CookChildren's

2023-2024
Employee benefits

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Welcome

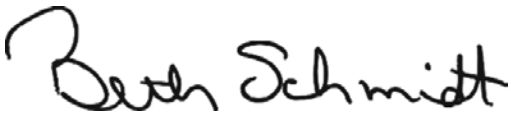
The past couple years have taught us that we remain connected by our strength, by our hope for a bright future ahead and by our continuous focus on our Promise of taking care of children and our communities.

As things constantly evolve around us, we remain steadfast in our commitment to your health and well-being. As we venture into our new benefit year, our priorities remain unchanged—help inspire you and your family to improve your overall state of health while providing you with competitive, cost-effective and useful plans that meet your needs.

We're excited to introduce Virgin Pulse, a fun and easy-to-use program to keep you active and healthy throughout the year. We've also added Medicare Choice Group, a resource to help with the transition to Medicare for those nearing eligibility.

ALEX®, our online virtual advisor, also can help you choose the coverage that's right for you and your family.

Remember, the best decisions are informed decisions. Please take the time to read this guide carefully, visit ALEX® and enroll on time so you get the coverage you want and need for the upcoming benefits year.



Beth Schmidt
Vice President, Human Resources and Occupational Health

Eligibility

Who is eligible for benefits?

Current employees:
All full-time and half-time employees are eligible, as well as any employee (less than half-time) who worked an average of 20 or more hours per week, based on annual testing.

New hires:
- Full-time and half-time employees

Your eligible dependents may include:

- Legal spouse
- Children up to age 26 (regardless of student status or marital status)
  - Natural children
  - Adopted children
  - Stepchildren
  - Foster children
  - Children for whom you have legal documentation requiring insurance coverage who also qualify as your dependent or tax dependent

Employment status definitions:

Full-time (FT) → 0.75-1.0 FTE*
Half-time (HT) → 0.5 - 0.74 FTE*
Part-time (PT) → 0.1 - 0.4 FTE*
PRN/Pool/Temp → Varies

*Based on **budgeted** FTE

How do I enroll?

Log in to Workday and go to *Benefits and Pay* or call the Benefits Center at 833-938-4154: from 7 a.m. to 7 p.m., CST, Mon.-Fri.

Remember: You have 31 days from your hire/status change date to enroll in/make changes to your benefits.

Dependent verification

Dependent verification is required for ALL dependents. If this documentation is not received within **31 days** of the effective date of coverage, dependent coverage will end.

You will be contacted by the Benefits Center with instructions on how to submit required documentation. For additional questions, contact the Benefits Center at 833-938-4154 7 a.m. to 7 p.m., CST, Mon.-Fri.

If you have already verified dependents, no additional action is needed.

A list of acceptable dependent eligibility documents is shown on the next page.

Acceptable dependent eligibility documents

Dependent category	Documentation required Please do not send original documents, as they cannot be returned.
Spouse or common law	• Marriage certificate, or • Declaration and registration of informal marriage, or • A document based on church or civil records issued by the jurisdiction when the marriage took place
Natural-born child	• Birth certificate, or • Hospital certificate (verification of birth facts), or • A court order establishing a parent-child relationship
Stepchild	• Birth certificate, or • Hospital certificate (verification of birth facts), or • A court order establishing a parent-child relationship; AND • Documentation showing that the employee is married to the parent
Pending adoption	• Proof of placement papers (example: statement from the adoption agency or court order placing the child in the employee's home; document includes child's name and date of birth)
Adopted child (adoption final)	• Final adoption papers, or • Amended birth certificate naming the employee as the parent
Court order/Special case	• Court order signed by a judge, which requires the employee to provide insurance coverage for the dependent(s), or • Tax documents showing that the dependent is a covered tax dependent

What's new?

- **No premium increases.** All employee contributions, including those for medical, dental and vision, will remain unchanged. While several of our benefit plans require cost increases, Cook Children's has decided to absorb those increases on your behalf. This is one way we can show our gratitude for all you do, day in and day out, as you remain focused on our Promise of taking care of children and our communities.

- **Enrollment is now in Workday.** Please review all of your and your dependents' contact information for accuracy. If you change your medical or dental plan, be sure to re-select any dependents you wish to cover.

- **The Virgin Pulse well-being program helps you achieve your health goals** with fun and engaging experiences and challenges. You can earn up to $210 per year for participating in activities that can be redeemed for gift cards, fitness accessories and more.

- **Medicare Choice Group offers unbiased guidance and practical decision support** to those nearing Medicare eligibility, assisting you with Medicare plan research and selection.

- **The number of dental cleanings and exams covered at 100% each year in both dental plans will increase** from two to four annually.

- **The out-of-pocket maximum is decreasing** to $4,000 for individual coverage and $8,000 for family coverage in our HSA 1 Plan and to $5,000 for individual coverage and $10,000 for family coverage in our HRA Plan.

alex®

Do you know which plans are best for you? Talk to ALEX®.

ALEX® is the host of a unique, online experience that will help you understand and make decisions about your benefits. He's funny, speaks in plain English – not insurance talk – and is available to help you figure out which benefits plans are best for you.

Benefits overview

When do benefits begin and end?

Benefits will **begin** on the first day of the month following the date of:

1. Your hire/rehire
2. Your eligible status change

Elections made during open enrollment will begin the first day of the plan year (Oct. 1).

Medical, pharmacy, vision and dental benefits **end** on the last day of the month in which the term date or eligible employment status change occurs.

Life, disability and flexible spending benefits **end** on the last day of employment or on the date of the eligible employment status change.

Benefit changes and qualified events

Benefit elections, by federal regulation, may not be changed until the next plan year's open enrollment. Exceptions are made if an employee has a qualified event, which means changes to the following:

- Legal marital status
- Number of dependents
- Dependent satisfies or ceases to satisfy eligibility requirements
- Judgment, decree or order
- Employment status
- Medicare, Medicaid, Consolidated Omnibus Budget Reconciliation Act (COBRA) or Children's Health Insurance Program (CHIP)
- Cost/Coverage changes

The start or end date of coverage will be based on the date of the qualified event.

You have **31 days** from the date of the event to contact the Benefits Center at 833-938-4154 to request eligible changes and provide all required supporting documentation and dependent verification.

Making changes to benefits as a result of change in full-time equivalent (FTE) status

If you experience a status change, you may be eligible to make changes to your current benefits.

- If you choose to end your coverage, the end date of coverage will be the last day of the month in which your status change occurred
- If you choose to add coverage, the effective date of the coverage will be the first day of the month following the date of your status change
- If you choose to make changes to dependents covered on your plan(s), the new elections will be effective the first day of the month following the date of your status change
- **Benefits DO NOT automatically end when an employee changes from full-time or half-time status to PT/PRN/Pool/Temp status. You have the opportunity to make changes to or drop your coverage, but you must actively do so no later than 31 days from the date of your status change**

Due to the Affordable Care Act (ACA) requirements, some status changes may not result in the opportunity to change benefits. Please contact the Benefits department at askbenefits@cookchildrens.org to inquire about the details of your situation.

Full-time employees – biweekly pricing

Medical

Annual salary		Employee only	Employee + spouse	Employee + child(ren)	Employee + family
Under $40k	HSA 1	$14	$116	$87	$190
	HSA 2	$3	$59	$34	$94
	HRA	$28	$148	$125	$243
	EPO	$140	$393	$355	$608
$40k – $70k	HSA 1	$18	$132	$101	$215
	HSA 2	$5	$73	$47	$120
	HRA	$33	$167	$143	$277
	EPO	$145	$402	$362	$619
$70k – $100k	HSA 1	$29	$169	$132	$272
	HSA 2	$8	$106	$74	$172
	HRA	$53	$220	$174	$340
	EPO	$153	$428	$386	$662
Over $100k	HSA 1	$33	$182	$143	$290
	HSA 2	$12	$118	$84	$189
	HRA	$59	$238	$188	$367
	EPO	$164	$458	$412	$704

Dental

	Employee only	Employee + spouse	Employee + child(ren)	Employee + family
PPO	$4.80	$10.73	$11.44	$18.86
DHMO	$2.52	$4.31	$4.34	$6.26

Vision

	Employee only	Employee + spouse	Employee + child(ren)	Employee + family
Superior Vision	$0.49	$0.91	$1.14	$1.60

Half-time employees – biweekly pricing

Medical

Annual salary		Employee only	Employee + spouse	Employee + child(ren)	Employee + family
Under $20k	**HSA 1**	$28	$234	$175	$381
	HSA 2	$6	$119	$69	$187
	HRA	$56	$294	$249	$488
	EPO	$282	$607	$576	$940
$20k – $35k	**HSA 1**	$35	$265	$202	$432
	HSA 2	$10	$147	$93	$239
	HRA	$66	$334	$285	$553
	EPO	$289	$623	$592	$965
$35k – $50k	**HSA 1**	$58	$337	$263	$542
	HSA 2	$17	$211	$148	$343
	HRA	$106	$438	$349	$680
	EPO	$305	$657	$623	$1,017
Over $50k	**HSA 1**	$68	$364	$285	$582
	HSA 2	$25	$235	$168	$379
	HRA	$120	$475	$378	$733
	EPO	$329	$699	$664	$1,083

Half-time employees age 50 and over with at least two years of service will pay the full-time medical rates. Full-time premium tier will be based on your current half-time hourly rate multiplied by 2080.

Dental

	Employee only	Employee + spouse	Employee + child(ren)	Employee + family
PPO	$5.39	$12.06	$12.86	$21.23
DHMO	$2.83	$4.85	$4.89	$7.05

Vision

	Employee only	Employee + spouse	Employee + child(ren)	Employee + family
Superior Vision	$0.49	$0.91	$1.14	$1.60

Medical

Medical plans – HSA 1, HSA 2, HRA, EPO*

All four medical plans are with the same network of providers and cover the same services/procedures. The plans:

- **Cover preventive services at 100%.**
  Annual physical, annual well-woman, annual well-baby, etc.

- **Cover inpatient services performed at Cook Children's (home host) at 100% for dependents enrolled on your plan.****
  Note: HSA participants must meet their deductible before 100% benefit starts.

- **Offer same network of physicians (Aetna Choice POS II – Open Access).**

- **In all plans, you'll pay less if you use in-network doctors and other medical providers.**

* The EPO plan is FROZEN. No new participants can join this plan, but you may remain enrolled if you are currently a participant.
** For inpatient services for children age 14 and below not performed at Cook Children's, a $3,000 surcharge applies, plus applicable deductible and coinsurance. The surcharge does not apply to mental health or normal birth and delivery.

Home host benefit

Inpatient services performed at a Cook Children's facility will be covered at 100%* for those enrolled in a Cook Children's plan. If inpatient services can be performed at a Cook Children's facility and are not, a penalty** of $3,000 will apply. Certain outpatient observation services*** may also fall under the home host benefit, if billed with an approved revenue code. If an eligible dependent is admitted as inpatient at another facility, and is in stable condition, the patient will need to be transferred to a Cook Children's facility (if services can be provided by Cook Children's) in order to avoid the penalty. For home host claims, ambulance/transport service for non-emergent transfers to a Cook Children's facility by Cook Children's Teddy Bear Transport will be covered under the home host benefit.

Note: If an eligible dependent is admitted directly from a Cook Children's Emergency Department into inpatient care (or into an approved outpatient observation status) at a Cook Children's facility, the cost of the emergency department visit will also be included in the home host benefit.

*HSA participants must meet their deductible before 100% benefit starts.

**Penalty only applies to age 14 and below, and does not apply to mental health or normal birth and delivery.

***Whether or not the stay will be covered at 100% is based on the code that is submitted to the insurance. If the claim is billed as inpatient, or as one of the approved outpatient observation codes, all services associated with that stay will be covered at 100%. If the visit is billed with codes other than these, the normal benefits will apply and the 100% home host benefit will not apply.

New! Medicare Choice Group

Medicare Choice Group offers unbiased guidance and practical decision support to those nearing Medicare eligibility.

Licensed and certified Medicare experts will provide one-on-one education, guidance and decision support through the entire Medicare transition and enrollment process. They're also available year-round for any assistance needed.

This service is free to all Cook Children's employees and their spouses, parents and loved ones who are eligible for Medicare. To schedule your one-on-one Medicare consultation go to **https://visit.medicarechoicegroup.com/cookchildrens**. You can also call and speak with a Medicare advisor at 855-704-1695.

Pharmacy – Caremark

When you sign up for a medical plan, the pharmacy coverage offered through Caremark is automatically included. You'll receive a combined medical and pharmacy ID card.

Your out-of-pocket cost will vary depending on whether the drug is generic or name brand and whether the drug is on Caremark's list of preferred or non-preferred drugs.

SurgeryPlus™

SurgeryPlus is a supplemental benefit offered by Cook Children's for planned, non-emergency surgeries. When SurgeryPlus is used, HSA participants pay only their deductible (and no coinsurance), and HRA and EPO participants pay nothing for the procedure.

A SurgeryPlus Care Advocate will help you find a surgeon that meets rigorous credentialing standards, schedule your appointments, coordinate logistics such as medical record transfers and ensure you have access to the best information as you make decisions about your care.

Covered procedure categories include orthopedics, spine, general surgery, gynecology, ear, nose and throat, gastroenterology, cardiology, pain management and more.

SurgeryPlus is available to employees and dependents age 18 and older enrolled in a Cook Children's medical plan. Contact your MyQHealth Care Coordinators to learn more about SurgeryPlus, or reach out to SurgeryPlus directly at **cookchildrens.surgeryplus.com**, email **cookchildrens@surgeryplus.com** or call 833-512-1173.

MyQHealth care coordination

A personalized, guided health care experience

MyQHealth can assist you with all your health care related issues and questions. MyQHealth Care Coordinators organize and simplify your medical and prescription benefits to provide you with a better experience when you need care. From medical claims to checkups and even precertifications, your Care Coordinators are with you every step of your health care journey.

MyQHealth Care Coordinators do things like:

- Verify coverage
- Provide health education resources
- Advocate for your care
- Help manage chronic conditions
- Find in-network providers
- Contact providers to discuss treatment
- Answer claims, billing and benefits questions
- Create health improvement plans
- Help reduce unnecessary, out-of-pocket costs

Contact your MyQHealth Care Coordinators:

- Call: 888-552-6455
- Visit: **cookchildrensmyqhealth.com**
- Download the MyQHealth – Care Coordinators app

Make shopping for health care easy with Healthcare Bluebook™

Save money by choosing high-quality, affordable health care providers. With Healthcare Bluebook, you can:

Search	Compare	Save
See cost and quality information for facilities and doctors in your area.	Compare providers that offer great quality at a Fair Price™.	Save money on out-of-pocket costs.

To get started, call 888-552-6455, visit **cookchildrensmyqhealth.com** or download the MyQHealth - Care Coordinators app.

What is an HSA?

A health savings account (HSA) is a personal savings account you can use to pay for qualified out-of-pocket health care expenses for an individual, spouse or family with pre-tax dollars – now or in the future. HSAs are administered by Health Equity.

- An HSA provides triple tax savings:
  - Funds are deposited on a pre-tax or tax-deductible basis.
  - Earnings grow tax-free.
  - Withdrawals are tax-free, this year or any year, if you use them for eligible expenses – even after you retire or leave Cook Children's.
- HSA funds roll over from year to year. You can use the money in your account whenever you like. Some people use it for current expenses. Some people let their balance build up for medical bills later in life. It's your choice!
- HSA money belongs to the employee, not Cook Children's. If you leave Cook Children's or retire, you can take your HSA with you and continue to pay and save for future eligible health care expenses.
- You can invest your account balance if it exceeds $1,000. (Your earnings aren't taxable in most cases.)

To be eligible for an HSA, you must NOT be:

- Covered by any other health plan, including your spouse's health insurance.
- Covered by your own or spouse's full purpose (traditional) flexible spending account (FSA).
- Enrolled in any part of Medicare or Tricare.
- Receiving veteran health benefits now or in the past 90 days for a non-service connected disability.
- Claimed as a dependent on another person's tax return.

HSA combined contribution limits (calendar year):

- Employee only coverage – $3,850 (2023) and $4,150 (2024).
- Family coverage – $7,750 (2023) and $8,300 (2024).
- Age 55+ also can make catch-up contributions up to $1,000.

Mid-month changes to your HSA contribution will be recognized on the next available paycheck.

HSA 1

	In-network	Out-of-network
Annual deductible*	Medical AND pharmacy expenses count toward the deductible.	
Employee only	$1,500	$6,000
Family	$3,000	$12,000
HSA contribution provided by Cook Children's	Employee only = $250 annually (funded bi-weekly) Family = $750 annually (funded bi-weekly)	
Out-of-pocket maximum**	Medical and pharmacy expenses count toward the out-of-pocket (OOP) maximum. If your OOP maximum is reached, Cook Children's will pay 100% of all eligible medical and pharmacy charges until the new plan year.	
Per individual	$4,000	unlimited
Per family	$8,000	unlimited
Coinsurance/copays	The coinsurance % below is what Cook Children's pays; you are responsible for paying the remaining % of eligible claims. The copay amounts are what you will pay.	
Preventive services (Adult, newborn and child well care)	100%	50% after deductible
Teladoc	copay (varies on services provided)	N/A
Office visit (primary, specialist) **Inpatient hospital visit** **Outpatient facility** **Surgical services** **Ambulance** **Home health care** **Diagnostic lab and X-ray** **Urgent care**	80% after deductible	50% after deductible
Emergency room ER-related expenses (radiology, pathology, etc.)	80% after deductible	
Home host program If inpatient services can be performed at a Cook Children's facility and are not, a surcharge of $3,000 will apply.	After deductible, inpatient stay covered at 100% if at Cook Children's Medical Center	N/A
Mental health/chemical dependency	80% after deductible	50% after deductible
Therapy Speech, physical and occupational	60 visits/plan year – physical, occupational and speech combined	
	80% after deductible	50% after deductible

*The deductible is unembedded. If you elect family coverage, your entire family deductible must be met before any family members can move to the coinsurance level. There is no individual deductible with the family coverage.

**The OOP maximum is embedded. A single employee or family member will not exceed $4,000 for the plan year.

Pharmacy plan – Caremark

Copay/Coinsurance (percentage you pay)		
	Retail (30-day supply)	Pharmacy (90-day supply)*
Generic	$9 copay after deductible	$18 copay after deductible
Preferred brand name	20% (max. $60) after deductible	20% (max. $150) after deductible
Non-preferred brand name	50% (max. $125) after deductible	50% (max $312.50) after deductible
Specialty	20% (max. $250) after deductible	N/A

FREE generic medications for asthma, heart conditions, diabetes, hypertension and cholesterol	Step therapy – required for all prescriptions
Must be obtained via mail order or CVS Pharmacy. After two fills of your maintenance medication at any retail pharmacy, it must be filled by CVS mail or at a CVS Pharmacy.	**Must try a generic prescription before a brand name, if a generic is available.** If a generic drug is not proven to be effective, you may be approved for the brand name drug.

* Required for maintenance prescription drugs.

HSA 2

	In-network	Out-of-network
Annual deductible*	Medical AND pharmacy expenses count toward the deductible.	
Employee only	$5,000	$10,000
Family	$10,000	$20,000
Out-of-pocket maximum**	In-network deductible satisfies the in-network out-of-pocket maximum.	
Per individual	$5,000	unlimited
Per family	$10,000	unlimited
Coinsurance/copays	The coinsurance % below is what Cook Children's pays; you are responsible for paying the remaining % of eligible claims.	
Preventive services (Adult, newborn and child well care)	100%	50% after deductible
Teladoc	100% after deductible	N/A
Office visit (primary, specialist) **Inpatient hospital visit** **Outpatient facility** **Surgical services** **Ambulance** **Home health care** **Diagnostic lab and X-ray** **Urgent care**	100% after deductible	50% after deductible
Emergency room ER-related expenses (radiology, pathology, etc.)	100% after deductible	
Home host program If inpatient services can be performed at a Cook Children's facility and are not, a surcharge of $3,000 will apply.	100% after deductible	N/A
Mental health/chemical dependency	100% after deductible	50% after deductible
Therapy Speech, physical and occupational	60 visits/plan year – physical, occupational and speech combined	
	100% after deductible	50% after deductible

* The deductible is embedded. If you elect family coverage, once one person has met the individual deductible, the plan will start paying at 100% of allowable expenses for that person for the remainder of the plan year. The rest of the family will continue to pay toward the deductible until the remainder of the family deductible is met.

** The OOP maximum is embedded. A single employee or family member will not exceed $5,000 for the plan year.

Pharmacy plan – Caremark

Copay/Coinsurance (percentage you pay)		
	Retail (30-day supply)	Pharmacy (90-day supply)*
Generic	Covered at 100% after deductible	Covered at 100% after deductible
Preferred brand name	Covered at 100% after deductible	Covered at 100% after deductible
Non-preferred brand name	Covered at 100% after deductible	Covered at 100% after deductible
Specialty	Covered at 100% after deductible	N/A
FREE generic medications for asthma, heart conditions, diabetes, hypertension and cholesterol	Step therapy – required for all prescriptions	
Must be obtained via mail order or CVS Pharmacy. After two fills of your maintenance medication at any retail pharmacy, it must be filled by CVS mail or at a CVS Pharmacy.	**Must try a generic prescription before a brand name, if a generic is available.** If a generic drug is not proven to be effective, you may be approved for the brand name drug.	

* Required for maintenance prescription drugs.

What is an HRA?

The health reimbursement account (HRA) is funded by Cook Children's. Cook Children's pays the first portion of your eligible medical expenses. The money used from your HRA fund counts toward your deductible.

- All medical services apply to the deductible and coinsurance.
- You pay for claims only after the HRA fund is exhausted.
- If there is a balance in your fund at the end of the year, it rolls over to the following year.

Unused amounts can roll over into future years, up to a maximum limit of:

- $1,500 for employee only.
- $3,000 for family.
- If you leave the plan, the fund stays with the plan.

Cook Children's frontloads the following amounts into your HRA fund:

- $750 for employee only coverage in a full plan year.
- $1,500 for family coverage in a full plan year.
- Fund is pro-rated, for mid-year enrollments and change in status, based on the date the coverage is effective.

The HRA fund can be used only for expenses covered by the medical plan.

HRA

	In-network	Out-of-network
Annual deductible*	Only medical expenses count toward the deductible.	
Employee only	$1,500 (HRA fund used 1st)	$6,000 (HRA fund used 1st)
Family	$3,000 (HRA fund used 1st)	$12,000 (HRA fund used 1st)
HRA fund amounts	Employee only = $750/plan year Family = $1,500/plan year	
Out-of-pocket maximum**	Medical and pharmacy expenses count toward the out-of-pocket (OOP) maximum. If your OOP maximum is reached, Cook Children's will pay 100% of all eligible medical and pharmacy charges until the new plan year.	
Per individual	$5,000	unlimited
Per family	$10,000	unlimited
Coinsurance/copays	The coinsurance % below is what Cook Children's pays; you are responsible for paying the remaining % of eligible claims. The copay amounts are what you will pay.	
Preventive services (Adult, newborn and child well care)	100%	50% after deductible
Teladoc	copay (varies on services provided)	N/A
Office visit (primary, specialist) **Inpatient hospital visit** **Outpatient facility** **Surgical services** **Ambulance** **Home health care** **Diagnostic lab and X-ray** **Urgent care**	80% after deductible	50% after deductible
Emergency room ER-related expenses (radiology, pathology, etc.)	80% after deductible	
Home host program If inpatient services can be performed at a Cook Children's facility and are not, a surcharge of $3,000 will apply.	Inpatient stay covered at 100% if at Cook Children's Medical Center	N/A
Mental health/chemical dependency	80% after deductible	50% after deductible
Therapy Speech, physical and occupational	60 visits/plan year – physical, occupational and speech combined	
	80% after deductible	50% after deductible

*The deductible is unembedded. If you elect family coverage, your entire family deductible must be met before any family members can move to the coinsurance level. There is no individual deductible with the family coverage.

**The OOP maximum is embedded. A single employee or family member will not exceed $5,000 for the plan year.

Pharmacy plan – Caremark

Copay/Coinsurance (percentage you pay)		
	Retail (30-day supply)	**Pharmacy (90-day supply)***
Generic	$9 copay	$18 copay
Preferred brand name	20% (max. $60)	20% (max. $150)
Non-preferred brand name	50% (max. $125)	50% (max. $312.50)
Specialty	20% (max. $250)	N/A
FREE generic medications for asthma, heart conditions, diabetes, hypertension and cholesterol	Step therapy – required for all prescriptions	
Must be obtained via mail order or CVS Pharmacy. After two fills of your maintenance medication at any retail pharmacy, it must be filled by CVS mail or at a CVS Pharmacy.	**Must try a generic prescription before a brand name, if a generic is available.** If a generic drug is not proven to be effective, you may be approved for the brand name drug.	

Pharmacy expenses count toward your medical plan maximum out-of-pocket.

* Required for maintenance prescription drugs.

EPO

The EPO (Employer Provider Organization) plan is frozen. No new participants can join this plan, but you may remain enrolled if you're currently a participant.

	In-network	Out-of-network
Annual deductible*	Only medical expenses count toward the deductible.	
Employee only	$500	$6,000
Family	$1,000	$12,000
Out-of-pocket maximum**	Medical and pharmacy expenses count toward the out-of-pocket (OOP) maximum.	
Per individual	$6,550	unlimited
Per family	$13,100	unlimited
Coinsurance/copays	The coinsurance % below is what Cook Children's pays; you are responsible for paying the remaining % of eligible claims. The copay amounts are what you will pay.	
Preventive services (Adult, newborn and child well care)	100%	50% after deductible
Teladoc	copay (varies on services provided)	N/A
Office visit	$30 copay/primary care provider $60 copay/specialist	50% after deductible
Inpatient hospital visit **Outpatient facility** **Surgical services** **Ambulance** **Home health care** **Diagnostic lab and X-ray**	80% after deductible	50% after deductible
Urgent care	$75 copay	50% after deductible
Emergency room	$200 copay	
ER-related expenses (radiology, pathology, etc.)	80% after deductible	
Home host program If inpatient services can be performed at a Cook Children's facility and are not, a surcharge of $3,000 will apply.	Inpatient stay covered at 100% if at Cook Children's Medical Center	N/A
Mental health/chemical dependency		
• **Inpatient**	80% after deductible	50% after deductible
• **Outpatient**	$60 copay/visit	
Therapy Speech, physical and occupational	60 visits/plan year – physical, occupational and speech combined	
	80% after deductible	50% after deductible

*The deductible is unembedded. If you have family coverage, your entire family deductible must be met before any family members can move to the coinsurance level. There is no individual deductible with the family coverage.
**The OOP maximum is embedded. A single employee or family member will not exceed $6,550 for the plan year.

Pharmacy plan – Caremark

Copay/Coinsurance (percentage you pay)		
	Retail (30-day supply)	**Pharmacy (90-day supply)***
Generic	$9 copay	$18 copay
Preferred brand name	20% (max. $60)	20% (max. $150)
Non-preferred brand name	50% (max. $125)	50% (max. $312.50)
Specialty	20% (max. $250)	N/A
FREE generic medications for asthma, heart conditions, diabetes, hypertension and cholesterol	Step therapy – required for all prescriptions	
Must be obtained via mail order or CVS Pharmacy. After two fills of your maintenance medication at any retail pharmacy, it must be filled by CVS mail or at a CVS Pharmacy.	**Must try a generic prescription before a brand name, if a generic is available.** If a generic drug is not proven to be effective, you may be approved for the brand name drug.	

Pharmacy expenses count toward your medical plan maximum out-of-pocket. * Required for maintenance prescription drugs.

Teladoc®

Teladoc is a convenient alternative to urgent care or emergency room visits. U.S. board certified physicians are available anytime, anywhere and can resolve many non-emergency medical issues via phone or online video.

How to register and set up your account

Visit **teladoc.com** and fill out the information to set up your account, including the member ID found on your medical insurance ID card.

Log in to your account at **teladoc.com** or call 855-TELADOC (835-2362) to request a phone or online video consult with a Teladoc doctor.

How it works

Step 1:
Contact Teladoc 24/7/365

Step 2:
Talk with a physician within minutes

Step 3:
Resolve the issue

Acid reflux	Allergies	Animal/insect bite
Arthritis	Asthma	Backache
Blood pressure issues	Bronchitis	Bowel/digestive issues
Cold	Constipation	Cough
Croup	Dizziness	Eye infection/irritation
Fever	Flu	Headache/migraine
Joint pain/swelling	Laryngitis	Pinkeye
Poison ivy/oak	Rash	Respiratory infection
Sinusitis		

Teladoc also gives you the opportunity to talk with a licensed psychiatrist or counselor for anxiety, stress, depression, addiction and more.

Cost

You will pay the full visit cost before your deductible. Teladoc visits will be covered 100% after you meet your deductible.

CareATC offers virtual visits for established patients. HRA and EPO participants pay nothing for these visits and HSA participants pay $10 per visit.

MetLife Dental

MetLife Dental is our dental plans provider, and you can choose from two plans. With MetLife, we have the flexibility to go to any dentist, in or out of the network. When we use network dentists, we'll typically pay less, because MetLife has negotiated fees with network dentists that save up to 40% off the average charges in the same area.

Preferred provider organization (PPO) plan You can see any dentist, but an in-network provider will be more cost effective.		
Group #: 227703	**In-network (PDP Plus Network)****	**Out-of-network**
Plan year deductible		
Per individual	$50	$50
Per family	$100	$100
Plan year maximum		
Per individual (excludes orthodontics, diagnostic and preventive services)	$2,000	$2,000
Benefits and covered services*		
Diagnostic and preventive services Exams, cleanings, bitewing X-rays and sealants	100% no deductible	100% no deductible – usual/customary rate
Basic services		
Fillings, endodontics (root canals), periodontics (gum treatments), oral surgery	80% after deductible	80% after deductible – usual/customary rate
Major procedures		
Crowns, inlays, onlays, cast restorations, prosthodontics (bridges, dentures and implants)	50% after deductible	50% after deductible – usual/customary rate
Orthodontics (children and adults)	50%; no deductible up to $2,000 lifetime max (lifetime max is not part of plan year max)	50%; no deductible up to $2,000 lifetime max (lifetime max is not part of plan year max)

* Limitations or waiting periods may apply for some benefits; some services may be excluded from the plan. Reimbursement is based on MetLife PPO maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on negotiated fees for MetLife network providers.

To find an in-network dentist, visit **metlife.com/mybenefits**. If you are not yet enrolled in the dental plan, go to **metlife.com** for the provider search.

Dental health maintenance organization (DHMO) plan You must select a primary dentist.	
Group #: 227703	**In-network only (MET185 plan network)**
Plan year deductible	
Per individual	None
Per family	None
Plan year maximum	
Per individual (excluding orthodontics)	None
Copay examples	
Routine diagnostic exam and X-rays	$0
Semi-annual cleaning	$0
Sealant	$0
Filling	$30 – $40 copay
Root canal	$80 – $200 copay
Oral surgery	$5 – $980 copay
Crown	$225 copay
Inlay/onlay	$165 – $185 copay
Denture	$210 – $365 copay
Bridges	$185 – $205 copay
Implants	Not covered
Orthodontics (children and adults)	$725 copay for limited orthodontic treatment; $1,695 copay for comprehensive treatment

A comprehensive list of copays can be found on the benefits page on **CookNet**, in the dental benefits section. To find an in-network dentist, visit **metlife.com/mybenefits**. You must choose a dentist in the MET185 plan network and will be required to provide a facility ID for your dentist upon enrollment. If you are not yet enrolled in the dental plan, go to **metlife.com** for the provider search.

You must select a dentist at the time of enrollment. You can change dentists at any time, but you must notify MetLife before scheduling an appointment. If you need a specialist, your dentist will make a referral. Refer to **metlife.com/mybenefits** for a DHMO summary and schedule of benefits and copay amounts.

Vision

Superior Vision is our vision plan provider.

	In-network	Out-of-network
Benefit frequency	Once every plan year for exam/lenses; once every plan year for frames	Once every plan year for exam/lenses; once every plan year for frames
Eye exam	$10 copay – covers comprehensive exam from licensed optometrist or ophthalmologist	Up to $42 allowance
Materials	$25 copay – applies to purchase of glasses (lenses and frames)	(See below)
Lenses	One pair of standard single vision or multi-focal lenses is covered-in-full (after $25 copay). Standard scratch-resistant coating, progressive lenses (standard/premium/ultra/ultimate) and polycarbonate lenses	Single vision – up to $26 allowance Bifocal – up to $34 allowance Trifocal – up to $50 allowance Progressives – up to $34 allowance Lenticular – $80 allowance Scratch-resistant coating – not covered Polycarbonate – not covered
Frames	$150 allowance applied toward the purchase of eyeglass frames	Up to $60 allowance
Medically necessary contacts*	Covered at 100%	Up to $210 allowance
Contact lens fitting**	Contact lens fitting (standard**) – covered in full (after $25 copay) Contact lens fitting (specialty**) – $50 retail allowance	Not covered
Contact lenses***	$150 allowance applied toward the purchase of contact lenses	$100 allowance toward the purchase of contact lenses
Laser vision discount	This corrective service is available to you and your eligible dependents at a special discount (20%–50% off) with your Superior Vision plan. Contact QualSight LASIK at 877-201-3602 for more information.	

* Medically necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: Following cataract surgery without intraocular lens implant; to correct extreme vision problems that cannot be corrected with eyeglass lenses and/or frames with certain conditions such as anisometropia, keratoconus, irregular corneal/astigmatism, aphakia, facial deformity; or corneal deformity. It is recommended that your provider contact Superior Vision before you purchase such contacts.

** Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wears toric, gas permeable or multi-focal lenses.

*** Contact lenses are in lieu of eyeglass lenses and frames benefit.

CareATC clinics

Preventive health exams are vital to living healthy and saving money on health care costs. They also can help you detect health concerns early so you can take care of them before they become more serious. But did you know you can get your preventive exams without waiting at the doctor's office, paying a copay or driving around town? Simply visit a CareATC clinic to get the care you need.

Preventive care visits, including age-appropriate physicals, routine gynecological exams, prostate exams, sports physicals and more, can be done for low or no cost at CareATC for employees and dependents age 18 and older enrolled in a Cook Children's medical plan.

In addition to preventive care visits, employees, spouses and dependents (age 18+) who are covered on the Cook Children's medical plan can visit CareATC for:

- Chronic disease management (diabetes, hypertension, asthma, etc.)
- Diagnostic testing and screenings, including lab work
- Personal health assessments

If you are in the HRA or EPO plans, any visit at CareATC will be free, even diagnostic visits. For those enrolled in the HSA 1 and HSA 2 plans, the cost for a diagnostic visit is only $10.

The cost for employees not enrolled in a Cook Children's medical plan is $10 per visit (for minor illnesses and injuries).

Benefits of using CareATC

- **More time spent with a medical provider.**
- **Chronic disease management.**
- **Low to no cost** for you and your family.
- **Convenient locations and hours**, with little to no wait time to see the doctor.
- **Same-day or next-day appointments.**
- **No-cost lab work.**
- **CareATC app.** Conveniently make appointments 24/7, find clinic locations close to you, view your medical records and view provider bios.

Mental health counseling available at CareATC

Get confidential mental health counseling at CareATC on Henderson Street in Fort Worth. See an on-site counselor for 50–60-minute sessions on relationship and family issues, stress, anxiety and other common challenges.

Treatment for these non-work-related minor illnesses and injuries are available to ALL employees, even those not covered on our medical plan:

- Adult immunizations
- Upper respiratory infections, sinus infections and cold and flu
- Minor injuries, including sprains/strains and lacerations
- Skin rashes
- Gastrointestinal issues

Visiting CareATC

The CareATC location closest to the main campus is 500 Henderson St.

Hours are:

Mon/Wed/Thurs: 7 a.m. to 6 p.m.
Tue/Fri: 8 a.m. to 12 p.m. and 1 p.m. to 5 p.m.

CareATC also has other locations throughout the DFW Metroplex and the U.S., including:

- Arlington
- Carrollton
- Fort Worth
- San Antonio
- Irving
- Mansfield
- Houston

Appointments are required for care. To make an appointment, or find additional CareATC locations and hours, call **800-993-8244**, log in to **careatc.com/patients** or use the CareATC mobile app.

CareATC also offers virtual visits for established patients. HRA and EPO pay nothing and HSA participants pay $10 per visit.

Flexible spending accounts (FSA)

Flexible spending accounts allow you to set aside pre-tax payroll deductions to pay for out-of-pocket health care expenses, such as deductibles, copays and coinsurance, as well as dependent care (day care) expenses.

Health care flexible spending account

Cook Children's offers two health care FSA options: the full-purpose (traditional) FSA and the limited-purpose FSA. The entire annual election amount for either FSA is available the date the plan becomes active – regardless of how little has actually been paid into the account. However, you must use the money within the required time period **or you lose it.**

Full-purpose (traditional) FSA

For employees enrolled in the HRA or EPO plans or those who do not have a Cook Children's plan.

Can be used for you and/or your family members (whether covered in your plan or not) for:

- Medical, pharmacy, vision and dental expenses (deductibles, coinsurance, copays, etc.)
- Eligible over-the-counter items (bandages, diabetic supplies, etc.)

Limited-purpose FSA

For HSA participants only.

Can be used for you and/or your family members (whether covered in your plan or not) for:

- Dental and vision expenses
- Medical and prescription expenses after your deductible is met

Contribution limit

You can set aside up to $3,050 per plan year to pay for any eligible expenses you or your eligible dependents incur during that year (Oct. 1, 2023 - Sept. 30, 2024). The deadline for filing claims is 90 days from the plan year end date.

Health care FSA rollover

FSAs are "use it or lose it" accounts. Participants must use their balance for eligible expenses incurred during the plan year. Those who haven't used their elected balance at the end of the claims filing deadline (Dec. 31) will lose those unused funds.

However, our plan has a rollover feature that allows health care FSA participants to roll over up to $610 of the unused balance for use in the following plan year **(as long as the participant enrolls in the FSA for the following plan year)**, instead of forfeiting the unused dollars. Any unused amounts more than $610 will be forfeited.

Rollover dollars are in addition to the new plan year health care FSA election and do not impact the FSA maximum pre-tax election.

Dependent care flexible spending account

Whether you elect any other benefits or not, you may opt to participate in the dependent care FSA. The dependent care FSA allows you to set aside pre-tax funds to help pay for expenses associated with dependent day care.

Reimbursement from your dependent care FSA is limited to the total amount that is deposited in your account at that time.

With the dependent care FSA, you are allowed to set aside up to $5,000 to pay for child care expenses on a pre-tax basis. *Note: Other limitations may apply.*

Eligible dependents include children younger than the age of 13.

Expenses are reimbursable as long as the provider (including nannies) is not anyone considered your dependent for income tax purposes and can provide their tax identification number or Social Security number.

Note: You are not eligible for the dependent care FSA if you make more than $62.50 per hour.

The TaxSaver FSA debit card

This debit card may be used **only** for qualified health care and dependent day care expenses.

Upon enrolling in the plan, TaxSaver will mail you two FSA debit cards for use on eligible expenses. If you are already enrolled in the plan, continue to use your current card until the expiration date, at which time TaxSaver will mail you new cards.

The FSA debit card allows you to pay for services at point of sale, but **you must always keep receipts and explanation of benefits (EOBs) for any debit card charges.** Failure to provide proof that an expense was valid can result in your card being turned off and your expense being deemed taxable.

FSA reconciliation process

The reconciliation process is designed to reduce the number of receipt requests an FSA participant receives during the year and to keep the FSA debit card active all year long, while following the IRS regulations.

This process will automatically occur after the claims filing deadline (Dec. 31) for all participants in the Cook Children's medical, dental, pharmacy and/or vision coverage plans.

TaxSaver will sum all of your electronic claims data received from the insurance carriers and compare it to any paid debit card and paper claims.

- If the claims total meets or exceeds the total amount spent on the debit card, you will not be asked to submit any documents to verify your debit card expenses.
- If the claims total does not match or exceed the debit card transactions, TaxSaver will contact you to submit additional documentation verifying your transactions.
- If you typically use your FSA debit card to pay for eligible expenses for yourself or a dependent **not covered** under Cook Children's insurance plans, you may be asked to submit documents to verify your FSA debit card expenses (following each use of the card).

Keep all receipts for expenses paid with your FSA, as you may be required to submit them.

Life insurance – Securian

Basic life/accidental death and dismemberment coverages are provided at no cost for all full-time employees. Cook Children's provides a policy equal to 3x your annual salary (maximum $1,000,000).

Available for purchase by full- and half-time employees:

- **Supplemental life insurance***
  1x to 8x salary (maximum $1,000,000; guaranteed issue amount = the lesser of 3x salary or $500,000)
- **Spouse life insurance**
  Coverages of $10,000 increments (maximum $100,000; may not exceed the total amount of employee coverage; guaranteed issue amount = $50,000)
- **Child life insurance**
  Coverages of $2,000, $5,000 or $10,000 (for children up to age 26)

* Half-time employees must purchase supplemental life in order to have spouse and/or child life insurance.

How to estimate your biweekly premium for additional life insurance coverage:

1x pay coverage: ((annual pay/1000) x age rate) x 12 ÷ 26.
For multiples 2x-8x coverage, multiply the 1x rate by 2-8.

Age rate	
Under 25	.038
25–29	.045
30–34	.060
35–39	.068
40–44	.079
45–49	.124
50–54	.203
55–59	.323
60–64	.495
65–69	.953
70+	1.988

Note: Employee rates automatically increase with age.

Pricing – spouse life insurance:

The full-time and half-time employee bi-weekly premium is $0.26 per $1,000 of coverage.

Example: If you elect $10,000 coverage, the premium will be $1.20 (10 x .26) x 12/26.

Pricing – child life insurance:

The following is a list of full-time and half-time employee bi-weekly premiums:

Coverage levels		
$2,000	$5,000	$10,000
$0.22	$0.54	$1.08

These are fixed rates regardless of the number of children insured.

Use Securian Financial's personal benefits-decision tool (Benefit Scout) to learn more about your life insurance benefits, evaluate your needs and ask questions.

Full-time employees – visit lifebenefits.com/ccft

Half-time employees – visit lifebenefits.com/ccht

For life insurance plans, base pay is your hourly rate multiplied by your budgeted Workday full-time equivalency (0.1-1.0).

Life insurance EOI (evidence of insurability) requirements

New hire or newly eligible

Employee: If you enroll during your initial enrollment period, you will automatically be approved for coverage up to 3x your salary, or $500,000 (whichever is less). Coverage over 3x your salary or $500,000 will require evidence of insurability (EOI).

Spouse: $10,000 increments (maximum $100,000; may not exceed the total amount of employee coverage). You can elect up to $50,000, no EOI required. Amounts over $50,000 will require EOI.

Elections after initial enrollment

Employee: After your initial enrollment, you will be able to increase your coverage by one level at a time, up to 3x your salary or $500,000 without EOI (i.e., no coverage–1x salary, 1x–2x salary, 2x–3x salary). Amounts over 3x salary or $500,000 will require carrier approval.

Spouse: $10,000 increments (maximum $100,000; may not exceed the total amount of employee coverage). After your initial enrollment, you will be able to increase your coverage by one level at a time, up to $50,000 without EOI (i.e., no coverage–$10,000, $10,000–$20,000, $20,000–$30,000, etc.). Amounts over $50,000 will require EOI.

Always guaranteed

Child: Elections for child coverage never require EOI.

Retirement plans – Fidelity

403(b) plan*

All employees are eligible to participate in the 403(b) retirement plan. Your deferral options include pre-tax**, Roth*** (after-tax) or a combination of both. You can save up to the IRS deferral limit ($22,500 for 2023). Additionally, participants who are at least 50 years old can save an additional $7,500 for 2023.

Participant contributions into the 403(b) plan are always 100% vested. You always own the balance in this account.

You will automatically be enrolled in the 403(b) plan at 4% (pre-tax) approximately 30–45 days following your hire/rehire date, unless you make a different election. You can change your deferral rate at any time during the year.

To view your accounts, change your deferral rates, update your beneficiary info, etc., log on to **403b.com** or call Fidelity at 877-895-5986. You can also access your account through the NetBenefits app.

To schedule a free, in-person 30-minute financial planning session with one of our Fidelity reps, visit **fidelity.com/atwork/reservations** or call 877-895-5986.

* 401(k) available for Cook Children's Health Services Inc. employees; same plan design as 403(b).

** Pre-tax deferrals allow you to reduce your taxable income for the current calendar year. However, when you take the money out of your retirement plan, you will pay taxes at that time. The taxes will be due on the contributions and investment earnings at the time of withdrawal.

*** Roth deferrals allow you to pay taxes on your contributions today. When you take the money out of your retirement plan, they will be tax-free if you meet two qualifications:

1. Your first Roth deferral was made more than five years prior to the withdrawal date AND
2. You are over the age of 59-1/2 at the time of the withdrawal. If you don't meet both qualifications, you will only owe taxes on the investment earnings.

401(a) plan

Cook Children's also provides a 401(a) matching account to all employees who participate in the 403(b) plan.

Full- and half-time employees contributing to the 403(b)* will receive an employer-matching contribution into their 401(a) account each pay period.

Part-time, PRN and pool employees may receive an employer-matching contribution in January for the prior calendar year if he/she:

1. Contributed to the 403(b) in the prior calendar year.
2. Worked more than 1,000 hours during the prior calendar year AND
3. Was employed on Dec. 31 of the prior year.

Years of service	If you contribute at least this percentage	Cook Children's will match*
< 5 years	4%	4%
5–6 years	5%	5%
6–10 years	5%	6.25%
11+ years	5%	7.5%

* Subject to IRS limits

You become 100% vested in the employer-matching account on your third anniversary with Cook Children's.

Leave options

Family and Medical Leave Act (FMLA) and leave of absence (LOA)

The Hartford handles our leave and disability programs, which includes all FMLA, LOA, and disability requests.

- The Family Medical Leave Act (FMLA) provides eligible employees **up to 12 workweeks of unpaid, job-protected leave** in a 12-month period for **specified family and medical reasons.** Specified military-related reasons allow up to 26 workweeks of unpaid, job-protected leave in a 12-month period.
- Cook Children's leave of absence (LOA) policy provides eligible employees unpaid time off from work in excess of three consecutive weeks for medical, personal and educational reasons. An approved LOA allows employees up to 45 days of job protection.

Call The Hartford at 877-936-5336 to initiate your leave request or for any additional questions about eligibility. You also can access The Hartford via **thehartford.com/mybenefits.**

Claims should be initiated at least **30 days in advance**, when foreseeable. If the absence is not foreseeable, provide notice as soon as possible, but no later than the same day in which the need for leave is known.

How employees are paid while on leave:

- Paid time off (PTO), if available, must be used for any FMLA/LOA time taken (if not approved to receive disability). If no PTO is available, the time off will be unpaid.
- Benefits-eligible employees may be paid short-term or long-term disability if the claim is submitted and approved by The Hartford. Payment will begin once The Hartford approves the claim. Please review the disability plan details.

Disability (salary protection)

Short-term disability – The Hartford

Short-term disability (STD) coverage is provided at no cost for all full- and half-time employees.

A company-paid plan, processed and paid by The Hartford, will be provided to all eligible employees. Following the waiting period*, the plan will pay 70% of the employee's base pay, up to $2,500/week for a maximum of 25 weeks.

Waiting period: Seven calendar days for illnesses/maternity; none for accident/injury.

Paid time off (PTO), if available, will be used to pay the employee for normal scheduled hours during the waiting period. If the employee has no PTO, the waiting period will be unpaid.

ALL short-term disability payments will be paid directly by The Hartford and will begin once The Hartford has approved the short-term disability claim. Make sure your mailing address is up-to-date in Workday to ensure you receive your payments.

A tax advantage model is used for the company paid short-term and long-term disability plans. Cook Children's pays the premiums for these plans, and you will pay a small tax on the premium amount we pay for your coverage each pay period; when/if you use the benefit(s), your disability payments will be tax-free.

Long-term disability – The Hartford

Full-time employees – Cook Children's provides a 50% of base pay plan at no cost. You can "buy up" to a 60% of base pay plan.

Half-time employees – Can purchase a 60% of base pay plan.

Benefits:

- Maximum benefit is $15,000/month.
- 180-day elimination period.
- 24 months of "own occupation" then "any occupation" thereafter.

How to estimate your biweekly premium for the 60% long-term disability insurance coverage:

Full-time employees 60% benefit:
((annual base pay)/12)/100) x .208 x 12/26.

Half-time employees 60% benefit:
((annual base pay)/12)/100) x .187 x 12/26.

For disability plans, base pay is your hourly rate multiplied by your budgeted Workday full-time equivalency (0.1-1.0).

Employee assistance program (EAP)/Work-life

Life presents us with challenges at work and at home on a daily basis. You don't need to face these challenges alone. Employee assistance program (EAP) benefits are available to all employees and their families at no cost to you. The EAP, through Uprise Health, offers confidential advice, support and practical solutions to real-life issues.

- **Confidential counseling:** Up to six face-to-face, video or phone counseling sessions per issue (for relationship and family issues, stress, anxiety and other common challenges).
- **24-hour crisis help:** Toll-free access for you or a family member experiencing a crisis.
- **Tess, a well-being chatbot:** 24/7 chatbot for emotional support and check-ins to boost wellness. Text "Hi" to 650-825-9634 to get started.
- **Peer support groups:** Online support groups for addiction, depression, bipolar, anxiety, parenting, LGBTQ+, front-line workers and grief.
- **Coaching:** Up to three sessions with a coach to help develop resilience, stress management and mental fitness.

Our EAP also provides a wide range of work-life balance services to help you achieve a better balance between work, life and family to help make your life easier:

- **Child care services:** Information and support on parenting, school issues, adoption, college planning, teenager challenges, summer camps, day care and other important issues.
- **Adult and elder care services:** Information and services including transportation, meals, activities, prescription drug information, in-home care, daytime care and housing.
- **Legal services:** Access a free, half-hour consultation, by phone or in person, for any non-work-related issue, followed with a 25% discount in legal fees. Create online legal forms including wills, contracts and leases.
- **Financial help:** 30 consecutive days of free phone consultations for debt counseling, budgeting, college/retirement planning and taxes, including 25% off certified public accountant services for tax preparation.
- **Mediation services:** Free consultations for personal, family and non-work-related issues.

Free and confidential help 24/7

800-395-1616
uprisehealth.com/members

Access code: cook

Uprise Health coaching

Get training to develop your resilience, stress management and mental fitness via desktop or mobile app. Access is confidential.

Go to **uprisehealth.com/members** and enter your access code (cook). You will find links and instructions for creating your confidential account.

Responder Health

Responder Health provides confidential and full-service solutions that support front-line workers through stress and traumatic events. Their expertise focuses on the unique needs and challenges faced by frontline workers. This service complements our EAP service, which provides advice, support and solutions for other real-life issues.

- **Confidential crisis hotline:** The crisis hotline, made for front-line workers and answered by front-line workers, is available 24/7. Call takers can connect you with additional resources or to individuals equipped to handle your specific situation, if necessary.
- **Responder Health app:** Front-line workers and their families have access to this on-demand app that teaches skills and habits for dealing with life's daily stressors. Download it from the App Store or Google Play. (Use unlock code Cook21).
- **Outpatient counseling and inpatient treatment:** Responder Health can help you find a vetted counselor and/or facility that are in-network.
- **Peer support:** Cook Children's peer support program can help you overcome the challenges of being a front-line worker. This is a confidential face-to-face conversation with a certified peer advocate. Reach out if you need help or support dealing with a variety of situations, including:
    - Trauma
    - Relationships
    - Finances
    - PTSD
    - Substance abuse

When you need to talk, call Safe Call Now at 206-459-3020, 24 hours a day, 7 days a week. Your peer advocate will work to find the right solution for you.

Time away from work

Paid time off (PTO)

Cook Children's will provide employees PTO based on length of service and employment status. It can be used for vacation, sick days and holidays. During your first year of service, you can accrue up to 22 days of PTO, comprised of 10 vacation days, 6 holidays, 5 sick days and 1 personal day. Please refer to the Paid Time Off policy (HR 200) found on CookNet for additional information on PTO.

Years of service				
New hire	**Status**	**PTO accrual rate**	**Annual days accrued***	**Maximum accrual**
Less than 1 year	FT	.0654**	22	
Less than 1 year	HT/PT	.0847	22	
Existing employee	**Status**	**PTO accrual rate**	**Annual days accrued***	**Maximum accrual**
Less than 1 year	FT/HT/PT	.0847	22	
Beginning 2nd year	FT/HT/PT	.0924	24	
Beginning 3rd year	FT/HT/PT	.1116	29	58 days (464 hours)
Beginning 10th year	FT/HT/PT	.1308	34	68 days (544 hours)

FT = full-time HT = half-time PT = part-time

*Based on a full-time employee working a 40 hour week (8 hrs/day) or a half-time/part-time employee working a 20 hour week (4 hrs/day).
**New FT hires are front-loaded 40 hours.

PTO sellback

Employees may sell up to 80 hours of PTO back to Cook Children's in lieu of taking time off in a calendar year.

- Sellback hours for the upcoming calendar year must be declared during open enrollment. Elections cannot be changed after submission.
- Employees may not sell back PTO in 2024 until it is accrued in 2024. Rollover hours from previous years are not available for sellback.
- To request PTO sellback once the hours are accrued in 2024, you must complete the PTO sellback form. It can be found in Workday Payroll.
- PTO hours will be sold back in minimum blocks of eight hours.

Emergency PTO sellback

- Allows an employee who finds themselves needing to sell PTO, the opportunity to make a sellback election during the current year.
- Any PTO sold under the emergency feature is sold at 50% value instead of 100%.
- The maximum combined emergency sellback and declared PTO sellback is 80 hours total (not 80 hours each).

Occupational Health

Cook Children's Occupational Health team promotes a safe, healthy work environment for all employees by providing outstanding services, including:

- New hire processing
- Annual flu vaccine and immunization programs
- Tuberculosis testing program
- Respiratory protection program
- Treatment of workplace injuries
- Work accommodation assessments
- Leave of absence (LOA) and Family and Medical Leave Act (FMLA) return-to-work processing
- Worker's compensation management
- Medications for business travel
- Loss control activities and medical surveillance
- Mask-fitting

Our team on the main medical center campus also can treat work-related injuries without an appointment:

- Minor sprains/strains
- Respiratory illnesses
- Chemical/hazardous materials exposure
- Minor lacerations and wounds
- Eye injuries
- Skin conditions

901 7th Ave.
Fort Worth, TX 76104

682-885-3837 phone
682-885-6717 fax

Hours: Mon–Fri
7–11:45 a.m.
12:30–5 p.m.

Additional benefits

Tuition assistance

After six months of employment, full- and half-time employees are eligible for tuition reimbursement for courses taken toward earning a degree. You must complete and submit the online application for reimbursement to Human Resources before any of your classes begin.

Additional important information is included in the policy on **CookNet**, along with a link to the application and the request for reimbursement. Applications for reimbursement can be faxed to 682-885-6751 or emailed to **askbenefits@cookchildrens.org.**

Legal Shield

Expected and unexpected legal issues arise every day. But with Legal Shield, you get advice and counsel on an unlimited number of personal issues from experienced attorneys.

Services covered include advice, consultation and representation, document preparation, auto assistance, family matters and a 25% discount on services that extend beyond plan coverage. Identity theft benefits also are available for purchase.

Contact Legal Shield at 817-269-2653 or **legalshield.com/info/cookchildrens**.

Adoption

Cook Children's provides financial assistance if you adopt a child. All full- and half-time employees are eligible for the adoption benefit after completing one year of service.

You can be reimbursed for many adoption-related expenses, including adoption agency and legal fees. The eligible reimbursement amount will be up to the IRS limit. The limit is $15,950 for 2023.

The policy and additional details can be found on the Benefits page on **CookNet.**

ASPCA pet health insurance

ASPCA pet health insurance reimburses 80% of usual and customary covered veterinary costs after a low $100 annual deductible per pet. You can visit any veterinarian, including specialists and emergency doctors. Our plans are easy to use. Just pay for the services and submit a simple claim form with your receipts.

Get started now with a free quote by logging into **aspcapetinsurance.com/cookchildrens** or calling 866-861-9092. Please use priority code **EB11CC** for your discount.

Bright Horizons Care Advantage Program

This service helps with disruptions in family care arrangements that could cause a work absence. Cook Children's subsidizes this program and offers up to 10 uses of services per year for a child or adult/elder relative.

You can take your loved one to one of their centers for just $15/child or $25/family per day, while in-home care (well and mildly ill) is $6/hour for up to three children (four-hour minimum). Bright Horizons makes all the arrangements with a care provider you can trust, so you can get back to work.

Register today at **backup.brighthorizons.com.**

1. Go to **backup.brighthorizons.com.**
2. Click on the "Sign Up" link to get started.
3. Enter username: **cookcares** and password: **care4you** to create your own account.
4. You can book back-up care up to 30 days in advance.

Call 877-242-2737 for 24-hour assistance.

Additional care services are also available for nannies, senior care, tutoring, pet care and more. Visit **clients.brighthorizons.com/cook**.

Kids' Place (a Bright Horizons child care facility)

Cook Children's understands the importance of quality child care, early education and providing work/life solutions for our employees and their families.

That's why we're proud to partner with Kids' Place, a child development center managed by the professional staff of Bright Horizons and located just across the street from Cook Children's Medical Center in Fort Worth. Please call 817-335-2755 to learn more about Kids' Place tuition programs.

Health and wellness resources

Hinge Health

Hinge Health is a virtual exercise therapy program designed to address chronic back, knee, hip, neck or shoulder pain without drugs or surgery. The program includes:

- **Personalized exercise therapy** to improve strength and mobility in short, 15-minute sessions
- **One-on-one health coaching** to provide motivation and support via text, email or phone
- **Interactive education** to teach you how to manage your specific condition, treatment options and more
- **Hinge Health kit** with a free tablet and wearable motion sensors that will give you live feedback during exercises

Hinge Health is available to all employees and their covered family members who are enrolled in a Cook Children's medical plan. To learn more or apply, call 855-902-2777 or visit **hingehealth.com/cook-oe.**

Livongo for diabetes

Livongo is designed to make living with diabetes easier by providing you with a connected meter, unlimited strips and coaching. The program is available to all employees and their covered family members who are enrolled in a Cook Children's health plan and diagnosed with Type 1 or Type 2 diabetes.

Livongo for hypertension

This program, which includes remote monitoring via a wireless-connected blood pressure cuff, an app, 24/7 coaching and personalized lifestyle recommendations can help you significantly lower your blood pressure. The program is available to all employees and their covered family members who are enrolled in a Cook Children's health plan and diagnosed with hypertension.

To learn more or join Livongo for diabetes or hypertension, visit welcome.livongo.com/cook. Registration code: COOK.

Maven

Maven provides virtual care and support for every stage of your parenthood journey, including fertility, pregnancy, postpartum and return to work.

Maven offers:

- On-demand virtual appointments with Maven OB-GYNs, lactation consultants, doulas, mental health specialists, nutritionists, career coaches and many more
- Your own Care Advocate who can help you find care, navigate your health benefits, find the right in-network providers and more
- Expert resources including virtual classes, helpful articles and community forums

Maven is offered at no cost to all employees and their covered family members who are enrolled in a Cook Children's health plan. To activate your membership, download the Maven clinic app or visit **mavenclinic.com/join/takecare**.

Healthy Me

Healthy Me is Cook Children's voluntary employee wellness initiative that helps create an overall culture of health and wellness for all employees. The initiative includes a year-long incentive program and a variety of wellness services. Healthy Me is open to ALL employees.

If you wish to receive monthly emails about Healthy Me programs, challenges and incentives, or if you have any questions, please email Cook Children's wellness coordinator at **wellness@cookchildrens.org.**

Other Healthy Me programs include:

- Outdoor walking paths
- Monthly lunch and learns
- Maternity program
- Fitness studio discounted memberships
- Free and confidential disease management programs
- Monthly wellness challenges
- Free and confidential tobacco cessation programs
- Free yoga, Zumba® and meditation classes at the main medical center campus
- Free wellness consultations
- Free 30-minute one-on-one financial consultations

New! Virgin Pulse

With Virgin Pulse, you can take big strides toward reaching your wellness goals — and have fun doing it. Engage in fun, competitive challenges that inspire movement, balance, stress reduction and healthy habits. Virgin Pulse can also help improve your well-being with health tips, tracking tools, education programs, rewards and more.

You can earn up to $210 in Pulse Cash per year for participating in activities that can be redeemed for gift cards, fitness accessories and more. To get started, go to **member.virginpulse.com** or download the Virgin Pulse app on the App Store or Google Play.

Weight Watchers (WW)

We offer a 60% discount on digital workshops and WW for diabetes programs. To find out more details on pricing and registration, go to CookNet and search "Weight Watchers."

Wellness Zone

Our fitness center, the Wellness Zone, is located on the 2nd floor of the 901 7th Ave. building on the main medical center campus. All employees have access to this complimentary 24/7 facility. It offers a variety of cardio and weight equipment, group exercise classes, Peloton® bikes, Wellbeats™ virtual on-demand classes and a locker area. The Wellness Zone is staffed with fitness professionals from 5:30 a.m. to 8 p.m., Mon–Fri. For questions, email **wellnesszone@cookchildrens.org** or call 682-303-5064.

Lifestyle benefits and financial wellness

Services available to employees covered by our life insurance plans with Securian.

Legal, financial and grief resources

Access professional services for a variety of needs – from legal matters and financial situations to coping with loss – through comprehensive web and mobile resources, as well as consultations.

- **Legal:** Includes resources such as will preparation templates and a free, 30-minute consultation per issue, by phone or in an attorney's office (additional services available at a 25% discount)
- **Financial:** Includes telephone consults or 45-minute counseling session per issue on many topics – from budget analysis to tax planning. Includes online access to a financial fitness assessment
- **Grief support:** Access master's-level consultants by phone for any stage of grief and referrals for loss support

How to access LifeWorks:

lifebenefits.com/lfg
Username: lfg
Password: resources
877-849-6034

Medicare Choice Group

Medicare Choice Group will guide you through every step of the Medicare decision process and enrollment.

This service is free to all Cook Children's employees and their spouses, parents and loved ones who are eligible for Medicare. To schedule your one-on-one Medicare consultation go to **https://visit.medicarechoicegroup.com/cookchildrens**. You can also call and speak with a Medicare advisor at 855-704-1695.

Travel assistance

24/7 online, pre-trip resources and support through Redpoint for emergency travel assistance and other services when traveling 50+ miles from home.

- **Pre-trip planning and trip support:** Get passport, visa, immunization and currency conversion information
- **Medical evacuation services:** Pre-hospital/rental vehicle assistance, transport to nearest appropriate medical facility once hospitalized, mortal remains repatriation, return of dependent children/pets, family member visitation and travel companion transport
- **Security evacuation services:** Transfer to nearest safe area, ID theft support and assistance replacing lost/stolen luggage

Before traveling, call Redpoint to learn more and add this contact info into your phone:

lifebenefits.com/travel
U.S./Canada:
855-516-5433
All other locations:
415-484-4677

Concierge and Travel Services

Cook Children's Concierge and Travel Services can help you create a better work/life balance. The team can assist you with corporate travel, vacation planning, chair massages, amusement park tickets, movie passes and more!

You can learn more about Concierge and Travel Services under the Departments tab on **CookNet**. Also, be sure to register at **cookchildrens.abenity.com/login** to access our perks program with discounts that can benefit your entire family.

Additional perks at Cook Children's Medical Center – Fort Worth

- Pharmacy – 15% off all over-the-counter medication and personal care products.
- Mirror, Mirror Hair and Nail Salon – 20% off all products and daily specials on services.
- Cook Children's Build-A-Bear Workshop® – 20% off all products and parties.
- Enchanted Castle Gift Shop – 15% off select items.

SoFi student loan refinancing

SoFi consolidates and refinances federal and private student loans and Parent PLUS loans (for employee's own loans or loans for their children).

- Variable interest rates starting at 2.815%; fixed rates starting at 3.35% annual percentage rate.
- Refinance at sofi.com/cookchildrens to get a 0.125% rate discount.

For additional details on these benefits, please visit the Benefits page on CookNet.

Educational Employees Credit Union (EECU)

Employees of Cook Children's are eligible to receive $150 bonus cash for opening a new Preferred Partners Checking account with EECU. In addition, once you have a Preferred Partners Checking account, you are eligible to receive $100 when you take out your next auto loan with EECU.

You can learn more by contacting EECU at 817-882-0800, visiting a local branch or eecu.org.

Badge swipe program

Cook Children's allows badged employees to make cashless purchases at the main medical center's retail outlets and have these charges deducted from their paychecks. The employee must be present when charges are made with his/her badge, in consideration for security and confidentiality. Once an employee signs an authorization form for the cashless system, the employee is responsible for all charges made, even if the badge is lost or stolen.

Each badged employee (paid biweekly) who enrolls in the payroll deduction for purchases program will have a limit of $150 per pay period.

The authorization to participate in the badge swipe program can be found in Workday Payroll.

Notes

Notes

Important contacts

Coverage	Contact	Phone	Website
Medical and pharmacy	MyQHealth Care Coordinators (Aetna Choice POS II – Open Access)	888-552-6455	cookchildrensmyqhealth.com
Health savings account (HSA)	Health Equity	866-346-5800	healthequity.com
Dental	MetLife Dental Group #: 227703	800-942-0854	metlife.com/mybenefits
Vision	Superior Vision Group #: 039342	844-549-2603	superiorvision.com
Flexible spending account (FSA)	TaxSaver Plan	800-328-4337	taxsaverplan.com
Retirement plan	Fidelity	877-895-5986	fidelity.com/atwork
Employee Assistance Program (EAP)	Uprise Health	800-395-1616 Helpline available 24/7	uprisehealth.com/members Access code: cook
Short- and long-term disability, FMLA, LOA	The Hartford	877-936-5336	thehartford.com/mybenefits
Life insurance	Securian	800-872-2214	**Full-time employees:** lifebenefits.com/ccft **Half-time employees:** lifebenefits.com/ccht
Telemedicine	Teladoc	855-TELADOC (835-2362)	teladoc.com
Enhanced surgery benefit	SurgeryPlus	833-512-1173	cookchildrens.surgeryplus.com
Virgin Pulse wellness program	Virgin Pulse	N/A	member.virginpulse.com
Cook Children's Benefits Department	askbenefits@cookchildrens.org		

Cook Children's Benefits Center

For benefits enrollment and assistance: Log in to Workday (**myworkday.com/cookchildrens**) and go to *Benefits and Pay* or call the Benefits Center at 833-938-4154: Mon-Fri, 7 a.m. to 7 p.m., CST.

CookChildren's

This brochure highlights the main features of the Cook Children's employee benefits program. It does not include all plan rules, details, limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. Cook Children's reserves the right to change or discontinue its employee benefits plans at any time.