	\$50,000
<b>Your Child (14 days of age or older)</b>	
Benefit Maximum	\$10,000
Increments	N/A
Guaranteed Issue	\$10,000

### **Important Reminder!**

Be sure to update your beneficiary in Workday to ensure your assets are distributed according to your wishes.



## DISABILITY COVERAGE

# Long-Term Disability

## Long-Term Disability Insurance

UMC Health System offers Full-Time Employees long-term income protection through SunLife in the event you become unable to work due to a non-work-related illness or injury. This benefit covers 60% of your monthly base salary up to \$10,000. Benefit payments begin after 90 days of disability. See Certificate of Coverage for benefit duration. Please see the summary plan description for complete plan details and refer to Workday for more information.

# Voluntary Short-Term Disability

## Short-Term Disability Insurance

UMC Health System offers Full-Time Employees a short-term disability option through SunLife. This benefit covers 60% of your weekly base salary up to \$2,000 per week. The benefit begins after 7 days of injury or illness and lasts up to 12 weeks. Please see the summary plan description for complete plan details and refer to Workday for more information.

# Supplemental Health Plans

The following supplemental health products are available through Aflac. All coverage is 100% employee paid. Refer to Workday for more information.

## Accident & Injury

No one plans to have an accident. But it can happen at any moment throughout the day, whether at work or at play. Most major medical insurance plans only pay a portion of the bills. Our policy can help pick up where other insurance leaves off and provide cash to cover the expenses. Our accident coverage helps offer peace of mind when an accidental injury occurs.

## Critical Illness

The signs pointing to a critical illness are not always clear and may not be preventable, but our coverage can help offer financial protection in the event you are diagnosed. group voluntary critical illness coverage provides a lump-sum cash benefit to help you cover the out-of-pocket expenses associated with a critical illness.

## Hospital Indemnity

Even a minor trip to the hospital can present you with unexpected expenses and medical bills. Even with major medical insurance, your plan may only cover a portion of your stay. Hospital Indemnity coverage can provide financial assistance to enhance your current coverage by helping with expenses like transportation, time away from work, and meals for family members.



# Claimant Support Services

Getting the help you need to face life's challenges and planning ahead to protect your loved ones can go a long way. These services are free and confidential to all employees who are eligible for the Basic Life and AD&D benefits.

## Online Will Preparation

SunLife offers Online Will Preparation through Estate Guidance. A will is the cornerstone of any estate plan and can protect your assets and loved ones. Through an easy-to-use secure website, you and your spouse can now create and download a will in about 20 minutes. This service includes the following:

- Step-by-step guidance and customization for your unique situation, glossary of legal definitions,
- Ability to name an executor to carry out your wishes and a guardian(s) to care for your children,
- Ability to create a living will (for an additional fee), and
- Ability to create a final arrangements document (for an additional fee).

[www.EstateGuidance.com](http://www.EstateGuidance.com)

Promo code: SLF4VAS

## Mental Health Support

SunLife offers Mental Health Support through ComPsych. Losing a loved one or becoming disabled can be overwhelming to say the least. With Claimant Support Services, you have access to no-cost, objective financial planning, legal information, and emotional support, if you or your family member has filed a claim with us. You can receive the following:

- Up to five telephonic professional counseling sessions per claim for legal, financial, and emotional assistance,
- 24/7 access to counseling provided by ComPsych's on-staff professionals, including clinicians, licensed attorneys, CPAs, CFPs, and other financial experts,
- Assistance with topics such as inheritance taxes, loss of income, creditors, and probate, and
- Support dealing with trauma, loss, and adjusting to a reduced quality of life, and other concerns.
- ComPsych's professionals do not sell financial products and do not receive commissions, so you can rest assured that you will receive the information you need to help during a difficult time.

[www.compsych.com](http://www.compsych.com)

(888)-475-3827

# Employee Assistance Program

The Counseling Center is provided by the Texas Tech University Health Sciences Center. UMC Health System employees qualify for up to 12 counseling sessions per year. Counseling is free and confidential for you and others in your household (spouse, partner, or minor child). Individual, couple, and family counseling is offered. Daytime (M-F) and evening (M-Th) appointments are available via Telehealth (Zoom) or in-person. Counselors are licensed and have the knowledge and experience to assist you with a variety of issues, including:

- Better couple communication
- Excessive stress or anxiety
- Managing family conflict
- Alcohol or drug abuse
- Healing from trauma
- Workplace issues
- Grief and loss
- Depression

The Counseling Center  
3601 4<sup>th</sup> Street  
Lubbock, TX

(806) 743-1327  
[www.ttuhsu.edu/eap](http://www.ttuhsu.edu/eap)  
[counselingcenter@ttuhsu.edu](mailto:counselingcenter@ttuhsu.edu)



# Legal Notices

## THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

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 reconstruction 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 coinsurance applicable to other medical and surgical benefits provided under this plan.

## NEWBORNS ACT DISCLOSURE – FEDERAL

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).

## NOTICE OF SPECIAL ENROLLMENT RIGHTS

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

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 30 days from the loss of coverage or the date you become eligible for premium assistance. To request special enrollment or obtain more information, contact the person listed at the end of this summary.

## CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Health Plan Operations

(806) 775-8793

[healthplanoperations@umchealthsystem.com](mailto:healthplanoperations@umchealthsystem.com)

# Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Contact information for questions or complaints is available at the end of the notice.

## Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

## Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

## Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## Your Rights

**When it comes to your health information, you have certain rights.**

This section explains your rights and some of our responsibilities to help you.

### Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing, usually within 60 days.

### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

### Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/hipaa/filing-a-complaint/index.html](http://www.hhs.gov/hipaa/filing-a-complaint/index.html).
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.**

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation  
*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
- In these cases, we never share your information unless you give us written permission:  
Marketing purposes  
Sale of your information

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

#### Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

#### Pay for your health services

We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

#### Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

#### Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

*Example: We use health information about you to develop better services for you.*

#### How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html](http://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html).

#### Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

#### Do research

We can use or share your information for health research.

#### Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

#### Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

#### Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

#### Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html](http://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html).

#### Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

#### Other Instructions for Notice

- Effective Date of this Notice: 1/1/2026
- Name or title of the privacy official (or other privacy contact) and his/her email address and phone number:

UMC Health System

(806) 775-8793

[healthplanoperations@umchealthsystem.com](mailto:healthplanoperations@umchealthsystem.com)

## Important Notice from UMC Health System About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with UMC Health System and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. UMC Health System has determined that the prescription drug coverage offered by the UMC Health Plan for the plan year 2026 is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered **Creditable Coverage**. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> to December 7<sup>th</sup>. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, the following options may apply:

- You may stay in the UMC Health Plan and not enroll in the Medicare prescription drug coverage at this time. You may be able to enroll in the Medicare prescription drug program at a later date without penalty either:
  - During the Medicare prescription drug annual enrollment period, or
  - If you lose UMC Health Plan creditable coverage.
- You may stay in the UMC Health Plan and also enroll in a Medicare prescription drug plan. The UMC Health Plan will be the primary payer for prescription drugs and Medicare Part D will become the secondary payer.
- You may decline coverage in the UMC Health Plan and enroll in Medicare as your only payer for all medical and prescription drug expenses. If you do not enroll in the UMC Health Plan, you are not able to receive coverage through the plan unless and until you are eligible to reenroll in the plan at the next open enrollment period or due to a status change under the cafeteria plan or special enrollment event.

### When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with UMC Health System and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at

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

### **For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through UMC Health System changes. You also may request a copy of this notice at any time.

### **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

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

For more information about Medicare prescription drug coverage:

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

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

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

Date: January 1, 2026  
Name/Entity of Sender: UMC Health System  
Contact Position/Office: Health Plan Operations  
Address: 309 North Slide Road Lubbock, TX 79416  
Phone Number: (806) 775-8793

# 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](http://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](http://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](http://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 July 31, 2024. Contact your State for more information on eligibility –

<b>ALABAMA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447
<b>ALASKA – Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
<b>ARKANSAS – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)
<b>CALIFORNIA – Medicaid</b>
Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442
<b>FLORIDA – Medicaid</b>
Website: <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268
<b>GEORGIA – Medicaid</b>
GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: 678-564-1162, Press 2
<b>INDIANA – Medicaid</b>
Health Insurance Premium Payment Program All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a> Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
<b>IOWA – Medicaid and CHIP (Hawki)</b>
Medicaid Website: <a href="#">Iowa Medicaid   Health &amp; Human Services</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a>

Hawki Phone: 1-800-257-8563  
HIPP Website: [Health Insurance Premium Payment \(HIPP\) | Health & Human Services \(iowa.gov\)](#)  
HIPP Phone: 1-888-346-9562

#### KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>  
Phone: 1-800-792-4884  
HIPP Phone: 1-800-967-4660

#### KENTUCKY – 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: [KHIPP.PROGRAM@ky.gov](mailto:KHIPP.PROGRAM@ky.gov)  
KCHIP Website: <https://kynect.ky.gov>  
Phone: 1-877-524-4718  
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

#### LOUISIANA – Medicaid

Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  
Phone: 1-888-342-6207 (Medicaid hotline) or  
1-855-618-5488 (LaHIPP)

#### MAINE – Medicaid

Enrollment Website: [https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](https://www.mymaineconnection.gov/benefits/s/?language=en_US)  
Phone: 1-800-442-6003  
TTY: Maine relay 711  
Private Health Insurance Premium Webpage:  
<https://www.maine.gov/dhhs/ofi/applications-forms>  
Phone: 1-800-977-6740  
TTY: Maine relay 711

#### MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>  
Phone: 1-800-862-4840  
TTY: 711  
Email: [masspremassistance@accenture.com](mailto:masspremassistance@accenture.com)

#### MINNESOTA – Medicaid

Website: <http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsph>  
<https://mn.gov/dhs/health-care-coverage/>  
Phone: 1-800-657-3739

#### MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
Phone: 573-751-2005

#### MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
Phone: 1-800-694-3084  
Email: [HSHIPPProgram@mt.gov](mailto:HSHIPPProgram@mt.gov)

#### NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>  
Phone: 1-855-632-7633  
Lincoln: 402-473-7000  
Omaha: 402-595-1178

#### NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>  
Medicaid Phone: 1-800-992-0900

#### NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>  
Phone: 603-271-5218  
Toll free number for the HIPP program: 1-800-852-3345, ext. 15218  
Email: [DHHS.ThirdPartyLiabi@dhhs.nh.gov](mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov)

#### NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>  
Phone: 1-800-356-1561  
Medicaid Phone: 609-631-2392  
CHIP Website: <http://www.njfamilycare.org/index.html>  
CHIP Phone: 1-800-701-0710 (TTY: 711)

#### NEW YORK – Medicaid

Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)

Phone: 1-800-541-2831
<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100
<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> Phone: 1-844-854-4825
<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>OREGON – Medicaid and CHIP</b>
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075
<b>PENNSYLVANIA – Medicaid and CHIP</b>
Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a> Phone: 1-800-692-7462 CHIP Website: <a href="#">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)
<b>RHODE ISLAND – Medicaid and CHIP</b>
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)
<b>SOUTH CAROLINA – Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820
<b>SOUTH DAKOTA – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>TEXAS – Medicaid</b>
Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493
<b>UTAH – Medicaid and CHIP</b>
Utah's Premium Partnership for Health Insurance (UPP) Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a> Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a> Phone: 1-888-222-2542 Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a> Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a> CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a>
<b>VERMONT – Medicaid</b>
Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427
<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924
<b>WASHINGTON – Medicaid</b>
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
<b>WEST VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://dhr.wv.gov/bms/">https://dhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>WISCONSIN – Medicaid and CHIP</b>
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002
<b>WYOMING – Medicaid</b>
Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a>

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

### **Paperwork Reduction Act Statement**

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](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)



# Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 12-31-2026)

## PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

### Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%<sup>1</sup> of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.<sup>2</sup>

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution – as well as your employee contribution to employment-based coverage – is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all these factors in determining whether to purchase a health plan through the Marketplace.

### When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated

<sup>1</sup> Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

<sup>2</sup> An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023, and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

## **What about Alternatives to Marketplace Health Insurance Coverage?**

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023, and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

## **How Can I Get More Information?**

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact:

Name of Entity/Sender:	UMC Health System
Contact--Position/Office:	Health Plan Operations
Address:	309 North Slide Road Lubbock, TX 79416
Phone Number:	(806) 775-8793

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

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name UMC Health System		4. Employer Identification Number (EIN) N/A	
5. Employer address 309 North Slide Road		6. Employer phone number (806) 775-8793	
7. City Lubbock	8. State TX	9. ZIP code 79416	
10. Who can we contact about employee health coverage at this job? Health Plan Operations			
11. Phone number (if different from above)		12. Email address <a href="mailto:healthplanoperations@umchealthsystem.com">healthplanoperations@umchealthsystem.com</a>	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to all eligible employees. Eligible employees are Full and Part Time employees scheduled to work 20 or more hours per week.
- With respect to dependents, we do offer coverage. Eligible dependents are Spouses, children up to age 26 including natural, adopted, stepchildren and children obtained through court- appointed legal guardianship, as well as children of same sex state-registered domestic partners, and for child(ren) mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

Yes (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage?

No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard\*?

Yes (Go to question 15)  No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard\* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$

b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$

b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

**SECTION 5  
DENTAL REIMBURSEMENT PLAN**

**\*\*NEW SUPPLEMENTAL DENTAL PLAN – PRINCIPAL FINANCIAL GROUP**

**UMC OFFERS TWO SUPPLEMENTAL DENTAL PLANS THROUGH PRINCIPAL FINANCIAL GROUP, A PREVENTIVE PLAN AND A FULL COVERAGE PLAN. EMPLOYEES MUST CHOOSE BETWEEN THE DENTAL REIMBURSEMENT PLAN BELOW OR ONE OF THE TWO SUPPLEMENTAL DENTAL PLANS. CHANGES MAY ONLY BE MADE DURING OPEN ENROLLMENT OR WITH A QUALIFYING EVENT. EMPLOYEES MAY CONTACT UMC HEALTH PLAN OPERATIONS FOR FURTHER DETAILS.**

**A. GENERAL INFORMATION**

This dental plan is a “direct reimbursement” plan, which means that no outside insurance company is involved. The Plan will reimburse dental charges as outlined below 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.

**B. EFFECTIVE DATE**

Plan year is effective calendar year January 1 to December 31.

**C. ELIGIBILITY**

Same as defined under the medical care benefit program. See Section 2. Participant must be enrolled in the Medical Plan in order to be eligible for Dental Benefits.

**D. BENEFITS**

The Plan will reimburse as follows:

- 100% of the first \$150.00 for covered dental expenses.
- 80% over \$150.00 up to \$500.00 for covered dental expenses.
- 50% over \$500.00 up to an annual maximum reimbursement of \$1,500 per Participant per plan year for covered dental expenses.

**E. COVERAGE**

Coverage under this Plan will include eligible employees, spouses and dependent children. Definitions of these groups will be the same as in the medical care benefit program.

**F. COORDINATION OF BENEFITS/CO-COVERAGE**

Dental benefits under this Plan are coordinated with dental benefits of other plans under the Order of Benefits Payment Rules. Coordination means that if you or a dependent are covered under other plans, total benefits paid, subject to the limitations discussed in

the benefits section of the Plan, will not exceed 100% of the actual covered charges. "Plan" means any arrangement of coverage, which provides dental benefits for individuals, on an insured or non-insured basis.

For dependent claims involving other insurance, an insurance payment statement must be included with the reimbursement claim. Reimbursement involving other insurance is made using the appropriate sharing percentage to the unpaid amount.

**G. REIMBURSEMENT PROCEDURES**

1. Participant or Dental Provider must complete a dental expense reimbursement form and sign the form indicating that questions were correctly answered. Dental forms are available through UMC Human Resource office. (PLEASE NOTE: There are separate forms for reimbursement to the Participant versus reimbursement to the dental provider.)

Mail completed form to:  
UMC Dental Reimbursement Plan  
309 N. Slide Road  
Lubbock, TX 79416  
(806) 775-8793 (phone)  
(806) 761-0897 (fax)

Claims must be filed within ninety (90) days of the date of service. Claims received ninety (90) days after the date of service will not be reimbursed.

2. For dental providers, the reimbursement check should be received within fifteen (15) days from the date a properly completed reimbursement form has been submitted. Payments will be mailed to the dental provider at the address indicated on the claim form. Participant reimbursements are issued through payroll once a properly completed reimbursement form and proof of payment have been submitted.

**H. REIMBURSED EXPENSES**

All procedures (except those procedures listed as not covered) performed by or under the direction of a dentist licensed by the state in which the provider practices are covered.

**I. PROCEDURES/EXPENSES NOT REIMBURSED**

- Dental prescriptions for medication
- Orthodontia
  - Orthodontic care for proper alignment of teeth
- Treatment of temporomandibular joint dysfunction (TMJ)
- Cosmetic Dentistry
  - Expenses incurred for any treatment which is for cosmetic purposes or for the correction of congenital malformations except as provided in Section 4 as a Medical Benefit and Covered Health Service.
- Expenses incurred before insurance begins or after it ends.

- Occupational Injury
  - Expenses incurred for or in connection with any injury arising out of or in the course of any employment for wage or profit.
- Replacement of a bridge or denture which is lost or stolen.

**J. PLAN TERMINATION**

Same as defined under the medical care benefit program. See Section 2.

**K. EMPLOYEE TERMINATION OF PARTICIPATION**

If an eligible employee is terminated or resigns, any dental covered expense incurred before his termination or resignation will be reimbursed as outlined in this Plan.

**L. PROGRAM CHANGES**

The Plan reserves the right to make changes in benefit levels, the annual maximum, or other provisions of the program. Employees will be notified of changes at least one month in advance of the effective date of the change.

# Dental Insurance



## COMMONLY COVERED

- ✓ Exams and cleanings
- ✓ X-rays
- ✓ Fillings
- ✓ Tooth extractions

### ▶ PROTECTS YOUR SMILE.

You can feel more confident with dental insurance that encourages routine cleanings and checkups. Dental insurance helps protect your teeth for a lifetime.

### ▶ PREVENTS OTHER HEALTH ISSUES.

Just annual preventive care alone can help prevent other health issues such as heart disease and diabetes. Many plans cover preventive services at or near 100% to make it easy for you to use your dental benefits.

### ▶ LOWERS OUT-OF-POCKET EXPENSES.

Seeing an in-network dentist can reduce your fees approximately 30% from their standard fees. Add the benefits of your coinsurance to that and things are looking good for your wallet.

Your employer is offering you a choice of two dental plans. Please review the information for both the basic and enhanced plans. Then, choose the one plan that best fits your needs.

## DENTAL FAST FACTS

*Treating the inflammation from periodontal disease can help manage other health problems such as heart disease and diabetes.<sup>1</sup>*

*50% of adults over the age of 30 are suffering from periodontal disease.<sup>2</sup>*

UNIVERSITY MEDICAL CENTER HEALTH SYSTEM

All Eligible Employees

POLICY # 972496

Sun Life Assurance Company of Canada

2439811 DEN40 CL1 10/16/2024 13:54:29

# What's covered (basic plan)

**Good news!** Your plan covers routine services like cleanings and exams at **100%**.

CALENDAR YEAR MAXIMUM	IN-NETWORK	OUT-OF-NETWORK
Type I, II (Preventive and Basic Services)	\$1,000 per person	\$1,000 per person

## CALENDAR YEAR DEDUCTIBLE

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	N/A	N/A
Type II Basic Services	\$50 individual/\$150 family	\$50 individual/\$150 family

## THE PLAN PAYS THE FOLLOWING PERCENTAGE FOR PROCEDURES

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	100%	100%
Type II Basic Services	80%	80%
Type III Major Services	0%	0%

## SERVICES

### Type I Preventive Dental Services, including:

- Oral evaluations – 1 in any 6 month period
- Routine dental cleanings – 1 in any 6 month period (frequency combined with periodontal maintenance)
- Fluoride treatment – 1 in any 6 month period. *Only for children under age 14*
- Sealants – no more than 1 per tooth in any 36 month period, only for permanent molar teeth. *Only for children under age 14*
- Bitewing x-rays – 1 in any 12 month period
- Intraoral complete series x-rays – 1 in any 60 month period
- Genetic test for susceptibility to oral diseases

### Type II Basic Dental Services, including:

- New fillings
- Space maintainers – *only for children under age 19*
- Periodontal maintenance – 1 time in 3 consecutive months, frequency combined with routine dental cleanings and limited to 4 in any 12 consecutive months
- Localized delivery of antimicrobial agents
- Stainless steel crowns – *only for children under age 19*
- Dentures and bridges – subject to 10 year replacement limit

### Waiting Periods

For a complete description of services and waiting periods,

please review your certificate of insurance. If you were covered under your employer's prior plan the wait will be waived for any type of service covered under the prior plan and this plan.

- No waiting period for preventive or basic services

CALENDAR YEAR MAXIMUM	IN-NETWORK	OUT-OF-NETWORK
Type I, II, III (Preventive, Basic and Major Services)	\$1,500 per person	\$1,500 per person
Type IV Ortho Service	\$1,000 lifetime per child	\$1,000 lifetime per child

## CALENDAR YEAR DEDUCTIBLE

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	N/A	N/A
Type II, III (Basic and Major Services)	\$50 individual/\$150 family	\$50 individual/\$150 family
Type IV Ortho Services	N/A	N/A

## THE PLAN PAYS THE FOLLOWING PERCENTAGE FOR PROCEDURES

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	100%	100%
Type II Basic Services	80%	80%
Type III Major Services	50%	50%
Type IV Ortho Services	50%	50%

## SERVICES

### Type I Preventive Dental Services, including:

- Oral evaluations – 1 in any 6 month period
- Routine dental cleanings – 1 in any 6 month period (frequency combined with periodontal maintenance)
- Fluoride treatment – 1 in any 6 month period. *Only for children under age 14*
- Sealants – no more than 1 per tooth in any 36 month period, only for permanent molar teeth. *Only for children under age 14*
- Bitewing x-rays – 1 in any 12 month period
- Intraoral complete series x-rays – 1 in any 60 month period
- Genetic test for susceptibility to oral diseases

### Type II Basic Dental Services, including:

- New fillings
- Space maintainers – *only for children under age 19*
- Periodontal maintenance – 1 time in 3 consecutive months, frequency combined with routine dental cleanings and limited to 4 in any 12 consecutive months
- Localized delivery of antimicrobial agents

### Type III Major Dental Services, including:

- Dentures and bridges – subject to 10 year replacement limit
- Stainless steel crowns – *only for children under age 19*
- Inlay, onlay, and crown restorations – 1 per tooth in

any 10 year period

- Dental implants – subject to 10 year replacement limit
- Surgical extractions of erupted teeth, impacted teeth, or exposed root
- Biopsy (including brush biopsy)
- Endodontics (includes root canal therapy) – 1 per tooth in any 24 month period
- Complex oral surgery
- General anesthesia/IV sedation – medically required
- Minor gum disease (non-surgical periodontics)
- Scaling and root planing – 1 in any 36 month period per area
- Major gum disease (surgical periodontics)

### Type IV Ortho Services, including:

- Orthodontic treatment is limited to your dependent children

### Waiting Periods

For a complete description of services and waiting periods, please review your certificate of insurance. If you were covered under your employer's prior plan the wait will be waived for any type of service covered under the prior plan and this plan.

- No waiting period for preventive, basic, or major services
- No waiting period for orthodontic services

## Frequently asked questions (basic plan)

### How does a PPO work?

PPO stands for Participating Provider Organization. With a dental PPO plan, dental providers agree to participate in a dental network by offering discounted fees on most dental procedures. When you visit a provider in the network, you could see lower out-of-pocket costs because providers in the network agree to these pre-negotiated discounted fees on eligible claims.

### How do I find a dentist?

Simply visit [www.sunlife.com/findadentist](http://www.sunlife.com/findadentist). Follow the prompts to find a dentist in your area who participates in the PPO network. You do not need to select a dentist in advance. The PPO network for your plan is the Sun Life Dental Network® with 130,000+ unique dentists<sup>3</sup>.

### How can using a network dentist help lower my costs?

You are free to use the dentist or specialist of your choice. However, this plan allows you to have access to the Sunlife Dental Network® PPO dentists and to take advantage of their fee discounts. Treatment is available from out-of-network dentists, but their fees are subject to an allowable charge. The allowable amount for out-of-network dentists is based on 45% off the 80th percentile of the amount charged by other dentists in the same geographic area. Patients are responsible for fees in excess of the allowable charge. There can be significant out-of-pocket expenses if an out-of-network dentist is chosen.

### Are my dependents eligible for coverage?

Yes. Your plan offers coverage for your spouse<sup>4</sup> and dependent children. An eligible child is defined as a child to age 26.<sup>5</sup>

### What if I have already started dental work, like a root canal or braces, that requires several visits?

Your coverage with us may handle these procedures differently than your prior plan. To ensure a smooth transition for work in progress, call our dental claims experts before your next visit at 800-442-7742.

### Do I have to file the claim?

Many dentists will file claims for you. If a dentist will not file your claim, simply ask your dentist to complete a standard American Dental Association (ADA) claim form and mail it to:

Sun Life  
PO Box 311  
Milwaukee, WI 53201-0311

### How can I get more information about my coverage or find my dental ID card?

1. American Academy of Periodontology <https://www.perio.org/consumer/gum-disease-and-other-diseases> (accessed 07/21).

2. American Academy of Periodontology <https://www.perio.org/newsroom/periodontal-disease-fact-sheet> (accessed 07/21).

3. Zelis Network Analytics data as of January 2022 and based on unique dentist count. Sun Life's dental networks include its affiliate, Dental Health Alliance, L.L.C.® (DHA), and dentists under access arrangements with other dental networks. Nationwide counts are state level totals.

4. If permitted by the Employer's employee benefit plan and not prohibited by state law, the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.

5. Please see your employer for more specific information.

6. Classification of services varies by plan design.

7. Total number of combined prophylaxis cleaning and periodontal maintenance procedures cannot exceed 4 in a 12 month period.

After the effective date of your coverage, you can view benefit information online at your convenience through your Sun Life account. To create an account go to [www.sunlife.com/account](http://www.sunlife.com/account) and register. You can also access this information from our mobile app, which is available for Apple and Android devices. Or you can call Sun Life's Dental Customer Service at 800-442-7742. You can also call any time, day or night, to access our automated system and get answers to common questions when it's convenient for you.

### What value added benefits does my plan include?

Your plan includes our Lifetime of Smiles® program, with benefits many people prefer, such as up to four periodontal cleanings in a year<sup>6,7</sup> and brush biopsies for the early detection of oral cancer.

### CONSIDER A PRE-DETERMINATION OF BENEFITS

They allow us to review your provider's treatment plan to let you know before treatment is started how much of the work should be covered by the plan, and how much you may need to cover. We recommend them for any dental treatment expected to exceed \$500.

Read the *Important information* section for more details including limitations and exclusions

## Frequently asked questions (enhanced plan)

### How does a PPO work?

PPO stands for Participating Provider Organization. With a dental PPO plan, dental providers agree to participate in a dental network by offering discounted fees on most dental procedures. When you visit a provider in the network, you could see lower out-of-pocket costs because providers in the network agree to these pre-negotiated discounted fees on eligible claims.

### How do I find a dentist?

Simply visit [www.sunlife.com/findadentist](http://www.sunlife.com/findadentist). Follow the prompts to find a dentist in your area who participates in the PPO network. You do not need to select a dentist in advance. The PPO network for your plan is the Sun Life Dental Network® with 130,000+ unique dentists<sup>3</sup>.

### Do I have to choose a dentist in the PPO network?

No. You can visit any licensed dentist for services. However, you could see lower out-of-pocket costs when you visit a dentist in the network.

### Are my dependents eligible for coverage?

Yes. Your plan offers coverage for your spouse<sup>4</sup> and dependent children. An eligible child is defined as a child to age 26.<sup>5</sup>

### What if I have already started dental work, like a root canal or braces, that requires several visits?

Your coverage with us may handle these procedures differently than your prior plan. To ensure a smooth transition for work in progress, call our dental claims experts before your next visit at 800-442-7742.

### Do I have to file the claim?

Many dentists will file claims for you. If a dentist will not file your claim, simply ask your dentist to complete a standard American Dental Association (ADA) claim form and mail it to:

Sun Life  
PO Box 311  
Milwaukee, WI 53201-0311

### How can I get more information about my coverage or find my dental ID card?

After the effective date of your coverage, you can view benefit information online at your convenience through your Sun Life account. To create an account go to [www.sunlife.com/account](http://www.sunlife.com/account) and register. You can also access this information from our mobile app, which is available for Apple and Android devices. Or you can call Sun Life's Dental Customer Service at 800-442-7742. You can also call any time, day or night, to access our automated system and get answers to common questions when it's convenient for you.

### What value added benefits does my plan include?

Your plan includes our Lifetime of Smiles® program, with benefits many people prefer, such as up to four periodontal cleanings in a year<sup>6,7</sup> and brush biopsies for the early detection of oral cancer.

### CONSIDER A PRE-DETERMINATION OF BENEFITS

They allow us to review your provider's treatment plan to let you know before treatment is started how much of the work should be covered by the plan, and how much you may need to cover. We recommend them for any dental treatment expected to exceed \$500.

1. American Academy of Periodontology <https://www.perio.org/consumer/gum-disease-and-other-diseases> (accessed 07/21).

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5. Please see your employer for more specific information.

6. Classification of services varies by plan design.

7. Total number of combined prophylaxis cleaning and periodontal maintenance procedures cannot exceed 4 in a 12 month period.

Read the *Important information* section for more details including limitations and exclusions

# Important information

## Benefit adjustments

Benefits will be coordinated with any other dental coverage. Under the Alternative Treatment provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care.

## Late entrant

If you or a dependent apply for dental insurance more than 31 days after you become eligible, you or your dependent are a late entrant. The benefits for the first months for late entrants will be limited as follows:

TIME INSURED CONTINUOUSLY UNDER THE POLICY	BENEFITS PROVIDED FOR ONLY THESE SERVICES
Less than 6 months	Preventive Services
At least 6 months but less than 12 months	Preventive Services and fillings under Basic Services
At least 12 months but less than 24 months	Preventive and Basic Services
At least 24 months	Preventive, Basic, Major and Ortho Services

We will not pay for treatments subject to the late entrant limitation, and started or completed during the late entrant limitation period.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to your Certificate for details.

## Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see your Certificate or ask your benefits administrator for details.

## Dental

We will not pay a benefit for any Dental procedure, which is not listed as a covered dental expense. Any dental service incurred prior to the Effective date or after the termination date is not covered, unless specifically listed in the certificate. A member must be a covered dental member under the Plan to receive dental benefits. The Plan has frequency limitations on certain preventive and diagnostic services, restorations (fillings), periodontal services, endodontic services, and replacement of dentures, bridges and crowns. All services must be necessary and provided according to acceptable dental treatment standards. Treatment performed outside the United States is not covered, except for emergency dental treatment, subject to a maximum benefit. Dental procedures for Orthodontics; TMJ; replacing a tooth missing prior the effective date; implants and implant related services; or occlusal guards for bruxism are not covered unless coverage is elected or mandated by the state.

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This plan does not provide coverage for pediatric oral health services that satisfies the requirements for "minimum essential coverage" as defined by The Patient Protection and Affordable Care Act (PPACA).

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Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 15-GP-01 and 16-DEN-C-01.

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# Vision Insurance



## COMMONLY COVERED

- ✓ Annual exams
- ✓ Lenses
- ✓ Frames
- ✓ Contact lenses
- ✓ Laser vision correction discount

### ▶ PROTECTS YOUR EYES.

You can help protect your eyesight by visiting an eye doctor regularly. Vision insurance includes an annual comprehensive eye exam with an eye care doctor. Taking care of your eyes today can lead to a better quality of life later.

### ▶ PREVENTS OTHER HEALTH ISSUES.

Just annual preventive care alone can help detect signs of chronic health conditions such as high blood pressure and diabetes. Early detection can be key before costly symptoms arise.<sup>1</sup>

### ▶ LOWERS OUT-OF-POCKET EXPENSES.

Seeing an in-network eye care provider can reduce your expenses with savings on frames, lenses, contacts, eye exams and more.

## VISION INSURANCE FAST FACTS

*Roughly, 90% of diabetes-related blindness can be avoided by getting an annual eye exam.<sup>2</sup>*

*59% of adults report experiencing symptoms of digital eye strain, such as blurred vision or headaches.<sup>3</sup>*

UNIVERSITY MEDICAL CENTER HEALTH SYSTEM

All Eligible Employees

POLICY # 972496

Sun Life Assurance Company of Canada

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# What's covered

BENEFIT	FREQUENCY	IN-NETWORK BENEFIT	OUT-OF-NETWORK BENEFIT
<b>Exam services</b>			
WellVision exam®	1 per 12 months	\$10 for exam	Up to \$45
Routine retinal screening		No more than a \$39 copay	N/A
<b>Laser vision correction discount</b>	Once per eye per life-time.	Average 15% off the regular price or 5% off the promotional price.  Discounts only available from contracted facilities.	N/A
<b>Lenses</b>			
Single lined	1 per 12 months	\$25 (lenses and frame)	Up to \$30
Bifocal lined			Up to \$50
Trifocal			Up to \$60
Lenticular			Up to \$100
Necessary contacts			Up to \$210
<b>Lens enhancements</b>			
Standard		No cost	N/A
Premium progressive		\$95-\$105 copay	N/A
Custom progressive		\$150-\$175 copay	N/A
Other		Average savings of 20-25%	N/A
<b>Frames</b>	1 per 24 months	\$130 for the frame of your choice and 20% off the amount over your allowance  \$70 allowance at Costco® and Walmart*	Up to \$70
<i>Includes a wide selection of frames at Walmart®.</i>			
<b>Elective contact lenses</b>	1 per 12 months	\$60/ 15% for your contact lens exam (fitting and evaluation)  \$130 for contact lenses	Up to \$105
<i>Contact lenses are in place of lenses and frame.</i>			
<b>Additional glasses and sunglasses discount</b>	20% off complete pairs of prescription and non-prescription glasses, including sunglasses. Discounts are unlimited for 12 months following exam.		N/A
<b>Coverage with retail providers</b>	*Coverage with retail providers may be different. Check with Costco/Walmart for VSP member pricing. The Costco/Walmart allowance is equivalent to the allowance at preferred providers and other retail providers.		

This chart outlines services for Plan 3.

Administrative services for the vision insurance plan are provided by Vision Service Plan (VSP)®.

## Frequently asked questions

### How do I use my vision benefit?

Once enrolled, simply tell your VSP doctor you're a member and they will handle the rest. If you visit an in-network doctor for services and materials, you don't need an ID card or have forms to complete.

### How do I locate an in-network VSP doctor?

You will have access to the largest national network<sup>4</sup> of private-practice eye care doctors in the industry through Vision Service Plan (VSP). There are two ways to find an in-network doctor:

1. Visit [vsp.com](http://vsp.com) and select the Choice network.
2. Call VSP at 800-877-7195.

### What happens if I use an out-of-network doctor?

You will be required to pay the full amount to the doctor at time of service. You can then submit a claim for reimbursement, which is a lesser benefit when compared to visiting a VSP doctor.

### When will my coverage become effective?

Your coverage starts on the effective date specified in your group policy, provided you are actively at work on that date. Otherwise, your coverage will become effective on the day you return to full-time duties.

### Can I enroll as a late entrant?

If you elect coverage more than 31 days after your

eligibility date, your effective date will be delayed to the next plan anniversary date.

### Are my dependents eligible for coverage?

Yes. Your plan offers coverage for your spouse<sup>5</sup> and dependent children. An eligible child is defined as a child to age 26.<sup>6</sup>

### How can I get more information about my coverage?

After the effective date of your coverage, you can visit [www.sunlife.com/account](http://www.sunlife.com/account) to create a Sun Life account. Once you're logged in, you'll be able to see your plan details and more. Or you can call VSP Customer Service at 800-877-7195.

### Can I use my benefits to buy glasses or contacts online?

Absolutely. Just visit [www.eyeconic.com](http://www.eyeconic.com). Once you have linked your benefits you will be able to see how your coverage will be applied to different options that you are reviewing. Eyeconic features a virtual try-on tool so you can see how the glasses will look on you before you make your purchase.

1. <https://www.vsp.com/eyewear-wellness/eye-health/health-conditions/health-conditions-detected-during-eye-exams> (accessed 07/21).

2. <https://www.diabetes.org/diabetes/eye-health> (accessed 07/21).

3. "2021 Update: Computer Vision Syndrome", April 25, 2021 on [optometrists.org](http://optometrists.org).

4. Netminder as of January 2021.

5. If permitted by the Employer's benefit plan and not prohibited by state law, the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.

6. Please see your employer for more specific information.

Read the *Important information* section for more details including limitations and exclusions.

# Important information

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to your Certificate for details.

## Limitations and exclusions

The below conditions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see your Certificate or ask your benefits administrator for details.

## Vision

We will not pay a benefit for any vision materials, services or options that are not shown in the Benefit Highlights section of the certificate. Any vision service incurred prior to the Effective date or after the termination date is not covered. A member must be a covered vision member under the Plan to receive vision benefits. In no event will benefits exceed the lesser of the actual cost of the examination or materials or the limits of coverage shown in the Benefit Highlights section of the certificate. The plan is designed to cover visually necessary materials rather than cosmetic materials; the member will be responsible for any additional costs above the basic cost.

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This vision plan does not provide coverage for pediatric vision health services that satisfies the requirement for "minimum essential coverage" as defined by The Patient Protection and Affordable Care Act ("PPACA").

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Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 15-GP-01 and 16-VIS-C-01.

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# Eligible/Non-Eligible Expenses

## FSA/HSA Eligible Health Care Expenses

Please note that we do not intend this list to be comprehensive tax advice. For more detailed information, please consult IRS Publication 502 or see your tax advisor. **\*If prescribed for a particular ailment or medical condition; provider letter required.**

Acupuncture	Eye examinations and eyeglasses	Physical exams
Alcoholism treatment	Home health and/or hospice care	Physical therapy
Allergy shots and testing	Hospital services	Psychiatric care ( <i>psychologists, psychotherapists</i> )
Ambulance ( <i>ground or air</i> )	Insulin	Radial keratotomy
Artificial limbs	Laboratory fees	Schools ( <i>special, relief, or handicapped</i> )
Blind services and equipment	LASIK eye surgery	Sexual dysfunction treatment
Car controls for handicapped*	Medical alert ( <i>bracelet, necklace</i> )	Smoking cessation programs
Chiropractor services	Medical monitoring and testing devices*	Surgical fees
Coinurance and deductibles	Nursing services	Television or telephone for the hearing impaired
Contact lenses	Obstetrical expenses	Therapy treatments*
Crutches, wheelchairs, walkers	Occlusal guards	Transportation ( <i>essentially and primarily for medical care; limits apply</i> )
Dental treatment	Operations and surgeries ( <i>legal only</i> )	Vaccinations
Dentures	Optometrists	Vitamins*
Diagnostic tests	Orthodontia	Weight loss programs*
Doctor's fees	Orthopedic services	X-rays
Drug addiction treatment & facilities	Osteopaths	
Drugs ( <i>prescription</i> )	Oxygen/oxygen equipment	

## Important Notice About Over-the-Counter (OTC) Medications

With passage of the Coronavirus Aid, Relief and Economic Security Act (CARES Act) in March 2020, OTC medications are once again eligible for purchase with FSA/HSA funds without the need for a prescription. In addition, menstrual care products are now also eligible for purchase with FSA/HSA funds without the need for a prescription. You can use either your debit card to purchase these items or submit the purchase receipt for reimbursement.

## FSA/HSA Eligible OTC Medications and Products

Acne medications & treatments	Contraceptives ( <i>condoms, gels, foams, suppositories, etc.</i> )	Menstrual Care Products
Allergy & sinus, cold, flu & cough remedies	Diabetic testing supplies/equipment	Motion sickness remedies
Antacids & acid controllers	Digestive aids	Nicotine patches and medications, smoking cessation aids
Antibiotic & antiseptic sprays, creams & ointments	Durable medical equipment ( <i>power chairs, walkers, wheelchairs, etc.</i> )	Non-medicated bandaids
Anti-diarrheals	Eczema & psoriasis remedies	OTC varieties of Insulin
Anti-fungals	Eye drops, ear drops, nasal sprays	Pain relievers ( <i>aspirin, ibuprofen, acetaminophen, naproxen, etc.</i> )
Anti-gas & stomach remedies	First aid kits	Personal Protective Equipment (PPE) for COVID-19
Anti-itch & insect bite remedies	Hemorrhoidal preparations	Reading glasses
Anti-parasitics	Home diagnostic ( <i>pregnancy tests, ovulation kits, thermometers, blood pressure monitors, etc.</i> )	Sleep aids & sedatives
Baby care ( <i>diaper rash ointments, teething gel, rehydration fluids, etc.</i> )	Hydrogen peroxide, rubbing alcohol	Wart removal remedies, corn patches
Breast pumps for nursing mothers	Laxatives	
Braces & supports	Medicated bandaids & dressings	
CPAP equipment & supplies		
Contact lens solution		

*All OTC items listed are examples.*

## These items are commonly mistaken as eligible but do not meet the requirements:

Cosmetic surgery and procedures	Health programs, health clubs and gyms	Teeth whitening
Cosmetic dental procedures (incl. teeth whitening, vitamins and supplements)	Insurance premiums (not reimbursable under FSA)	Vitamins & supplements without prescription



2811 74th, Ste A | Lubbock, TX 79423  
Phone (806) 745-9781 | Fax: (806) 745-9783  
info@pensionconcepts.org  
pensionconcepts.org

# MyTeamCareNOW



## MyTeamCareNOW is a convenient way to get care.

See a provider from the comfort of your own home – or anywhere else for that matter. Safe and secure, it's the quality care you need, made easier.

### MyTeamCareNOW is ideal for:

- Allergies
- Cold & Flu
- Cough
- Insect Bite
- Pink eye
- Rash
- Sore & Strep Throat
- Vomiting, Nausea & Diarrhea

### Get started now!



Download the iOS or Android mobile app  
OR visit [myteamcarenow.com](http://myteamcarenow.com).

Teamchoice members must enter  
the service key **MTCN21**  
to receive the discounted rate.



**FOR CUSTOMER SUPPORT,  
CALL: 1.888.541.7712**



A service provided by



**UMC HEALTH SYSTEM**

# Long-Term Disability Insurance



## COMMON CAUSES OF DISABILITY

- ✓ Musculoskeletal conditions
- ✓ Circulatory conditions
- ✓ Cancer
- ✓ Nervous system disorders
- ✓ Injuries

### ▶ HELPS YOU KEEP YOUR LIFE ON TRACK.

If you're unable to work because of a covered disability, Long-Term Disability insurance replaces a portion of your income. After your claim is approved, you will receive a monthly check for your benefits that helps you pay everyday expenses like your mortgage or rent, childcare and groceries.

### ▶ HELPS YOU RETURN TO WORK.

If you are able, Sun Life has benefits and services, including guidance from vocational rehabilitation counselors, to help you return to work.

### PART OF YOUR BENEFIT PACKAGE.

This benefit is completely paid for by your employer.

#### BENEFITS

Monthly benefit after your claim is approved	You will receive a check for your benefits on a monthly basis. It will replace <b>60%</b> of your Total Monthly Earnings, up to <b>\$10,000</b> each month.
When benefits begin	Benefits begin as soon as <b>90 days</b> from the date of your disability.
Benefits may be paid for	Up to your Social Security Normal Retirement Age or longer, depending on your age at disability.
Additional plan information	This plan provides a benefit for covered disabilities resulting from illness or injury that occur on or off the job.

UNIVERSITY MEDICAL CENTER HEALTH SYSTEM

All Eligible Employees  
POLICY # 972496

Sun Life Assurance Company of Canada

#### LONG-TERM DISABILITY FAST FACTS

**34.6 months**  
The length of the average long-term disability claim.<sup>1</sup>

You may receive additional benefits if your covered disability begins with a hospital stay of 14 days or more.

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## Frequently asked questions

### **How do I file a Long-Term Disability claim?**

If you become disabled after the effective date of coverage, check with your employer to make sure you are eligible for benefits. You can file a claim with us by downloading forms from our website. We'll ask you and your doctor to provide information about your medical condition and your expected recovery.

### **How do I qualify for benefits?**

You'll start receiving disability payments if you satisfy the Elimination Period (see "When benefits begin" in the table) and meet the policy's definition of disability. Generally, disability is defined as your inability to perform some or all of your job duties due to your injury, illness or pregnancy and may require that you have also had a certain percentage of earnings loss due to your disability. Please see your Certificate for details.

### **What if I have a pre-existing condition?**

If you become disabled within 12 months of your insurance taking effect or 12 months following any increase in your amount of insurance, we will not pay any benefit for any pre-existing condition. A pre-existing condition includes anything you have sought treatment for in the 3 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for drugs or medicine.

### **Can I work while I'm disabled?**

Your plan is designed to encourage and support your return to work. If you are able to work part-time, for example, you may receive part of your benefit while working.

### **Will income from other sources affect my benefit?**

Your benefit may be reduced by Social Security benefits; disability benefits from retirement, government plans or state disability income; other group disability plans; no-fault benefits, salary continuance or sick leave; and return-to-work

earnings. For more information, contact your benefits administrator.

### **How is my benefit taxed?**

If you or your employer pays for all or part of the cost of coverage on a pre-tax basis, all or part of your benefit amount will be Form W-2 taxable income. In these situations, FICA tax deductions may reduce the amount we will pay you.

The group disability insurance policies described in this advertisement provide disability income insurance only.

1. "Chances of disability," Council for Disability Awareness, [disabilitycanhappen.org](http://disabilitycanhappen.org), last accessed April 2019.

Read the *Important information* section for more details including limitations and exclusions.

# Important information

The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”). They do NOT provide basic hospital, basic medical, or major medical insurance.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Refer to the Certificate for details.

## Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

## Long-Term Disability

We will not pay a benefit that is caused by, contributed to in any way or resulting from: intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; operation of a motorized vehicle while intoxicated. We will not pay a benefit if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.); or for any Period of disability during which you are incarcerated. Disability benefits may be limited for certain conditions.

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# Short-Term Disability Insurance

## COMMON CAUSES OF DISABILITY

- ✓ Pregnancy
- ✓ Injuries
- ✓ Joint disorders
- ✓ Back disorders
- ✓ Digestive disorders

### ▶ PROTECTS YOUR INCOME WHEN YOU CAN'T WORK.

If you're unable to work because of a covered disability, Short-Term Disability insurance replaces a portion of your income in addition to providing other services and benefits that help you return to work.

### ▶ PROVIDES YOU WITH A WEEKLY CHECK.

After your claim is approved, you will receive a check for your benefits that helps you pay everyday expenses like your mortgage or rent, childcare and groceries.

### BENEFITS (You can purchase this coverage at a group rate.)

<b>Weekly benefit after your claim is approved</b>	You will receive a check for your benefits on a weekly basis. It will replace <b>60%</b> of your Total Weekly Earnings, up to <b>\$2,000</b> each week.
<b>When benefits begin</b>	Benefits begin as soon as <b>8 days</b> from the date you are unable to work due to an injury and <b>8 days</b> due to an illness.
<b>Benefits may be paid for</b>	Up to <b>12 weeks</b> , as long as you are still unable to work due to a covered disability.
<b>Additional plan information</b>	This plan provides a benefit for covered disabilities resulting from illness or injury that are not work-related.

### SHORT-TERM DISABILITY FAST FACTS

**1 in 4 workers**  
will miss up to 3 months of work due to disability during their career.<sup>1</sup>

**More than three-quarters of workers are living paycheck to paycheck.**<sup>2</sup>

UNIVERSITY MEDICAL CENTER HEALTH SYSTEM

All Eligible Employees

POLICY # 972496

Sun Life Assurance Company of Canada

2439811 SEQ43 CL1 10/16/2024 13:54:34

## Frequently asked questions

### **Do I need to answer any health questions to enroll?**

If you contribute to the cost of your insurance, you may need to complete health questions if you don't elect coverage when it's first available to you and you want to elect at a later date, or if you want to increase coverage. To answer health questions, please fill out our Evidence of Insurability Application. Health questions must be approved by Sun Life before coverage takes effect. Please see your Certificate for details.

### **How do I file a Short-Term Disability claim?**

If you become disabled after the effective date of coverage, check with your employer to make sure you are eligible for benefits. You can file a claim with us by downloading forms from our website. We'll ask you and your doctor to provide information about your medical condition and your expected recovery.

### **How do I qualify for benefits?**

You'll start receiving disability payments if you satisfy the Elimination Period (see "When benefits begin" in the table) and meet the policy's definition of disability. Generally, disability is defined as your inability to perform some or all of your job duties due to your injury, illness or pregnancy and may require that you have also had a certain percentage of earnings loss due to your disability. Please see your Certificate for details.

### **What if I have a pre-existing condition?**

If you become disabled within 6 months of your insurance taking effect or 6 months following any increase in your amount of insurance, we will not pay any benefit for any pre-existing condition. A pre-existing condition includes anything you have sought treatment for in the 3 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for

drugs or medicine.

### **Can I work while I'm disabled?**

Your plan is designed to encourage and support your return to work. If you are able to work part-time, for example, you may receive part of your benefit while working.

### **Will income from other sources affect my benefit?**

Your benefit may be reduced by Social Security benefits; disability benefits from retirement, government plans or state disability income such as California SDI; state paid family and medical leaves; other group disability plans; no-fault benefits, salary continuance or sick leave; and return-to-work earnings. For more information or to determine if this coverage is appropriate for you, contact your benefits administrator.

### **How is my benefit taxed?**

If you or your employer pays for all or part of the cost of coverage on a pre-tax basis, all or part of your benefit amount will be Form W-2 taxable income. In these situations, FICA tax deductions may reduce the amount we will pay you.

The group disability insurance policies described in this advertisement provide disability income insurance only.

1. Realitycheckup.org, Council for Disability Awareness, 2018

2. "Living Paycheck to Paycheck is a Way of Life for Majority of U.S. Workers," CareerBuilder.com, Aug. 2017.

Read the *Important information* section for more details including limitations and exclusions.

## Important information

The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”). They do NOT provide basic hospital, basic medical, or major medical insurance.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Refer to your Certificate for details.

### Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

### Short-Term Disability

We will not pay a benefit that is caused by, contributed to in any way or resulting from: intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; operation of a motorized vehicle while intoxicated. We will not pay a benefit for any accident or sickness covered by Worker’s Compensation or similar law; or for any work-related illness or injuries unless otherwise stated previously; or if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.).

**This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.**

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, “Sun Life”).

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 15-GP-01, 12-DI-C-01, 16-DI-C-01, TDBPOLICY-2006 and TDI-POLICY..

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GVBH-EE-8384

SLPC 29579

## Childcare Partners for UMC Employees



**13th & Slide Location Only**

**Accredited by the National Association of Private Schools**

**Accredited as a Texas Rising Star School**

**6 weeks - 23 months (\$1,485.00 Savings Annually)**

**\$825.00 Per Month Regular Rate/\$701.25 UMC Employee Discount**

**Preschool 2 years to 5 years (\$1,359.00 Savings Annually)**

**\$755.00 Per Month Regular Rate/\$641.75 UMC Employee Discount**

**Ages 5 - 12**

**Summer Camp & Holiday Drop-Ins @ Preschool rate**



**Three Lubbock locations to choose from**

**Fees are based on Household Income on a Sliding Scale.**

**Scholarships Offered.**

**Maximum Payment per Week is \$125.00**



**Regular Rates for all ages are \$175.00 per week,  
(\$700.00 per mo.)**

**UMC Discount 10% = \$630.00 Per Month**

**With Tuition Express, (Automatic Draft) an  
additional \$10.00 per week discount**

**Enrollment Fee Waived for UMC Employees  
(\$150.00 savings)**

**8 weeks to 2 yrs. Regular Rates = \$820.00**

**UMC Rate = \$720.00**

**2yrs. & above Regular Rates = \$740.00**

**UMC Rate = \$640.00**

# School Admission

Now Open For Enrollment!

## ABC 1

3502 Slide Rd

Lubbock, Tx 79414

(806) 701-4022

mrds.abc@yahoo.com

## ABC 2

2406 20th st

Lubbock, Tx 79411

(806) 762-2225

mrds.abc@yahoo.com



### ABC 1

3502 Slide Rd

Lubbock, Tx 79414

(806) 701-4022

mrds.abc@yahoo.com

### ABC 2

2406 20th st

Lubbock, Tx 79411

(806) 762-2225

mrds.abc@yahoo.com



Like & Follow Us  
facebook 



Your Childs Home Away From Home



## Texas Rising Star



3 out of 4 star certification

Texas Rising Star is a quality rating and improvement system for child care programs in Texas. Texas Rising Star programs meet a level of quality that exceeds child care regulation standards.

## Why Choose Us



Your Child's Home Away From Home

- Open 24hrs 7 days a week
- Live camera access
- 3 Star T.R.S
- We Provide (Formula, Diapers, Wipes, Pull-ups & Baby Food)
- Open Communication with your child's teacher through our Brightwheel app
- Our Teachers are CPR/ First Aid Certified
- We accept CCS



## Weekly Rates

### \$100 Enrollment Fee

- 6weeks- 2yrs old: \$210
- 3yrs old- 4yrs old \$175
- 5yrs old- 12yrs old \$130
- Summer Camp \$175

UMC  
Employee

DISCOUNT  
10%



## About Our School



Live Camera Access

**WatchMeGrow:** WatchMeGrow helps childcare centers increase transparency and keep families connected, with the safest and highest quality streaming video camera system available.



Frog Street curriculum

The frog street pre-k curriculum is a comprehensive, dual-language program designed to meet the needs of diverse learners while supporting development learning domains. This engaging, interactive pre-kindergarten curriculum celebrates the joy of learning as children travel down the road to success



Open 24hrs 7days a week

Here at A Beautiful Child Development Center we offer a variety of services to parents 24/7. Our closing days for 2024 are:

Thanksgiving: Close @3pm on Nov 27th and closed for Nov 28th-29th

Christmas: Close early on Dec 23rd @3pm & closed Dec 24th-25th

New Years: Closed Jan 1st



After School Pick -up

Public school is in full swing and we have begun afterschool pick up. ABC are currently picking up from the following schools.

Harmony Overton. Stewart. Ramirez. Alderson Williams. Brown. Roy Roberts. Bean. Maegen



**Rx** perks



# UMC Rx PERKS

**Rx PERKS HELPS PATIENTS WITH CHRONIC CONDITIONS MANAGE THEIR MEDICATIONS.**

**OUR GOAL IS TO HELP YOU UNDERSTAND AND AFFORD YOUR MEDICATIONS.**

- Rx Perks works directly with your providers and is available to patients who live in Texas and New Mexico.
- Appointment includes a one-on-one meeting with a pharmacist to:
  - Help make your medications more affordable
  - Ensure you are using your medications correctly
  - Find new medications that can improve your health
- Located in Ambulatory Care Center in Medical Office Plaza II, Suite, 120 on the east side of the campus.

*Call to schedule an appointment.*

**806.761.0738**



PHARMACY



Rx perks

**PRICE MATCH** - UMC Pharmacy matches Walmart pricing, GoodRx coupons, etc. down to \$4 per prescription.

**DIABETICS** - UMC offers a program which provides most diabetic, hypertension, and hypercholesterolemia meds at no cost to patients who qualify and utilize our **UMC Rx Perks Program**. Our Care Coordinators provide screening. If you are interested, please let your nurse, pharmacy technician, or social worker know.

**UMC DISCOUNT CASH PRICE ELIGIBILITY -**

UMC offers a discount cash price to patients who qualify based on number of persons in the family household and annual income. If you are interested, please let your nurse, pharmacy technician, or social worker know.

**UMC CASH PRICE** - All patients are eligible for the UMC Cash Price. Our cash price is typically better than other pharmacies. In addition, we will help find payment assistance for both cash paying and insured patients. There are many co-pay assistance programs available and often the drug manufacturer offers programs to help all patients. If you are paying more than \$50 per prescription out of pocket, we can often find ways to save you money.



TM

Our  
PASSION  
is YOU

# BENEPLACE

Savings Powered by Beneplace

## **UMC Discount Marketplace**

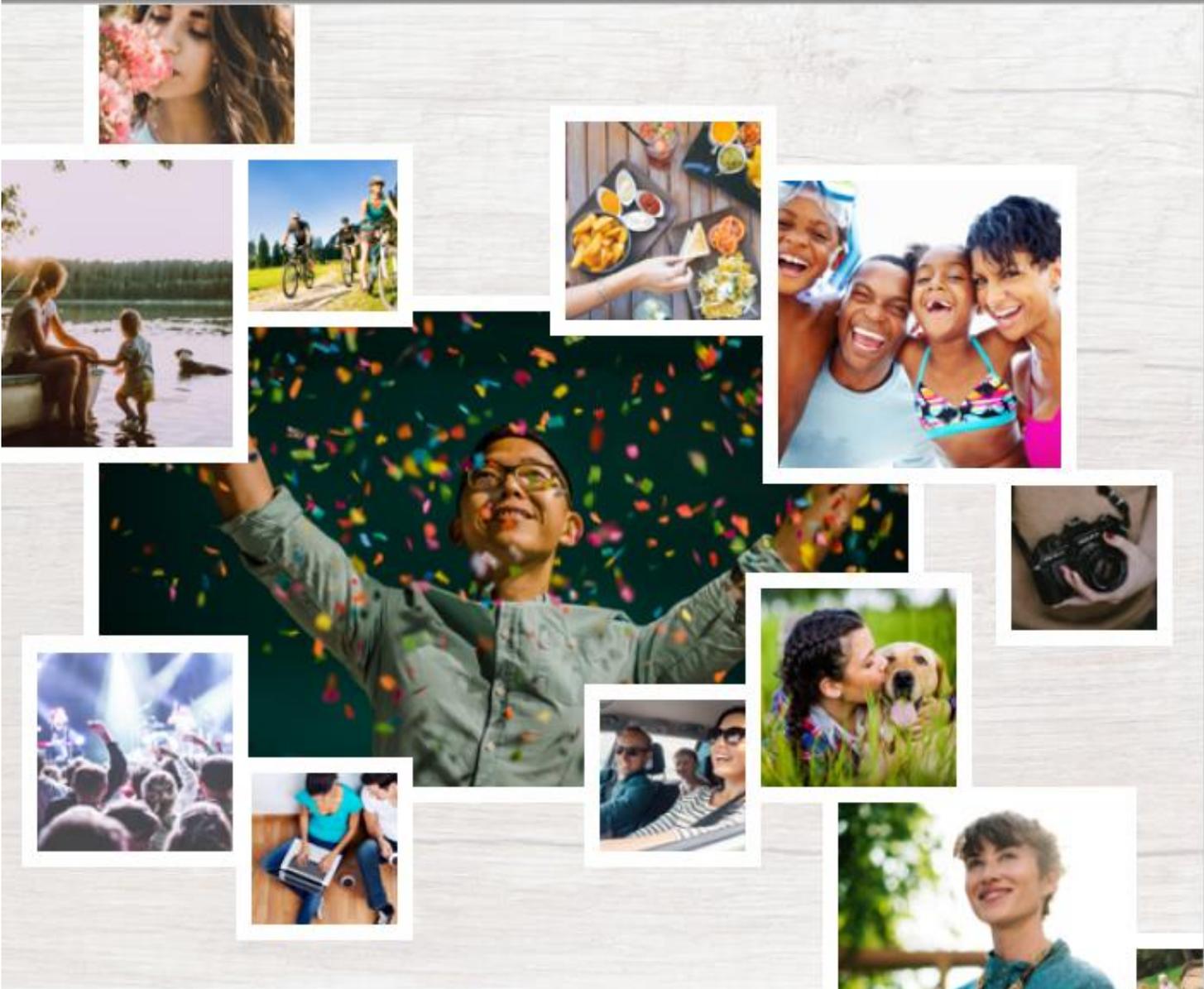
UMC Health System has partnered with Beneplace to offer you a top-notch member discount program. The UMC Discount Marketplace features exclusive offers on products and services you use every day, including electronics, gifts, and wireless service – just to name a few.

## **How to Access Your Discounts**

To take advantage of your member discounts, visit <https://UMChealthsystem.savings.beneplace.com>. There, you can search for a specific deal, or browse by category to find and compare products. Bookmark the site and visit often – new deals and seasonal discounts are added regularly. Also check out the “highlighted offers” section for even deeper, limited-time deals.

## **Everything You Need**

Through the UMC Discount Marketplace, you’ll find discounted shopping on apparel, automotive, dining, groceries, electronics, entertainment, flowers, gifts, home & garden, pet supplies, sports, travel and more through your UMC Discount Marketplace. Our discounted daycare providers appear on the UMC Specials tab as well.



Shop exclusive discounts today  
Enjoy the memories forever

A special benefit for UMC Health System employees

UMC Discount Marketplace - [umchealthsystem.savings.beneplace.com](http://umchealthsystem.savings.beneplace.com)



UNIVERSITY MEDICAL CENTER  
LUBBOCK, TEXAS  
**Human Resources**  
**UMC Walk-In Clinics Available**

# Walk-In Clinics Available

## \$10 Copay (no deductible) Locations Only

Living Well Express Care (inside United Supermarket)  
1701 50<sup>th</sup> Street  
806.761.0429

Living Well Express Care (inside United Supermarket)  
2703 82<sup>nd</sup> Street  
806.761.0428

UMC Express Care Clinic at South Plains Mall  
(located by Premier Movie Theater)  
6002 Slide Road, D24  
806.761.0450



UNIVERSITY MEDICAL CENTER  
LUBBOCK, TEXAS  
**Human Resources**  
**UMC Walk-In Clinics Available**

# Walk-In Clinics Available

## (Regular Copay)

Lake Ridge Primary Health Center  
5130 82<sup>nd</sup> Street  
806.794.9378

West Wind Primary Health Center  
5520 4<sup>th</sup> Street  
806.761.0475

I-27 Medical Center  
4105 I-27  
806.762.2633

Milwaukee Family Medicine  
7301 Milwaukee Ave.  
806.761.0464

**UMC Drive-Thru @ 98<sup>th</sup> & Frankford**  
9615 Frankford Avenue, 1<sup>st</sup> Floor  
806.761.0267



UNIVERSITY MEDICAL CENTER  
LUBBOCK, TEXAS  
**Human Resources**  
UMC Walk-In Clinics Available

# Urgent Care Clinics Available

## (Regular Copay)

UMC Urgent Care-Medical Office Plaza II **Open 24/7**  
808 Joliet Ave Suite 130  
806.761.0545

UMC Urgent Care-Health & Wellness Hospital **Open 24/7**  
11102 Headquarters Drive  
806.472.6848

UMC Urgent Care @ KingsPark  
7501 Quaker Avenue  
806.788.3306

UMC Children's @ KingsPark  
7501 Quaker Avenue  
806.788.3306

# New Hire Enrollment Deadline

- All New Hires are asked to initial a Benefits Acknowledgement that they are aware they have 31 days from their start date to enroll in benefits in Workday. Some are waiting 90 days, and this is too late to be compliant with our health plan document.
- HR does ***not*** recommend they wait the 31 days. **We encourage eligible employees to enroll in their first week.**
- If employees wait the full 31 days, Workday is programmed to take premiums in arrears.
- Please ask all New Hires to check their Workday inbox  , located in the top right corner of the Workday browser, for a Benefit Life Event.
- Once Benefits are submitted New Hires receive another Benefit Life Event in their inbox, a “Dependent Verification Overview”, this ***must*** be read and submitted for their enrollment to be released to a Benefit Partner to approve.

# Employee Assistance Program Counseling for Employees

3601 4th Street, Lubbock, TX  
806-743-1327 | 1-800-327-0328  
ttuhsc.edu/eap  
counselingcenter@ttuhsc.edu



***Counseling is available for  
a variety of issues:***

- *Better Couple Communication*
- *Excessive Stress or Anxiety*
- *Managing Family Conflict*
- *Alcohol or Drug Abuse*
- *Healing from Trauma*
- *Workplace Issues*
- *Grief and Loss*
- *Depression*



## **The Counseling Center at TTUHSC**

The Counseling Center at TTUHSC is a counseling benefit provided by your employer. Counseling is free and confidential for you and others in your household (spouse, partner, or minor child). Individual, couple, and family counseling is offered. Daytime (M-F) and evening (M-Th) appointments are available via Telehealth (Zoom) or in-person. Our counselors are licensed and have the knowledge and experience to assist you. Contact the Counseling Center at TTUHSC (806-743-1327) with any questions, including the number of sessions your employer provides to you.



**TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER™**



## **Begin Enrollment 5 Easy as ONE, TWO, THREE**

- 1 Go to [empowermyretirement.com](https://empowermyretirement.com)  
→ Select Register**
- 2 Choose the tab “I do not have a pin”**
- 3 Follow prompts to create username  
and password**

**OR**

**Scan the QR code below. Follow the prompts  
to create account**



**Grow your wealth  
Save Smarter**

For questions, call **800-338-4015**. Empower representatives are available weekdays from 7:00 a.m. to 9:00 CT. and Saturdays from 8 a.m. to 4:30 p.m. CT. TTY: 800-830-9017. Int'l: 303-737-7249.



# Basic Life Insurance



Even among people who have life insurance, many don't have enough.

## ▶ PROTECTS YOUR LOVED ONES.

Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

## ▶ HELPS PAY YOUR FINAL EXPENSES.

Your beneficiaries may use this money to pay for your burial or cremation, and pay any outstanding medical bills.

## ▶ PART OF YOUR BENEFIT PACKAGE.

This benefit is completely paid for by your employer. Remember to name your beneficiaries if you haven't done so already.

### BENEFITS

For you \*

**1 times** your Basic Annual Earnings, up to a **maximum of \$50,000**. No medical questions asked.

Benefits are reduced at age 70 and may reduce again in subsequent years as noted in your Certificate.

**\*This coverage includes Accidental Death and Dismemberment insurance.**

UNIVERSITY MEDICAL CENTER HEALTH SYSTEM

All Eligible Employees

POLICY # 972496

Sun Life Assurance Company of Canada

2439811 SEQ44 CL1 10/16/2024 13:54:42

## Frequently asked questions

### **What is my AD&D benefit?**

We will pay your beneficiaries an Accidental Death insurance amount that matches your Basic Life insurance amount, if you die from a covered accident. Additional benefits are available for accidental injuries (i.e., dismemberment) such as loss of limbs, fingers or sight. Refer to your Certificate for a full list of covered accidental injuries.

### **Can I take my insurance with me if I leave my employer?**

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

### **Can I access my life insurance if I become terminally ill?**

You may apply to receive a portion of your life insurance to help cover medical and living expenses. This is called an "Accelerated Benefit" and there are some important things to know about it, including that it is not long-term-care insurance, it may be taxable and it may affect your eligibility for public assistance programs. It will also reduce the total amount of the life insurance payment we pay to your beneficiary(ies).

### **What happens if I become Totally Disabled?**

If we determine that you are Totally Disabled and cannot work, your life insurance coverage may continue at no cost. You must meet certain requirements, as detailed in the Certificate.

### **How does my beneficiary file a death claim?**

Your beneficiary(ies) and your employer will complete the appropriate claims forms and submit them to us. We will notify your beneficiaries when the decision is made and if we have any questions. If approved, beneficiaries may elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply and options may vary by state.) If your AD&D claim for an accidental injury is approved, the benefit amount will be paid directly to you.

Read the *Important information* section for more details including limitations and exclusions.

## Important information

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to the Certificate for details.

### Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

#### Life

In some states, your employer's group policy may exclude payment for suicide that occurs within a specific time period after the insurance or increase in insurance becomes effective. Please see your Certificate for details.

### Accidental Death and Dismemberment

We will not pay a benefit that is due to or results from: suicide while sane or insane; injuring oneself intentionally; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; bodily or mental infirmity or disease or infection unless due to an accidental injury; riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.

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Group life insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 12-GP-01, 15-LF-01, 12-GPPort-P01, 12-LFPort-C-01, 15-ADD-C-01, 13-ADD-C-01 and 13-ADDPort-C-01.

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GVBH-EE-8384

SLPC 29579

# Voluntary Life Insurance



➔ **MORE PROTECTION FOR YOUR LOVED ONES.**

The people you love and support could face financial challenges without you. Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

➔ **HELPS YOU CLOSE ANY COVERAGE GAPS.**

You may have life insurance today, either on your own or through your employer. Now is a good time to ask yourself if you need more coverage.

## BENEFITS (You can purchase this coverage at a group rate.)

<p><b>For you</b></p>	<p>You can choose from <b>\$10,000 to \$1,000,000</b>—in increments of \$10,000 <b>not to exceed 5 times</b> your Basic Annual Earnings. No medical questions asked <b>up to the Guaranteed Issue amount of \$250,000.</b></p> <p>Benefits are reduced at age 70 and may reduce again in subsequent years as noted in your Certificate.</p>
<p><b>For your spouse</b></p>	<p>Option 1: Flat <b>\$10,000</b></p> <p>Option 2: If you elect coverage for yourself, you can choose from <b>\$5,000 to \$250,000</b>—in increments of \$5,000. No medical questions asked <b>up to the Guaranteed Issue amount of \$50,000.</b></p> <p>Coverage ends when your spouse turns 70 years old.</p> <p>The amount you select for your spouse cannot exceed 50% of your coverage amount.</p>
<p><b>For your child(ren)</b></p>	<p>If you elect coverage for yourself, you can <b>elect \$10,000.</b> No medical questions asked.</p> <p>The amount you select for your child(ren) cannot exceed 50% of your coverage amount. Benefits may reduce as noted in your Certificate. Child(ren) must primarily depend on the employee for 50% or more of their support.</p> <p>A full benefit is payable for a dependent child who is 14 days to 26 years old. (No benefit is payable for a child from birth to 14 days).</p>

UNIVERSITY MEDICAL CENTER HEALTH SYSTEM

All Eligible Employees

POLICY # 972496

Sun Life Assurance Company of Canada

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## Frequently asked questions

### **Do I need to answer any health questions to enroll?**

Yes, if you request an initial amount higher than the Guaranteed Issue amount or if you want to increase coverage in excess of one increment annually. To answer health questions, please fill out our Evidence of Insurability application. Health questions must be approved by Sun Life before coverage takes effect. Please see your Certificate for details.

### **Can I increase my coverage at a later date?**

Yes. You may increase your coverage by one increment amount annually, without having to answer health questions, even if the increase means that your coverage exceeds the Guaranteed Issue amount. Your benefits administrator can advise you on how to increase coverage annually. The maximum benefit amount still applies.

### **What if my spouse and I work for the same employer?**

Under the policy, if you are married to another employee, you should check with your benefits administrator to confirm whether you are eligible to enroll your spouse as a dependent and to confirm any additional considerations for enrolling dependent children (if dependent child coverage is available).

### **Can I take my insurance with me if I leave my employer?**

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

### **Can I access my life insurance if I become terminally ill?**

You may apply to receive a portion of your life insurance to help cover medical and living expenses. This is called an "Accelerated Benefit" and there are some important things to know about it, including that it is not long-term-care insurance, it may be taxable and it may affect your eligibility for public assistance programs. It will also reduce the total amount of the life insurance payment we pay to your beneficiary(ies).

### **What happens if I become Totally Disabled?**

If we determine that you are Totally Disabled and cannot work, your life insurance coverage may continue at no cost. You must meet certain requirements, as detailed in the Certificate.

### **How does my beneficiary file a death claim?**

Your beneficiary(ies) and your employer will complete the appropriate claims forms and submit them to us. We will notify your beneficiaries when the decision is made and if we have any questions. If approved, beneficiaries may elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply and options may vary by state.) If your AD&D claim for an accidental

Read the *Important information* section for more details including limitations and exclusions.

## Important information

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to the Certificate for details.

### Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

### Life

In some states, your employer's group policy may exclude payment for suicide that occurs within a specific time period after the insurance or increase in insurance becomes effective. Please see your Certificate for details.

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# Basic Life Insurance



Even among people who have life insurance, many don't have enough.

## ▶ PROTECTS YOUR LOVED ONES.

Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

## ▶ HELPS PAY YOUR FINAL EXPENSES.

Your beneficiaries may use this money to pay for your burial or cremation, and pay any outstanding medical bills.

## ▶ PART OF YOUR BENEFIT PACKAGE.

This benefit is completely paid for by your employer. Remember to name your beneficiaries if you haven't done so already.

### BENEFITS

**For you \***

**1 times** your Basic Annual Earnings, up to a **maximum of \$50,000**. No medical questions asked.

Benefits are reduced at age 70 and may reduce again in subsequent years as noted in your Certificate.

**\*This coverage includes Accidental Death and Dismemberment insurance.**

UNIVERSITY MEDICAL CENTER HEALTH SYSTEM

All Eligible Employees

POLICY # 972496

Sun Life Assurance Company of Canada

2439811 SEQ44 CL1 10/16/2024 13:54:42

## Frequently asked questions

### **What is my AD&D benefit?**

We will pay your beneficiaries an Accidental Death insurance amount that matches your Basic Life insurance amount, if you die from a covered accident. Additional benefits are available for accidental injuries (i.e., dismemberment) such as loss of limbs, fingers or sight. Refer to your Certificate for a full list of covered accidental injuries.

### **Can I take my insurance with me if I leave my employer?**

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

### **Can I access my life insurance if I become terminally ill?**

You may apply to receive a portion of your life insurance to help cover medical and living expenses. This is called an "Accelerated Benefit" and there are some important things to know about it, including that it is not long-term-care insurance, it may be taxable and it may affect your eligibility for public assistance programs. It will also reduce the total amount of the life insurance payment we pay to your beneficiary(ies).

### **What happens if I become Totally Disabled?**

If we determine that you are Totally Disabled and cannot work, your life insurance coverage may continue at no cost. You must meet certain requirements, as detailed in the Certificate.

### **How does my beneficiary file a death claim?**

Your beneficiary(ies) and your employer will complete the appropriate claims forms and submit them to us. We will notify your beneficiaries when the decision is made and if we have any questions. If approved, beneficiaries may elect to receive a lump sum payment or to have the benefit paid into an account where the funds accumulate interest and can be withdrawn at any time. (State restrictions apply and options may vary by state.) If your AD&D claim for an accidental injury is approved, the benefit amount will be paid directly to you.

Read the *Important information* section for more details including limitations and exclusions.

## Important information

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to the Certificate for details.

### Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

#### Life

In some states, your employer's group policy may exclude payment for suicide that occurs within a specific time period after the insurance or increase in insurance becomes effective. Please see your Certificate for details.

### Accidental Death and Dismemberment

We will not pay a benefit that is due to or results from: suicide while sane or insane; injuring oneself intentionally; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; bodily or mental infirmity or disease or infection unless due to an accidental injury; riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.

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Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, "Sun Life").

Group life insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 12-GP-01, 15-LF-01, 12-GPPort-P01, 12-LFPort-C-01, 15-ADD-C-01, 13-ADD-C-01 and 13-ADDPort-C-01.

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GVBH-EE-8384

SLPC 29579

# Voluntary Life Insurance



## ➤ MORE PROTECTION FOR YOUR LOVED ONES.

The people you love and support could face financial challenges without you. Life insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more.

## ➤ HELPS YOU CLOSE ANY COVERAGE GAPS.

You may have life insurance today, either on your own or through your employer. Now is a good time to ask yourself if you need more coverage.

### BENEFITS (You can purchase this coverage at a group rate.)

#### For you

You can choose from **\$10,000 to \$1,000,000**—in increments of \$10,000 **not to exceed 5 times** your Basic Annual Earnings. No medical questions asked **up to the Guaranteed Issue amount of \$250,000.**

Benefits are reduced at age 70 and may reduce again in subsequent years as noted in your Certificate.

#### For your spouse

Option 1: Flat **\$10,000**

Option 2: If you elect coverage for yourself, you can choose from **\$5,000 to \$250,000**—in increments of \$5,000. No medical questions asked **up to the Guaranteed Issue amount of \$50,000.**

Coverage ends when your spouse turns 70 years old.

The amount you select for your spouse cannot exceed 50% of your coverage amount.

#### For your child(ren)

If you elect coverage for yourself, you can **elect \$10,000.** No medical questions asked.

The amount you select for your child(ren) cannot exceed 50% of your coverage amount. Benefits may reduce as noted in your Certificate. Child(ren) must primarily depend on the employee for 50% or more of their support.

A full benefit is payable for a dependent child who is 14 days to 26 years old. (No benefit is payable for a child from birth to 14 days).

UNIVERSITY MEDICAL CENTER HEALTH SYSTEM

All Eligible Employees

POLICY # 972496

Sun Life Assurance Company of Canada

2384986 SEQ4 CL1 10/16/2024 11:00:20

## Frequently asked questions

### **Do I need to answer any health questions to enroll?**

Yes, if you request an initial amount higher than the Guaranteed Issue amount or if you want to increase coverage in excess of one increment annually. To answer health questions, please fill out our Evidence of Insurability application. Health questions must be approved by Sun Life before coverage takes effect. Please see your Certificate for details.

### **Can I increase my coverage at a later date?**

Yes. You may increase your coverage by one increment amount annually, without having to answer health questions, even if the increase means that your coverage exceeds the Guaranteed Issue amount. Your benefits administrator can advise you on how to increase coverage annually. The maximum benefit amount still applies.

### **What if my spouse and I work for the same employer?**

Under the policy, if you are married to another employee, you should check with your benefits administrator to confirm whether you are eligible to enroll your spouse as a dependent and to confirm any additional considerations for enrolling dependent children (if dependent child coverage is available).

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# 457(b) & 403(b) Retirement Plans



# • What this means to you

- Everything Empower does centers around you. The Empower experience is designed to:
- Help you be better prepared for retirement.
- Simplify your retirement planning.
- Give you more ways to access and manage your account(s).
- Help you take control of your financial situation.



# Matching contributions are like free money

Taking advantage of and maximizing the contributions your company makes to your savings is another way to add more to your future.

## Typically, the company match works like this:

- Your company matches a percentage of your contribution from 5% up to a maximum of 8%.
- Employer contributions are not included in your annual contribution limit.

UMC TSA Match	
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%

