LeadingAge Texas
Health Plan, Inc. (HPI)













Morningside Ministries
Senior Living Communities

2027 Benefit Guide

Learn more about your benefits! Scan the QR codes here for the full legal notices and more benefit information on the microsite!

Legal Notices

Microsite

SCAN HERE

https://morningsidemin.benefitsinfo.com/



Inside the Guide

Welcome 3

Eligibility 4

Helpful Terminology 5

Medical Insurance 101 6

Blue Access for Members 7

Medical Plans 8

Pharmacy Insurance 9

BCBS Networks 10

What Are My Options for Care? 11

Telemedicine 12

Health Reimbursement Arrangement (HRA) 13

Dental 14

Vision 15

Basic Life and AD&D Insurance 16

Employee Assistance Program (EAP) 16

Voluntary Life and AD&D Insurance 17

Voluntary Short-Term Disability 18

Voluntary Long-Term Disability 19

Voluntary Hospital Indemnity 20

Accident Insurance 20

Critical Illness Insurance 21

Notes 22

Important Contacts 23

Please know the employee benefits described in this Benefit Booklet will go into effect January 1, 2027, unless otherwise noted. This information is a summary of *LeadingAge Texas HPI* benefits, and every attempt has been made to ensure accuracy. The actual provisions of the Plan Document govern the benefit program. If there is any inconsistency between the information in this booklet and the formal plans, programs, policies or contracts or any subsequent change in such plans, programs, policies or contracts, the Plan Document will supersede this booklet.



Welcome

At Morningside Ministries 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. This brochure will help you choose the type of plan and level of coverage that is right for you.

Open Enrollment 2027:
November 2nd – November 13th

How Do You Enroll?

1) Go to https://morningsidemin.benefitsinfo.com
2) Choose to self-enroll by clicking on the “Self-Enroll” button OR
3) Schedule an appointment with a Benefit Counselor

Eligibility

Eligible Employees:
You may enroll in Morningside Ministries Employee Benefits Program if you are a full-time employee working at least 30 hours a week and have met your waiting period.

Eligible Dependents:
If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your legally married spouse and child(ren).

This plan has a **Spousal Exclusion Provision** that applies to an employee's spouse or common law spouse. See details at the bottom of this page.

Your children up to age 26 are also eligible dependents. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, stepchildren and children obtained through court-appointed legal guardianship, as well as children of state-registered common law spouse.

When Coverage Begins:
The effective date for your benefits is January 1, 2027. Newly hired employees and dependents will be effective in Morningside Ministries' benefits programs on the ***1st of the month following or coinciding a 60 day waiting period***. All elections are in effect for the plan year after your coverage is effective and can only be changed during Open Enrollment unless you experience a qualifying life event.

Open Enrollment:
With few exceptions, Open Enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on the first day of the plan year. During Open Enrollment, you can:

- Add, change, or delete coverage
- Add or drop dependents from coverage
- Change plans

Please Note:

This plan has a **Spousal Exclusion Provision** that applies to an employee's spouse. A spouse who is working and eligible for another employer-sponsored health plan is not eligible under LeadingAge Texas HPI. There are exceptions to the Provision in some circumstances. Please contact BCBS Member Service at 800.522.2227or refer to the Plan Document for further explanation.



Qualifying Life Event:
A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some family status changes include:

- Change of legal marital status (i.e., marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e., birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. ***For newborns, you have 60 days to notify HR to add to your coverages.*** Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact HR to make these changes.

Helpful Terminology

- **Brand preferred drugs** – A drug with a patent and trademark name that is considered "preferred" because it is appropriate to use for medical purposes and is usually less expensive than other brand-name options.
- **Brand non-preferred drugs** – A drug with a patent and trademark name. This type of drug is "not preferred" and is usually more expensive than alternative generic and brand preferred drugs.
- **Calendar Year Maximum** – The maximum benefit amount paid each year for each family member enrolled in the dental plan.
- **Coinsurance** – The sharing of cost between you and the plan. For example, 80 percent coinsurance means the plan covers 80 percent of the cost of service after a deductible is met. You will be responsible for the remaining 20 percent of the cost.
- **Copay** – A fixed amount (for example $15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.
- **Deductible** – The amount you must pay for covered services before your health plan begins to pay, based on the contracted amount.
- **Elimination Period** – The time period between the beginning of an injury or illness and receiving benefit payments from the insurer.
- **Generic drugs** – A drug that offers equivalent uses, doses, strength, quality, and performance as a brand-name drug, but is not trademarked.
- **Health Reimbursement Arrangement (HRA)** – HRAs are a benefit provided by your employer, which provides you the opportunity to be reimbursed for medical expenses. You must be enrolled in the Value Advantage Plan.
- **In-network** – A designated list of health care providers (doctors, dentists, etc.) with whom the health insurance provider has negotiated special rates. Using in-network providers lowers the cost of services for you and the company.
- **Inpatient** – Services provided to an individual during an overnight hospital stay.
- **Mail Order Pharmacy** – Mail order pharmacies generally provide a 90-day supply of a prescription medication for the same cost as a 60-day supply at a retail pharmacy. Plus, mail order pharmacies offer the convenience of shipping directly to your door.
- **Out-of-network** – Health care providers that are not in the plan's network and who have not negotiated discounted rates. The cost of services provided by out-of-network providers is much higher for you and the company. Additional deductibles and higher coinsurance will apply.
- **Out-of-pocket maximum** – The maximum amount you and your family must pay for eligible expenses each plan year. Once your expenses reach the out-of-pocket maximum, the plan pays benefits at 100% of eligible expenses for the remainder of the year. Your annual deductible is included in your out-of-pocket maximum.
- **Outpatient** – Services provided to an individual at a hospital facility without an overnight hospital stay.
- **Primary Care Provider (PCP)** – A doctor (generally a family practitioner, internist, or pediatrician) who provides ongoing medical care. A primary care physician treats a wide variety of health-related conditions.
- **Reasonable & Customary Charges (R&C)** – Prevailing market rates for services provided by health care professionals within a certain area for certain procedures. Reasonable and Customary rates may apply to out-of-network charges.
- **Specialist** – A provider who has specialized training in a particular branch of medicine (e.g., a surgeon, cardiologist, or neurologist).



Medical Insurance 101



Medical Benefits are provided through LeadingAge Texas Health Plan, Inc. (HPI). This is a unique program that should help reduce your healthcare spending and stabilize cost in the future. Choose the plan that works best for your life. Consider the physician networks, premiums, and out-of-network costs for each plan. Keep in mind your choice is effective for the entire 2027 plan year unless you have a qualifying event.

At the Doctor's Office

It is ***required that you choose a primary care physician*** (PCP) for your medical coverage, if you are enrolled in the **HMO 3500** plans. A PCP can be your Family Practitioner, Internist, General Medicine, Pediatrician, or an OB/GYN (Obstetrician and Gynecologist). Each member of your family may have a different PCP.

If you are newly enrolled in medical benefits, make an appointment with your PCP- even if you're NOT sick once the plan year has begun. This relationship will set the foundation for staying healthy—today and well into the future.

Network Provider/Facility Search

Make sure that your provider or facility is accepting your plan. To locate a provider, call the phone number on the back of your Benefits ID Card **(800) 521-2227** or access the app.

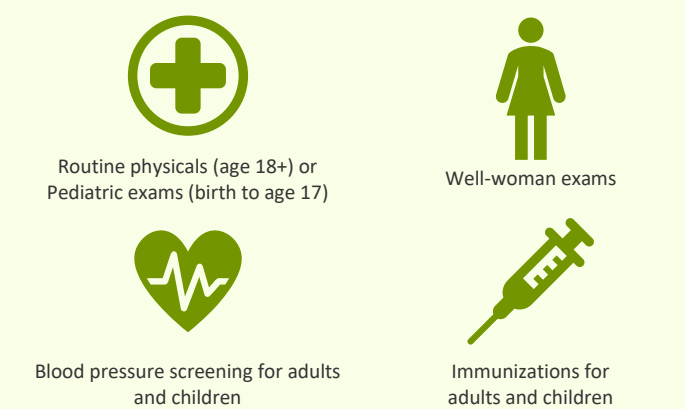
The BCBS Member Services team will help:

- Compare providers based on quality scores and estimated costs.
- Select providers that work well with your health plan.
- Answer questions about a condition or treatment plan
- Answer questions about a claim or bill

Preventive Care

You and your family have access to a wide range of preventive services under the Affordable Care Act. These services are 100% covered by your medical plan when using providers that accept your plan. For more details about the covered services please visit www.healthcare.gov/coverage/preventive-care-benefits.

Common preventive services include:



Blue Access for Members Portal

Our online portal and mobile app are great resources to help you manage your health plan. You'll have 24/7 access to your benefit information, provider directory, claim status and you can even download your ID card.

It's easy to register:

- Visit mybam.bcbstx.com
- Follow the steps to create an account.

Once you are registered your personal health information will be available to you 24/7, including:

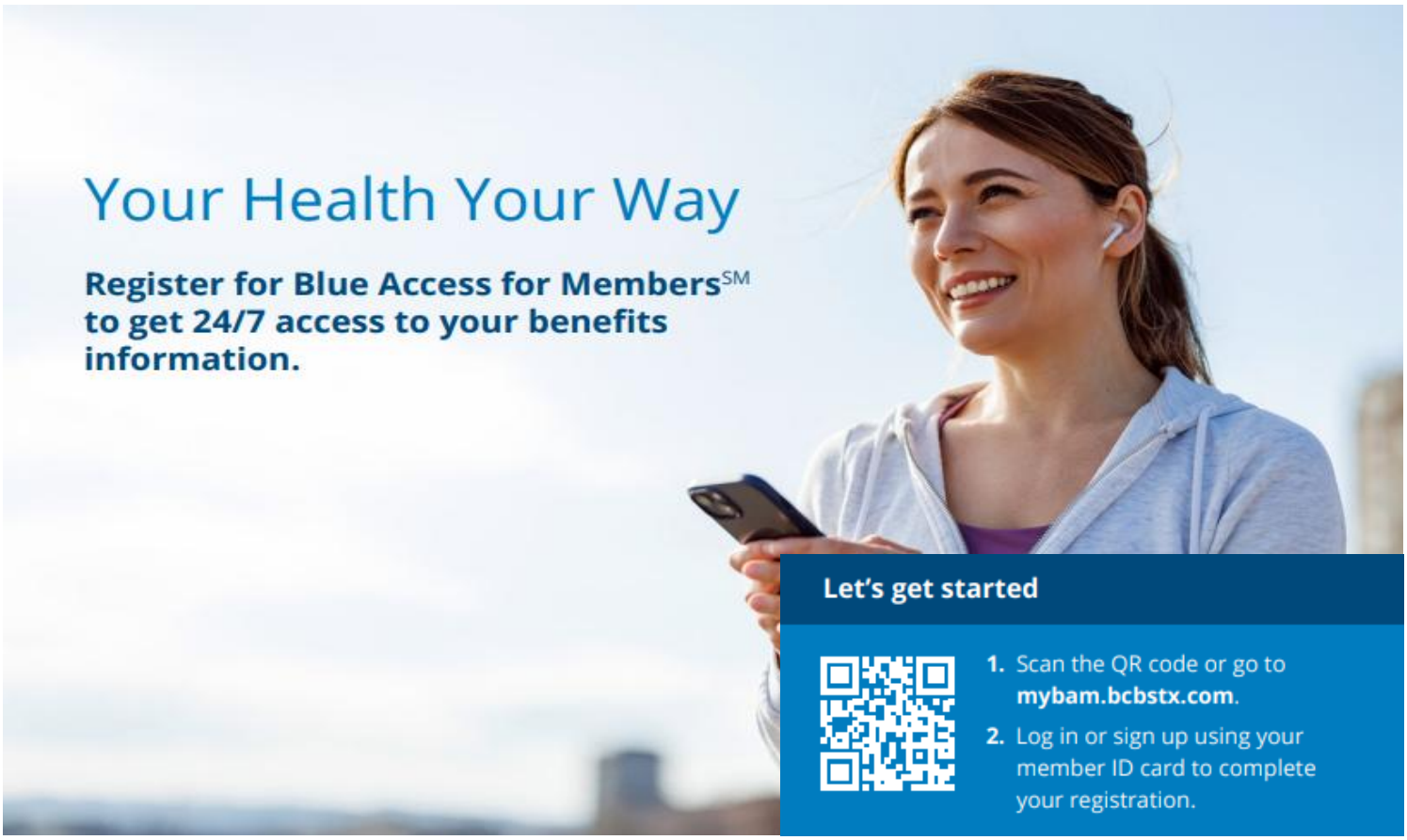
- Finding care
- Managing prescriptions
- Managing claims
- Staying healthy
- Getting coverage and cost details

Benefits ID Card

Your Benefits ID card has all the information you and your providers need. Make sure to:

- Always present your Benefits ID card with you when you go to a healthcare provider.
- Ask the provider to call the phone number on the card if they have any questions about your benefits coverage.

Blue Access for Members



Once registered, use BAM℠ to help you get the most from your benefits.

- Find in-network doctors and hospitals.
- View, print or download your member ID card.
- Review your benefits and dependent coverage

You can do all this and more, simply and securely on BAM.

Access the Information That Matters to You

• Review claims summaries or download an Explanation of Benefits.
• See benefit highlights for your medical, dental and pharmacy plans.
• Keep track of your deductible and out-of-pocket expenses.
• Find in-network doctors, hospitals and other health care providers.
• Get preventive care guidelines, information and health tips for managing health conditions and living a healthier life.
• View your health history, update your profile and preferences, sign up for electronic EOBs, find claim forms, manage privacy preferences and contact us.

Medical Plans

BCBSTX Network	HMO 3500 w/HRA BlueEssentials HMO In-Network Coverage ONLY	Value HDHP 4500 BlueChoice PPO In-Network Coverage*	Enhanced PPO 2000 BlueChoice PPO In-Network Coverage*
PCP Required?	Yes - PCP ID Required	No	No
Deductible Individual / Family	$3,500 / $10,500	$4,500 / $9,000	$2,000 / $6,000
Coinsurance (You Pay/Plan Pays)	20% / 80%	20% / 80%	20% / 80%
Max Out of Pocket Ind / Family	$8,750 / $17,500	$6,500 / $13,000	$4,000 / $12,000
Primary Care	$25 Copay	20% after Deductible	$30 Copay
Specialty Care	$50 Copay	20% after Deductible	$60 Copay
Telehealth (MDLive)	$0 Copay, Unlimited Use	$48 Copay, Unlimited Use $0 After Deductible	$0 Copay, Unlimited Use
Preventive Care Mammograms	ACA List: Covered 100% 1st mammogram each year covered	ACA List: Covered 100% 1st mammogram each year covered	ACA List: Covered 100% 1st mammogram each year covered
Chiropractic Care (20 visits)	20% AD*	20% AD*	20% AD*
Speech Therapy (30 visits)	20% AD*	20% AD*	20% AD*
Rehab Outpatient (40 visits)	20% AD*	20% AD*	20% AD*
X-ray and Lab Tests	20% AD*	20% AD*	Included in Office Copay
Complex Radiology	20% AD*	20% AD*	20% AD*
Urgent Care Facility	$50 Copay	20% AD*	$75 Copay
Emergency Room Facility Charges	$500 Copay then 20% after DED	20% AD*	$500 Copay then 20% after DED
Inpatient Facility/Surgery Charges	20% AD*	20% AD*	20% AD*
Outpatient Facility/Surgery Charges	20% AD*	20% AD*	20% AD*
Employee Contributions per Pay Period (Bi-Weekly 26 per year)			
Employee Only	$52.86	$79.62	$115.62
Employee + Spouse	$405.92	$544.86	$621.93
Employee + Child(ren)	$286.95	$528.70	$603.93
Employee + Family	$615.69	$993.93	$1,110.24

*AD = After Deductible

**For Out of Network details, please refer to the Summary of Benefits and Coverage (SBC).

Pharmacy Insurance

Our Prescription Drug Program is coordinated through LeadingAge Texas Health Plan, Inc. (HPI). That means you will only have one ID card for both medical care and prescriptions. Your cost is determined by the tier assigned to the prescription drug product. Products are assigned as Tier 1 Generic Drugs, Tier 2 Generic Drugs, Tier 3 Generic Drugs, Preferred Brand or Other Covered Prescription Drugs.

	HMO 3500	Value HDHP 4000	Enhanced PPO 2000
Retail Pharmacy (30 Day Supply)			
Tier 1 - Generic	$10 Copay	20% AD*	$10 Copay
Tier 2 - Preferred	50%, up to $100 maximum	20% AD*	50%, up to $100 maximum
Tier 3 - Non-Preferred	20% AD*	20% AD*	20% AD*
Tier 4 - Specialty*	**Not covered except for Oncology RX**		
Mail Order Pharmacy (90 Day Supply)			
Generic	3 x retail copay	3 x retail cost	3 x retail copay
Preferred	3 x retail cost	3 x retail cost	3 x retail copay
Non-Preferred	Not covered	3 x retail cost	3 x retail cost

*** If you are prescribed SPECIALTY medication, please call the Prime Therapeutics, our Pharmacy Benefit Manager's Customer Service phone number on the back of your BCBS Benefits ID card to find alternate options with a pharmacy specialist. You should also speak with your provider to ask about alternatives, lower cost options. If taking a Specialty drug is the only option, you can find programs through the manufacturer that will help pay for these types of medications and/or access copay assistance programs.**

GoodRx

www.goodrx.com can also provide coupons and discounts that may provide additional savings.



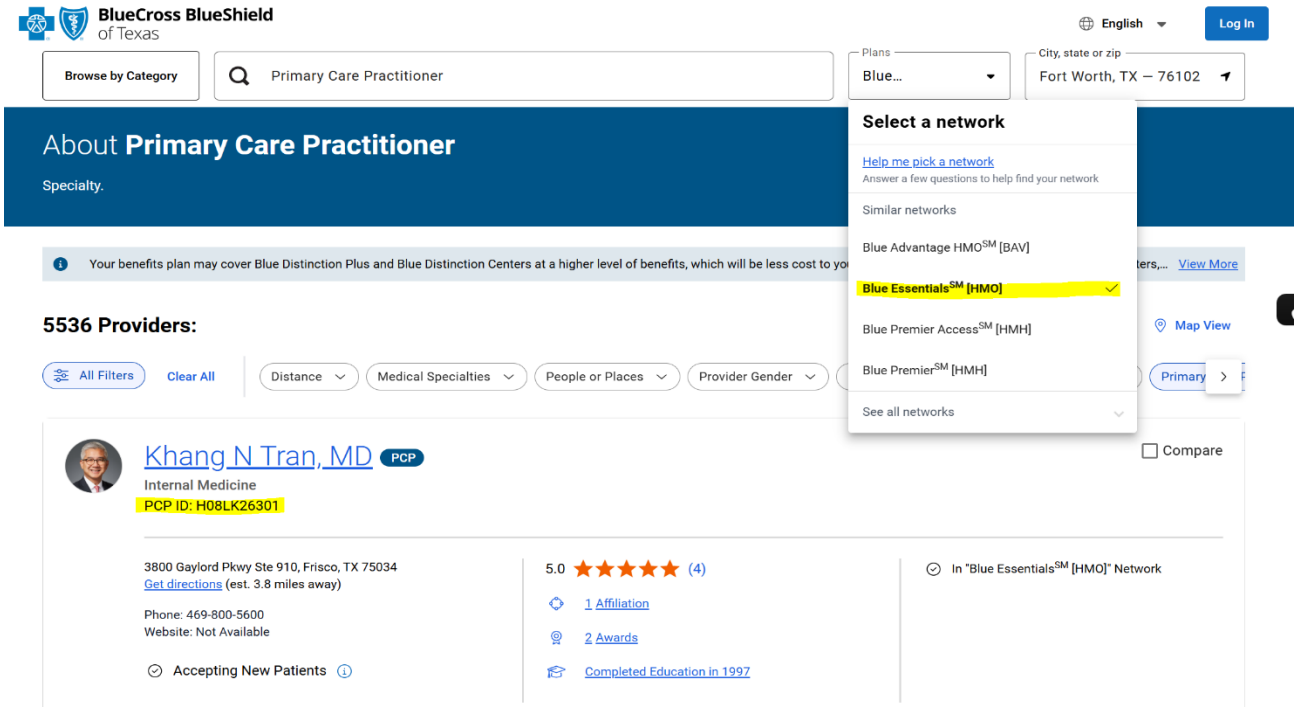
BCBS Networks

HMO NETWORKS: BlueCross BlueShield HMO networks are for TEXAS Residents ONLY.

There are NO out of network benefits on the BCBS HMO networks, except for emergencies.

BlueChoice PPO Network (BCB): (Broad National Network with Out-of-Network benefits)
The BlueChoice PPO network is their broad national network that does not require primary care physician designation. This network includes most major hospitals in Texas.

BlueEssentials HMO Network (BEE): (Texas Statewide Network for Texas Residents ONLY – requires member to choose a PCP and get referrals)
All major hospitals in Dallas/Fort Worth area that participate in our PPO network also participate in BlueEssentials HMO network.



When considering your medical plan options, PLEASE review the networks to make sure you a making the appropriate choice for your needs.

You can check to see if your current doctor is in network at **www.BCBSTX.com**.

High Deductible Health Plan vs HMO

High Deductible Health Plan vs PPO

What Are My Options for Care?

You have many options for how and where you can receive care through your BCBS medical plan. But which one is best for your situation? Use the chart below to help you decide and see the benefit grid on the next page for service costs.

Care Center	What is it?	What can they treat?
Nurse Navigator 	• Staffed by registered nurses • Resource for guidance during natural catastrophes or health outbreaks • **Available 24/7/365 days a year at NO COST** • **888-680-8646**	• Answer general questions like "how long should I ice my sprained ankle?" • Give advice/referrals of where to go for treatment e.g., ER or primary care doctor
Telemedicine / Virtual Visits 	• Convenient, low-cost option for treating common, non-urgent health concerns • A doctor will diagnose the issue over the phone and write a prescription, if necessary. • **Available 24/7/365 days a year, by web, phone, or mobile app** • **888-680-8646**	• Minor illnesses • Minor infections • Cold and flu symptoms • Bronchitis • Allergies • Mental health • Headaches/migraines • And more…
Doctor's Office 	• Routine care/treatment for a current health issue • Your primary doctor knows you and your health history • To manage your medications • To refer you to a specialist • **Normally available Monday-Friday. Check with your provider for actual office hours.**	• Routine checkups and preventive services • Immunizations • Minor injuries, such as sprains • Illnesses • Manage your general health and chronic conditions
Urgent Care Clinic 	• Treatment of non-life-threatening injuries or illnesses • Staffed by qualified physicians • **Generally open nights and weekends; some open 24/7**	• Flu or Strep tests • Minor accidents or falls • Minor sprains or fractures • Minor cuts and burns • Vomiting, diarrhea
Emergency Room 	• Immediate treatment for serious, life-threating conditions. • Ready to treat any critical situation • Can be hospital-based or freestanding • **Available 24/7/365 days a year**	• Chest pain • Difficulty breathing • Severe abdominal pain • Broken bones • Head injuries • Uncontrolled bleeding • Seizures • Coughing or vomiting blood

Virtual Visits – MDLive

888-680-8646
www.MDLive.com/bcbstx
or by downloading the MDLive app

Find A Doctor / Facility

Call Member Services at the number on the back of your ID Card 800-521-2227 or login to bcbstx.com

Telemedicine

Call your doctor's office first. They may also offer telehealth consultations by phone or online video.

With Virtual Visits, the doctor is always in. Get 24/7 non-emergency care from a board-certified doctor by phone, online video, or mobile app from the privacy and comfort of your own home.

Don't risk crowded waiting rooms, expensive urgent care or emergency room bills, or waiting weeks or more to see a doctor, when you can speak with a Virtual Visits doctor within minutes.

Virtual Visits, provided by BlueCross BlueShield of Texas and powered by MD Live, are a convenient alternative for treatment of more than 80 health conditions, including:

- Allergies
- Cold/Flu
- Fever
- Headaches
- Nausea
- Sinus Infections

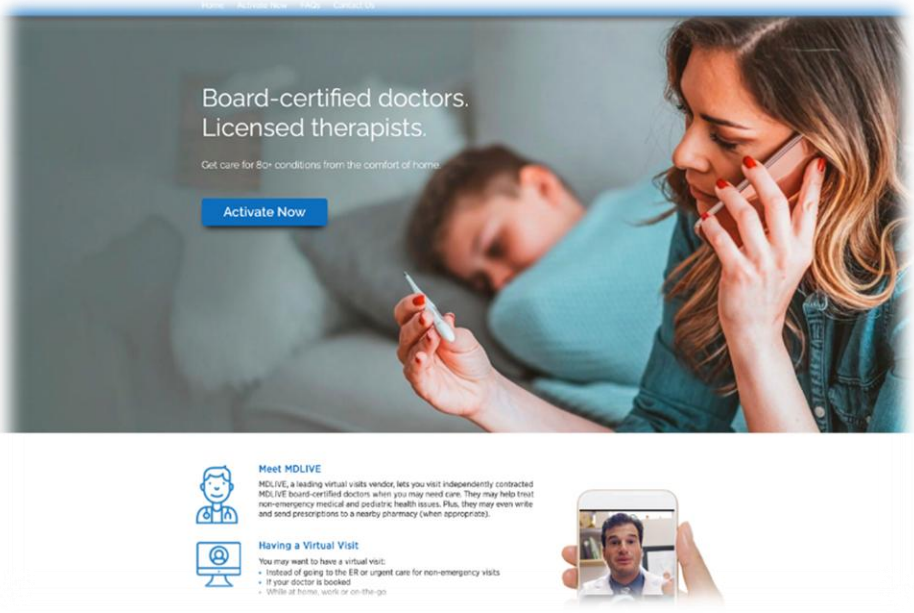
Virtual Visits doctors can even send an e-prescription to your local pharmacy.

<u>Activate your MD Live account today:</u>

- Call MD Live at 888-680-8646
- Go to MDLive.com/bcbstx
- Text BCBSTX to 635-483
- Download the MD Live app

Skip expensive ER bills and waiting to see a doctor. You can speak with a Virtual Visits doctor within minutes.

Services are available in both English and Spanish with translation services available in other languages.



Powered by MDLIVE

Health Reimbursement Arrangement (HRA)

A Health Reimbursement Arrangement (HRA) is a benefit that is provided to accompany the Value Advantage Plan ONLY. It is not available with the Essential Modified or Enhanced Plans.

The HMO 3500 Plan has a Maximum of $3,500 Deductible per covered person (In-Network), up to $10,500 per family.

Any number of family members can accumulate claims toward the family deductible maximum, but no one family member's deductible will exceed $3,500 (In-Network)

The HRA provides employer funds to help you meet your Out-of-Pocket expenses. There is no cost to you to access these funds and it is not an account that you can contribute additional funds to or receive a payout of remaining funds at the end of the plan year.



The HRA Benefit

The HRA Benefit will provide employer funds for the first $1,000 of covered health plan expenses toward you, the team member's deductible. This means as an employee, your deductible will come down to $2,500 with the maximum out of pocket overall reducing $8,500.

Additional HRA Benefits:

HealthEquity will administer the HRA, so all your claims and questions can be handled with one call to HealthEquity. Claims for you on the Plan will be processed first under your Plan Deductible. Covered expenses of up to the HRA benefit limit will be paid by your Employer through your HRA. The claim payment will be made directly to YOU. Amounts over the HRA limit will be your responsibility up to the Plan Deductible amount and out of pocket maximum.

If you need to ask questions about your HRA, get your HRA balance, or need to find out what HRA claims have been paid, contact HealthEquity Customer Service at: (877) 924-3964.

The HRA benefit is provided for you and is 100% paid by Morningside. There is no contribution required for this benefit.

This benefit does NOT rollover into the following year as these are employer funds.

Dental

Morningside Ministries offers a dental program through ***Mutual of Omaha.***

Please Note: It is recommended that when a course of treatment is expected to cost $300 or more, and is of a non-emergency nature, your dentist should submit a treatment plan before he/she begins. This enables you to see what your out-of-pocket expenses will be so you are not surprised and can budget accordingly. There is also a possibility that suggested procedures may be denied, and alternative procedures approved based upon X-rays and supporting documentation.

Please refer to the summary plan description for complete plan details.



Dental Comparison

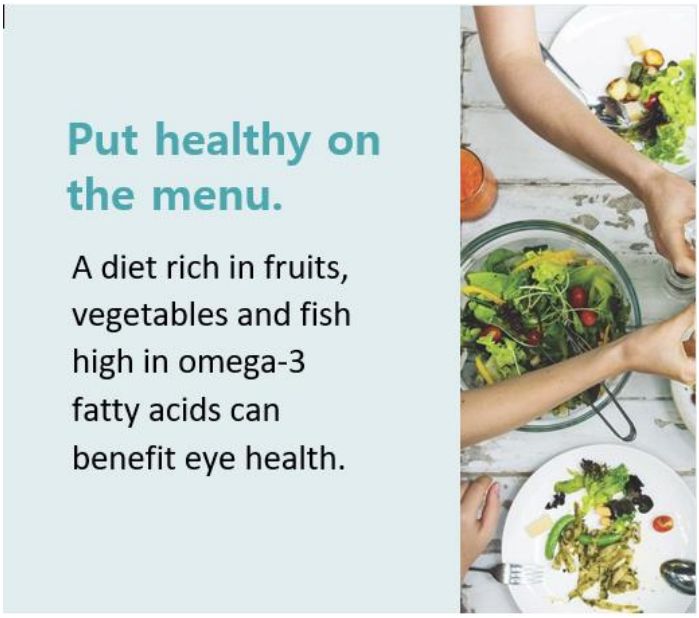
	Dental	
	Base Plan	**Buy Up Plan**
Annual Deductible*		
Individual	$50	$50
Family (max of 3)	$150	$150
Waived for Preventive Care?	Yes	Yes
Out of Network Claims**	90th Percentile	90th Percentile
Annual Maximum		
Per Person / Family	$1,000	$2,000 **Preventive Services do not count toward Annual Max**
Preventive	Covered at 100% - No Deductible	Covered at 100% - No Deductible
Basic	20% after Deductible	20% after Deductible
Endodontics/Periodontics	Not Covered	20% after Deductible
Major	Not Covered	50% after Deductible
Orthodontia		
Benefit Percentage	Not Covered	50% - No Deductible
Adults	N/A	Not Covered
Dependent Child(ren)	N/A	Covered up to age 19
Lifetime Maximum	N/A	$1,000
Benefit Waiting Periods	None	None
Employee Contributions per Pay Period (Bi-Weekly 26 per year)		
Employee	$10.89	$18.28
Employee & Spouse	$22.86	$38.38
Employee & Child(ren)	$26.13	$48.43
Employee & Family	$39.73	$71.28

*Deductible only has to be paid one time in a calendar year and is maxed at (3) family members
**If you see a provider out of network, the dentist can balance bill for the difference in what they bill and what the carrier pays

Vision



Sight, it's a beautiful thing and not to be taken for granted. Whether you want to be incognito and wear contact lenses or stand out in the crowd with the latest stylish frames, this vision plan has you covered. Go anywhere in the network for an exam, but we suggest you use a major retail chain when getting your frames and lenses.



Morningside Ministries provides Vision Insurance through ***Mutual of Omaha***. To access a listing of providers (private practice and retail centers) logon **www.eyemed.com.** You can visit out of network providers, but your benefits will go further if you stay in network.

	Vision
Exam	
Routine Exams (Every 12 Months)	$10 copay
Vision Materials	
Lenses (Every 12 Months) Single Bifocal Trifocal Lenticular	 $10 copay $10 copay $10 copay $10 copay ***Upgrades such as no-line bifocals, transition lenses, etc will be at an extra charge***
Contacts (Every 12 Months) *Covered in lieu of frames* Conventional Disposable	 $130 Allowance + 15% off balance $130 Allowance
Frames (Every 24 Months)	$130 Allowance; 20% off balance
Employee Contributions per Pay Period (Bi-Weekly 26 per year)	
Employee	$3.37
Employee & Spouse	$6.35
Employee & Child(ren)	$7.51
Employee & Family	$9.99

Basic Life and AD&D Insurance

Morningside Ministries provides **Basic Life and AD&D** benefits through Mutual of Omaha to eligible employees at **no cost**. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.

Mutual of Omaha Insurance Company	
Basic Life/AD&D	
Benefit amount	1X Annual Salary up to $200,000
Age Reduction Schedule	Benefits Reduce to 65% at Age 65 And they reduce to 50% at Age 70
Accelerated Death Benefit	80%
Conversion	Included

Important Reminder!

Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes.

Employee Assistance Program (EAP)

Life does not always go smoothly. All of us experience times when a personal problem or crisis affects the way we function at work or home. Your Employee Assistance Program (EAP) is a problem-solving resource available to you and your household members. A professional counselor will assist you in assessing your situation, finding options, making choices, or locating further help.

Contact the EAP today!

Services available 24 hours a day, 7 days a week.

- Call: 1-800-316-2796
- Online: www.mutualofomaha.com/eap

It's free...Your employer covers the cost of initial assessment, additional problem-solving sessions, and referral services. If there is a need for further counseling or treatment, your counselor will help you explore various options.

It's confidential...Your EAP has been set up with Mutual of Omaha to assure confidentiality. No one at work will know you have chosen to seek help unless you choose to tell them. Nothing concerning your use of EAP will appear in your personnel file.

With Mutual of Omaha's Employee Assistance Program, you can get the help you need so you spend less time worrying about the challenges in your life and can get back to being the productive worker your employer counts on to get the job done.

Enhanced EAP Services Include:

- Three counseling sessions per year (per household) conducted by either face-to-face counseling or video telehealth via a secure, HIPAA Compliant portal
- Family Legal Services
- Family Financial Services
- Child & Elder care resources and referrals



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 through Mutual of Omaha for yourself, your spouse, and children. This coverage is voluntary and paid for by you. If you previously declined coverage or choose to increase your benefit amount, you will be subject to completing an Evidence of Insurability (EOI). You will also be subject to EOI if you are electing more than the guaranteed issue amounts listed below.

You must elect coverage to enroll dependents. Your contributions will depend on your age and the amount of coverage you elect.

Mutual of Omaha Insurance Company	
Voluntary Life/AD&D	
Employee Benefit Amount	$10,000 increments up to $500,000, not to exceed 7x salary
Employee Guarantee Issue	$200,000, not to exceed 7x salary
Spouse Benefit Amount	$5,000 increments up to $250,000, not to exceed 100% of employee's benefit
Spouse Guarantee Issue	$50,000, not to exceed 100% of employee's benefit
Child Benefit Amount	$10,000
Additional Features	
Age Reduction Schedule	Benefits Reduce to 65% at Age 65 and to 50% at Age 70
Accelerated Death Benefit	80% not to exceed $250,000
Conversion	Included
Portability	Included

Benefit		Estimated Rate per Pay Period (Bi-Weekly 26 per Year)									
Age	Rate per $1,000	$10,000	$20,000	$30,000	$40,000	$50,000	$60,000	$70,000	$80,000	$90,000	$100,000
< 30	$0.12	$0.55	$1.11	$1.66	$2.22	$2.77	$3.32	$3.88	$4.43	$4.98	$5.54
30 - 34	$0.13	$0.60	$1.20	$1.80	$2.40	$3.00	$3.60	$4.20	$4.80	$5.40	$6.00
35 - 39	$0.15	$0.69	$1.38	$2.08	$2.77	$3.46	$4.15	$4.85	$5.54	$6.23	$6.92
40 - 44	$0.20	$0.92	$1.85	$2.77	$3.69	$4.62	$5.54	$6.46	$7.38	$8.31	$9.23
45 - 49	$0.32	$1.48	$2.95	$4.43	$5.91	$7.38	$8.86	$10.34	$11.82	$13.29	$14.77
50 - 54	$0.56	$2.58	$5.17	$7.75	$10.34	$12.92	$15.51	$18.09	$20.68	$23.26	$25.85
55 - 59	$0.82	$3.78	$7.57	$11.35	$15.14	$18.92	$22.71	$26.49	$30.28	$34.06	$37.85
60 - 64	$1.55	$7.15	$14.31	$21.46	$28.62	$35.77	$42.92	$50.08	$57.23	$64.38	$71.54
65 - 69	$2.42	$11.17	$22.34	$33.51	$44.68	$55.85	$67.02	$78.18	$89.35	$100.52	$111.69
70 +	$4.44	$20.49	$40.98	$61.48	$81.97	$102.46	$122.95	$143.45	$163.94	$184.43	$204.92
Child Rate for $10,000 per Pay Period (26)						$0.93					

Please Note: The exact cost for this coverage can be found on the enrollment portal or by calling a Benefits Educator during open enrollment. Rates are based on age and coverage amount effective January 1, 2027.

Voluntary Short-Term Disability

Your ability to earn income may be your most important asset. Disability insurance provides financial security to you and your family should you become unable to work due to sickness or injury.

Morningside Ministries offers a short-term disability option through Mutual of Omaha. This benefit covers 60% of your weekly salary up to $1,500/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.

Pre-Ex Clause: 3 months look back, could be denied in first 6 months of policy being active.

Mutual of Omaha Insurance Company	
Short Term Disability	
Benefit amount	Up to 60% of weekly salary
When Benefits are Payable	7 Days
Maximum Benefit	$1,500 per week
Maximum Benefit Duration	12 weeks

Short Term Disability Rates - $0.75 per $10 Weekly Benefit*			
Estimated Income (Examples)	Weekly Benefit - Up to 60% of Weekly Earnings (Will Vary Based on Exact Earnings)	Estimated Rate per Month	Estimated Rate per Pay Period (Bi-Weekly 26 per Year)
$8,667	$100	$7.50	$3.46
$17,333	$200	$15.00	$6.92
$26,000	$300	$22.50	$10.38
$34,667	$400	$30.00	$13.85
$43,333	$500	$37.50	$17.31
$52,000	$600	$45.00	$20.77
$60,667	$700	$52.50	$24.23
$69,333	$800	$60.00	$27.69
$78,000	$900	$67.50	$31.15
$86,667	$1,000	$75.00	$34.62
$95,333	$1,100	$82.50	$38.08
$104,000	$1,200	$90.00	$41.54
$112,667	$1,300	$97.50	$45.00
$121,333	$1,400	$105.00	$48.46
$130,000	$1,500	$112.50	$51.92

Please Note: The exact cost for this coverage can be found on the enrollment portal or by calling a Benefits Educator during open enrollment. Rates are based on income at time of enrollment.

Voluntary Long-Term Disability

This benefit covers 60% of your monthly base salary up to $6,000/month. 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.

Pre-Ex Clause: If within the first 12 months of your effective date, if you file a claim, Mutual of Omaha will ask to review medical records for any medical advice received 12 months prior to your effective date. If a condition is determined to have been treated 12 months prior to your effective date, the claim could be denied.

Mutual of Omaha Insurance Company	
Long-Term Disability	
Benefit amount	Up to 60% of monthly salary
When Benefits are Payable	90 Days
Maximum Benefit	$6,000 per month
Maximum Benefit Duration	Social Security Normal Retirement

Long Term Disability Rates - Age Banded Rates per $100 Monthly Payroll													
Income		**$10,000**	**$20,000**	**$30,000**	**$40,000**	**$50,000**	**$60,000**	**$70,000**	**$80,000**	**$90,000**	**$100,000**	**$110,000**	**$120,000**
Monthly Benefit – Up to 60% of Monthly Payroll (Will Vary Based on Exact Earnings)		$500	$1,000	$1,500	$2,000	$2,500	$3,000	$3,500	$4,000	$4,500	$5,000	$5,500	$6,000
Age	**Rate per $100**	**Estimated Rate per Pay Period (26 per Year)**											
< 20	$0.36	$1.38	$2.77	$4.15	$5.54	$6.92	$8.31	$9.69	$11.08	$12.46	$13.85	$15.23	$16.62
20 - 24	$0.39	$1.50	$3.00	$4.50	$6.00	$7.50	$9.00	$10.50	$12.00	$13.50	$15.00	$16.50	$18.00
25 - 29	$0.53	$2.04	$4.08	$6.12	$8.15	$10.19	$12.23	$14.27	$16.31	$18.35	$20.38	$22.42	$24.46
30 - 34	$0.84	$3.23	$6.46	$9.69	$12.92	$16.15	$19.38	$22.62	$25.85	$29.08	$32.31	$35.54	$38.77
35 - 39	$0.91	$3.50	$7.00	$10.50	$14.00	$17.50	$21.00	$24.50	$28.00	$31.50	$35.00	$38.50	$42.00
40 - 44	$0.97	$3.73	$7.46	$11.19	$14.92	$18.65	$22.38	$26.12	$29.85	$33.58	$37.31	$41.04	$44.77
45 - 49	$1.06	$4.08	$8.15	$12.23	$16.31	$20.38	$24.46	$28.54	$32.62	$36.69	$40.77	$44.85	$48.92
50 - 54	$1.42	$5.46	$10.92	$16.38	$21.85	$27.31	$32.77	$38.23	$43.69	$49.15	$54.62	$60.08	$65.54
55 - 59	$1.62	$6.23	$12.46	$18.69	$24.92	$31.15	$37.38	$43.62	$49.85	$56.08	$62.31	$68.54	$74.77
60 - 64	$1.70	$6.54	$13.08	$19.62	$26.15	$32.69	$39.23	$45.77	$52.31	$58.85	$65.38	$71.92	$78.46
65 - 69	$1.79	$6.88	$13.77	$20.65	$27.54	$34.42	$41.31	$48.19	$55.08	$61.96	$68.85	$75.73	$82.62
70 +	$1.88	$7.23	$14.46	$21.69	$28.92	$36.15	$43.38	$50.62	$57.85	$65.08	$72.31	$79.54	$86.77

Please Note: The exact cost for this coverage can be found on the enrollment portal or by calling a Benefits Educator during open enrollment. Rates are based on age and income at time of enrollment.

Voluntary Hospital Indemnity

Hospital Indemnity Benefit pays a benefit when a covered person is admitted and confined as an inpatient in a hospital due to an injury or covered sickness. This benefit is only payable once per period of confinement. A hospital is not an institution, or part thereof, used as a place for rehabilitation, a place for rest or for the aged, a nursing or convalescent home, a long-term nursing unit or geriatrics ward or an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

Mutual of Omaha Hospital Indemnity Plan	
Hospital Stay – Admission	$1,000
Hospital Stay – Daily	$100 up to 30 days max
Hospital Stay – ICU Admission	$2,000
Hospital Stay – ICU	$200 up to 10 days max
Newborn Nursery Care	$75 per day, up to 2 days per policy year
Wellness Benefit	$50 Annually per covered person (max 6 per family)
Rates per Pay Period (26 per Year)	
Employee	$12.00
Employee & Spouse	$27.69
Employee & Child(ren)	$16.15
Employee & Family	$32.31

For example, you will receive cash when you:

- Are admitted to the hospital
- Stay overnight
- Have a baby
- Need observation
- Have a baby go to ICU

Benefits are paid directly to you, above, beyond, and regardless of any other coverage.

Accident Insurance

For covered accidental injuries, fixed benefits are paid directly to you regardless of any other coverage you may have, and you can spend it any way you choose. Benefits are paid according to a fixed schedule that includes benefits for hospitalization, fracture and dislocations, emergency room visits, major diagnostic exams, physical therapy and more.

If you or a covered dependent should die as a result of an accidental injury within 365 days while the coverage remains in force, a death benefit is payable.

Key Advantages of Accident Insurance

- Benefits are payable directly to you to be spent any way you choose.
- Pays in addition to any other coverage you may have.
- No health questions or pre-existing conditions limitations.
- Fast and accurate claims services.
- Coverage is fully portable- If you change jobs, you can take your coverage with you.

Cash Benefit Amounts Paid for Covered Services	
$300	Ambulance
$1,500	Hospital Admission
$200	Emergency Room Visit
$300	Hospital Confinement (1 Day)
$300	Magnetic Resonance Imaging (MRI)
$200	Knee Brace
$75	X-Ray
$750	Knee Cartilage Tear
$100	6 Follow-Up Visits
$4,225	**Total Amount Plan Paid to John**

How it works

While John was hiking in a local park, he fell and tore cartilage in his knee. He went to the hospital emergency room for treatment and stayed overnight. The doctor gave him a brace and scheduled a follow up visit. See how accident insurance offset John's expenses.

Accident	Rates per Pay Period (26 per Year)
Employee	$5.83
Employee & Spouse	$9.19
Employee & Child(ren)	$11.65
Employee & Family	$15.41

Critical Illness Insurance

For many, a critical illness can expose an individual to an unexpected gap in protection. While health plans may help cover many of the direct costs associated with a critical illness, related expenses such as lost income, childcare, travel to and from treatment; high deductibles and co-pays may quickly diminish savings.

Critical illness insurance pays a fixed benefit upon initial diagnosis of a covered critical illness- while you are living and when you may need it most.

Key Advantages of Critical Illness Insurance

- Benefits are payable directly to you to be spent any way you choose.
- Pays in addition to any other coverage you may have.
- Flexible coverage options to meet your individual needs.
- Fast and accurate claims service

How it works

Sue suffers a heart attack and receives a cash payment of $10,000 from her Critical Illness plan. Four years later she has a stroke and receives an additional payment of $10,000 from her plan. During both illnesses, her plan provided the financial support to cover a variety of expenses, such as mortgage and car payments, while she recovered.

Cash Benefit Amounts Paid for Covered Services	
$10,000	Heart Attack
$10,000	Stroke
$20,000	**Total Amount Plan Paid to Sue**

Mutual of Omaha Insurance Company	
Critical Illness	
Employee Benefit Amount	$10,000 increments up to $50,000
Employee Guarantee Issue	$50,000
Spouse Benefit Amount	$10,000 increments up to $50,000, not to exceed 100% of employee's benefit
Spouse Guarantee Issue	$50,000, not to exceed 100% of employee's benefit
Child Benefit Amount	50% of employee's benefit, up to $10,000
Additional Features	
Age Reduction Schedule	Benefits Reduce to 50% at Age 70
Portability	Included

Critical Illness Rates per Benefit Amount						
Benefit		**$10,000**	**$20,000**	**$30,000**	**$40,000**	**$50,000**
Age	**Rate per $1,000**	**Estimated Rate per Pay Period (26 per Year)**				
< 30	$0.49	$2.26	$4.52	$6.78	$9.05	$11.31
30 - 39	$0.83	$3.83	$7.66	$11.49	$15.32	$19.15
40 - 49	$1.68	$7.75	$15.51	$23.26	$31.02	$38.77
50 - 59	$3.21	$14.82	$29.63	$44.45	$59.26	$74.08
60 - 69	$6.38	$29.45	$58.89	$88.34	$117.78	$147.23
70 - 79	$11.83	$54.60	$109.20	$163.80	$218.40	$273.00
80+	$16.79	$77.49	$154.98	$232.48	$309.97	$387.46

Notes

Important Contacts

Carrier Customer Service

Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

Questions About:	Who to Call:	Contact Information:	Website:
Medical	BlueCross BlueShield TX	800-521-2227	www.bcbstx.com
Pharmacy	Prime Therapeutics	800-424-0472 concierge@primetherapeutics.com	N/A
General questions about claims, benefits, provider search, invoice issues, etc	Benefit Resource Center (BRC)	855-874-0110 BRCSouthwest@usi.com	N/A
Telemedicine / Behavioral	MDLive	888-680-8646	MDLive.com/bcbstx
Health Reimbursement Arrangement	HealthEquity	877-924-3964	healthequity.com/member-guide/member-portal
Dental	BRC or Mutual of Omaha	800-927-9197	www.mutualofomaha.com
Vision	BRC or EyeMed thru Mutual of Omaha	800-521-3605	www.eyemed.com
Life and AD&D	BRC or Mutual of Omaha	800-877-5176	www.mutualofomaha.com
Voluntary Life and AD&D	BRC or Mutual of Omaha	800-877-5176	www.mutualofomaha.com
Short-Term Disability (STD) and Long-Term Disability (LTD)	BRC or Mutual of Omaha	800-877-5176	www.mutualofomaha.com
Voluntary Accident **Critical Illness** **Hospital Indemnity**	BRC or Mutual of Omaha	800-877-5176	www.mutualofomaha.com
EAP	BRC or Mutual of Omaha	800-316-2796	www.mutualofomaha.com/eap

This brochure summarizes the benefit plans that are available to Morningside Ministries 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.



137 West French Place
San Antonio, TX 78212

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