



CLAREWOOD HOUSE

SENIOR COMMUNITY

2026 BENEFITS GUIDE





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Please know the employee benefits described in this Benefit Booklet will go into effect January 1, 2026, 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 Clarewood House 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 2026:

November 10th – November 21st

How Do You Enroll?

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

Eligibility

Eligible Employees:

You may enroll in Clarewood House 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 legally married 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 same sex state-registered common law.

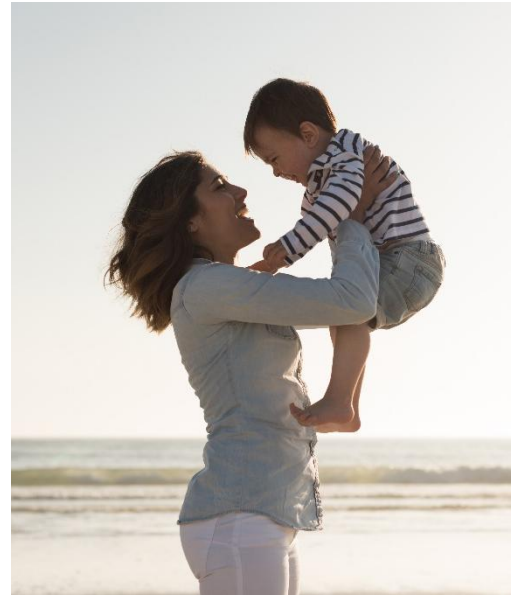
When Coverage Begins:

The effective date for your benefits is January 1, 2026. Newly hired employees and dependents will be effective in Clarewood House's benefits programs on the **1st of the month following or coinciding with a 60 day waiting period**. All elections are in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a family status event.

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



Family Status Change:

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.

Please note

This plan has a **Spousal Exclusion Provision** that applies to an employee's legally married spouse/common law. 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 800.521.2227 or refer to the Plan Document for further explanation.

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 2026 plan year unless you have a qualifying event.

At the Doctor's Office

It's recommended that you choose a primary care physician (PCP) for your medical coverage, even though it is not required. 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.

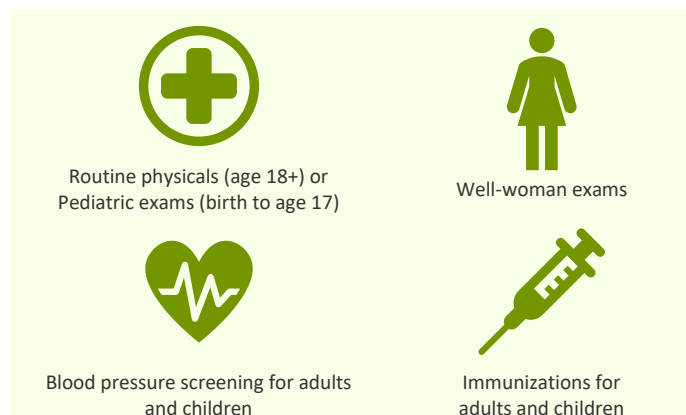
The Imagine360 Member Services team will help:

- 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

Your Health Your Way

Register for Blue Access for MembersSM
to get 24/7 access to your benefits
information.

Let's get started



1. Scan the QR code or go to mybam.bcbstx.com.
2. Log in or sign up using your member ID card to complete your registration.

Once registered, use BAMSM 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 Coverage

	HMO 3500	Value HDHP 4500	Enhanced PPO 2000
BCBSTX Network	BlueEssentials HMO In-Network Coverage ONLY	BlueChoice PPO In-Network Coverage*	BlueChoice PPO In-Network Coverage*
Primary Care Provider Required?	Yes - PCP ID Required	No	No
Health Savings Account Eligible	No	Yes	No
Deductible Individual	\$3,500	\$4,500	\$2,000
Deductible Family	\$10,500	\$9,000	\$6,000
Coinsurance (You Pay/Plan Pays)	20% / 80%	20% / 80%	20% / 80%
Max Out of Pocket Individual	\$8,750	\$6,500	\$4,000
Max Out of Pocket Family	\$17,500	\$13,000	\$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	\$0 Copay, Unlimited Use	\$0 Copay, Unlimited Use
Preventive Care Mammograms	ACA List: Covered 100% 1 st mammogram each year covered	ACA List: Covered 100% 1 st mammogram each year covered	ACA List: Covered 100% 1 st mammogram each year covered
Chiropractic Care (20 visits)	20% after Deductible	20% after Deductible	20% after Deductible
Speech Therapy (30 visits)	20% after Deductible	20% after Deductible	20% after Deductible
Rehab Outpatient (40 visits)	20% after Deductible	20% after Deductible	20% after Deductible
X-ray and Lab Tests	20% after Deductible	20% after Deductible	Included in Office Copay
Complex Radiology	20% after Deductible	20% after Deductible	20% after Deductible
Urgent Care Facility	\$50 Copay	20% after Deductible	\$75 Copay
Emergency Room Facility Charges	\$500 Copay then 20% after DED	20% after Deductible	\$500 Copay then 20% after DED
Inpatient Facility/Surgery Charges	20% after Deductible	20% after Deductible	20% after Deductible
Outpatient Surgery Charges	20% after Deductible	20% after Deductible	20% after Deductible
Employee Contributions per Pay Period (Semi-Monthly 24 per year)			
Employee Only			
Employee + Spouse			
Employee + Child(ren)			
Employee + Family			

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

Pharmacy Coverage

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.

	HMO 3500	Value HDHP 4500	Enhanced PPO 2000
Retail Pharmacy (30 Day Supply): What YOU Pay			
Tier 1 - Generic	\$10 Copay	20% after Deductible	\$10 Copay
Tier 2 - Preferred	50% up to \$100 max	20% after Deductible	50% up to \$100 max
Tier 3 - Non-Preferred	20% after Deductible	20% after Deductible	20% after Deductible
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 cost
Non-Preferred	3 x retail cost	3 x retail cost	3 x retail cost

*If you are prescribed a SPECIALTY medication, please call the Prime Therapeutics (PBM) 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.



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.

The screenshot shows the BlueCross BlueShield of Texas website. At the top, there's a search bar with 'Primary Care Practitioner' entered. Below the search bar, a dropdown menu titled 'Select a network' is open, showing several options: Blue Advantage HMOSM [BAV], Blue EssentialsSM [HMO] (highlighted with a yellow checkmark), Blue Premier AccessSM [HMH], and Blue PremierSM [HMH]. The main content area shows the profile of Dr. Khang N. Tran, MD, a PCP in Internal Medicine. His profile includes his photo, name, specialty, PCP ID (H08LK26301), address (3800 Gaylord Pkwy Ste 910, Frisco, TX 75034), phone number (469-800-5600), and website (Not Available). It also shows a 5.0 star rating with 4 reviews, 1 affiliation, 2 awards, and that he completed education in 1997. A note indicates he is 'Accepting New Patients'. A checkbox for 'Compare' is visible on the right.

When considering your medical plan options, PLEASE review the networks to make sure you are 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 (HSA) vs HMO

High Deductible Health Plan (HSA) vs PPO



Health Savings Account

A HSA is a healthcare savings account held at a bank for you to set aside pre-tax contributions. HSA contributions can be used now or later for medical, prescription, dental and vision expenses. If you do not spend HSA dollars in a plan year, the money in your account may accumulate through investments free of taxes.

Contributions, investments and withdrawals for qualified healthcare expenses are not taxed. Health Savings Accounts are similar to a Flexible Spending Account in that you are eligible to pay for healthcare expenses with pre-tax dollars. However, the FSA is designed to be used with a PPO Health Plan. The HSA is designed to be used with a High Deductible Health Plan.

HSAs offer a triple tax advantage:

- Tax-free contributions
- Tax-free earnings
- Tax-free withdrawals (when used for eligible expenses)

If HSA funds are used for non-qualified expenses, you may be charged a 20% penalty tax. Save your receipts!

At retirement age, funds can be withdrawn and used for any reason – normal taxes would just be paid.

If you leave your current employment, you may use your HSA funds to pay for COBRA premium.

Key HSA Points

2026 IRS Maximum Contribution Limits

Individual: \$4,400

Family: \$8,750

HSA Limits Include the amounts of employer funding and matching as well as the employee contributions. It is the employee's responsibility to keep track of the total amount as to not exceed the limits.

Catch-Up Contributions

Participants age 55 or older can make an additional \$1,000 contribution to their account, but must not be eligible for Medicare

Qualified Expenses






Healthcare costs that are not reimbursed by insurance and are out-of-pocket costs for medical, prescription, dental, or vision

Refer to the IRS Publication 502 titled Medical and Dental Expenses to see a complete list of qualified healthcare expenses for which HSA dollars can be used.

<https://www.irs.gov/pub/irs-pdf/p502.pdf>

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 Line 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Minor illnesses Minor infections Cold and flu symptoms Bronchitis Allergies Mental health Headaches/migraines And more...
Doctor's Office 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Routine checkups and preventive services Immunizations Minor injuries, such as sprains Illnesses Manage your general health and chronic conditions
Urgent Care Clinic 	<ul style="list-style-type: none"> Treatment of non-life-threatening injuries or illnesses Staffed by qualified physicians Generally open nights and weekends; some open 24/7 	<ul style="list-style-type: none"> Flu or Strep tests Minor accidents or falls Minor sprains or fractures Minor cuts and burns Vomiting, diarrhea
Emergency Room 	<ul style="list-style-type: none"> Immediate treatment for serious, life-threatening conditions. Ready to treat any critical situation Can be hospital-based or freestanding Available 24/7/365 days a year 	<ul style="list-style-type: none"> Chest pain Difficulty breathing Severe abdominal pain Broken bones Head injuries Uncontrolled bleeding Seizures Coughing or vomiting blood

Virtual Visits – MD Live

888-680-8646
www.MDLive.com/bcbstx
 or by downloading the MD Live 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 offer telehealth consultations by phone or online video at a costs to you.

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 at NO costs to you and offering unlimited visits.

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.

Activate your MDLive account today:

- Call MDLive 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.

Board-certified doctors.
Licensed therapists.

Get care for 80+ conditions from the comfort of home.

[Activate Now](#)

Meet MDLIVE
MDLIVE, a leading virtual visits vendor, lets you visit independently contacted MDLIVE board-certified doctors when you may need care. They may help treat non-emergency medical and pediatric health issues. Plus, they may even write and send prescriptions to a nearby pharmacy (when appropriate).

Having a Virtual Visit
You may want to have a virtual visit:
• Instead of going to the ER or urgent care for non-emergency visits
• If your doctor is booked
• When all other visits are on the go

Powered by
MDLIVE

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.

Put healthy on the menu.

A diet rich in fruits, vegetables and fish high in omega-3 fatty acids can benefit eye health.



Clarewood House 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 Comparison

	Vision
Exam	
Routine Exams (Every 12 Months)	\$10 copay
Vision Materials	
Lenses (Every 12 Months)	\$10 copay
Single	\$10 copay
Bifocal	\$10 copay
Trifocal	\$10 copay
Lenticular	\$10 copay
	<i>Upgrades such as no-line bifocals, transition lenses, etc will be at an extra charge</i>
Contacts (Every 12 Months) <i>Covered in lieu of frames</i>	
Conventional	\$130 Allowance + 15% off balance
Disposable	\$130 Allowance
Frames (Every 24 Months)	\$130 Allowance; 20% off balance
Employee Contributions per Pay Period (Semi-Monthly 24 per year)	
Employee	\$1.00
Employee & Spouse	\$4.72
Employee & Child(ren)	\$5.49
Employee & Family	\$8.17

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.

Important Reminder!

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

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 5x salary
Employee Guarantee Issue	\$200,000, not to exceed 5x 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 (Semi-Monthly 24 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	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00
30 - 34	\$0.13	\$0.65	\$1.30	\$1.95	\$2.60	\$3.25	\$3.90	\$4.55	\$5.20	\$5.85	\$6.50
35 - 39	\$0.15	\$0.75	\$1.50	\$2.25	\$3.00	\$3.75	\$4.50	\$5.25	\$6.00	\$6.75	\$7.50
40 - 44	\$0.20	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00
45 - 49	\$0.32	\$1.60	\$3.20	\$4.80	\$6.40	\$8.00	\$9.60	\$11.20	\$12.80	\$14.40	\$16.00
50 - 54	\$0.56	\$2.80	\$5.60	\$8.40	\$11.20	\$14.00	\$16.80	\$19.60	\$22.40	\$25.20	\$28.00
55 - 59	\$0.82	\$4.10	\$8.20	\$12.30	\$16.40	\$20.50	\$24.60	\$28.70	\$32.80	\$36.90	\$41.00
60 - 64	\$1.55	\$7.75	\$15.50	\$23.25	\$31.00	\$38.75	\$46.50	\$54.25	\$62.00	\$69.75	\$77.50
65 - 69	\$2.42	\$12.10	\$24.20	\$36.30	\$48.40	\$60.50	\$72.60	\$84.70	\$96.80	\$108.90	\$121.00
70 +	\$4.44	\$22.20	\$44.40	\$66.60	\$88.80	\$111.00	\$133.20	\$155.40	\$177.60	\$199.80	\$222.00
Child Rate for \$10,000 per Pay Period (24)						\$1.00					

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.

Brazos Presbyterian Homes 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.

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

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

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 24 per Year)
\$8,667	\$100	\$7.50	\$3.75
\$17,333	\$200	\$15.00	\$7.50
\$26,000	\$300	\$22.50	\$11.25
\$34,667	\$400	\$30.00	\$15.00
\$43,333	\$500	\$37.50	\$18.75
\$52,000	\$600	\$45.00	\$22.50
\$60,667	\$700	\$52.50	\$26.25
\$69,333	\$800	\$60.00	\$30.00
\$78,000	\$900	\$67.50	\$33.75
\$86,667	\$1,000	\$75.00	\$37.50
\$95,333	\$1,100	\$82.50	\$41.25
\$104,000	\$1,200	\$90.00	\$45.00
\$112,667	\$1,300	\$97.50	\$48.75
\$121,333	\$1,400	\$105.00	\$52.50
\$130,000	\$1,500	\$112.50	\$56.25

***Please Note:** The enrollment portal will provide you the exact cost for this coverage. Your cost is based on your weekly income as of January 1, 2026 or salary at time of enrollment, if newly eligible.

NEW Voluntary Hospital Indemnity

Hospital Indemnity program 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.

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

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 (24 per Year)	
Employee	\$13.00
Employee & Spouse	\$30.00
Employee & Child(ren)	\$17.50
Employee & Family	\$35.00

Benefits are paid directly to you, above, beyond, and regardless of any other coverage.
This will be a post-tax deduction.

NEW Voluntary Accident

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.

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.

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

Accident	Rates per Pay Period (24 per Year)
Employee	\$6.32
Employee & Spouse	\$9.96
Employee & Child(ren)	\$12.62
Employee & Family	\$16.70

This will be a post-tax deduction.

NEW Voluntary Critical Illness

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 (Bi-Weekly 24 per Year)				
< 30	\$0.49	\$2.45	\$4.90	\$7.35	\$9.80	\$12.25
30 - 39	\$0.83	\$4.15	\$8.30	\$12.45	\$16.60	\$20.75
40 - 49	\$1.68	\$8.40	\$16.80	\$25.20	\$33.60	\$42.00
50 - 59	\$3.21	\$16.05	\$32.10	\$48.15	\$64.20	\$80.25
60 - 69	\$6.38	\$31.90	\$63.80	\$95.70	\$127.60	\$159.50
70 - 79	\$11.83	\$59.15	\$118.30	\$177.45	\$236.60	\$295.75
80+	\$16.79	\$83.95	\$167.90	\$251.85	\$335.80	\$419.75

This will be a post-tax deduction.

Notes

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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
General questions about claims, benefits, provider search, invoice issues, etc	Benefit Resource Center (BRC)	855-874-0110 BRCSouthwest@usi.com	N/A
Telemedicine (General Medicine)	MDLive	888-680-8646	MDLive.com/bcbstx
Vision	BRC or EyeMed thru Mutual of Omaha	800-521-3605	www.eyemed.com
Voluntary Life and AD&D Voluntary Short-Term Disability	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

This brochure summarizes the benefit plans that are available to Clarewood House 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. The information provided in this brochure is not a guarantee of benefits.



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