

 **Kelsey-Seybold Clinic[®]**
Changing the way health cares.SM



2023 BENEFIT GUIDE



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This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

Welcome

Kelsey-Seybold is committed to providing you with valuable and quality services. Use this guide to gain a better understanding of the options available to you and your family. Additional information is available on The Pulse.

You have the right to request and receive a paper copy of documents that have been provided electronically. You may obtain these copies free of charge by contacting HR Benefits @ **713.442.5000**, option 3 or email **KSCBenefits@Kelsey-Seybold.com**.

Benefits Overview

This guide is not intended to replace the plan documents or insurance contracts. If there are any discrepancies between the information presented in this guide and the plan documents, the plan documents and contracts will govern.

If you and/or your dependents have Medicare or will become eligible for Medicare in the next 12 months, Federal Law gives you more choices about your prescription drug coverage.

The Patient Protection Affordable Care Act requires all employers with self-insured health plans that provide minimum essential coverage to report on the coverage provided for the calendar year. Kelsey-Seybold mails this document in January for the prior year coverage.



Benefit Eligibility

Who is Eligible?

The following employees are benefit eligible the first day of the month following hire or rehire date. If you are hired on the first day of the month, benefits are effective on that day.

- » Full-Time
- » Part-Time

Per Diem employees may be eligible after being employed for one year.

- » The initial look back period is 12 months in length after which an employee's work history is reviewed to determine the average number of hours worked per week.
- » Per Diem employees who work an average of 30+ hours per week within the 12-month look back period are eligible for part-time benefits the first day of the month following the measurement period. Those with an average of 20-29 hours per week are eligible for medical, dental, and vision only, at part-time rates.

Eligible Dependent Definition

All dependents enrolled in Kelsey-Seybold's plan must meet the definition of a qualified eligible dependent. An eligible dependent is:

Spouse

- » A spouse to whom you are legally united in matrimony or an informal marriage established by registering at a county courthouse.

If your spouse is working and has access to employer-sponsored medical benefits that provide minimum essential coverage, they must enroll in their employer provided medical plan. Any medical expenses incurred by an employed spouse who has not enrolled in their own employer-provided medical benefits will be the sole responsibility of the employee.

Child

- » Child up to the age of 26 that is your natural child, legally-adopted child, stepchild, child under your court approved legal guardianship, foster child, or child for which you have a court order.
- » Child who qualifies as your dependent under the terms of a Qualified Medical Support Order.
- » Disabled child over the age of 26.



Required Documentation

All employees must provide the following for any dependents enrolled in the Kelsey-Seybold medical plans:

- » A valid Social Security Number
- » The relationship status
- » Legal documentation within 31 days of enrollment

Examples of acceptable documentation:

- » Marriage License
- » Common Law Affidavit
- » Birth Certificate
- » Adoption Paperwork
- » Court Documents

Coverage Begins

New Employees – Benefits for full-time or part-time employees are effective the first day of the month following hire or rehire date. If you are hired on the first day of the month, benefits are effective on that day.

Current Employees – Employees currently enrolled in Kelsey-Seybold benefit plans may re-elect their benefit choices during annual open enrollment. The coverage period related to these new benefit choices is January 1 to December 31. Employees who do not make benefit choices during open enrollment will continue with their current benefit plans, with the exception of the Flexible Spending Account (FSA plan elections. Employees must make an annual election of FSA dollars.

Employees Transferring to a Benefit Eligible Status – Benefits for an employee transferring to a full-time or part-time status will be effective upon the first day of the month following the transfer date.

Qualifying Life Event

You cannot change your benefit elections during the year unless you have a life event that allows for a change. It is your responsibility to notify HR Benefits and make your changes within 31 days of a qualifying event. The following are examples of qualified life events:

- » Marriage
- » Divorce
- » Birth, Adoption, or Custodial change
- » Death of a spouse or dependent child
- » Change in your employment status that results in the gain or loss of eligibility of coverage
- » Gain or loss of spouse's group coverage
- » Change in dependent eligibility

Under IRS rules, changes must be made within 31 days of the qualifying event. Changes in coverage will be effective on the first day of the month following notification, except for events in which the IRS allows coverage to be retroactive.

Coverage Ends

- » Midnight on your last day of employment, except for medical, dental, and vision, which will end 14 days after last day of employment.
- » When you transfer to an ineligible status for benefits.
- » When a dependent becomes ineligible for coverage.
- » When Kelsey-Seybold is notified a dependent is no longer eligible.

Pre-Tax Deductions

Benefits deducted on a pre-tax basis include medical, dental, vision, and the healthcare and dependent care flexible spending accounts.





Kelsey-Seybold Clinic offers a choice of three quality medical plans (KelseyCare Network Plan; KelseyCare \$1,500 Deductible Plan; KelseyCare POS Plan)

Kelsey-Seybold contributes to the cost of your medical insurance. Your premiums are deducted pre-tax from your paycheck biweekly and are based on the coverage selected. Please refer to the Benefits Premium sheet for your biweekly premium amount.

KelseyCare Network Plan

With its unique network of more than 25 clinics, Kelsey-Seybold, the nation's first accredited Accountable Care Organization, is Houston's largest and most renowned private multi specialty physician group.

A direct provider network, consisting of Kelsey-Seybold physicians and more than 1,000 affiliate providers, is available for preventative and diagnostic medical services. You have open access to all Kelsey-Seybold physicians and clinic locations.

Coverage Highlights

- » **No out-of-network coverage**
- » \$20 copayment for Primary Care office visits (\$10 copay e-visits; \$20 copay video visits)
- » \$40 copayment for Specialty office visits (\$30 copay e-visits; \$40 copay video visits)
- » \$10 copayment for annual vision exam
- » \$0 annual deductible
- » \$2,000 individual and \$5,000 family annual out-of-pocket maximum
- » \$100 Urgent Care copayment
- » \$200 Emergency Room copayment
- » \$500 in-patient copayment per hospital admission (pre-certification required)

Out-of-area "Guest Privileges" benefits may be available for eligible dependents living away from the greater Houston area for a minimum of 60 days, not to exceed 2 years, unless enrolled in school program.

Contact Cigna Customer Service to find out if you qualify for "Guest Privileges."



KelseyCare \$1,500 Deductible Plan

With its unique network of more than 32 clinics, Kelsey-Seybold, the nation's first accredited Accountable Care Organization, is Houston's largest and most renowned private multi specialty physician group. A direct provider network, consisting of Kelsey-Seybold physicians and more than 1,000 affiliate providers, is available for preventative and diagnostic medical services. You have open access to all Kelsey-Seybold physicians and clinic locations.

Coverage Highlights

- » **No out-of-network coverage**
- » \$20 copayment for Primary Care office visits
(\$10 copay e-visits; \$20 copay video visits)
- » \$40 copayment for Specialty office visits
(\$30 copay e-visits; \$40 copay video visits)
- » \$10 copayment for annual vision exam
- » \$1,500 individual annual deductible and \$3,750 family annual deductible
- » \$2,500 individual annual out-of-pocket maximum and \$6,250 family annual out-of-pocket maximum
- » \$100 Urgent Care copayment
- » \$200 Emergency Room copayment
- » \$500 in-patient copayment per hospital admission (pre-certification required)



KelseyCare POS Plan

A Point of Service (POS) Plan combines In-Network KelseyCare and Out-of-Network benefits. The POS plan permits an individual to choose where to seek treatment at the time services are needed.

When receiving care from Kelsey-Seybold physicians, your claims are covered as if you were in the KelseyCare Network Plan, paying a copayment for visits, without first meeting a deductible. If you receive care from non Kelsey-Seybold physician, claims are paid out-of-network.

In this plan you can access medical services in three ways:

KelseyCare Network (In-Network)

This preferred network of coverage offers the highest level of coverage and is comprised exclusively of Kelsey-Seybold physicians and authorized referrals to the Kelsey-Seybold affiliate provider network.

Cigna POS Providers (Out-of-KelseyCare Network)

This feature allows members to receive care from participating Cigna providers. This is available to offer provider choice. These claims are subject to a \$500 individual deductible. After your annual deductible is met, the plan will pay 70% and you will pay a 30% coinsurance up to the out-of-pocket maximum.

Non-Kelsey/Non-Cigna POS Providers (Out-of-Network)

This allows members to select physicians outside of Kelsey-Seybold Clinic and the Cigna POS providers. These claims are subject to a \$500 individual deductible. After your deductible has been met, the plan will pay the provider 70% up to a maximum of 110% of Medicare allowable charges. You will pay a 30% co-insurance and any amount not covered by the plan.

Medical Benefits

KelseyCare Network Plan In-Network benefits only. No coverage for out-of- network providers.	KelseyCare \$1,500 Deductible Plan In-Network benefits only. No coverage for out-of-network providers.	KelseyCare POS Plan KelseyCare Network providers have same coverage as KelseyCare Network Plan. All other providers are paid as out-of-network claims.	
KelseyCare Network	KelseyCare Network	Participating Cigna Providers Out-of-KelseyCare Network	Non-Kelsey/Non-Cigna Participating Providers Out-of-Network

Calendar Year Deductible	\$0 Individual \$0 Family	\$1,500 Individual \$3,750 Family	\$500 Individual \$1,000 Family	\$500 Individual \$1,000 Family
Coinsurance Amount (of eligible expenses)		20% after deductible	30% after deductible	30% after deductible
Out-of-Pocket Maximum (includes deductible)	\$2,000 Individual \$5,000 Family	\$2,500 Individual \$6,250 Family	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family

Doctor's Office

Wellness (Limited to preventative services per the Affordable Care Act)	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Primary Care Office Visit	\$20 copay E-visits \$10 and Video Visits \$20	\$20 copay E-visits \$10 and Video Visits \$20	30% after deductible	30% after deductible + amounts billed over 110% of Medicare allowable amounts
Specialist Office Visit	\$40 copay E-visits \$30 and Video Visits \$40	\$40 copay E-visits \$30 and Video Visits \$40	30% after deductible	30% after deductible + amounts billed over 110% of Medicare allowable amounts

Other Professional Charges

Radiologist, Anesthesiologist and Pathologist	Outpatient Hospital: \$0 copay Inpatient \$0 (under facility charges)	20% after deductible	30% after deductible	30% after deductible + amounts billed over 110% of Medicare allowable amounts
Routine Vision Care	\$10 copay every 12 months at Kelsey Seybold Clinic	\$10 copay every 12 months at Kelsey Seybold Clinic	30% after deductible	30% after deductible + amounts billed over 110% of Medicare allowable amounts
Infertility Testing	\$20/\$40 copay (testing/ counseling)	20% after deductible	30% after deductible	30% after deductible + amounts billed over 110% of Medicare allowable amounts
Laboratory/X-Ray	\$0	20% after deductible	30% after deductible	30% after deductible + amounts billed over 110% of Medicare allowable amounts
Diagnostic X-Ray for complex imaging (MRI,CAT, PET scans)	\$100 copay per type of scan per day	20% after deductible	30% after deductible	30% after deductible + amounts billed over 110% of Medicare allowable amounts

Express Scripts (ESI) Prescription Drug Program

If you enroll in medical insurance, your prescription drug coverage will be through ESI.

Coverage Highlights

- » Preferred Network pharmacies are Kelsey-Seybold Pharmacies and HEB.
- » Generics are mandatory, if one is available. If a brand name formulary is chosen when a generic is available, the brand copayment plus the cost difference between generic and brand name is required. If a generic is not available, the standard costs for the brand name formulary will apply.
- » Generic prescriptions can be filled at Preferred Network pharmacies for a lower copay.
- » Prescriptions may be filled at any major pharmacy or retail store for a higher copay.
- » Mail orders available for 90 day supply.

	1st Tier Generic	2nd Tier Brand Name formulary	3rd Tier Brand Name Non-Formulary	4th Tier RX > \$600
Preferred Network (up to a 30-day supply)	\$10	\$30	\$60	(up to a 30-day supply) 20% copay with \$2,000 Out-of-Pocket Maximum
Preferred Network (90-day supply)	\$30	\$90	\$180	
	1st Tier Generic	2nd Tier Brand Name formulary	3rd Tier Brand Name Non-Formulary	4th Tier RX > \$600
Other Pharmacies (up to a 30-day supply)	\$20	\$40	\$70	(up to a 30-day supply) 20% copay with \$2,000 Out-of-Pocket Maximum
Mail Order Pharmacy (90-day supply)	\$60	\$120	\$210	

Specialty Management Program

The pharmacies are focused on providing you with the best possible care while you undergo specialty medication treatment.

The Services Include

- » Working as part of your care team with your healthcare provider
- » Supporting you with verbal counseling and information about your medications
- » Assisting you with medication self-administering training
- » Communicating with your healthcare provider regarding follow up, as needed
- » Helping you identify Copay Assistance Programs, when needed
- » Calling you each month to coordinate the refill shipment of your medication

Our plan uses different types of restrictions to help our members use drugs in the most effective ways.

Prior Authorization

For certain drugs, your provider will need to get prior approval from the plan before the cost of the drug will be covered.

Step Therapy

This requires you to try less costly but just as effective drugs before the plan covers another drug.

Quantity Limits

For certain drugs, the plan will limit the amount of the drug that you can get each time you fill your prescription.

Therapeutic Resource Centers (TRC)

Pharmacy practices specialize in caring for patients with the most complex and costly conditions. Through specialized training and regular interaction with patients, specialty TRC pharmacists and nurses handle the complex issues associated with specialty medications and the conditions they treat. Contacting a Therapeutic Resource Center team member can help you with resolving barriers to taking your medications, manage prescription usage associated with comorbidities, and establish a personal relationship with you and your physicians and caregivers.

Exclude at Launch

This program excludes certain medications at their market launch to allow for appropriate review of evidence and overall clinical value.



Cigna Dental Care

You have the option of electing either the Dental Health Maintenance Organization (HMO) plan or one of the Cigna Dental Choice (DPPO) plans. Both plans offer preventive, basic, major and orthodontic services. Kelsey-Seybold contributes to the cost of your dental insurance. Your premiums are deducted pre-tax from your paycheck biweekly and are based on the coverage selected.

Coverage Highlights

Cigna Dental HMO	Cigna Dental Choice (DPPO) (\$2,000 Calendar Year Maximum)
<ul style="list-style-type: none"> » \$0 annual deductible (per individual) » \$0 calendar year plan maximum » \$0 orthodontic lifetime deductible » 24-month orthodontic lifetime maximum » reduced, fixed pre-set charges for preventive and diagnostic care (i.e., annual exams, cleanings, x-rays, etc.) » reduced, fixed pre-set charges for basic restorative care (i.e., fillings, root canal, extractions, oral surgery, etc.) » reduced, fixed pre-set charges for major restorative care (i.e., crowns, dentures, and bridges) » Must use a dentist in the Cigna HMO network 	<ul style="list-style-type: none"> » \$50 annual deductible (per individual) » \$2,000 calendar year plan maximum » \$1,500 orthodontic lifetime maximum, covered at 50% » 90% (no deductible) for preventive and diagnostic care (i.e., annual exams, cleanings, x-rays, etc.) » 80% (after deductible) for basic restorative care (i.e., fillings, root canal, extractions, oral surgery, etc.) » 50% (after deductible) for major restorative care (i.e., crowns, dentures, and bridges)
<p>To find a Dentist, go to www.mycigna.com Select "Find a Doctor." Under "Find a Person," select Dentist. Select type of Dentist. To sort by DHMO/DPPO select "Change Plan" Your Network is – "Radius Network"</p>	



VSP Choice Plan

Administered by VSP

Services	In-Network	Out-of-Network
Frequency (Exams/Frames/Lenses)	Exams 12 Months Glasses/Frames 24 months adults/12 months child glasses/Lenses 12 months Contact Lenses 12 months (in lieu of glasses)	
Exam Copay	\$10	Reimbursed to \$40
Materials	\$25	Not applicable
Lenses Copay		
Single	100% after copay	Reimbursed to \$40
Bifocal	100% after copay	Reimbursed to \$60
Trifocal	100% after copay	Reimbursed to \$80
Lenticular	100% after copay	Reimbursed to \$80
Frames		
Retail Allowance	\$160 (20% off amount above \$160)	Reimbursed to \$100
Contacts		
Elective Contact Allowance (in lieu of glasses)	\$150, includes contacts exam	Reimbursed to \$150

If you enroll, you will not receive an ID card. Simply give your social security number to your VSP provider so they can verify your enrollment. You do not need to submit a claim for In-Network benefits. You must submit a claim to VSP for benefit reimbursement for Out-of-Network Services.

To Find a Provider

- » Go to www.VSP.com
- » Click on "Find a VSP Doctor"
- » Enter Zip Code or City/State
- » Click "Search"

New York Life Employee Basic Life Insurance

Kelsey-Seybold recognizes the importance of life insurance to protect your loved ones in the event of your death. All full-time employees receive basic life insurance at no cost to them. Additionally part-time employees can receive basic life insurance at an additional cost.

Life insurance is subject to coverage limitations.

Coverage Highlights

Full-Time Employees

- » Automatic enrollment of 2 times your Annual Benefits Pay*
- » Maximum coverage of \$1.75 million
- » No cost to employees, Kelsey-Seybold pays 100% of the premium

Part-Time Employees

- » May elect up to 2 times your Annual Benefits Pay*
- » Maximum coverage of \$1.75 million
- » Employees pay 100% of the premium

Evidence of Insurability is Required if...

- » If you are a part-time employee and you do not elect basic life insurance within 31 days of first becoming eligible for coverage and subsequently elect coverage.

Premiums

Premiums are based on your Annual Benefits Pay.*

New York Life Employee Supplemental Life Insurance

Understanding that each employee's needs are different, Kelsey-Seybold provides additional options for purchasing life insurance. Working with New York Life, Kelsey-Seybold offers a comprehensive life insurance plan that includes portability options.

Life insurance is subject to coverage limitations. Any coverage amount over the guaranteed issue limit is subject to Evidence of Insurability (EOI). New York Life will send you instructions on where and how to complete the form on-line at www.myNYLGBS.com. In some instances, New York Life may require additional medical testing or a physical. You must be approved by New York Life for the additional amount of coverage and you must be actively employed for the coverage to be effective.

Coverage Highlights

- » Coverage in units of \$10,000
- » Maximum coverage up to the lesser of 3 times annual benefits pay or \$1.75 million
- » Employees pay 100% of the premium

Evidence of Insurability is Required if...

- » You do not elect supplemental life insurance within 31 days of first becoming eligible for coverage and subsequently elect coverage.
- » Full-time and part-time employees can elect supplemental life insurance up to \$100,000 as an annual enrollment election. Evidence of insurability is required for amounts over \$100,000.
- » New Hires can elect up to \$500,000 at their initial enrollment. EOI is required for amounts over \$500,000.

Premiums

Premiums are deducted from your paycheck biweekly and based on your age as of 1/1.

*Annual Benefits Pay: Equal to your base pay (including incentive compensation for executives of KS Management Systems and members of KS Management Services and members of Kelsey-Seybold Medical Group, PA) as of October 1, 2022 or salary at time of hire in 2023.

This information is a brief description of the important features of the plan. It is not a contract. Terms and conditions of life coverage are set forth in Group Life Policy No. FLX965092, FLX965011 and AD&D Policy No. OK966540. The group policy is subject to the laws of the jurisdiction in which it is issued. The availability of this offer may change. Please keep this material as a reference. Coverage is underwritten by New York Life Insurance Company.

New York Life (NYL) Dependent Life Insurance

Dependent life coverage is available if you would like to insure your dependent child(ren) or spouse.

Coverage Highlights

Child

- » You may cover your dependent child(ren) for \$10,000 per child
- » Employees pay 100% of the premium
- » Children never require Evidence of Insurability

Spouse

Spouse Life insurance is subject to coverage limitations. Any coverage amount over \$50k is subject to Evidence of Insurability (EOI). New York Life will send you instructions on where and how to complete the form on-line at

www.myNYLGBS.com. In some instances, New York Life may require some additional medical testing or a physical. Your spouse must be approved by New York Life for the additional amount of coverage and they cannot be an inpatient in a hospital, hospice, rehabilitation or convalescence center, or custodial care facility; or confirmed to his or her home under the care of a physician.

You may cover your spouse in units of \$10,000 up to \$500,000. The amount cannot exceed 100% of Employee Basic Life + Supplemental Life combined.

Evidence of Insurability is Required if...

- » You do not elect spouse life insurance within 31 days of first becoming eligible for coverage and subsequently elect coverage.
- » You elect spouse life coverage that exceeds \$50,000.

Please refer to the Certificate of Coverage for more highlights related to your life insurance coverage.

Premiums

Premiums are deducted from your paycheck biweekly and based on your age. Your premium will increase 1/1 the following year after your age puts you in a higher age bracket.

New York Life Accidental Death & Dismemberment Insurance

Accidental Death & Dismemberment (AD&D) insurance pays a lump sum benefit for accidental injuries that result in death or dismemberment suffered by you or a covered dependent.

Coverage Highlights

- » You may elect to cover yourself only or yourself and your family. The employee election is in units of \$10,000 with child and spouse coverage as a percentage of the employee's volume.
- » Certain benefit riders and payable benefit amounts apply. Please refer to the Summary Plan Description for more details.
- » Maximum coverage of lesser of 5 times annual benefit pay or \$1 million dollars.

Premiums

- » Premiums are deducted from your paycheck biweekly and are based on your plan election and your Annual Benefits Pay.*
- » If you and your spouse are both employed by Kelsey-Seybold and eligible to enroll for coverage under the Plan, one but not both, may purchase Family Coverage. The other spouse may not elect coverage as they are already covered under family coverage.

*Annual Benefits Pay: Equal to your base pay (including inventive compensation for executives of KS Management Systems and members of KS Management Services and members of Kelsey-Seybold Medical Group, PA) as of October 1, 2022 or salary at time of hire in 2023.





New York Life (NYL) Disability

Disability coverage provides income protection in the event you become sick, injured or pregnant, and are unable to work for an extended period of time. New York Life conveniently handles your claims process from start to finish to reduce the stress related to administration of these benefits.

If you elect Long-Term Disability, Kelsey-Seybold will provide, at no cost to you, a core Short-Term Disability benefit. In addition, employees may elect, at their own expense, Supplemental Short-Term Disability.

	Disability Definition	Waiting Period	Benefits Paid	Maximum Benefit Duration
Short-Term Disability	Receiving appropriate care and treatment from a doctor on a continuing basis and unable to earn more than 80% of your pre-disability earnings at your own occupation.	14 calendar days from date of disability	Core Plan (100% of premiums paid by Kelsey): 60% of pre-disability earnings up to \$1,000 per week Supplemental Plan (100% of premiums paid by employee). 66.67% of pre-disability earnings up to \$2,500 per week	26 weeks from date of disability
Long-Term Disability	Receiving appropriate care and treatment from a doctor on a continuing basis. Unable to earn more than 80% of your pre-disability earnings at your own occupation due to sickness, injury or pregnancy.	180 calendar days from date of disability	Option 1: 50% of pre-disability earnings up to \$10,000 per month Option 2: 65% of pre-disability earnings up to \$25,000 per month	Dependent upon: Type of medical condition; Age at the time the disability occurs

Definition of Pre-Disability earnings: Equal to your base pay (including incentive compensation) as of October 1, 2022 or, if hired in 2023, salary at the time of hire.

Review the Plan summary for pre-existing condition limitations, definition of disability and maximum duration details.

BPAS Flexible Spending Accounts (FSAs)

A Flexible Spending Account (FSA) allows you to set aside pre-tax dollars in a special account to use to pay for qualified expenses in the coming year. There are two types of FSA accounts: Healthcare and Dependent Care. You can select one or both. You can save as much as 30% on eligible expenses incurred by you or your dependent(s) by reducing your taxable income, thereby paying less in taxes.

You select the deduction amount during Open Enrollment. These annual contributions must be elected each year and funds do not carry over from year to year. IRS guidelines state that any funds in your FSA account that you do not use by March 15th of the following year will be forfeited. Therefore, you should carefully estimate your expected eligible expenses before making your annual contribution election. Claims for eligible expenses must be submitted by April 30.

Flexible Spending Account - Administered by BPAS		
	Healthcare Spending Account	Dependent Care Spending Account
When are funds available?	January 1 of the Plan Year	You may use funds as they accrue via payroll deductions
What are the Qualified Expenses?	Healthcare services that are not fully covered or are ineligible for payment under your healthcare plans, such as plan deductibles, copayments, eye glasses, dental visits, or amounts exceeding maximum out-of-pocket expenses. Certain services such as cosmetic procedures are not qualified expenses.	Child care services for children under age 13 which make it possible for you (or spouse, if applicable) to work. Under certain circumstances, it may also be used to pay for the care of elderly parents or a disabled spouse or dependent.
How do I access my account or submit a claim?	After enrollment, you will receive an FSA debit card to use to pay for qualified healthcare expenses for you and your dependents. You must keep documentation of expenses purchased with the debit card. You may be required to submit these itemized receipt to BPAS. If you do not do so in a timely manner, your account could be suspended. NOTE: a prescription is required to use the debt card for most over-the-counter (OTC) medications; see the list of qualified OTC drugs on The Pulse. If your healthcare provider does not accept debit cards, you may submit a claim form along with your itemized receipt of the purchase to BPAS.	After paying for your qualified dependent care expenses, submit a claim form along with receipts of the expense to BPAS, our FSA administrator. Expenses may be paid to: Daycare Centers Nanny Services Day Camps Preschool After School Care Elder Care, or Family Members (if not listed as dependents)

FSA Annual Contribution Table		Min	Max
Healthcare FSA		\$260	\$3,050
Dependent Care FSA (married, filing jointly)		\$260	\$5,000
Dependent Care FSA (married, filing separately)		\$260	\$2,500

By using www.bpas.com, you can learn what is an eligible expense, review your reimbursements and submit documentation. Through the mobile app you can receive text alerts and make mobile claim submissions. To set up your account, go to www.bpas.com If you need assistance logging in, please contact BPAS Customer Service Department at **866.401.5272**; select **Option 3**.

Cigna Voluntary Critical Illness

Cigna Critical Illness pays a lump-sum cash benefit to help you cover the out of pocket expenses associated with a critical illness. The plan pays a single-payment benefit directly to you to use any way you like when you are diagnosed with one of the covered illnesses.

Plan Features

- » Lump Sum Benefit Policy of \$15,000 or \$30,000.
- » Tax free single payment, regardless of what is covered by other sources directly to the policyholder.
- » Annual Wellness Benefit – Pays \$50 once per calendar year per covered person when a covered wellness checkup is performed, including pap smear, mammogram, colonoscopy, etc. Diagnosis of an illness is not required.
- » Second Event – Policy will pay twice on each covered illness (except Cancer) as long as there is a 12 month separation between dates of diagnosis.
- » Portable policy, so it stays with you if you retire or change jobs.
- » Covers a broad range of conditions most likely to cause major lifestyle changes including:
 - » Invasive Cancer
 - » Heart Attack
 - » Stroke
 - » Kidney Failure
 - » Coronary Artery Bypass
 - » Major Organ Transplant
 - » Carcinoma in Situ

Subject to 12-month pre-existing clause.

Cigna Voluntary Accident Insurance

Off The Job Accident Policy

Provides supplemental coverage for those enrolled with expenses they may incur as a result of an accident off the job.

Common activities which may lead to an injury include football, baseball, basketball, soccer, tennis, biking, cheerleading, motorcycle riding, automobiles, etc.*

With over 30 named benefits, the accident policy covers many of the common injuries and treatments sustained as a result of a covered accident including:

- » Urgent Care and Emergency Room
- » Hospital Confinements
- » Fractures and Dislocations
- » Crutches
- » Lacerations

Benefits are paid based on how treatment is prescribed by a physician.

The policy also includes a wellness, health screening and preventive care benefit of \$50 per insured per year. Some examples include (but are not limited to) routine gynecological exams, general health exams, mammography, and certain blood tests

*Some activities have restrictions. Please refer to the brochure and policy for a complete listing of benefits, limitations, and exclusions. Where any discrepancy exists, policy language will overrule.

There is no pre-existing condition waiting period for the Accident Policy. Coverage may include you, your spouse and your dependent children. You may even be eligible to continue coverage when coverage under the policy ends. Please note an accident must occur after the effective date of coverage, January 1, 2023, to be a claimable event.

Cigna Voluntary Hospital Indemnity Insurance

Provides supplemental coverage for you and your family as additional financial protection for expense associated with hospitalizations. Hospital indemnity helps cover out-of-pocket costs for inpatient hospital stays. The plan coverage includes inpatient admission for illnesses, injuries and maternity stays. The plan has no pre-existing exclusions.

You choose how to spend or save your benefit. Benefit examples include: Hospital Admission, Hospital Chronic Condition Admission, Hospital Daily Stays, Hospital Intensive Care Unit (ICU) Stays, Hospital Observation Stay.

Plan Features

- » **Cash benefit paid directly to you.** No copays, deductibles, coinsurance, or network requirements.
- » **Use the money however you want.** Pay for costs, such as medical copays and deductibles, travel to see a specialist, child care, help around the house, alternative treatments and more. It's up to you.
- » **Cost-effective coverage.** By signing up through your employer, you get coverage at a low group rate.
- » **Take it with you.** You may be able to take your coverage with you if you leave your employer – benefits won't change if you port your coverage

Kelsey-Seybold 401(k) Plan

All employees of Kelsey-Seybold Clinic are eligible to participate in the Kelsey-Seybold 401(k) Plan immediately upon hire. The 401(k) Plan allows you to save for retirement in a tax deferred manner.

Employee Contribution

New hires and employees are automatically enrolled at a 4% pre-tax payroll deduction rate each pay period. Employees can elect to defer additional, or less, contributions as Traditional pre-tax contributions or Roth after-tax contributions. You can change your Plan contribution at any time and the change will be effective as soon as administratively possible.

Employer Contribution

Kelsey-Seybold contributes to your retirement by making the following contributions to the Plan.

- » Employer Match – Kelsey-Seybold contributes a 50% matching contribution to the Plan, up to 6% of your eligible compensation each pay period, for a maximum matching amount of up to 3% of your eligible pay.
- » Discretionary Contribution – Kelsey-Seybold may make an annual employer discretionary contribution to your 401(k) retirement account (after the end of the calendar year). You must have 12 months of service prior to the beginning of the plan year and be employed on the last day of the year to be eligible for this contribution. The plan year begins on 1/1 and ends on 12/31. An employer discretionary contribution is based on your eligible compensation for any year it is declared.
- » Employer Contributions are subject to a 3 year vesting schedule. You must work 1000 hours in a year to receive vesting credit for one year.

Investments

The plan offer a wide range of investment options in which to invest your retirement funds. If you do not make an Investment Election your funds are invested in a Qualified Default Investment. You have the right to make changes to the investment of your future contributions as well as redirect the investment of your existing accounts at any time.

To set up your account or make changes:

Kelsey-Seybold.retirepru.com

Or 877.778.2100

Unum Voluntary Whole Life Insurance

As a complement to our group term life coverage, we offer Unum voluntary individual Interest Sensitive Whole Life Insurance. The premiums are affordable and are guaranteed not to increase as you get older. You enroll in the amount of coverage you can afford that best meets the needs of your family and coverage can be increased annually to meet your changing needs.

No physical exam is required to obtain coverage. Coverage is effective on January 1st after you enroll in the plan. Policies are portable so that they stay with you if you retire or change jobs and you keep the same premium amount.

Plan Features

- » Cash Value Accumulation – Your policy can build cash value that earns interest, never less than the guaranteed minimum of 4.5%, that you can utilize while you are still alive.
- » The overall maximum face amount for an employee is \$200,000. The overall maximum face amount for a spouse is \$50,000.
- » Advance Benefit Option Rider – Allows policy owner to request an advance of the policy's death benefit up to 50% of the policy's face amount – to a maximum of \$100,000 - if the insured is diagnosed with a medical condition limiting life expectancy to 6 months or less.
- » Accidental Death Benefit Rider – For an additional premium, this rider provides an additional death benefit equal to the face amount, up to a maximum of \$150,000, if the insured dies as a result of an accident before age 70.
- » Premiums are based on the insured's age at policy issue and do not increase as you get older.



2023 Premium Rate Sheet: Full-Time

Medical Insurance

(Select one: KelseyCare Network, KelseyCare POS or KelseyCare \$1,500 Deductible)

Benefit Plan	Pay Period Cost
KelseyCare Network	
Employee	\$90.36
Employee + Spouse	\$242.16
Employee + Child(ren)	\$162.66
Family	\$327.10
KelseyCare Cigna POS	
Employee	\$120.69
Employee + Spouse	\$321.82
Employee + Child(ren)	\$217.26
Family	\$435.22
KelseyCare Cigna \$1,500 Deductible	
Employee	\$ 69.92
Employee + Spouse	\$197.21
Employee + Child(ren)	\$125.87
Family	\$263.75

Dental and Vision Insurance

(DHMO or Choice of DPPO Plan)

Benefit Plan	Pay Period Cost
Cigna DHMO	
Employee	\$3.60
Employee + Spouse	\$7.26
Employee + Child(ren)	\$7.21
Family	\$11.74
Cigna DPPO \$2,000	
Employee	\$13.26
Employee + Spouse	\$29.09
Employee + Child(ren)	\$25.95
Family	\$43.80
VSP Choice	
Employee	\$3.14
Employee + Spouse	\$5.49
Employee + Child(ren)	\$5.77
Family	\$10.73

Reimbursement Accounts (select one or both or none)

	Pay Period Cost
Healthcare Annual Cost (maximum \$3,050 divided by 26)	\$
Dependent Care Annual Cost (maximum \$5,000 divided by 26)	\$

Life Insurance

	Pay Period Cost
Basic Employee Life— KSC pays two times your Annual Benefit Salary at no cost to you	\$
Supplemental Employee Life Calculation — To calculate your pay period cost, take your elected amount / 10,000 x age rate table and divide final number by 26. (Use age rate table) Due to rounding, this may be off a few cents.	\$
Your elected amount / 10,000 = x your age rate = annual rate divided by 26	
Spouse Life Calculation — Available in \$10,000 increments up to \$500,000—Take your Selected Spouse Life Insurance Amount / 10,000 x age rate table (use age rate table) Due to rounding, this amount may be off a few cents.	\$
Spouse Benefit / 10,000 = x your age rate = _____ divided by 26	

Child(ren) Life	Biweekly Cost	Pay Period Cost
\$10,000	\$0.55	\$

Age Rate Table for Supplemental Life/Spouse Life

Under 19	3.48	35-39	6.96	55-59	42.72
20-24	3.48	40-44	9.24	60-64	57.72
25-29	4.56	45-49	13.80	65-69	90.00
30-34	4.56	50-54	23.04	70+	163.80

2023 Premium Rate Sheet: Full-Time

Accidental Death & Dismemberment

Pay Period Cost	
EE Only— To calculate your pay period cost - divide final number by 26 *Due to rounding, this amount may be off a few cents Your elected amount / 10,000 = _____ x 1.92 = annual rate	\$
EE + Family— To calculate your pay period cost - divide final number by 26 Your elected amount / 10,000 = _____ x 1.92 = annual rate	\$

Long-Term Disability Insurance

Select one of the following and Kelsey-Seybold will provide a core Short-Term Disability benefit.

Pay Period Cost	
Base LTD (50% replacement income) To calculate your pay period cost—divide final number by 26 Your Annual Benefit Salary / 100 = x 0.46 =	\$
Supplemental (65% replacement income) To calculate your pay period cost—divide final number by 26 Your Annual Benefit Salary / 100 = x 0.68 =	\$

Short-Term Disability Buy-Up Insurance

Pay Period Cost	
Your Annual Salary (Max \$194,000) / 52 = x 66.67% = /10= x \$0.17= Monthly Premium	\$
To calculate your pay period cost - multiply final number by 12 and divide by 26.	\$

Group Critical Illness

Age	\$15,000 Coverage		\$30,000 Coverage		Pay Period Cost
	EE only EE + Child(ren)	EE + Spouse EE + Family	EE Only EE + Child(ren)	EE + Spouse EE + Family	
0-35	\$5.00	\$7.53	\$9.00	\$13.47	\$
36-50	\$12.05	\$18.14	\$23.10	\$34.68	\$
51-60	\$25.70	\$38.60	\$50.40	\$75.60	\$
61-63	\$40.35	\$60.59	\$79.71	\$119.58	\$
64+	\$60.15	\$90.29	\$119.31	\$178.98	\$

Cigna Group Accident

EE only	EE + Spouse	EE + Child(ren)	EE + Family	Pay Period Cost
\$5.78	\$8.48	\$11.66	\$14.58	\$

Cigna Group Hospital Indemnity

EE only	EE + Spouse	EE + Child(ren)	EE + Family	Pay Period Cost
\$9.12	\$15.98	\$14.68	\$21.54	\$

2023 Premium Rate Sheet: Part-Time/Benefit Eligible

Use these rates if you are Part-Time regularly scheduled to work 20–29 hours per week or Benefit eligible.

Medical Insurance

(Select one: KelseyCare Network, KelseyCare POS) or KelseyCare Cigna \$1,500 Deductible)

Benefit Plan	Pay Period Cost
KelseyCare Network	
Employee	\$90.36
Employee + Spouse	\$524.10
Employee + Child(ren)	\$379.56
Family	\$849.41
Kelsey Care Cigna POS	
Employee	\$120.69
Employee + Spouse	\$578.56
Employee + Child(ren)	\$425.97
Family	\$921.96
Kelsey Care Cigna \$1,500	
Employee	\$ 69.92
Employee + Spouse	\$479.15
Employee + Child(ren)	\$342.77
Family	\$786.06

Dental and Vision Insurance

(DHMO or Choice of DPPO Plan)

Benefit Plan	Pay Period Cost
Cigna DHMO	
Employee	\$3.60
Employee + Spouse	\$7.26
Employee + Child(ren)	\$7.21
Family	\$11.74
Cigna DPPO \$2,000	
Employee	\$13.26
Employee + Spouse	\$29.09
Employee + Child(ren)	\$25.95
Family	\$43.80
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Employee	\$3.14
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Family	\$10.73

Reimbursement Accounts (select one or both or none)

	Pay Period Cost
Healthcare Annual Cost (maximum \$3,050 divided by 26)	\$
Dependent Care Annual Cost (maximum \$5,000 divided by 26)	\$

Life Insurance

	Pay Period Cost
Basic Employee Life— You can elect up to 2x your Annual Benefit Salary. Employee pays 100% of Premium.	\$
Supplemental Employee Life Calculation — To calculate your pay period cost, take your elected amount / 10,000 x age rate table and divide final number by 26. (Use age rate table) Due to rounding, this may be off a few cents. Your elected amount / 10,000 = x your age rate = annual rate divided by 26	\$
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30-34	4.56	50-54	23.04	70+	163.80

2023 Premium Rate Sheet: Part-Time/Benefit Eligible

Accidental Death & Dismemberment

Pay Period Cost	
EE Only— To calculate your pay period cost - divide final number by 26 *Due to rounding, this amount may be off a few cents	\$
Your Annual Benefit Salary / 1,000 = x .192 = x 1, 2, 3, 4 or 5 (level of coverage) = \$	
EE + Family— To calculate your pay period cost - divide final number by 26	\$
Your Annual Benefit Salary / 1,000 = x .384 = x 1, 2, 3, 4 or 5 (level of coverage) = \$	

Long-Term Disability Insurance

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Short-Term Disability Buy-Up Insurance

Pay Period Cost	
Your Annual Salary (Max \$194,000) / 52 = x 66.67% = /10= x \$0.17= Monthly Premium	\$
To calculate your pay period cost - multiply final number by 12 and divide by 26.	\$

Group Critical Illness

Age	\$15,000 Coverage		\$30,000 Coverage		Pay Period Cost
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Cigna Group Accident

EE only	EE + Spouse	EE + Child(ren)	EE + Family	Pay Period Cost
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Cigna Group Hospital Indemnity

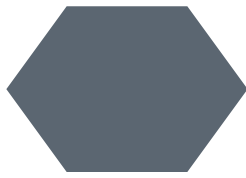
EE only	EE + Spouse	EE + Child(ren)	EE + Family	Pay Period Cost
\$9.12	\$15.98	\$14.68	\$21.54	\$

Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local Human Resources department.

Benefit	Administrator	Phone	Group #
Eligibility, Enrollment, COBRA and Cost	Benefits Department	713.442.5000 opt. 3	
Pre-enrollment Line	Medical and Dental	888.806.5042	PHY 2464734 EE 2466930
Medical Coverage	KelseyCare Network KelseyCare POS Network KelseyCare \$1,500 Deductible	800.244.6224	PHY 2464734 EE 2466930
Pharmacy Coverage	Express Scripts (ESI)	888.296.4876	
Vision Coverage	VSP	800.877.7195	
Dental Coverage	Cigna	800.244.6224	PHY 2464734 EE 2466930
Life	New York Life		Basic FLX 965092 SuppFLX 965011
Accidental Death & Dismemberment	New York Life		OK 966540
Disability	New York Life	800.238.2125	PHY: STD-FLK961073 LTD-VDT962922 Policy #s: EE: STD-FLK961030 LTD-VDT962686
Flexible Spending Account	BPAS	866.401.5272	Your Social Security Number
Employee Assistance Account	United Behavioral Health	800.788.5614	
Retirement	Empower	877.778.2100	
Voluntary Benefits	Micha Castro Voluntary Benefits Account Critical Illness, Accident, Hospital Indemnity Insurance	210.757.4273 or 800.840.6580 ext. 4	
	Unum Whole Life	713.706.4761 or 800.543.8686	
KelseyCare Concierge	KelseyCare	713.442.9540	
KelseyCare Advantage	KelseyCare	713.442.2273	





This benefit summary prepared by



Gallagher

Insurance | Risk Management | Consulting

Kelsey-Seybold Clinic

Human Resources

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713.442.5000

