



GUIDE TO EMPLOYEE
BENEFITS

2023



CONTENTS

Welcome Letter	3
Glossary	4
Enrollment Information	5
Health Insurance	6
Dental Insurance	8
Vision Insurance	9
Life Insurance	11
Disability	12
Critical Illness	14
Accident	16
Cancer	18
Voluntary Whole Life	20
Contacts	22



WELCOME LETTER

TO: Hill County Employees
FROM: Daniel Anderson, ANCO Insurance

ANCO
INSURANCE
Since 1873

We are excited to partner with Hill County as your benefits broker. This Benefits Guide provides the information you'll need when making decisions about your benefit selections for the 2023 plan year (10/01/23 through 09/30/24) from the following providers:

- BlueCross BlueShield of Texas: Medical
- AmFirst: GAP benefits
- Guardian: Dental, Vision, Basic Life/AD&D, Short-Term Disability, Critical Illness, Accident, Cancer Insurance
- Texas Republic Life: The Whole Life

Please note that certain benefits may require the completion of additional forms, and benefits could be reduced if enrolling for the first time after the initial new hire enrollment period; especially for life and worksite plans.

Should difficulties arise requiring resolution with any carrier, Jennifer Mogavero can be reached at ANCO via:

Direct: 254-716-9311 // Email: mogavero@anco.com

ANCO is happy to assist with any issues or questions concerning the benefit programs. For some claims research, the following items are often requested:

- Member authorization to disclose health information
- Date-of-service, provider information, amount of charges, and explanation of the problem
- Explanation of Benefits (EOB) from carrier and statement from provider's office

Our continuing effort is to provide any assistance and support as needed. Please feel free to contact our team.

Daniel Anderson
Vice President
Direct: 979-774-6216 // Email: anderson@anco.com

GLOSSARY

BENEFICIARY - The person or entity entitled to receive the claim amount and other benefits upon the death of the benefactor (person covered under the policy) or on the maturity of the policy.

CLAIM - A request for a benefit (including reimbursement of a health care expense) made by you or your health care provider to your health insurer or plan for items or services you think are covered.

COINSURANCE - The percentage of costs of a covered health care service insurance pays after you've paid your deductible.

COPAYMENT (COPAY) - A fixed dollar amount you pay for a covered health care service.

DEDUCTIBLE - An amount you could owe during a coverage period for covered health care services before your plan begins to pay. An overall deductible applied to all or almost all covered items and services. Copayments do not count towards the deductible.

DEPENDENT - A child or other individual (under the age of 26) for whom a parent, relative, or other person may claim a personal exemption tax deduction.

DISABILITY RESOURCE SERVICES - Provides convenient resources to help address emotional, legal, and financial issues.

ELECTIVE DEFERRAL - A percentage of an employee's salary that's withheld and transferred into a 401(k). Elective-deferrals can be made on a pre-tax or after-tax (Roth) basis.

EVIDENCE OF INSURABILITY (EOI) - An application process through which you provide information on the condition of your health or your dependent's health in order to be considered for certain types of insurance coverage.

FLEXIBLE SPENDING ACCOUNT (FSA) - A pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren't covered by your insurance plan.

GUARANTEE ISSUE - A requirement that health plans must permit you to enroll regardless of health status, age, gender, or other factors that might predict the use of health services. Except in some states, guarantee issue doesn't limit how much you can be charged if you enroll.

HEALTH SAVINGS ACCOUNT (HSA) - A tax-free financial account where you gain interest and save money while spending on qualified health expenses. Funds in your account roll over from year to year.

HEALTH MAINTENANCE ORGANIZATION (HMO) - A type of health insurance plan that usually limits coverage to care from doctors who work for or contract with the HMO. It generally won't cover out-of-network care except in an emergency.

IN-NETWORK - Refers to a health care provider that has a contract with your insurance plan to provide health care services to its plan members at a pre-negotiated rate. Because of this relationship, you pay a lower cost-sharing when you receive services from an in-network doctor.

OPEN ENROLLMENT - The annual period before a new plan year commences that eligible individuals may enroll in or change coverage elections in a job-based insurance plan.

OUT-OF-NETWORK - Refers to a health care provider who does not have a contract with your insurance plan. If you use an out-of-network provider, health care services could cost more since the provider doesn't have a pre-negotiated rate with your health plan. Or, depending on your health plan, the health care services may not be covered at all.

OUT OF POCKET MAXIMUM/LIMIT - The most you must pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits.

PREFERRED PROVIDER ORGANIZATION (PPO) - A type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. You pay less if you use providers that belong to the plan's network. You can use doctors, hospitals, and providers outside of the network for an additional cost.

PREMIUM - The amount you pay for your health insurance every month. In addition to your premium, you usually have to pay other costs for your health care, including a deductible, copayments, and coinsurance.

QUALIFYING EVENT - A change in your situation — like getting married, having a baby, or losing health coverage — that can make you eligible for a Special Enrollment period, allowing you to enroll in health insurance outside of the yearly Open Enrollment period.

WAITING PERIOD - The time that must pass before coverage can become effective for an employee or dependent who is otherwise eligible for coverage under a job-based health plan.

ELIGIBILITY

If you are a full-time employee at Hill County, you are eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 30 or more hours per week. You are eligible for benefits beginning the 1st day of the month following 30 days of employment.

HOW TO ENROLL

Are you ready to enroll? The first step is to review your current benefits. Did you move recently or get married? Verify all of your personal information and make any necessary changes.

Once all of your information is up to date, it's time to make your benefit elections. The decisions you make when enrolling for benefits can have a significant impact on your life and finances, so it is important to weigh your options carefully.

WHEN TO ENROLL

Open enrollment begins on (08/16/23 through 08/18/23). The benefits you choose during open enrollment will become effective on October 1, 2023.

ENROLLMENT CHANGES

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next Open Enrollment period.

Qualifying events include things like:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence
- Change in employment status or coverage under another employer sponsored plan
- Loss of coverage on yourself or dependents during the year

Request for qualifying events must be submitted to the carrier within 30 days of the event.

MEDICAL



The group's medical plan will be PPO BlueCross BlueShield and GAP benefits through AmFirst. The following chart illustrates the benefits that will take effect September 1, 2023

MEDICAL PLAN				
Network:	Blue Choice			
Coinsurance Level (In/Out):	80% / 20%			
Calendar Year Deductible:	\$500			
• Individual (IN/OUT)	\$1,000			
• Family (IN/OUT)				
Out-of-Pocket Maximum:	\$2,500			
• Individual (IN/OUT)	\$7,500			
• Family (IN/OUT)				
Office Visit Copay:	\$30 / \$60			
• Primary Care / Specialist	\$75			
• Urgent Care				
Lab & X-ray	Subject to Specialist Copay			
Emergency Room Services:	\$500 + Deductible + 20%			
Inpatient Hospitalization:	Deductible + 20%			
Outpatient Surgery:				
• Facility Fee				
• Physician/Surgeon Fees				
Complex Imaging				
PRESCRIPTION DRUGS				
Calendar Year Deductible:	None			
Retail (30 Day Supply):	\$10			
• Tier I	\$35			
• Tier II	\$70			
• Tier III	\$200			
• Tier IV				
OUT OF NETWORK				
Deductible:	\$7,000 / \$21,000			
Maximum Out of Pocket:	\$13,00 / \$39,000			
Coinsurance:	50% / 50%			
Mail Order (90 Day Supply):	3x Preferred Copay			
5 TIER MEDICAL PREMIUM OPTION (WITHOUT AM FIRST RATES)				
TIER	TOTAL MONTHLY	EMPLOYER MONTHLY	EMPLOYEE MONTHLY	EMPLOYEE BI-WEEKLY
Employee Only:	\$752.12	\$752.12	\$0.00	\$0.00
Employee + Spouse:	\$1,614.25	\$1,226.83	\$387.42	\$193.71
Employee + Child:	\$1,263.75	\$1,137.38	\$126.38	\$63.19
Employee + Children:	\$1,263.75	\$1,023.64	\$240.11	\$120.06
Family:	\$2,137.85	\$1,624.77	\$513.08	\$256.54

MEDICAL



5 TIER MEDICAL PREMIUM OPTION (WITH AM FIRST RATES)				
TIER	TOTAL MONTHLY	EMPLOYER MONTHLY	EMPLOYEE MONTHLY	EMPLOYEE BI-WEEKLY
Employee Only:	\$802.12	\$802.12	\$0.00	\$0.00
Employee + Spouse:	\$1,712.25	\$1,324.83	\$387.42	\$193.71
Employee + Child:	\$1,354.72	\$1,228.35	\$126.37	\$63.19
Employee + Children:	\$1,354.72	\$1,114.61	\$240.11	\$120.06
Family:	\$2,274.82	\$1,761.74	\$513.08	\$256.54

AM FIRST RATES (EMPLOYER PAID)	
Employee Only:	\$50.00
Employee + Spouse:	\$98.00
Employee + Child:	\$90.97
Employee + Children:	\$90.97
Family:	\$136.97

DENTAL



Dental insurance helps pay for dental care and usually includes checkups, cleanings and X-rays. Studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body, including your heart. Receiving regular dental care can protect you from the high cost of dental disease.

Your Network is	DentalGuard Preferred	
Calendar year deductible	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$50	\$50
Family limit	3 per family	
Waived for	Preventive	Preventive
Charges covered for you (co-insurance)	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	100%	100%
Basic Care	80%	80%
Major Care	50%	50%
Orthodontia	50%	50%
Annual Maximum Benefit	\$1500	\$1500
Maximum Rollover	Yes	
Rollover Threshold	\$700	
Rollover Amount	\$350	
Rollover Account Limit	\$1250	
Lifetime Orthodontia Maximum	\$1500	
Dependent Age Limits	26	

		<i>Plan pays (on average)</i>	
		<i>In-network</i>	<i>Out-of-network</i>
Preventive Care	Cleaning (prophylaxis)	100%	100%
	Frequency:		2 in 12 Months
	Fluoride Treatments	100%	100%
	Limits:		Under Age 19
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
Basic Care	X-rays	100%	100%
	Anesthesia*	80%	80%
	Fillings†	80%	80%
	Perio Surgery	80%	80%
	Periodontal Maintenance	80%	80%
	Frequency:		2 in 12 months
	Repair & Maintenance of Crowns, Bridges & Dentures	80%	80%
	Root Canal	80%	80%
	Scaling & Root Planing (per quadrant)	80%	80%
	Simple Extractions	80%	80%
	Surgical Extractions	80%	80%
Major Care	Bridges and Dentures	50%	50%
	Dental Implants	50%	50%
	Inlays, Onlays, Veneers**	50%	50%
	Single Crowns	50%	50%
Orthodontia	Orthodontia	50%	50%
	Limits:		Child(ren)

DENTAL PREMIUM BREAKDOWN

	TOTAL MONTHLY	EMPLOYER MONTHLY	EMPLOYEE MONTHLY	EMPLOYEE BI-WEEKLY
Employee Only:	\$25.60	\$25.60	\$0.00	\$0.00
Family:	\$74.15	\$33.77	\$40.38	\$20.19

VISION



Driving to work, reading a news article, and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

Hill County's vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

If you seek the services of a provider listed in our Preferred Provider directory, your benefits include the following:

Your Vision Plan	Full Feature	
Your Network is	VSP Choice Network	
Your Semi-monthly premium	\$ 3.10	
You and Spouse/Domestic partner	\$ 5.90	
You and Child(ren)	\$ 6.22	
You, Spouse/Domestic partner and Child(ren)	\$ 9.14	
Copay		
Exams Copay	\$ 10	
Materials Copay <i>(waived for elective contact lenses)</i>	\$ 25	
Sample of Covered Services	<i>You pay (after copay if applicable):</i>	
	<i>In-network</i>	<i>Out-of-network</i>
Eye Exams	\$0	Amount over \$39
Single Vision Lenses	\$0	Amount over \$23
Lined Bifocal Lenses	\$0	Amount over \$37
Lined Trifocal Lenses	\$0	Amount over \$49
Lenticular Lenses	\$0	Amount over \$64
Frames	80% of amount over \$130 ¹	Amount over \$46
Costco, Walmart and Sam's Club Frame Allowance	Amount over \$70	
Contact Lenses <i>(Elective)</i>	Amount over \$130	Amount over \$100
Contact Lenses <i>(Medically Necessary)</i>	\$0	Amount over \$210
Contact Lenses <i>(Evaluation and fitting)</i>	15% off UCR	No discounts
Cosmetic Extras	Avg. 20-25% off retail price	No discounts
Glasses <i>(Additional pair of frames and lenses)</i>	20% off retail price ^{**}	No discounts
Laser Correction Surgery Discount	Up to 15% off the usual charge or 5% off promotional price	No discounts
Service Frequencies		
Exams	Every calendar year	
Lenses <i>(for glasses or contact lenses)</i> ^{‡‡}	Every calendar year	
Frames	Every two calendar years ^{‡‡‡}	
Network discounts <i>(glasses and contact lens professional service)</i>	Limitless within 12 months of exam.	
Dependent Age Limits	26	
To Find a Provider:	Register at VSP.com to find a participating provider.	

VSP

- ^{‡‡}Benefit includes coverage for glasses or contact lenses, not both.
- ^{**} For the discount to apply your purchase must be made within 12 months of the eye exam.

VISION



- Charges for an initial purchase can be used toward the material allowance. Any unused balance remaining after the initial purchase cannot be banked for future use. The only exception would be if a member purchases contact lenses from an out of network provider, members can use the balance towards additional contact lenses within the same benefit period.
- ¹Extra \$20 on select brands
- Members can use their in network benefits on line at Eyeconic.com.
- ~~###~~ The VSP system considers contact lenses to be the equivalent of a full pair of eyeglasses (lenses and frames) so while the member can obtain contact lenses one year and standard eyeglass lenses the next year, the frames benefit would not be available until 24 months or two calendar years, depending on the plan design, after the date the member obtained the contact lenses.

Laser Correction Surgery:

Discounts on average of 10-20% off usual and customary charge or 5% off promotional price for vision laser Surgery. Members out-of-pocket costs are limited to \$1,800 per eye for LASIK or \$1,500 per eye for PRK or \$2300 per eye for Custom LASIK, Custom PRK, or Bladeless LASIK.

Laser surgery is not an insured benefit. The surgery is available at a discounted fee. The covered person must pay the entire discounted fee. In addition, the laser surgery discount may not be available in all states.

VISION PREMIUM BREAKDOWN				
	TOTAL MONTHLY	EMPLOYER MONTHLY	EMPLOYEE MONTHLY	EMPLOYEE BI-WEEKLY
Employee Only:	\$6.20	\$0.00	\$6.20	\$3.10
Employee + Spouse:	\$11.80	\$0.00	\$11.80	\$5.90
Employee + Child:	\$12.44	\$0.00	\$12.44	\$6.22
Family:	\$18.28	\$0.00	\$18.28	\$9.14

BASIC LIFE



Hill County's Life insurance can help provide for your loved ones if something were to happen to you. Hill County provides full-time employees with \$10,000 in group life and accidental death and dismemberment (AD&D) insurance.

Hill County pays for the full cost of this benefit—meaning you are not responsible for paying any monthly premiums. Contact HR if you would like to update your beneficiary information.

BASIC LIFE

Employee Benefit	Your employer provides \$10,000 Basic Term Life coverage for all full time employees.
Accidental Death and Dismemberment	Your Basic Life coverage includes Accidental Death and Dismemberment coverage.
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	Guarantee Issue coverage up to \$10,000 per employee
Premiums	Covered by your company if you meet eligibility requirements
Portability: Allows you to take coverage with you if you terminate employment.	Yes, with age and other restrictions, including evidence of insurability
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits
Waiver of Premiums: Premium will not need to be paid if you are totally disabled.	For employees disabled prior to age 60, with premiums waived until age 65, if conditions are met
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.	35% at age 65, 60% at age 70, 75% at age 75, 85% at age 80

Subject to coverage limits

DISABILITY



Hill County provides full-time employees with the option to purchase voluntary short-term disability income benefits. Without disability coverage, you and your family may struggle to get by if you miss work due to an injury or illness.

In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please note, though, that you are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

VOLUNTARY SHORT-TERM DISABILITY INCOME BENEFITS

***STD Benefits begin on Day 8**

Short-Term Disability

Coverage amount	Choose weekly benefit amount from \$200 to \$1500. See cost illustration page for weekly benefit offerings.
Maximum payment period: Maximum length of time you can receive disability benefits.	13 weeks
Accident benefits begin: The length of time you must be disabled before benefits begin.	Day 8
Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 8
Evidence of Insurability: A health statement requiring you to answer a few medical history questions.	Health Statement may be required
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when applicant signs up for coverage during the initial enrollment period.	We Guarantee Issue \$1500 in coverage
Minimum work hours/week: Minimum number of hours you must regularly work each week to be eligible for coverage.	Planholder Determines
Pre-existing conditions: A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months look back; 12 months after 2 week limitation
Premium waived if disabled: Premium will not need to be paid when you are receiving benefits.	Yes

UNDERSTANDING YOUR BENEFITS—DISABILITY (Some information may vary by state)

- **Earnings definition:** Your covered salary excludes bonuses and commissions.

DISABILITY



PLAN COST ILLUSTRATION:

	Election Cost Per Age Bracket								
	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
\$17,333 Minimum Annual Salary \$200 Weekly Benefit	\$6.43	\$6.43	\$8.71	\$6.21	\$4.48	\$4.40	\$4.95	\$5.70	\$8.62
\$21,667 Minimum Annual Salary \$250	\$8.04	\$8.04	\$10.89	\$7.76	\$5.60	\$5.50	\$6.19	\$7.13	\$10.78
\$26,000 Minimum Annual Salary \$300	\$9.65	\$9.65	\$13.07	\$9.32	\$6.72	\$6.60	\$7.43	\$8.55	\$12.93
\$30,333 Minimum Annual Salary \$350	\$11.25	\$11.25	\$15.24	\$10.87	\$7.84	\$7.70	\$8.66	\$9.98	\$15.09
\$34,667 Minimum Annual Salary \$400	\$12.86	\$12.86	\$17.42	\$12.42	\$8.96	\$8.80	\$9.90	\$11.40	\$17.24
\$39,000 Minimum Annual Salary \$450	\$14.47	\$14.47	\$19.60	\$13.97	\$10.08	\$9.90	\$11.14	\$12.83	\$19.40
\$43,333 Minimum Annual Salary \$500	\$16.08	\$16.08	\$21.78	\$15.53	\$11.20	\$11.00	\$12.38	\$14.25	\$21.55
\$47,667 Minimum Annual Salary \$550	\$17.68	\$17.68	\$23.95	\$17.08	\$12.32	\$12.10	\$13.61	\$15.68	\$23.71
\$52,000 Minimum Annual Salary \$600	\$19.29	\$19.29	\$26.13	\$18.63	\$13.44	\$13.20	\$14.85	\$17.10	\$25.86
\$65,000 Minimum Annual Salary \$750	\$24.11	\$24.11	\$32.66	\$23.29	\$16.80	\$16.50	\$18.56	\$21.38	\$32.33
\$73,667 Minimum Annual Salary \$850	\$27.33	\$27.33	\$37.02	\$26.39	\$19.04	\$18.70	\$21.04	\$24.23	\$36.64
\$86,667 Minimum Annual Salary \$1,000	\$32.15	\$32.15	\$43.55	\$31.05	\$22.40	\$22.00	\$24.75	\$28.50	\$43.10
\$108,333 Minimum Annual Salary \$1,250	\$40.19	\$40.19	\$54.44	\$38.81	\$28.00	\$27.50	\$30.94	\$35.63	\$53.88
\$130,000 Minimum Annual Salary \$1,500	\$48.23	\$48.23	\$65.33	\$46.58	\$33.60	\$33.00	\$37.13	\$42.75	\$64.65

*This benefit may not exceed 60% of your weekly salary.

CRITICAL ILLNESS



You are eligible to enroll or participate in the following voluntary programs:

CRITICAL ILLNESS

Benefit Amount(s)	Employee may choose a lump sum benefit of \$5,000 to \$20,000 in \$5,000 increments.	
CONDITIONS		
Vascular	1st OCCURRENCE	2nd OCCURRENCE
Heart Attack	100%	50%
Stroke	100%	50%
Heart Failure	100%	50%
Coronary Arteriosclerosis	30%	0%
Other		
Organ Failure	100%	50%
Kidney Failure	100%	50%
ADDITIONAL CONDITIONS	1st OCCURRENCE ONLY	
Addison's Disease		30%
ALS (Lou Gehrig's Disease)		100%
Alzheimer's Disease		50%
Coma		100%
Huntington's Disease		30%
Loss of Hearing		100%
Loss of Sight		100%
Loss of Speech		100%
Multiple Sclerosis		30%
Parkinson's Disease		100%
Permanent Paralysis		50% for 1 limb, 100% for 2 limbs
Severe Burns		100%
Childhood Conditions	1st OCCURRENCE ONLY	
Cerebral Palsy		100%
Cleft Lip/Palate		100%
Club Foot		100%
Cystic Fibrosis		100%
Down's Syndrome		100%
Muscular Dystrophy		100%
Spina Bifida		100%
Type I Diabetes		100%
Spouse/Domestic Partner Benefit	May choose a lump sum benefit of \$5,000 to \$20,000 in \$5,000 increments up to 100% of the employee's lump sum benefit.	
Child Benefit- children age Birth to 26 years	25% of employee's lump sum benefit	

CRITICAL ILLNESS



Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages

50% at age 70

Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period or the annual open enrollment period.

We Guarantee Issue up to:
Less than age 70 \$20,000

For a spouse:
Less than age 70 \$20,000

For a child: All Amounts

Health questions are required if the elected amount exceeds the Guarantee Issue, as well as for all applicants age 70+ regardless of elected amount.

Portability: Allows you to take your Critical Illness coverage with you if you terminate employment.

Included

Pre-Existing Condition Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.

3 months prior/6 months treatment free/12 months after

WELLNESS BENEFIT

Employee Per Year Limit	\$50
Spouse Per Year Limit	\$50
Child Per Year Limit	\$50

Condition Definitions

- **Stroke:** Stroke must be severe enough to cause neurological deficits at least 30 days after the event.
- **Heart Failure:** An insured must be placed on an organ transplant list in order to be eligible for the Heart failure benefits.
- **Coronary Arteriosclerosis:** Coronary Arteriosclerosis must be severe enough to require a coronary artery bypass graft.
- **Organ Failure:** Organ failure includes both lungs, liver, pancreas or bone marrow and requires the insured to be placed on an organ transplant list.
- **Kidney Failure:** An insured must be placed on an organ transplant list in order to be eligible for the Kidney failure benefits.

Your premium will not increase as you age.

Spouse/DP coverage premium is based on Employee age

Child cost is included with employee election.

Issue Age	Semi-monthly Premiums Displayed					
	Election Cost Per Age Bracket					
	< 30	30-39	40-49	50-59	60-69	70+ ¹
Employee						
\$5,000	\$1.76	\$2.06	\$3.11	\$4.91	\$7.01	\$14.41
\$10,000	\$2.94	\$3.54	\$5.64	\$9.24	\$13.44	\$28.24
\$15,000	\$4.11	\$5.01	\$8.16	\$13.56	\$19.86	\$42.06
\$20,000	\$5.29	\$6.49	\$10.69	\$17.89	\$26.29	\$55.89
Benefit Amount Up To 100% of Employee Amount to a Maximum of \$20,000						
Spouse						
\$5,000	\$1.76	\$2.06	\$3.11	\$4.91	\$7.01	\$14.41
\$10,000	\$2.94	\$3.54	\$5.64	\$9.24	\$13.44	\$28.24
\$15,000	\$4.11	\$5.01	\$8.16	\$13.56	\$19.86	\$42.06
\$20,000	\$5.29	\$6.49	\$10.69	\$17.89	\$26.29	\$55.89

¹Benefit reductions may apply. See plan details.

ACCIDENT



This insurance offers financial protection by paying a cash benefit if you or an insured dependent are injured as a result of a covered accident. Unless otherwise stated, the benefit amount payable is the same for you and your insured dependent(s).

ACCIDENT	
COVERAGE - DETAILS	
Accident Coverage Type	On and Off Job
Portability - Allows you to take your Accident coverage with you if you terminate employment.	Included
ACCIDENTAL DEATH AND DISMEMBERMENT	
Benefit Amount(s)	Employee \$50,000 Spouse \$50,000 Child \$5,000
Catastrophic Loss	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D benefit
Common Disaster	200% of Spouse AD&D benefit
Dismemberment - Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Dismemberment - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit
Seatbelts and Airbags	Seatbelts: \$10,000 & Airbags: \$15,000
Reasonable Accommodation to Home or Vehicle	\$2,500
WELLNESS BENEFIT - Per Year Limit	\$50
Child(ren) Age Limits	Children age birth to 26 years
FEATURES	
Accident Emergency Room Treatment	\$200
Accident Follow-Up Visit - Doctor	\$75 up to 6 treatments
Air Ambulance	\$1,500
Ambulance	\$200
Appliance - Wheelchair, leg or back brace, crutches, walker, walking boot that extends above the ankle or brace for the neck.	\$125
Blood/Plasma/Platelets	\$300
Burns (2nd Degree/3rd Degree)	9 sq inches to 18 sq inches: \$0/\$2,000 18 sq inches to 35 sq inches: \$1,000/\$4,000 Over 35 sq inches: \$3,000/\$12,000
Burn - Skin Graft	50% of burn benefit
Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child is participating in an organized sport that is governed by an organization and requires formal registration to participate.	20% increase to child benefits
Chiropractic Visits	\$50 per visit up to 6 visits
Coma	\$12,500
Concussions	\$100
Dislocations	Schedule up to \$4,800
Diagnostic Exam (Major)	\$200
Emergency Dental Work	\$400/Crown, \$100/Extraction
Epidural pain management	\$100, 2 times per accident
Eye Injury	\$300
Family Care	\$20/day up to 30 days
Fracture	Schedule up to \$6,000

ACCIDENT



FEATURES (Cont.)

Hospital Admission	\$1,500
Hospital Confinement	\$300/day - up to 1 year
Hospital ICU Admission	\$2,500
Hospital ICU Confinement	\$500/day - up to 15 days
Initial Physician's office/Urgent Care Facility Treatment	\$200
Joint Replacement (hip/knee/shoulder)	\$3,500/\$1,750/\$1,750
Knee Cartilage	\$750
Laceration	Schedule up to \$500
Lodging - The hospital must be more than 50 miles from the insured's residence.	\$150/day, up to 30 days for companion hotel stay
Occupational or Physical Therapy	\$35/day up to 10 days
Prosthetic Device/Artificial Limb	1: \$750 2 or more: \$1,500
Rehabilitation Unit Confinement	\$150/day up to 15 days
Ruptured Disc With Surgical Repair	\$750
Surgery	Schedule up to \$1,500 Hernia: \$200
Surgery - Exploratory or Arthroscopic	\$350
Tendon/Ligament/Rotator Cuff	1: \$750 2 or more: \$1,500
Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.	\$600, 3 times per accident
X - Ray	\$40

UNDERSTANDING YOUR BENEFITS:

- **Common Carrier** – Benefit is paid if an insured's death occurs due to an accident while riding as a fare-paying passenger in a public conveyance. If this is paid, we do not pay the Accidental Death benefit.
- **Common Disaster** – Benefit is paid if both you & your spouse die in a covered accident or separate covered accidents within the same 24 hour period.
- **Reasonable Accommodation** – Benefit is payable if a modification is required to an insured's place of residence or vehicle due to an Accidental Dismemberment or Catastrophic loss.
- **Accident Emergency Room Treatment** – Benefit is paid only when an insured is examined or treated within 72 hours of a covered accident.

ACCIDENT PREMIUM BREAKDOWN

	TOTAL MONTHLY	EMPLOYER MONTHLY	EMPLOYEE MONTHLY	EMPLOYEE BI-WEEKLY
Employee Only:	\$24.59	\$0.00	\$24.59	\$12.30
Employee + Spouse:	\$37.02	\$0.00	\$37.02	\$18.51
Employee + Child:	\$40.70	\$0.00	\$40.70	\$20.35
Family:	\$53.12	\$0.00	\$53.12	\$26.56

CANCER



This coverage helps supplement your medical and disability income insurance and helps protect you and your family from the financial hardship you may face while fighting the disease. Cancer insurance pays benefits to you based on the treatments you receive related to a covered cancer diagnosis. The benefit payment is paid in addition to your medical insurance plan.

CANCER	
COVERAGE - DETAILS	
INITIAL DIAGNOSIS BENEFIT - Paid when you are diagnosed with internal invasive cancer for the first time while insured under this Plan.	
Benefit Amount(s)	Employee \$7,500 Spouse \$7,500 Child \$7,500
Benefit Waiting Period - A specified period of time after your effective date during which the Initial Diagnosis benefits will not be payable.	30 Days
CANCER SCREENING	
Benefit Amount	\$100; \$100 for Follow-Up screening
RADIATION THERAPY OR CHEMOTHERAPY	
Benefit	Schedule amounts up to a \$15,000 benefit year maximum.
Pre-Existing Conditions Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months prior/ 6 months treatment free/ 12 months after.
Portability: Allows you to take your Cancer coverage with you if you terminate employment. Ported Cancer plan terminates at age 70.	Included
Child(ren) Age Limits	Children age birth to 26 years
FEATURES	
Air Ambulance	\$2,000/trip, limit 2 trips per hospital confinement
Alternative Care	\$50/visit up to 20 visits
Ambulance	\$250/trip, limit 2 trips per hospital confinement
Anesthesia	25% of surgery benefit
Anti-Nausea	\$50/day up to \$250 per month
Attending Physician	\$25/day while hospital confined. Limit 75 visits.
Blood/Plasma/Platelets	\$200/day up to \$10,000 per year
Bone Marrow/Stem Cell	Bone Marrow: \$10,000 Stem Cell: \$2,500 50% benefit for 2nd transplant. \$1,500 benefit if a donor
Experimental Treatment	\$200/day up to \$2,400/month
Extended Care Facility/Skilled Nursing care	\$150/day up to 90 days per year
Government or Charity Hospital	\$400 per day in lieu of all other benefits
Home Health Care	\$100/visit up to 30 visits per year
Hormone Therapy	\$50/treatment up to 12 treatments per year
Hospice	\$100/day up to 100 days/lifetime
Hospital Confinement	\$400/day for first 30 days; \$800/day for 31st day thereafter per confinement
ICU Confinement	\$600/day for first 30 days; \$800/day for 31st day thereafter per confinement
Immunotherapy	\$500 per month, \$2500 lifetime max
Inpatient Special Nursing	\$150/day up to 30 days per year
Medical Imaging	\$200/image up to 2 per year

CANCER



FEATURES (Cont.)

Outpatient and family member lodging - Lodging must be more than 50 miles from your home.	\$100/day, up to 90 days per year
Outpatient or Ambulatory Surgical Center	\$350/day, 3 days per procedure
Physical or Speech Therapy	\$50/visit up to 4 visits per month, \$1,000 lifetime max
Prosthetic	Surgically Implanted: \$3,000/device, \$6,000 lifetime max Non-Surgically: \$300/device, \$600 lifetime max
Reconstructive Surgery	Breast TRAM \$3,000 Breast reconstruction \$700 Breast Symmetry \$350 Facial reconstruction \$700
Reproductive Benefit	\$1,500 egg harvesting, \$500 egg or sperm storage, \$2,000 lifetime max
Second Surgical Opinion	\$300/surgery procedure
Skin Cancer	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 Excision of a skin cancer with flap or graft: \$600
Surgical Benefit	Schedule amount up to \$5,500
Transportation/Companion Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive treatment for internal cancer.	\$0.50/mile up to \$1,500 per round trip/equal benefit for companion
Waiver of Premium - If you become disabled due to cancer that is diagnosed after the employee's effective date, and you remain disabled for 90 days, we will waive the premium due after such 90 days for as long as you remain disabled.	Included

UNDERSTANDING YOUR BENEFITS :

- **Alternative Care** – Benefit is paid for palliative care (bio-feedback or hypnosis) or lifestyle benefits such as visits to an accredited practitioner for smoking cessation, yoga, meditation, relaxation techniques and nutritional counseling.
- **Cancer** – Cancer means you have been diagnosed with a disease manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells in any part of the body. This includes leukemia, Hodgkin's disease, lymphoma, sarcoma, malignant tumors and melanoma. Cancer includes carcinomas in-situ (in the natural or normal place, confined to the site of origin, without having invaded neighboring tissue). Pre-malignant conditions or conditions with malignant potential, such as myelodysplastic and myeloproliferative disorders, carcinoid, leukoplakia, hyperplasia, actinic keratosis, polycythemia, and nonmalignant melanoma, moles or similar diseases or lesions will not be considered cancer. Cancer must be diagnosed while insured under the Guardian cancer plan.
- **Experimental Treatment** – Benefits will be paid for experimental treatment prescribed by a doctor for the purpose of destroying or changing abnormal tissue. All treatment must be NCI listed as viable experimental treatment for Internal Cancer.

CANCER PREMIUM BREAKDOWN

	TOTAL MONTHLY	EMPLOYER MONTHLY	EMPLOYEE MONTHLY	EMPLOYEE BI-WEEKLY
Employee Only:	\$38.42	\$0.00	\$38.42	\$19.21
Employee + Spouse:	\$64.00	\$0.00	\$64.00	\$32.00
Employee + Child:	\$42.82	\$0.00	\$42.82	\$21.41
Family:	\$68.40	\$0.00	\$68.40	\$34.20

VOL. WHOLE LIFE BENEFITS

While Hill County offers basic life insurance, some employees may want to purchase additional coverage. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future (for example, college tuition for your child)? Depending on your needs, you may want to consider buying supplemental coverage through Texas Republic Life.

PERMANENT LIFE: TRUEFLEX

Texas Republic Life Insurance was founded by a group of industry leaders with one goal in mind, Texans helping Texans. With over 200 years of industry experience consulting together the TrueFlex Universal Life product was developed for the Texas work space.

BENEFITS OF TRUEFLEX

The market today demands efficiency and accuracy. Texas Republic Life accomplishes both with the TrueFlex product. Using state of the art technology, TrueFlex enrollments are both easy and accurate.

When you take a best of class product, add cutting edge technology, years of experience in the worksite space, and a personal Texas touch, you have the ingredients needed for success.



HIGHLIGHTS FOR THE EMPLOYEE

- Permanent Life Insurance coverage to age 121 with no reduction of benefit.
- Available for the whole family; employee, spouse, and children.
- Easy qualification with Express Issue Underwriting (only three questions and **NO MEDICAL EXAM!!!!**)
- Convenient to enroll in. Offered through your employer as part of your benefits package.
- Funded through the convenience of payroll deduction.
- Portable and easy, TrueFlex transitions from payroll deduction to a bank draft or direct bill when you retire or change jobs.
- Guaranteed premium rate for a significant number of years (average of 30 years across all ages).
- Provides Accelerated Death Benefit, that can be used as a living benefit.
- Includes Accidental Death Rider and Accelerated Death Benefit.
- Individual issue policies allows the employee to purchase a policy on family members even if the employee does not participate in the life insurance program.
- Perfect complement to Group Term and Voluntary Term. In your working years you want max protection (Term and Permanent Life). House payment, car payments, kids, college, that is a lot of responsibility. When you retire your exposure to risk can be greatly diminished.

VOL. WHOLE LIFE BENEFITS

PERMANENT PROTECTION

TrueFlex is permanent life insurance protection. Texas Republic Life can never cancel or reduce coverage if the required premiums are paid, even if your health status changes. Coverage extends to age 121. At age 121 the policy matures, and the cash surrender value shall be paid to the owner of the policy and the coverage terminated.

LOWER PREMIUMS

TrueFlex is designed to have a minimal cash value. It is to be purchased for life insurance protection. Payment of table premium produces a small cash value, used to keep the policy enforce and premiums level. Making loans can affect the performance of the policy.

PORTABLE POLICY

TrueFlex is portable. Continuance of employment is not a condition of continued coverage. When your employment status changes due to retirement or termination you may port your TrueFlex policy. When you retire or terminate employment, you may port your TrueFlex policy by making your premium payment by bank draft or direct bill. Texas Republic Life reserves the right to charge a monthly fee for a direct bill not to exceed \$2.00.

LONG GUARANTEED PERIODS

TrueFlex has long guaranteed periods (an average of over 30 years across all age groups). Texas Republic Life cannot legally predict the premium required to keep the policy in force after the guaranteed period. The premium could go down, stay the same, or go up after the guaranteed period.

INDIVIDUAL POLICIES

TrueFlex individual policies are available for the employee, spouse, children and grandchildren. Please see the underwriting offer for Minimum and Maximum offers for family coverage. TrueFlex policies are individual so the employee does not have to participate to purchase coverage on other family members. Most policies are issued based on three work and health related questions on the application.

UNIVERSAL LIFE CONTRACT

TrueFlex is a Universal Life Contract. The premium has a flexible mechanism but if the table premiums are not paid the policy could lapse before the guaranteed period. The Trueflex life product has a 4% guaranteed credited interest rate and charges an 8% loan interest rate.

ACCIDENTAL DEATH RIDER

The TrueFlex Accidental Death Rider is used to protect policy owners against an untimely death caused by an accident. The Accidental Death Rider doubles the face amount when the insured is killed in an accident before the insured's 70th birthday. The accident must be the cause of death and the death occurring within 180 days of the accident. Please see form TRLIC-ADB.

ACCELERATED DEATH BENEFIT

The Accelerated Death Benefit Rider is included with every TrueFlex policy at no additional cost. You can Accelerate 50% of your death benefit if you are diagnosed as Terminally Ill. Terminally Ill is defined as having 12 months or less to live by a licensed physician. This benefit is paid in a lump sum and there is a \$100.00 administration charge. (Please see form TRLIC-Chron for full explanation of benefit). You can also Accelerate 45% of your death benefit with a Chronic Care Rider if you are unable to perform 2 of the 6 activities of daily living or have severe cognitive impairment. This benefit is paid out over a 24-month period. There is a \$100.00 administration charge for this acceleration of the death benefit. (Please see form TRLIC-Chron for a full explanation of benefits). These benefits may have tax consequences so please consult your tax advisor. The Accelerated Death Benefit may also affect your eligibility for medical assistance. Please consult your advisor before you make application for the Accelerated Death Benefit.

Employee: Ages 17-65 Minimum: \$25,000 Maximum: \$125,000

Spouse: Ages 17-60 Minimum: \$25,000 Maximum: \$50,000

Child(ren): Age 15 days-26 \$25,000 Only

IMPORTANT DETAILS

Premiums are flexible. The recommended premium payment is the Table Premium during the Guaranteed Period. Paying a lesser premium than the Table Premium can result in negative cash values, and as a result lapse the policy.

This is a summary only. Policy provisions prevail. This information is not a contract or an offer to contract.

Like most life insurance policies, Texas Republic Life Insurance policies contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. Please contact a Texas Republic Life Insurance representative for costs and complete details.

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about the guide, please contact HR.

CONTACTS

		
	<p>Jennifer Mogavero Account Manager</p>	<p>254-716-9311 mogavero@anco.com</p>
	<p>Medical Network: Blue Choice PPO Group Number: TBD</p>	<p>Medical 1-800-521-2227 www.bcbstx.com</p>
	<p>Dental/Vision/Life/Disability/ Critical Illness/Accident/Cancer</p> <p>Dental Network: DentalGuard Preferred Vision Network: VSP Choice Group Number: TBD</p>	<p>www.guardiananytime.com Vision: www.vsp.com/eye-doctor</p>
	<p>Whole Life</p>	<p>www.texasrepubliclife.com</p>

