



Methodist Children's Home
Offering Hope Since 1890



BENEFITS ENROLLMENT GUIDE

JULY 1, 2026 - JUNE 30, 2027



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Welcome to your Benefit Enrollment Period! As a member of Methodist Children's Home, you are eligible for a wide range of valuable benefits designed to:

- Promote the health and wellness of you and your family
- Protect your income while you are working
- Help you balance your personal responsibilities and work life

This Enrollment Guide highlights your choices and provides an overview of the benefits available to you. During this Benefit Enrollment period, you have the opportunity to evaluate the health needs of you and your family, and make any necessary changes.

Please review your options, make final decisions, and be sure to enroll online in your enrollment portal, e3. If you have any questions, please reach out to us. We are happy to help.

Thank you for being a member of our team. We look forward to another great benefit year with you!

Sincerely,

Human Resources Team



FREQUENTLY ASKED QUESTIONS

Who is eligible for benefits?

All full-time employees regularly scheduled to work at least 30 hours per week are eligible for benefits. Coverage may also be elected for dependents, including your legal spouse and dependent children up to age 26.

What benefits require election?

All benefits are required to be elected or declined electronically via your enrollment system, e3. Every eligible employee must elect or decline coverage, even if you would like things to remain the same, we will ask that you reaffirm your benefit elections.

What if I am enrolling for the first time?

New employees may elect coverages for the first time after meeting the New Hire Waiting Period. Employees are eligible for benefits the 1st of the month following 60 days of full-time employment.

What if I make a mistake in choosing coverage or change my mind?

Once Open Enrollment closes, changes cannot be made unless you experience an IRS recognized event. Please be very careful when selecting your coverage.

What is an IRS recognized event?

Examples include: marriage, divorce, birth or adoption, death, change in spouse's employment status, and change in eligibility. Notify Human Resources and complete appropriate documentation within 30 days of experiencing an IRS recognized event.

What if I need to request an ID card?

Contact information for each insurance carrier can be found on the back cover of this guide. You have the option of calling the carrier to request ID Cards, or you can also print a temporary card directly from the carrier's website.

What is the Transition to UMR?

You will receive new ID cards. Your providers should be in the UnitedHealthcare Choice Plus Network (look for "UnitedHealthcare Choice Plus Network (English)"). Deductibles will transfer from BCBS, so any deductible amount you've already met will carry over and be credited.

When do my requested Open Enrollment elections go into effect?

Approved Open Enrollment elections go into effect July 1, 2026. The complete plan year is July 1, 2026 through June 30, 2027.

Key Insurance Terms

Deductible

Deductible is the amount of money you pay for eligible medical expenses in a calendar year. For In-Network providers, you will pay the negotiated rate. For Out-of-Network providers, you will pay the full charge. After the Deductible is met, you are only responsible for the Coinsurance or Copay amounts until you reach the Maximum Out-of-Pocket amount.

Coinsurance

Coinsurance is a cost sharing between you and the insurance company, once your deductible has been met.

Copay

Copay is a flat fee you pay at the time of service.

Maximum Out-of-Pocket

The most you will pay for covered expenses during the year. After meeting this amount, the plan will pay 100% of covered expenses for the rest of the year.

In/Out-of-Network

If providers are contracted within the plan (In-Network) then they are required to provide care at a negotiated fee which results in lower Out-of-Pocket costs. Providers that are not contracted within your plan's network (Out-of-Network) do not have to adhere to the negotiated contracted rates, therefore can charge you more. It is a smart financial decision to stay In-Network whenever possible.

MEDICAL OVERVIEW

Methodist Children's Home is pleased to offer you two medical plan options this year through UMR. Both plans offer In and Out-of-Network benefits. Contact UMR directly to locate In-Network providers and facilities. Please see the table below which provides coverage highlights for both plans. For a complete benefits summary, please refer to the UMR plan documents.

UMR		
Coverage	HSA PPO Plan	Traditional PPO Plan
	In-Network	In-Network
Network Name	Choice Plus	Choice Plus
Deductible Individual / Family	Calendar Year \$5,000 / \$10,000	Calendar Year \$3,000 / \$5,000
Coinsurance	100% / 0%	80% / 20%
Primary Physician Service	Deductible	\$30 Copay / \$0 Copay under age 19
Specialist Physician Service	Deductible	\$60 Copay
Preventive Care	100% Covered	100% Covered
Inpatient Hospitalization	Deductible	20%
Outpatient Surgery	Deductible	Deductible, then 20% Coinsurance
Emergency Room*	Deductible	\$500 Copay + 20% Coinsurance
Urgent Care Services	Deductible	\$75 Copay
Diagnostic Lab & X-Ray	Deductible	\$0 Copay & \$0 Copay
Advanced Imaging	Deductible	Deductible, then 20%
Prescription Medications		
Generic	Deductible	\$10
Brand Preferred		\$25
Brand Non-Preferred		\$50
Mail-Order (90 Day Supply)	Deductible	2.5X Retail Copay
Out-of-Pocket Max Individual / Family	Calendar Year \$5,000 / \$10,000	Calendar Year \$5,000 / \$10,000
Out-of-Network Benefits		
Deductible Individual / Family	Calendar Year \$10,000 / \$20,000	Calendar Year \$5,000 / \$10,000
Coinsurance	50% / 50%	50% / 50%
Out-of-Pocket Max Individual / Family	Calendar Year \$10,000 / \$20,000	Calendar Year \$10,000 / \$20,000

*Extra costs could arise for services after admittance to the Emergency Room.

MEDICAL DEDUCTIONS

Employee Gross Wages UNDER \$2,200

Bi-Weekly Deductions (24x Per Year)	HSA PPO Plan		Traditional PPO Plan	
	UNDER 5 Years of Service	OVER 5 Years of Service	UNDER 5 Years of Service	OVER 5 Years of Service
Employee	\$40	\$20	\$76	\$51
Employee + Spouse	\$199	\$166	\$365	\$304
Employee + Child(ren)	\$154	\$128	\$280	\$233
Employee + Family	\$260	\$217	\$475	\$396

Employee Gross Wages OVER \$2,200

Bi-Weekly Deductions (24x Per Year)	HSA PPO Plan		Traditional PPO Plan	
	UNDER 5 Years of Service	OVER 5 Years of Service	UNDER 5 Years of Service	OVER 5 Years of Service
Employee	\$69	\$56	\$127	\$101
Employee + Spouse	\$266	\$233	\$486	\$425
Employee + Child(ren)	\$205	\$179	\$373	\$326
Employee + Family	\$347	\$304	\$633	\$554

Employee Gross Wages OVER \$5,160

Bi-Weekly Deductions (24x Per Year)	HSA PPO Plan		Traditional PPO Plan	
	UNDER 5 Years of Service	OVER 5 Years of Service	UNDER 5 Years of Service	OVER 5 Years of Service
Employee	\$97	\$83	\$178	\$152
Employee + Spouse	\$332	\$299	\$608	\$547
Employee + Child(ren)	\$256	\$230	\$466	\$420
Employee + Family	\$434	\$390	\$792	\$713



HEALTH SAVINGS ACCOUNT (HSA)

ONLY ELIGIBLE IF YOU ELECT THE HSA PPO PLAN

What is a Health Savings Account (HSA)?

A Health Savings Account (HSA) is an account you can use to pay for qualified health expenses for yourself and your dependents (including dependents NOT covered by this medical plan). Unlike traditional tax advantaged accounts for health expenses, your HSA is portable if you leave your employer. You can only contribute while you are covered by a high-deductible health plan.

Why would I contribute to an HSA?

Contributions you make to your HSA are tax-free. This reduces your taxable income and potentially, your tax liability. Consult your tax advisor to determine how your HSA affects your unique tax circumstances. When you withdraw funds to pay for qualified health expenses, the funds remain tax-free.

Whose money is it?

Based on IRS rules, the money you and/or your employer deposit into your account is yours. You (or a user authorized by you) are the only one who can withdraw the money from this account. The funds are yours even if your employment ends.

How much money can I put into the account?

You can contribute to your HSA each year you are eligible.

2026 IRS HSA Contribution Limits:

Individual: \$4,400

Family: \$8,750

Over the age of 55: \$1,000 catch-up contribution

When can I start to use the funds in my HSA?

Once your account is open, a deposit has been made to your account, and funds are available, you can start using your HSA. You are 100 percent vested as soon as the funds are deposited and you have total control over the funds.

What happens to my HSA if I leave my employer?

All funds contributed to your HSA are yours to keep. You can:

- Keep your HSA or;
- Transfer your funds to another qualifying HSA within 60 days of withdrawing the funds to avoid taxes and an additional 10 percent penalty.

HSA Fun Fact

Online retailer Amazon announced you can use your HSA to purchase eligible medical products from their website.

Methodist Children's Home will contribute a one-time lump sum of \$1,000 and will be submitted shortly after the first payroll run following the employee's elections. For those electing on 7/1, the funds will be available in their Health Savings Account within the first week of July.

FLEXIBLE SPENDING ACCOUNT (FSA)

Flexible Spending Accounts (FSAs) are reimbursement accounts that allow you to pay for certain eligible expenses with tax-free dollars. Through pre-tax salary reduction and reimbursement, you convert taxable income into non-taxable benefits. The result is reduced tax withholding and more take-home pay. FSA participation results in tax savings of approximately 30% for all dollars run through the plan. When enrolled in the FSA, you will receive a debit card in the mail to use for eligible medical expenses.

There are two types of FSAs:

Healthcare FSA (Only Eligible if you elect the Traditional PPO Plan)

Healthcare FSA can be used to pay for eligible unreimbursed medical expenses (not covered or paid by any insurance) incurred by you, your spouse, and your dependents. Examples include: medical, dental, vision, copayments, coinsurance, deductibles and prescription drugs.

Example of Eligible Medical Expenses for the Healthcare FSA:

- Certain over-the-counter medications (prescription from medical provider required)
- Copays (including Rx), deductibles, and Out-of-Pocket costs
- Certain medical transportation
- Eye examinations, contact lenses (including cleaning and maintenance supplies) and eyeglasses
- Qualified dental expenses
- Acupuncture as a treatment
- Chiropractic care as a treatment
- Mental health and substance abuse care
- Nursing home expenses

Dependent Care FSA (Only Eligible if you have children under age 13)

Dependent Care FSA can be used to pay for eligible dependent care expenses (daycare, childcare) so you and your spouse can work, look for work or attend school full-time. Covered expenses must be for:

- Dependent children age 13 or under; or
- A person of any age whom you claim as a dependent on your taxes and who is mentally or physically incapable of caring for himself or herself.

Eligible expenses include childcare (nursery, preschool or private sitter), before and after school care, and day camps.

Ineligible expenses include kindergarten tuition, overnight camps, and expenses paid to a tax dependent.

Important Notes About FSAs:

- There are varying FSA plan designs that treat unused funds at the end of the plan year differently. For more information about how your plan treats unused funds, please refer to your plan documents.
- Your FSA annual election cannot change during the plan year except in the event of an IRS recognized event.
- Per IRS regulations, Healthcare FSA elections cannot exceed **\$3,400** per family per tax year. Any unused balance up to **\$680** that remains in your account as of the last day of the plan year will roll into the new plan year for you.
- to be able to use towards eligible expenses you incur during the new plan year.
- Per IRS regulations, dependent care elections cannot exceed **\$7,500** per family per tax year.

We're happy to answer some questions about UMR

Who is UMR?

UMR is part of UnitedHealthcare, and we've been selected to help administer the health care benefits available to you and your family through your employer.

So UMR is my health insurance?

No. Not exactly. Your employer offers a self-funded health plan. Instead of buying health insurance, your employer pays the costs of any health care claims not paid by plan members like you.

What does UMR do?

We're what's called a third-party administrator, or TPA. Your employer hired us to handle many of the tasks associated with managing your health benefits. For example, UMR helps enroll new members when they sign up for benefits. We process claims for services from health care providers and make sure they are handled quickly and accurately. And we have medical professionals on staff that can help coordinate your care if you are in the hospital or are dealing with a serious health condition.

How does our network work?

You may hear your health care network called a PPO, or preferred provider organization. This refers to a group of doctors, hospitals and other health professionals who have signed a contract agreeing to provide their services at reduced rates. This is your network discount, and you can save a lot of money by going to providers who are in-network vs. those outside the network.

The name of your network is listed on your UMR member ID card, along with the member services phone number to call with any questions. Make sure your health care providers have a copy of your current ID card on file so that your claims will be submitted and processed correctly.

Will I receive mail from UMR?

Only if you want to! If you create an account on **umr.com** or on the **UMR app**, you'll have the choice to continue to receive information by mail, or you can sign up to go paperless and get email alerts when you have new items to review online. Types of notifications UMR may send you include letters asking you to provide information about yourself or a recent claim, opportunities to work with clinical experts in managing your health, or explanation of benefits (EOB) statements for care received by you or a covered dependent.

What if I have other questions or need help?

UMR has a team of benefits specialists available to answer questions about your health plan and help you find the care you need. For example, you can ask us whether certain services are covered by your plan, get help finding an in-network provider, or find out about how a recent medical claim was paid.



Questions?

Simply call us using the member services phone number listed on your ID card, or sign up at **umr.com** or on the **UMR app** to look up information about your benefits anytime.



Get all your answers quick and easy

When you register for UMR's online services at **umr.com** or on the **UMR app**, you'll be able to find the information you need when you need it – anytime, anywhere! Sign in anytime to:

- Check your benefits and see what's covered
- Look up what you owe and how much you've paid
- Find a doctor in your network
- Learn about medical conditions and your treatment options
- Access tools and trusted resources to help you live a healthier life

And with the **UMR app**, you can have anytime access to your digital ID card on the go.

Download the UMR app!



Scan the code or visit your app store to download our app today.

The desktop screenshot shows a member profile for Karyn Blank with ID 99934427 and group number 769999999. It displays 'Your things to do' (Schedule visit, Review claim, Get support), 'Spending totals' (Family deductible: \$599.72 Spent / \$750 Max; Family out-of-pocket: \$599.72 Spent / \$750; Individual lifetime maximum: This does not apply to your plan), and 'Recent claim activity' (Hospital Care, Service dates: 07/01/76 - 7/31/76, Total you may owe: \$455.23). The mobile phone shows a digital ID card with the same member information and a disclaimer: 'If there is a difference between this communication and your plan documents, the terms of your plan documents will apply. Your health plan ID card is for identification only. Your provider will need to verify your eligibility for coverage. Please note that the following abbreviations may be used on your ID card: Ded-Deductible; COBRA-Out of Pocket Max; RxPharmacy; In Network; Out of Net-Out of Network; Benefit Tiers- Tier 1, Tier 2, etc. The first Tier is your highest level of benefits, and the last Tier is your lowest level of benefits (Out of Network). Your ID card may show a subset of these terms due to state and federal regulations. If applicable, individual Deductible and Out of Pocket amounts are listed first, and family amounts are listed second. Individual plans will show only show an individual amount. Family plans will only show the family amount.'

(Fictionalized data)

Note: The images shown reflect available features within our desktop site. These features may or may not be available to all users, depending on your individual and/or company benefits.

How to contact UMR

Go to umr.com

Stay connected to the services and resources provided through your benefit plan by registering at **umr.com**. All information is password-protected, and you can send us questions using the Message center.

Download the UMR app

The **UMR app** is another way to get answers to your benefits questions quickly and easily. You can chat or message UMR's member support team 24/7.

Call us toll-free

Our UMR team is ready to help you. Simply call the phone number for member services listed on your health plan ID card.



A UnitedHealthcare Company

BEYOND MED

Employee-paid access to discounted elective and cosmetic wellness services through a national network of vetted providers, with concierge scheduling and telehealth support. Enroll to unlock savings on anti-aging, fertility, nutrition, massage, mental wellness, weight-loss + Rx, and more.

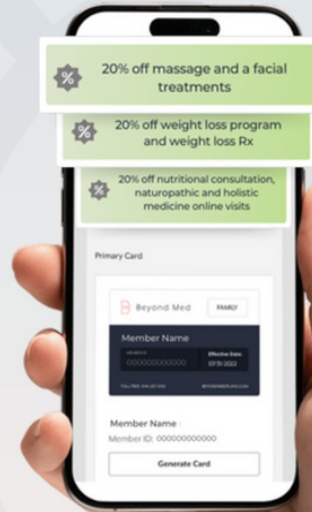
Your benefits just got a glow-up

Unlock exclusive discounts on elective and cosmetic services other plans leave out.












Enroll now and start saving on our national, concierge and telehealth providers.

Beyond Med

Explorer Plan



Services include, but are not limited to:

 Anti - Aging & Wellness	 Nutrition	 Veterinary Rx
 Fertility	 Massage	 Wellness Devices
 Functional Health	 Mental Wellness	 Weight Loss + Rx
 Holistic Medicine	 Menopausal Support	and more!



Access a premier network of providers.



Concierge Service can help book your appointment.



virtual care or concierge at-home available.



Cosmetic out-of-pocket services at reduced rates.

FOR MORE INFO, CONTACT US AT INFO@BEYONDMEDPLANS.COM, +1 844-267-6192, or VISIT WWW.BEYONDMEDPLANS.COM

Beyond Med Plans Inc. ("BMP") is not insurance. BMP provides discounts at certain health care providers for medical services. BMP does not make payments directly to the providers of medical services. BMP members are obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with BMP. Beyond Med Plans Inc. is a licensed Discount Plan Organization which is administered from 3050 Biscayne Blvd. Suite 904, Miami, FL 33137.



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KNOW WHERE TO GO

VIRTUAL VISITS

FROM HOME
OPEN 24/7

\$

- Cold, Flu or Fever
- Cough
- Rashes
- Bronchitis
- Sore Throat
- Headache/Migraine
- Pink Eye
- Poison Ivy/Oak
- Sprains & Strains
- Sinusitis
- Allergies
- Urinary Tract Infections

WALK-IN CLINIC

WALK IN
or
APPOINTMENTS

\$\$

- Allergies
- Bladder Infections
- Cold Sores
- Ear Infections
- Eye Infections
- Immunizations
- Sinus Infections
- Strep Throat
- Colds
- Head Lice
- Diabetes
- Blood Pressure Management

URGENT CARE

AVERAGE WAIT TIME
1/2 HOUR

\$\$\$

- Strains, Sprains, or Breaks
- Infections
- Mild Burns
- Diagnostic Services (X-Rays, Lab tests)
- Minor Broken Bones (Toes, Fingers)
- Severe Sore Throat or Cough
- Skin Rashes or Infections
- Vomiting, Diarrhea or Dehydration
- Controlled bleeding, cuts that require stitches

EMERGENCY ROOM

AVERAGE WAIT TIME
2 HOURS

\$\$\$\$

- Chest Pain
- Abdominal Pain
- Stroke
- Severe Head Injury
- Major Trauma
- Compound Fractures
- Knife or Gunshot Wounds
- Moderate/Severe Burns
- Poisoning
- Seizures or Loss of Consciousness
- Head, Neck or Back Injuries

71 %

of Emergency Room visits are unnecessary or could have been avoided

Want to save money on your prescriptions?

Even if you have insurance, you could still pay less Out-of-Pocket than your copay or coinsurance through the medical plan. The following information provides helpful hints and optional discounts you can use to save money on your prescriptions.

Everyone should have safe, affordable medications with transparent prices.



Mark Cuban's Cost Plus Drugs

Cost Plus Drugs is an online pharmacy created by Mark Cuban to deliver cost effective medications to the public without all the mark-ups. If you don't have insurance or have a high deductible plan, you know that even the most basic medications can cost a fortune. Many people are spending crazy amounts of money each month just to stay healthy. Cost Plus currently provides an extensive list of medications available including Preventive, Diabetes, Heart Health, Gastrointestinal, Cancer and Mental Health. The program is continuously updating the list. ([Homepage of Mark Cuban Cost Plus Drugs](#))

Go to the following website: www.costplusdrugs.com/medications to check if your medication(s) can be filled using the Cost Plus Program. If your medication is on the list, create an account and then call your physician to discuss.



Amazon

Did you know that Amazon also offers many generic prescriptions at a substantially discounted price? You must have an Amazon Prime membership to utilize the pharmacy. Once logged in, search for pharmacy in the search box to get started. Many medications for conditions such as; High Blood Pressure, High Cholesterol, Depression, Diabetes, Anxiety and more are available through the Amazon Pharmacy.



GoodRx

Download the app or go online to check prices of various medications at a range of pharmacies in your area. GoodRx is available regardless of your enrollment in the medical plan. Don't forget, GoodRx can be used for your pets medications, too! There are many coupons that are available through the program that you can use at your pharmacy.



Manufacturer's Assistance

Manufacturers provide financial assistance whether you are enrolled in a medical plan or not; check the manufacturer's website to see if they offer a copay assistance program or coupons for your brand name medications. Many programs will require you to enroll prior to picking up your prescription, check the site for full details.



Talk to your Pharmacist

Most pharmacies have a database of discount programs available. Ask your pharmacist if your medications can be filled using one of the programs.

Disclaimer: These benefits do not work in conjunction with your major medical plan, therefore any money spent on prescriptions while utilizing these programs will not go towards your deductible or Out-of-Pocket Maximum.

DENTAL BENEFITS



Methodist Children's Home continues to offer a dental plan option through Lincoln. The PPO Plan offers In and Out-of-Network benefits. Contact Lincoln directly to locate In-Network providers and facilities. Please see the table below which provides coverage highlights for the plan. For a complete benefits summary, please refer to the Lincoln plan documents.

LINCOLN		
Coverage	PPO Plan	
	In-Network	Out-of-Network*
Deductible Individual / Family	Calendar Year \$50 / \$150	Calendar Year \$50 / \$150
Maximum Annual Benefit (Calendar Year)	\$2,000	\$2,000
Preventive Care	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Orthodontia Coverage (Children only to age 19)	50% up to \$2,000 Lifetime Maximum	50% up to \$2,000 Lifetime Maximum

*Plans with Out-of-Network benefits may require greater cost share (Deductible/Coinsurance) and charges may exceed the carrier's "reasonable and customary" rate or "maximum allowable charge", this may result in leaving the member paying the balance. Some plans do not cover claims from Out-of-Network providers. Please refer to the summary of benefits or contact the carrier to better understand Out-of-Network coverage.

Dental Payroll Deductions

Bi-Weekly Deductions (24x Per Year)	PPO Plan
Employee	\$0.00
Employee + Spouse	\$13.84
Employee + Child(ren)	\$11.53
Employee + Family	\$27.68



VISION BENEFITS

Methodist Children's Home continues to offer a vision plan option through Lincoln. Visit an In-Network provider to access benefits for annual eye exams, prescription contacts, or lenses and frames. If you visit an Out-of-Network provider, you may be required to submit a claim form to Lincoln to access your benefits. For a complete benefits summary, please refer to the Lincoln plan documents.

LINCOLN			
Coverage	Vision Plan Spectera Network		
	In-Network	Out-of-Network	Frequency of Benefits
Eye Examination	\$10 Copay	Reimbursed up to \$40	Once every 12 months
Eyeglass Lenses: Single Bifocal Trifocal	\$25 Copay	Reimbursed up to: \$40 \$60 \$80	Once every 12 months
Eyeglass Frames	\$130 Retail Allowance + 30% off balance	Reimbursed up to \$45	Once every 24 months
Contact Lenses (In lieu of eyeglasses)	Non-Selection: \$125 Retail Allowance Selection: Up to 4 Boxes	Reimbursed up to \$125	Once every 12 months
Laser Vision Correction	Discount Pricing Available	N / A	N / A

Vision Payroll Deductions

Bi-Weekly Deductions (24x Per Year)	Vision Plan
Employee	\$0.00
Employee + Spouse	\$2.60
Employee + Child(ren)	\$3.56
Employee + Family	\$6.19



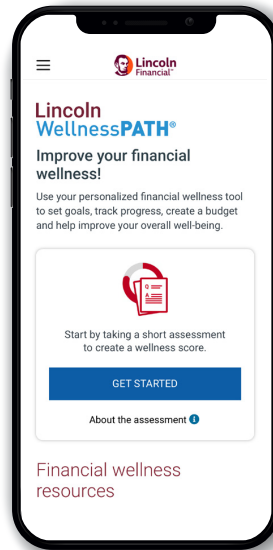
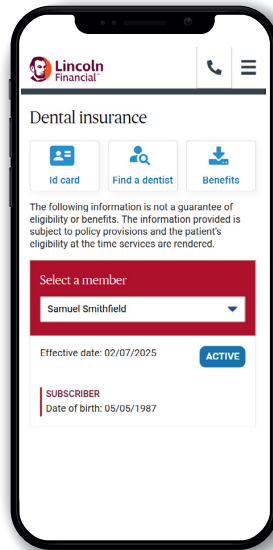
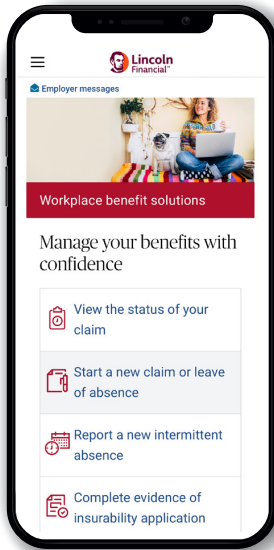


Access your Lincoln account — anytime, anywhere

Download the Lincoln Financial Mobile app today.



The Lincoln Financial Mobile app makes managing your Lincoln benefits easier than ever. It's a comprehensive tool that lets you submit and track disability or leave claims, view status, see payment details, complete Evidence of Insurability, submit return-to-work dates, explore financial wellness resources, and more. And if you have Lincoln dental insurance, you can access ID cards, find a dentist, and view coverage.



Enter your current LincolnFinancial.com username and password to log in. If you haven't registered your Lincoln account yet, it's easy to do right on the app!

On the app. On the go.

Keep up with your Lincoln benefits with the Lincoln Financial Mobile app. It's a seamless experience that lets you easily access your account anywhere you go.



Ready to get started?



Download the **Lincoln Financial Mobile app** from the Apple or Google app stores. Then register or log in using the same username and password you enter to access your account on LincolnFinancial.com.

LIFE & DISABILITY INSURANCE

Basic Group Term Life and Accidental Death and Dismemberment (AD&D) Insurance

Methodist Children's Home provides benefit-eligible employees with employer-paid Term Life and AD&D insurance equal to 2x your annual salary, up to \$250,000. Dependent coverage (not employer-paid) is available for purchase: spouse coverage up to \$100,000 and child coverage up to \$10,000 per child. The employee cost for spouse + child(ren) coverage is \$15.54.

It is your responsibility to keep an updated beneficiary form on file.

Disability Insurance

Disability insurance provides income protection, should you become disabled due to a non-work-related illness or injury. These very important coverages are provided to all full-time, benefit eligible employees of Methodist Children's Home at no additional cost. Refer to the Lincoln plan documents for complete plan information.

LINCOLN		
Coverage	Short-Term Disability (Employer Paid)	Long-Term Disability (Employer Paid)
Benefit Pays	60% of Base Salary	60% of Base Salary
Maximum Benefit	\$1,500 per Week	\$6,000 per Month
Benefits Begin	Day 15	Day 91
Maximum Benefit Period	13 Weeks	Social Security Normal Retirement Age (SSNRA)
Pre-Existing Condition	None	6 month look back / 12 months insured



SUPPLEMENTAL BENEFITS

Accident Plan

Lincoln's Accident Insurance is an indemnity plan that provides you and your family with hospital, doctor, emergency room, accidental death and catastrophic accident benefits in the event of a covered accident. These benefits can help with the unexpected Out-of-Pocket medical and non-medical expenses associated with an accident on or off the job. This plan provides a \$50 wellness benefit per year for completing certain routine wellness screenings or procedures. To receive the \$50 wellness benefit, you must submit a claim (with proof of completion.) Below are some of the lump-sums that are paid out for various accidents. Please see Lincoln plan documents for additional benefit information.

Type of Plan	Accident Plan
Accidental Death:	
Employee	\$25,000
Spouse	\$12,500
Child(ren)	\$6,250
Ambulance	Air: \$1,500; Ground: \$400
Emergency Room	\$200
Hospital Admission	\$750
Hospital Confinement	\$150
Hospital ICU Admission	\$1,500
Hospital ICU Confinement	\$300
Major Diagnostic Exam	\$250
X-Ray	\$175
Initial Visit Care	\$125
Companion Lodging (100 miles or more)	\$150 Per Day, Up to 365 Days
Transportation (100 miles or more)	\$300 per trip
Bi-Weekly Rates (24x Per Year)	
Employee	\$5.96
Employee + Spouse	\$9.96
Employee + Child(ren)	\$11.02
Employee + Family	\$14.93



SUPPLEMENTAL BENEFITS

Hospital Indemnity Plan

Lincoln's Hospital Indemnity plan provides you and your family with cash payments in the event of a hospital admission. This plan is particularly effective at covering deductible and coinsurance costs, which can escalate quickly due to a hospital stay. Lincoln's payments do not coordinate with any medical insurance, facility or doctor, thereby giving you the peace of mind of having complete control over your financial resources. Please see Lincoln plan documents for additional benefit information. This plan provides a \$50 wellness benefit per year for completing certain routine wellness screenings or procedures. To receive the \$50 wellness benefit, you must submit a claim (with proof of completion.)

Benefits	Hospital Indemnity Plan
Hospital Admission	\$1,000 per day for 4 days per calendar year
Hospital ICU Admission	\$2,000 per day for 1 day per calendar year
Hospital Confinement	\$150 per day, up to 150 days, starting day 2 of confinement
Hospital ICU Confinement	\$300 per day, up to 15 days, starting day 2 of confinement
Bi-Weekly Rates (24x Per Year)	
Employee	\$14.23
Employee + Spouse	\$30.39
Employee + Child(ren)	\$21.61
Employee + Family	\$39.34

Critical Illness Plan

Lincoln's Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered specified critical illness such as a heart attack, stroke or specified disease. Even those who plan for unexpected events with life, disability and health insurance may discover that some expenses associated with a critical illness can still remain unpaid. Without adequate protection, you may have to access retirement savings or rely on other financial sources in your time of need. This policy helps preserve your lifestyle in the event of a specified critical illness. It provides benefits to you directly and allows you to use the funds however you choose. Please refer to Lincoln's plan documents for full plan details, limitations and exclusions. This plan provides a \$50 wellness benefit per year for completing certain routine wellness screenings or procedures. To receive the \$50 wellness benefit, you must submit a claim (with proof of completion.)

Insurance Coverage Options	Benefit Amount
Employee	\$10,000
Spouse	100% of the Employee's Benefit up to \$10,000
Child(ren)	Automatically receive 50% of the Employee's Benefit
Covered Conditions	Coverage Percentage
Invasive Cancer	100% of Benefit Amount
End-Stage Renal (Kidney) Failure	100% of Benefit Amount
Major Organ Failure	100% of Benefit Amount
Heart Attack	100% of Benefit Amount
Stroke	100% of Benefit Amount
Cerebral Palsy	100% of Benefit Amount

Rates are based on your age and the amount of coverage selected. Please see Lincoln's plan documents for additional benefit information and rates.



EMPLOYEE ASSISTANCE PROGRAM






Employee Assistance Program



The resources
you need to meet
life's challenges

*EmployeeConnect*SM offers professional, confidential services to help you and your loved ones improve your quality of life.

 In-person guidance	 Unlimited 24/7 assistance	 Online resources
<p>Some matters are best resolved by meeting with a professional in person. With <i>EmployeeConnect</i>, you and your family get:</p> <ul style="list-style-type: none"> ▪ In-person help for short-term issues (up to five sessions¹ with a counselor per person, per issue, per year) ▪ In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and 25% off subsequent meetings 	<p>You and your family can access the following services anytime online, via the mobile app, or with a toll-free call:</p> <ul style="list-style-type: none"> ▪ Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning, and more ▪ Legal information and referrals for family law, estate planning, and consumer and civil law² ▪ Financial guidance on household budgeting and short- and long-term planning 	<p><i>EmployeeConnect</i> offers a range of information and resources you can research and access on your own. Expert advice and support tools are just a click away when you visit GuidanceResources.com or download the GuidanceNowSM mobile app. You'll find:</p> <ul style="list-style-type: none"> ▪ Articles and tutorials ▪ Videos ▪ Interactive tools, including financial calculators, budgeting worksheets, and more

¹ In California, up to three sessions in six months, starting with initial contact by the employee.

² Services aren't included for employment law issues.

*EmployeeConnect*SM

EMPLOYEE ASSISTANCE PROGRAM SERVICES

Confidential help available 24 hours a day, seven days a week for employees and their family members. Get help with:

- Family
- Parenting
- Addictions
- Emotional
- Legal
- Financial
- Relationships
- Stress



Your MCH 401(k) Retirement Plan



Here's how your plan works:

YOUR CONTRIBUTIONS

You can choose how much of your paycheck to contribute into your plan - the more you save, the more you'll have in retirement. For 2026, the maximum amount you can save from your paycheck into the 401(k) plan is \$24,500, plus an additional \$8,000 if you are age 50 or older. If you are age 60, 61, 62 or 63, you can defer up to an additional \$11,250 as a catch-up instead of the \$8,000.

MCH CONTRIBUTIONS

MCH will also contribute to your plan to help you save for retirement. This is done in two components:

- A basic matching contribution: Your employer will match 100% of the first 6% you contribute.
- A non-elective (Safe Harbor) contribution: Each year, your employer will contribute an amount equal to 3% of your salary, regardless of whether you contribute from your own paycheck or not.

PLAN ELIGIBILITY

Employees are eligible to participate in the MCH 401(k) plan the 1st of the month following 60 days of employment after their hire date. After completion of one full year and 1,000 hours of service with MCH, employees are eligible for the 3% non-elective employer contribution and the match up to 6%.

VESTING SCHEDULE

The 3% non-elective employer contribution and the employee's contribution are automatically 100% vested. The matching amount is on a 6-year graded vesting schedule as follows:
2 years of service = 20%, 3 years of service = 40%, 4 years of service = 60%, 5 years of service = 80%, 6 years and beyond = 100% vested. If you separate service prior to reaching 100%, the non-vested portion will become forfeited. Your own contributions are always 100% vested.

RESOURCES

To learn more about your MCH 401(k) plan: MCH401k.com

To access your 401(k) account online: LincolnFinancial.com/Retirement

Need to call Lincoln for help? **800-234-3500 (M-F 7a-7p Central)**

Need Advice on Your 401(k)?

Winnacle Wealth is the financial advisor for the MCH 401(k) plan - ready to help you!



WINNACLE·WEALTH™

WE ARE HERE TO HELP YOU!

We are happy to assist you with your MCH 401(k) plan. If you need help designating a beneficiary, selecting the right investment choices for your unique situation, or ensuring you maximize your employer matching contributions, please don't hesitate to meet with us. We are here to support you in making the most of your retirement plan. Be sure to visit MCH401k.com for details about your plan.

YOUR PLAN ADVISORS



Chad Castle, RICP®



Jessica Burch, MBA, CFP®

ABOUT WINNACLE WEALTH

Winnacle Wealth is an independent financial planning firm based in Waco, Texas. We specialize in helping individuals make confident financial decisions—before and during retirement. As the advisor for the MCH 401(k) plan, we're here to offer personalized guidance, answer your questions, and help you make the most of your retirement benefits.

HOW TO CONTACT US

(254) 776-8400 - Call or Text
hello@WinnacleWealth.com

200 W State Hwy 6, Suite 330
Waco, TX 76712



SCAN HERE
TO BOOK A
MEETING
WITH US

HOW DO I KNOW WHAT'S RIGHT FOR ME?

How do I know if the Low Deductible (PPO) Plan or the High Deductible (HDHP) Plan is right for me?

Consider how you and your family use health insurance.

- If you or any member of your family are high utilizers of health care, a plan with a higher premium and lower out-of-pocket costs may be appropriate. Known costs may be less stressful.
- If you or any member of your family are low utilizers of health care, a plan with a lower premium and higher out-of-pocket costs may be advantageous. The money that you save on premiums can be saved in a Health Savings Account (HSA) to pay for out-of-pocket costs.
- It's important to consider any prescription medication costs for you or any member of your family before enrolling in the HDHP.

Employee examples

Employee 1

- Needs a plan for her spouse and two active children. She considers her family to be higher than average utilizers of health care. Since her family closely manages their expenses, she wants a plan with predictable costs for routine trips to the doctor.

Plan Alignment: Low Deductible Plan (PPO)

Employee 2

- Is a low utilizer of health care; however, his wife's chronic health condition causes her to be a high utilizer of health care. He is seeking a plan that will help him to stretch the dollars that he and his wife spend annually on health care.

Plan Alignment: High Deductible Plan (HDHP)

No matter which medical plan you choose, you have convenient access to telemedicine.

Teladoc

24/7 doctor visits via phone, video, or mobile app

Teladoc gives you round-the-clock access to U.S. board-certified doctors, from home or on the go. Call or connect online or using the Teladoc mobile app for affordable medical care, when you need it.

- Talk to a doctor anytime, anywhere you happen to be
- Receive quality care via phone, video, or mobile app
- Prompt treatment, median call back in 10 minutes
- A network of doctors who can treat every member of the family*
- Prescriptions sent to your pharmacy of choice if medically necessary
- Teladoc is less expensive than the ER or urgent care



Teladoc services include General Medical, Dermatology, and Behavioral Health.

To access Teladoc:

- Call: 1-800-Teladoc
- Visit: Teladoc.com
- Download the Teladoc mobile app from the App Store or Google Play

*Teladoc psychiatric care is only available to members ages 18 or older and therapy visits are only available to members ages 13 or older.



A UnitedHealthcare Company

Rediscover your passion for health with One Pass Select

One Pass Select™ can help you reach your fitness goals while finding new passions along the way. Find a routine that’s right for you whether you work out at home or at the gym. Choose a membership tier that fits your lifestyle and provides everything you need for whole body health in one easy, affordable plan. You and your eligible family members can get started with One Pass Select today.

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Choose from our large nationwide network of gym brands and local fitness studios. Use any gym in the network and create a routine just for you.



At home

Work out at home with live or on-demand online fitness classes. Try the workout builder to get routines created just for you, no matter what your fitness level and interests are.



In the kitchen

Get groceries and household essentials delivered to your home. One Pass Select makes it easy to plan for everything you need to enjoy delicious, nutritious meals.

Category	Digital	Classic	Standard	Premium	Elite
Monthly fee*	\$10	\$34	\$69	\$109	\$249
Gym network size	(Online fitness classes)	12,000+ gym locations	14,000+ gym and premium locations	16,000+ gym and premium locations	20,000+ gym and premium locations
Grocery delivery	✗	✓	✓	✓	✓

*A one-time enrollment fee will apply.



Learn more and enroll today at OnePassSelect.com

One Pass Select is a voluntary program featuring a subscription-based nationwide gym network, digital fitness and grocery delivery service. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. Individuals should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for them. Purchasing discounted gym and fitness studio memberships, digital fitness or grocery delivery services may have tax implications. Employers and individuals should consult an appropriate tax professional to determine if they have any tax obligations with respect to the purchase of these discounted memberships or services under this program, as applicable.

NOTES

NOTES

CONTACT INFORMATION

QUESTIONS REGARDING	CARRIER	PHONE / WEBSITE
Medical Benefits	UMR	800-826-9781 www.umar.com
Health Savings Account (HSA)	HSABank	800-357-6246 www.hsabank.com
Flexible Spending Account (FSA)	PBH Benefits	888 - 629-2363, Option 3 www.pbhbenefits.com
Dental Benefits	Lincoln	800-423-2765 www.lincolnfinancial.com
Vision Benefits	Lincoln	800-423-2765 www.lincolnfinancial.com
Life Insurance	Lincoln	800-423-2765 www.lincolnfinancial.com
Disability Insurance	Lincoln	800-423-2765 www.lincolnfinancial.com
Supplemental Benefits	Lincoln	800-423-2765 www.lincolnfinancial.com
Employee Assistance Program	Lincoln	888-628-4824 www.guidanceresources.com
401(k) Retirement Plan	Lincoln	800-234-3500 www.mch401k.com
Advice Regarding 401(k) Retirement Plan	Winnacle Wealth	254-776-8400 www.WinnacleWealth.com
COBRA Coverage	EBC	800-831-8445 PO Box 44347, Madison, WI 53744

In this booklet we describe the highlights of our benefit package in non-technical language. In every respect, your rights to benefits under each plan are solely governed by the official document, not the information in this overview packet. If there is a discrepancy, the official Plan documents will prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. Please be aware that any and all elements of our benefit package may be modified in the future to meet Internal Revenue Service rules or otherwise as decided by Methodist Children's Home. This booklet may not be reproduced or redistributed in any form or by any means without express, prior permission in writing, from Methodist Children's Home.



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July 1, 2026 - June 30, 2027

