



**TWIN OAKS MANOR**

Booker, Texas

# 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 Twin Oaks 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:**

October 27<sup>th</sup> – November 14<sup>th</sup>

## **How Do You Enroll?**

- 1) Go to <https://twinoaks.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 Twin Oaks 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 domestic partner. 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 domestic partners.

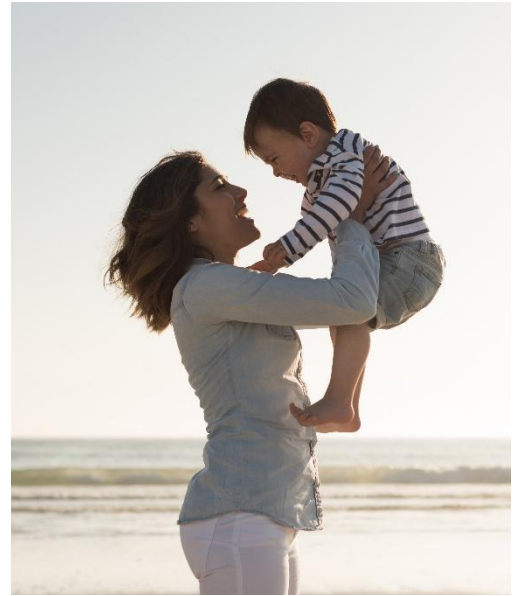
## When Coverage Begins:

The effective date for your benefits is January 1, 2026. Newly hired employees and dependents will be effective in Twin Oaks's benefits programs on the **1<sup>st</sup> 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 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 spouse or domestic partner. A spouse or domestic partner 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.

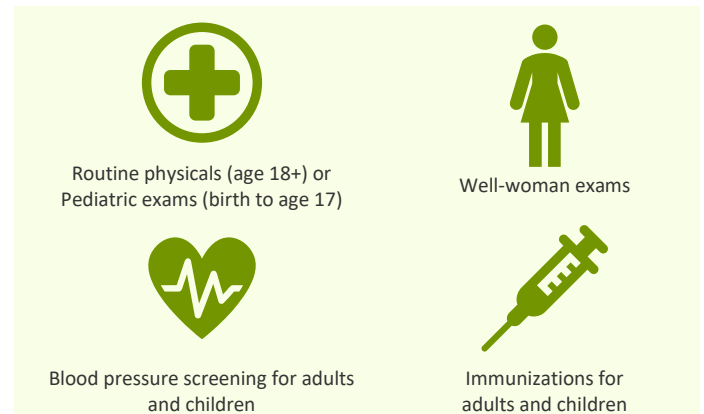
The BCBS Member Services team will help:

- 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](http://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](http://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

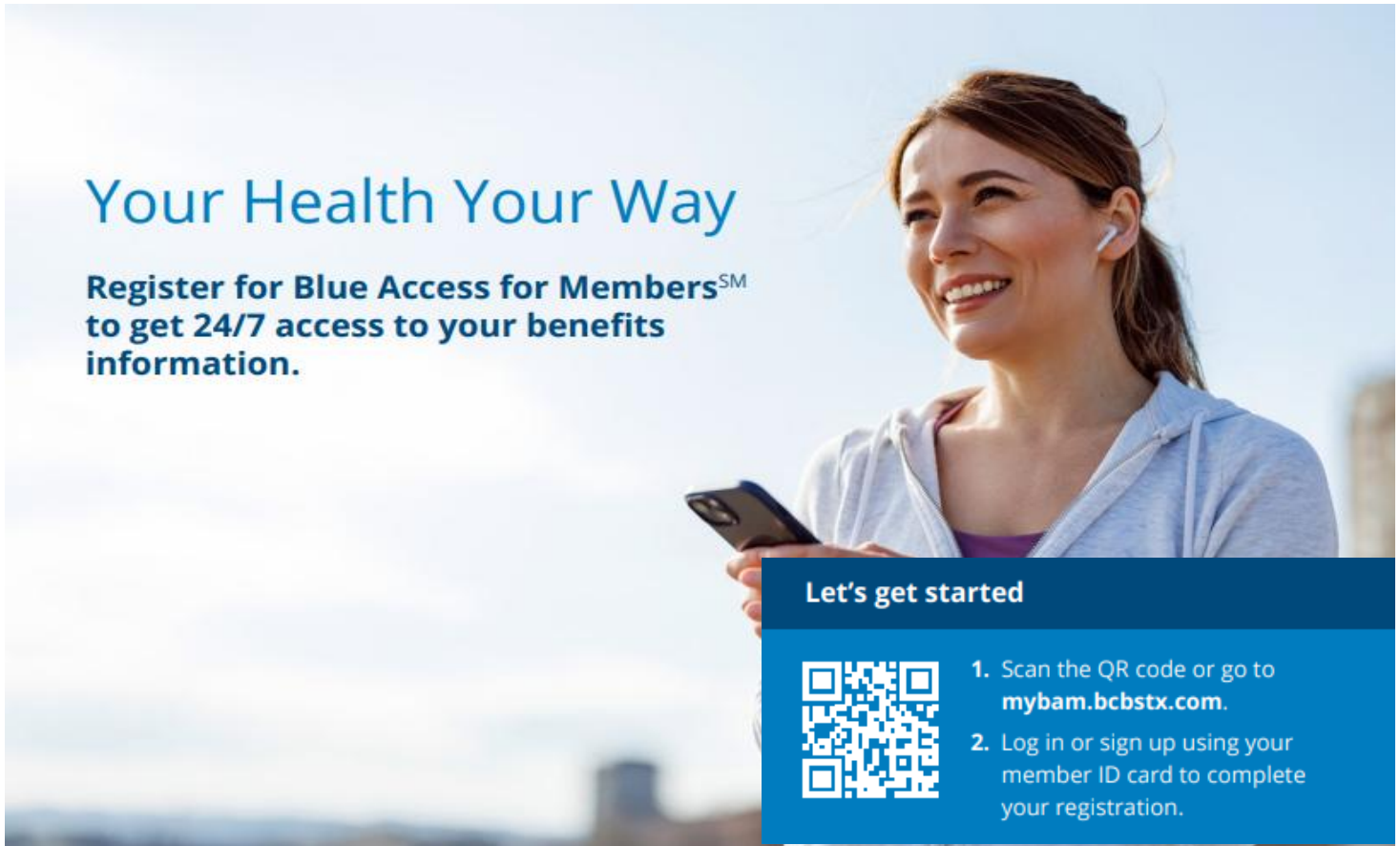
## Benefits ID Card

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 Members<sup>SM</sup> to get 24/7 access to your benefits information.**

**Let's get started**



1. Scan the QR code or go to [mybam.bcbstx.com](https://mybam.bcbstx.com).
2. Log in or sign up using your member ID card to complete your registration.

**Once registered, use BAM<sup>SM</sup> 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 Plan

| BCBSTX Network                                                | Enhanced PPO 2000                                                     |
|---------------------------------------------------------------|-----------------------------------------------------------------------|
|                                                               | BlueChoice PPO<br>In-Network Coverage*                                |
| Deductible Individual                                         | \$2,000                                                               |
| Deductible Family                                             | \$6,000                                                               |
| Coinsurance (You Pay/Plan Pays)                               | 20% / 80%                                                             |
| Max Out of Pocket Individual                                  | \$4,000                                                               |
| Max Out of Pocket Family                                      | \$12,000                                                              |
| Primary Care                                                  | \$30 Copay                                                            |
| Specialty Care                                                | \$60 Copay                                                            |
| Telehealth (MDLive)                                           | \$0 Copay, Unlimited Use                                              |
| Preventive Care<br>Mammograms                                 | ACA List: Covered 100%<br>1 <sup>st</sup> mammogram each year covered |
| Chiropractic Care (20 visits)                                 | 20% after Deductible                                                  |
| Speech Therapy (30 visits)                                    | 20% after Deductible                                                  |
| Rehab Outpatient (40 visits)                                  | 20% after Deductible                                                  |
| X-ray and Lab Tests                                           | Included in Office Copay                                              |
| Complex Radiology                                             | 20% after Deductible                                                  |
| Urgent Care Facility                                          | \$75 Copay                                                            |
| Emergency Room Facility Charges                               | \$500 Copay then 20% after DED                                        |
| Inpatient Facility/Surgery Charges                            | 20% after Deductible                                                  |
| Outpatient Facility/Surgery Charges                           | 20% after Deductible                                                  |
| Employee Contributions per Pay Period (Bi-Weekly 24 per year) |                                                                       |
| Employee Only                                                 | \$50.00                                                               |
| Employee + Spouse                                             | \$591.18                                                              |
| Employee + Child(ren)                                         | \$572.37                                                              |
| Employee + Family                                             | \$1,113.55                                                            |

\* For Out of Network details, please refer to the Summary of Benefits Coverage.

# 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.

|                                                      | Enhanced PPO 2000                  |
|------------------------------------------------------|------------------------------------|
| <b>Retail Pharmacy (30 Day Supply): What YOU pay</b> |                                    |
| Tier 1 - Generic                                     | \$10 Copay                         |
| Tier 2 - Preferred                                   | 50%, up to \$100 max               |
| Tier 3 - Non-Preferred                               | 20% after Deductible               |
| Tier 4 - Specialty*                                  | Not covered except for Oncology RX |
| <b>Mail Order Pharmacy (90 Day Supply)</b>           |                                    |
| Generic                                              | 3 x retail copay                   |
| Preferred                                            | 3 x retail copay                   |
| Non-Preferred                                        | 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.



[www.goodrx.com](http://www.goodrx.com) can also provide coupons and discounts that may provide additional savings.



# 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?                                                                                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Nurse Line</b><br>                    | <ul style="list-style-type: none"> <li>Staffed by registered nurses</li> <li>Resource for guidance during natural catastrophes or health outbreaks</li> <li><b>Available 24/7/365 days a year at NO COST</b></li> <li><b>888-680-8646</b></li> </ul>                                                                                             | <ul style="list-style-type: none"> <li>Answer general questions like “how long should I ice my sprained ankle?”</li> <li>Give advice/referrals of where to go for treatment e.g., ER or primary care doctor</li> </ul>                                      |
| <b>Telemedicine / Virtual Visits</b><br> | <ul style="list-style-type: none"> <li>Convenient, low-cost option for treating common, non-urgent health concerns</li> <li>A doctor will diagnose the issue over the phone and write a prescription, if necessary.</li> <li><b>Available 24/7/365 days a year, by web, phone, or mobile app</b></li> <li><b>888-680-8646</b></li> </ul>         | <ul style="list-style-type: none"> <li>Minor illnesses</li> <li>Minor infections</li> <li>Cold and flu symptoms</li> <li>Bronchitis</li> <li>Allergies</li> <li>Mental health</li> <li>Headaches/migraines</li> <li>And more...</li> </ul>                  |
| <b>Doctor's Office</b><br>              | <ul style="list-style-type: none"> <li>Routine care/treatment for a current health issue</li> <li>Your primary doctor knows you and your health history</li> <li>To manage your medications</li> <li>To refer you to a specialist</li> <li><b>Normally available Monday-Friday. Check with your provider for actual office hours.</b></li> </ul> | <ul style="list-style-type: none"> <li>Routine checkups and preventive services</li> <li>Immunizations</li> <li>Minor injuries, such as sprains</li> <li>Illnesses</li> <li>Manage your general health and chronic conditions</li> </ul>                    |
| <b>Urgent Care Clinic</b><br>          | <ul style="list-style-type: none"> <li>Treatment of non-life-threatening injuries or illnesses</li> <li>Staffed by qualified physicians</li> <li><b>Generally open nights and weekends; some open 24/7</b></li> </ul>                                                                                                                            | <ul style="list-style-type: none"> <li>Flu or Strep tests</li> <li>Minor accidents or falls</li> <li>Minor sprains or fractures</li> <li>Minor cuts and burns</li> <li>Vomiting, diarrhea</li> </ul>                                                        |
| <b>Emergency Room</b><br>              | <ul style="list-style-type: none"> <li>Immediate treatment for serious, life-threatening conditions.</li> <li>Ready to treat any critical situation</li> <li>Can be hospital-based or freestanding</li> <li><b>Available 24/7/365 days a year</b></li> </ul>                                                                                     | <ul style="list-style-type: none"> <li>Chest pain</li> <li>Difficulty breathing</li> <li>Severe abdominal pain</li> <li>Broken bones</li> <li>Head injuries</li> <li>Uncontrolled bleeding</li> <li>Seizures</li> <li>Coughing or vomiting blood</li> </ul> |

## Virtual Visits – MD Live

888-680-8646  
[www.MDLive.com/bcbstx](http://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](http://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 MDLive, are a convenient alternative for treatment of more than 80 health conditions, including:

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

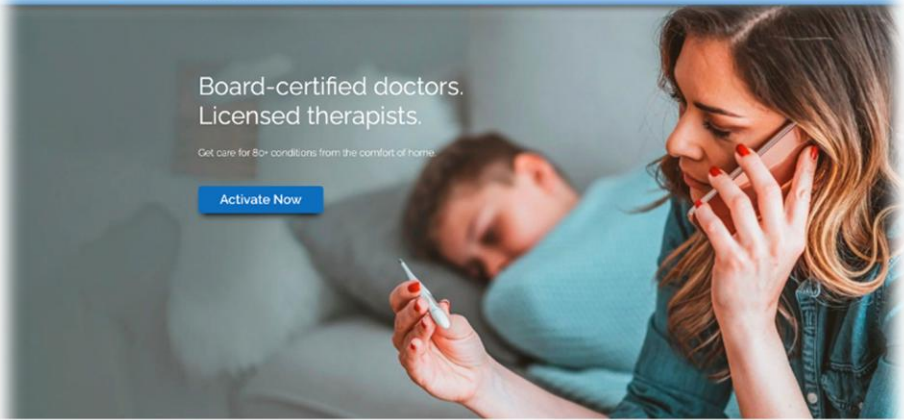
**Virtual Visits doctors can even send an e-prescription to your local pharmacy.**

Activate your MD Live account today:

- 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.



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 contracted 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
- While at home, work or on-the-go



Powered by  
**MDLIVE**

# Dental

Twin Oaks 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                                                    |
|-------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>Annual Deductible*</b>                                               |                                                           |
| Individual                                                              | \$50                                                      |
| Family (max of 3)                                                       | \$150                                                     |
| Waived for Preventive Care?                                             | Yes                                                       |
| Out of Network Claims**                                                 | 90 <sup>th</sup> Percentile                               |
| <b>Annual Maximum</b>                                                   |                                                           |
| Per Person / Family                                                     | \$2,000                                                   |
|                                                                         | <b>Preventive Services do not count toward Annual Max</b> |
| Preventive                                                              | Covered at 100% - No Deductible                           |
| Basic                                                                   | 20% after Deductible                                      |
| Endodontics/Periodontics                                                | 20% after Deductible                                      |
| Major                                                                   | 50% after Deductible                                      |
| <b>Orthodontia</b>                                                      |                                                           |
| Benefit Percentage                                                      | 50% - No Deductible                                       |
| Adults                                                                  | Not Covered                                               |
| Dependent Child(ren)                                                    | Covered up to age 19                                      |
| Lifetime Maximum                                                        | \$1,000                                                   |
| Benefit Waiting Periods                                                 | None                                                      |
| <b>Employee Contributions per Pay Period (Semi-Monthly 24 per year)</b> |                                                           |
| Employee                                                                | \$18.34                                                   |
| Employee & Spouse                                                       | \$38.49                                                   |
| Employee & Child(ren)                                                   | \$48.58                                                   |
| Employee & Family                                                       | \$71.49                                                   |

\*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.

## Put healthy on the menu.

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



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

## Vision Comparison

|                                                                         | Vision                                                                                      |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <b>Exam</b>                                                             |                                                                                             |
| Routine Exams (Every 12 Months)                                         | \$10 copay                                                                                  |
| <b>Vision Materials</b>                                                 |                                                                                             |
| 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)                                              |                                                                                             |
| Covered in lieu of frames                                               |                                                                                             |
| Conventional                                                            | \$130 Allowance + 15% off balance                                                           |
| Disposable                                                              | \$130 Allowance                                                                             |
| Frames (Every 24 Months)                                                | \$130 Allowance; 20% off balance                                                            |
| <b>Employee Contributions per Pay Period (Semi-Monthly 24 per year)</b> |                                                                                             |
| Employee                                                                | \$3.66                                                                                      |
| Employee & Spouse                                                       | \$6.88                                                                                      |
| Employee & Child(ren)                                                   | \$8.14                                                                                      |
| Employee & Family                                                       | \$10.83                                                                                     |

# Basic Life and AD&D Insurance

Twin Oaks 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                    | \$20,000                                                             |
| Age Reduction Schedule            | Benefits Reduce to 65% at Age 65<br>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](http://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 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   |          |          |          |          |           |

**\*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, 2026 or when you are newly eligible.**

# 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.

Twin Oaks 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 (Semi-Monthly 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 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 as of January 1, 2026 or at the time of enrollment as a new hire.

# 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 -<br>Up to 60% of<br>Monthly Payroll<br>(Will Vary Based on<br>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<br>\$100 | Estimated Rate per Pay Period (24 per Year) |          |          |          |          |          |          |          |           |           |           |         |
| < 20                                                                                           | \$0.36            | \$1.50                                      | \$3.00   | \$4.50   | \$6.00   | \$7.50   | \$9.00   | \$10.50  | \$12.00  | \$13.50   | \$15.00   | \$16.50   | \$18.00 |
| 20 - 24                                                                                        | \$0.39            | \$1.63                                      | \$3.25   | \$4.88   | \$6.50   | \$8.13   | \$9.75   | \$11.38  | \$13.00  | \$14.63   | \$16.25   | \$17.88   | \$19.50 |
| 25 - 29                                                                                        | \$0.53            | \$2.21                                      | \$4.42   | \$6.63   | \$8.83   | \$11.04  | \$13.25  | \$15.46  | \$17.67  | \$19.88   | \$22.08   | \$24.29   | \$26.50 |
| 30 - 34                                                                                        | \$0.84            | \$3.50                                      | \$7.00   | \$10.50  | \$14.00  | \$17.50  | \$21.00  | \$24.50  | \$28.00  | \$31.50   | \$35.00   | \$38.50   | \$42.00 |
| 35 - 39                                                                                        | \$0.91            | \$3.79                                      | \$7.58   | \$11.38  | \$15.17  | \$18.96  | \$22.75  | \$26.54  | \$30.33  | \$34.13   | \$37.92   | \$41.71   | \$45.50 |
| 40 - 44                                                                                        | \$0.97            | \$4.04                                      | \$8.08   | \$12.13  | \$16.17  | \$20.21  | \$24.25  | \$28.29  | \$32.33  | \$36.38   | \$40.42   | \$44.46   | \$48.50 |
| 45 - 49                                                                                        | \$1.06            | \$4.42                                      | \$8.83   | \$13.25  | \$17.67  | \$22.08  | \$26.50  | \$30.92  | \$35.33  | \$39.75   | \$44.17   | \$48.58   | \$53.00 |
| 50 - 54                                                                                        | \$1.42            | \$5.92                                      | \$11.83  | \$17.75  | \$23.67  | \$29.58  | \$35.50  | \$41.42  | \$47.33  | \$53.25   | \$59.17   | \$65.08   | \$71.00 |
| 55 - 59                                                                                        | \$1.62            | \$6.75                                      | \$13.50  | \$20.25  | \$27.00  | \$33.75  | \$40.50  | \$47.25  | \$54.00  | \$60.75   | \$67.50   | \$74.25   | \$81.00 |
| 60 - 64                                                                                        | \$1.70            | \$7.08                                      | \$14.17  | \$21.25  | \$28.33  | \$35.42  | \$42.50  | \$49.58  | \$56.67  | \$63.75   | \$70.83   | \$77.92   | \$85.00 |
| 65 - 69                                                                                        | \$1.79            | \$7.46                                      | \$14.92  | \$22.38  | \$29.83  | \$37.29  | \$44.75  | \$52.21  | \$59.67  | \$67.13   | \$74.58   | \$82.04   | \$89.50 |
| 70 +                                                                                           | \$1.88            | \$7.83                                      | \$15.67  | \$23.50  | \$31.33  | \$39.17  | \$47.00  | \$54.83  | \$62.67  | \$70.50   | \$78.33   | \$86.17   | \$94.00 |

**\*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 as of January 1, 2026 or at time of enrollment when newly eligible.

# 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.

**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<br>(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.

## 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.

### 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                                        | <b>Total Amount Plan Paid to John</b> |

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

# Critical Illness Insurance

For many, a critical illness can expose an individual to an unexpected gap in protection. While health 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                               |
| <b>\$20,000</b>                                | <b>Total Amount Plan Paid to Sue</b> |

| 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 (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 |

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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                                                                   | <a href="http://www.bcbstx.com">www.bcbstx.com</a>                       |
| General questions about claims, benefits, provider search, invoice issues, etc | Benefit Resource Center (BRC)      | 855-874-0110<br><a href="mailto:BRCSouthwest@usi.com">BRCSouthwest@usi.com</a> | N/A                                                                      |
| Telemedicine / Behavioral                                                      | MD Live                            | 888-680-8646                                                                   | <a href="http://MDLive.com/bcbstx">MDLive.com/bcbstx</a>                 |
| Dental                                                                         | BRC or Mutual of Omaha             | 800-927-9197                                                                   | <a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>         |
| Vision                                                                         | BRC or EyeMed thru Mutual of Omaha | 800-521-3605                                                                   | <a href="http://www.eyemed.com">www.eyemed.com</a>                       |
| Life and AD&D                                                                  | BRC or Mutual of Omaha             | 800-877-5176                                                                   | <a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>         |
| Voluntary Life and AD&D                                                        | BRC or Mutual of Omaha             | 800-877-5176                                                                   | <a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>         |
| Short-Term Disability (STD) and Long-Term Disability (LTD)                     | BRC or Mutual of Omaha             | 800-877-5176                                                                   | <a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>         |
| Voluntary Accident<br>Critical Illness<br>Hospital Indemnity                   | BRC or Mutual of Omaha             | 800-877-5176                                                                   | <a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>         |
| EAP                                                                            | BRC or Mutual of Omaha             | 800-316-2796                                                                   | <a href="http://www.mutualofomaha.com/eap">www.mutualofomaha.com/eap</a> |

This brochure summarizes the benefit plans that are available to Twin Oaks 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.

# Twin Oaks

112 Pioneer Drive  
Booker, TX 79005

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