EMPLOYEE BENEFITS

2020

Choose Well. Use Well. Be Well.
We all work together to make Port Houston a success, and our teamwork extends to your benefits. Your health and well-being are important to us, so we provide benefit options to make you and your family's lives better. Together, let's invest in you. Read over this guide for details on your 2020 benefits from A to Z. If you have questions, your Human Resources department is here to help.

See page 31 for important information concerning Medicare Part D coverage.

In this Guide, we use the term company to refer to Port Houston. This Guide is intended to describe the eligibility requirements, enrollment procedures and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.
Port Houston offers a variety of benefits to support you and your family's needs. Choose options that cover what’s important to your unique lifestyle.

Eligibility
If you are a full-time employee of Port Houston who is regularly scheduled to work at least 30 hours a week, you are eligible to participate in the benefits programs.

When Does Coverage Begin?
Your elections are effective your first day of regular full-time employment. Due to IRS regulations, once you have made your choices for the plan year, you won’t be able to change your benefits until the next enrollment period unless you experience a qualifying life event.

Eligible Dependents
Dependents eligible for coverage in Port Houston benefits plans include:

» Your legal spouse (or common-law spouse where recognized).
» Children up to age 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children and children for whom legal guardianship has been awarded to you or your spouse).
» Dependent children 26 or more years old, unmarried and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a dependent under this plan (periodic certification may be required).

Verification of dependent eligibility is required upon enrollment.

What information do you need to provide?
FOR SPOUSE: A copy of your marriage certificate or government issued certificate or informal marriage for common law marriages.

FOR CHILDREN UP TO AGE 26 AND DISABLED CHILDREN: A copy of the child’s birth certificate/hospital birth record or adoption certificate naming you or your spouse as the child’s parent. Please note the document must list the first and last names of the child and parent(s) OR a copy of the court order naming you or your spouse as the child’s legal guardian.

Important note for stepchildren: The documentation listed above for SPOUSE is also required as proof of the child’s current relationship to you.

Thoughts & Tips: You CANNOT change your benefit selections during the plan year unless you have a qualifying life event, such as marriage and/or the birth or adoption of a child.
You will be enrolling through our internet-based Port Houston Benefits Portal, PlanSource. You can access the benefits portal at any time during the year to review your benefit information and access benefit plan summaries or forms. You may enroll on your own 24/7, from home or from work, by going to: https://porthouston.com/employee-gateway/

How to login:

1. Type or paste this link into your web browser's search bar and click on Employee Benefits:
   https://porthouston.com/employee-gateway/
2. If logged into your Port computer, this link will automatically log you in to the Benefits portal.
   If it does not automatically log you in, sign in using your full email address and your current network password.

How to enroll for benefits as a New Hire or during Open Enrollment:

1. Once logged in, click on Get Started and follow the instructions to make your benefit elections.

How to enroll for benefits upon a Life Event:

1. Once logged in, click on Update My Benefits
2. Select the Life Event
3. Enter the Effective Date of the life event, add notes (if applicable), click Continue
4. Follow the instructions to make your benefit elections
What are Qualifying Life Events?
Most people know you can change your benefits when you start a new job or during Open Enrollment. But did you know that changes in your life may permit you to update your coverage at other points in the year? Qualifying Life Events (QLEs) determined by the IRS could allow you to enroll in health insurance or change your elections outside of the annual time.

Common qualifying events include:
- A change in your legal marital status (marriage, divorce or legal separation)
- A change in the number of your dependents (for example, through birth or adoption, or if a child is no longer an eligible dependent)
- A change in your spouse’s employment status (resulting in a loss or gain of coverage)
- Death in the family (leading to change in dependents or loss of coverage)
- Entitlement to Medicare or Medicaid
- Eligibility for coverage through the Marketplace
- Changes that make you no longer eligible for Medicaid or the Children’s Health Insurance Program (CHIP)

Some lesser-known qualifying events are:
- Turning 26 and losing coverage through a parent’s plan
- Death in the family (leading to change in dependents or loss of coverage)

When a Qualifying Life Event occurs, you have **30 days** to request changes to your coverage.

Questions regarding specific life events and your ability to request changes should be directed to Port Houston’s Benefits Team. Don’t miss out on a chance to update your benefits!
PREPARING FOR ENROLLMENT

Port Houston provides its employees with the best coverage possible. As a committed partner in your health, Port Houston absorbs a significant amount of your benefit costs. Your share of the contributions for medical, dental and vision benefits is eligible to be deducted on a pre-tax basis, lessening your tax liability. Please note that employee contributions vary depending on level of coverage you select.

You may select any combination of medical, dental and/or vision plan coverage. For example, you could select medical coverage for you and your entire family, but select dental and vision coverage only for yourself. The only requirement is that you, as an eligible employee of Port Houston, must elect coverage for yourself in order to elect any dependent coverage. Be sure to have the Social Security numbers and birth dates for an eligible dependent(s) that you plan to enroll.

Enrollment To-Do

- **Update your dependent and beneficiary information.** If you’ve experienced a qualifying life event in the last year, you may need to change your elections or update your details.
- **Double-check covered and restricted medications.** If you make any changes to your plan, consider how it affects your prescription coverage. For an updated formulary listing, please visit www.aetna.com.
- **Consider your FSA.** A FSA can help cover healthcare costs including dental and vision services and prescriptions. Adding this account to your benefits can help with your long-term financial goals – and your employer may help contribute.
- **Check to see if your providers are in-network.** Going in-network often saves you money. Check for any plan network changes to make sure your providers are still your best bet and are covered in-network.
MEDICAL & PHARMACY
Aetna Kelsey Care Plan
713-442-9593
www.kelsey-seybold.com
Group #: 285724
Policy #: 882919

Aetna Choice POS II
877-238-6200
www.aetna.com
Group #: 285596 Policy #: 882919

EMPLOYEE ASSISTANCE PROGRAM
Interface EAP
800-324-4327
www.4eap.com
Username: PHA
Password: A16

PREPAID LEGAL
IDENTITY THEFT
LegalShield
800-654-7757
www.benefits.legalshield.com/portofhouston

DENTAL
Aetna
877-238-6200
www.aetna.com
Group #: 866256 Policy #: 882919

ACCIDENT CRITICAL ILLNESS
HOSPITAL INDEMNITY
Allstate Benefits
800-521-3535
www.allstatebenefits.com

VISION
Aetna
877-973-3238
www.aetnavision.com

PET INSURANCE
Nationwide Pet Insurance
877-738-7874
www.petinsurance.com/portofhouston

FLEXIBLE SPENDING ACCOUNTS
Discovery Benefits
866-451-3399
866-451-3245 (fax)
www.discoverybenefits.com

RETIREMENT PLANNING
Nationwide Retirement Solutions 401(a)/457(b)
888-401-5272
877-677-3678
832-326-0249
www.nrsforu.com

LIFE AND AD&D
Minnesota Life
800-392-7295
www.ochsinc.com

PORT HOUSTON
HUMAN RESOURCES
111 East Loop North
Houston, TX 77029
713-670-1005
benefits@porthouston.com

SHORT TERM DISABILITY
Hartford
800-549-6514
www.thehartford.com
Policy #889210

LONG TERM DISABILITY
Hartford
800-549-6514
www.thehartford.com
Policy #889210
Ready to get in step with health and wellness? You’re not in this alone — Port Houston wants to help move you forward toward a healthier life. This health management benefit is included in coverage for all benefits-eligible employees and is completely confidential.

Aetna can guide you through making healthier choices and achieving your lifestyle goals. This program is full of helpful tools such as:

- Educational webinars, programs and challenges
- Personalized coaching and chronic-condition management tools
- Convenient and secure storage of medical records
- Helpful reminders about preventive exams
- BMI and weight management tools
- Customized calculators

Visit Aetna at www.aetna.com today.

**Wellness Discount**

**Earn up to a $600 per year discount on your medical premium!**

The Port Houston is committed to helping you achieve your best health. Rewards for participating in this voluntary wellness program are available to all employees enrolled in one of the available medical plans. The following is required to receive a discount on your medical premium. These requirements are subject to change.

- **New Hires:** Must complete the Health Risk Assessment (HRA) online at www.aetna.com (you must register and login first) to receive the discount that year. You must complete both the HRA and the biometric screening (or a physician certification form) to continue the discount for the following year. New hires have the cost savings prorated during their first year of employment.
- **Current Employees:** Must complete both the HRA and the biometric screening (or a physician certification form) annually to continue the discount.

**Biometrics**

Port Houston provides onsite biometric screenings for employees. The screening consists of measurements for blood pressure, blood lipids (total cholesterol, HDL cholesterol), glucose, height, weight, body mass index and waist circumference. Your individual results are confidential; Port Houston does not have access to this private health information.

If you are not able to participate in the onsite biometric screenings, you may get your screening directly through Aetna or your physician.

**Monthly E-Newsletters**

Each month, Port Houston employees have access to wellness education and articles. The monthly E-Newsletter, which features important topics that can be shared with your families, can be found on SharePort.

**Lunch and Learns**

Kelsey-Seybold Clinics provide valuable information and resources, including lunch and learns. Licensed staff members and doctors are invited on-site at each terminal to present health and wellness information. All employees are welcome to participate in these informational sessions and visit Kelsey-Seybold Clinics’ physicians for related questions.

**Health Fairs**

Port Houston conducts annual health fairs at each terminal. Various vendors attend to share valuable health and wellness information to all employees.

**Additional Activities**

Port Houston also offers all employees the chance to participate in wellness activities such as run/walks, step challenges, etc.

**Flu Shots**

Port Houston annually provides all employees enrolled in a company sponsored medical plan with flu shots at no cost to the employee.
Notice Regarding Wellness Program

Port Houston is a voluntary wellness program available to all eligible employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or “HRA” that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for total cholesterol, HDL, LDL, triglycerides and glucose. Your blood pressure, height, weight, and waist circumference will also be measured. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of $23.08 per paycheck. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the $23.08 per paycheck incentive.

Additional incentives may be available for employees who participate in certain health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Port Houston Human Resources at 713-670-1005 or benefits@porthouston.com.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as wellness programming and content. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Port Houston may use aggregate information it collects to design a program based on identified health risks in the workplace, Port Houston Wellness Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. In order to provide you with services under the wellness program, your personally identifiable health information may be shared with one or more of the following: Lockton Companies and Kelsey-Seybold Clinics.
Medical benefits are provided through Aetna Kelsey Care Plan and Aetna Choice POS II Plan. Choose the plan that works best for you and your family. Consider the physician networks, premiums and out-of-pocket costs for each plan. Keep in mind your choice is effective for the entire 2020 plan year, unless you have a qualifying life event.

**Healthcare Cost Transparency**
Healthcare cost transparency tools are online services available through most health insurance carriers that allow consumers to compare costs for medical services, from prescriptions to major surgeries, to make choices easier. To learn more, visit www.kelsey-seybold.com or www.aetna.com.

**Rising Costs of Healthcare**
The cost of healthcare in the U.S. has been steadily growing each year. Why? Some of the factors include an increased demand for care (resulting in higher prices for premiums and prescription drugs) and an increase in chronic illnesses. **The Port wants to help keep you healthy, so we do what we can to keep your healthcare costs reasonable.** Make sure you’re informed about your options so you can make the best healthcare choices for you and your family. Placing an importance on preventive care, making healthy choices, and managing costs will help keep your health — and wallet — in control in the long run.

**How to Find a Provider**
Visit www.kelsey-seybold.com or call Customer Care at 713-442-9593 for a current list of network providers.

Visit www.aetna.com or call Customer Care at 877-238-6200 for a current list of network providers.

**Our Plans are Self-Funded**
Our medical and Rx plans are self-funded, which means that the company bears the financial risk of the plan. Rather than paying insurance premiums to an insurance carrier as with fully insured plans, the company pays fixed costs for using the insurance carrier’s network of physicians and variable costs for the members’ claims. Together, the company and employees share the cost for healthcare.

**Urgent Care Centers vs. Freestanding Emergency Rooms**
Freestanding emergency rooms may look a lot like urgent care centers, but the costs and services can be drastically different. In general, consider an urgent care center as an extension of your primary care physician while freestanding emergency rooms should be used for health conditions that require a high level of care. Research the options in your area and determine which ones are covered by your insurance plan’s network; note that balance billing may apply. Choosing an urgent care center for everyday health concerns rather than an ER could save you hundreds of dollars.

**Telemedicine provided by Teladoc**
Teladoc is provided for Aetna Choice POS II & KelseyCare plan members and gives you 24/7/365 access to U.S. board-certified doctors through the convenience of phone, video or mobile app visits. It’s an affordable alternative to costly urgent care and ER visits when you need care now.

To use Teladoc under the Aetna Choice POS II plan or the KelseyCare plan, you must set up your account either online at www.teladoc.com/aetna or by calling 855-835-2362.

**Telemedicine provided by Kelsey-Seybold**
Kelsey Care plan members can utilize virtual health visits with a Kelsey-Seybold provider about your medical condition. Have a real time conversation with a board certified provider from your smartphone.

You can access virtual visits through your secure MyKelseyOnline (MKO) account from your computer at www.kelsey-seybold.com or by utilizing the MyChart mobile app or by calling 713-442-6565.
# Medical Plan Summary

This chart summarizes the 2020 medical coverage provided by Aetna Kelsey Care Plan and Aetna Choice POS II Plan. All covered services are subject to medical necessity as determined by the plan. Please be aware that all out-of-network services are subject to Reasonable and Customary (R&C) limitations.

## BI-WEEKLY CONTRIBUTIONS

<table>
<thead>
<tr>
<th></th>
<th>AETNA KELSEY CARE HMO</th>
<th>AETNA CHOICE POS II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EMPLOYEE</strong></td>
<td>$62.23</td>
<td>$68.45</td>
</tr>
<tr>
<td><strong>EMPLOYEE + FAMILY</strong></td>
<td>$201.91</td>
<td>$222.12</td>
</tr>
</tbody>
</table>

Note: These rates do not include any wellness discount.

## CALENDAR YEAR DEDUCTIBLE

<table>
<thead>
<tr>
<th></th>
<th>IN-NETWORK</th>
<th>IN-NETWORK</th>
<th>NON-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INDIVIDUAL</strong></td>
<td>$0</td>
<td>$250</td>
<td>$5,000</td>
</tr>
<tr>
<td><strong>FAMILY</strong></td>
<td>$0</td>
<td>$500</td>
<td>$10,000</td>
</tr>
<tr>
<td><strong>COINSURANCE</strong></td>
<td>100%*</td>
<td>100%*</td>
<td>50%*</td>
</tr>
</tbody>
</table>

## CALENDAR YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)

<table>
<thead>
<tr>
<th></th>
<th>IN-NETWORK</th>
<th>IN-NETWORK</th>
<th>NON-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INDIVIDUAL</strong></td>
<td>$1,500</td>
<td>$1,500</td>
<td>$10,000</td>
</tr>
<tr>
<td><strong>FAMILY</strong></td>
<td>$3,000</td>
<td>$3,000</td>
<td>$20,000</td>
</tr>
</tbody>
</table>

## COPAYS/COINSURANCE

<table>
<thead>
<tr>
<th>Service</th>
<th>IN-NETWORK</th>
<th>IN-NETWORK</th>
<th>NON-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PREVENTIVE CARE</strong></td>
<td>No charge</td>
<td>No charge</td>
<td>50%*</td>
</tr>
<tr>
<td><strong>PRIMARY CARE VISITS</strong></td>
<td>$20 copay</td>
<td>$20 copay</td>
<td>50%*</td>
</tr>
<tr>
<td><strong>SPECIALIST VISIT</strong></td>
<td>$40 copay</td>
<td>$40 copay</td>
<td>50%*</td>
</tr>
<tr>
<td><strong>URGENT CARE</strong></td>
<td>$35 copay</td>
<td>$35 copay</td>
<td>50%*</td>
</tr>
<tr>
<td><strong>EMERGENCY ROOM</strong></td>
<td>Facility: 100% allowed amount after $250 copay; Physician Charges: 100% of allowed amount</td>
<td>Facility: 100% allowed amount after $250 copay; Physician Charges: 100% of allowed amount</td>
<td>Facility: 100% allowed amount after $250 copay; Physician Charges: 100% of allowed amount</td>
</tr>
<tr>
<td><strong>INPATIENT FACILITY</strong></td>
<td>$250 per admission copay &amp; 100% of allowed amount</td>
<td>$250 per admission copay then 100%*</td>
<td>50%*</td>
</tr>
<tr>
<td><strong>OUTPATIENT SURGERY</strong></td>
<td>100% allowed amount</td>
<td>100%*</td>
<td>50%*</td>
</tr>
<tr>
<td><strong>IN AND OUTPATIENT PHYSICIAN</strong></td>
<td>100% allowed amount</td>
<td>100%*</td>
<td>50%*</td>
</tr>
<tr>
<td><strong>TELEMEDICINE/TELEDOC</strong></td>
<td>$20 copay</td>
<td>$20 copay</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>PRE-NATAL MATERNITY</strong></td>
<td>Office visits covered in full</td>
<td>Office visits covered in full</td>
<td>50%*</td>
</tr>
<tr>
<td><strong>MENTAL HEALTH (NON SERIOUS)</strong></td>
<td>Hospital Inpatient: 100% allowed amount and $250 per admission copay; Outpatient: $20 copay (office visit)/100% allowed amount (outpatient and testing)</td>
<td>Hospital Inpatient: 100%* allowed amount and $250 per admission copay; Outpatient: $20 copay (office visit)/100% allowed amount (outpatient and testing)</td>
<td>50%*</td>
</tr>
<tr>
<td><strong>SKILLED NURSING FACILITY</strong> (100 DAYS COMBINES MAX PER YEAR) <strong>PRE-AUTHORIZATION REQUIRED</strong></td>
<td>100% allowed amount</td>
<td>100%*</td>
<td>50%*</td>
</tr>
<tr>
<td><strong>HOME HEALTH CARE</strong> (60 VISITS COMBINED MAX PER YEAR) <strong>PRE-AUTHORIZATION REQUIRED</strong></td>
<td>100% allowed amount</td>
<td>100%*</td>
<td>50%*</td>
</tr>
<tr>
<td><strong>HEARING AIDS</strong></td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>50%*</td>
</tr>
<tr>
<td><strong>DURABLE MEDICAL EQUIPMENT (DME)</strong></td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>50%*</td>
</tr>
</tbody>
</table>

*After Deductible
### Deductible
The amount you must pay for certain covered services before your insurance starts paying its portion.

#### Out-of-Pocket Maximum
The most you will pay during the plan year before your insurance begins to pay 100% of the allowed amount.

### Copay
The fixed amount you pay for healthcare services at the time you receive them.

### Coinsurance
If you are in-network, as both medical plans have 100% coinsurance, after your deductible has been met, you will only be responsible for your copay.
WHERE TO GO FOR CARE

You think you may be sick, but your primary care physician is booked through the end of the month. You have a question about the side effects of a new medication, but the pharmacy is closed. Instead of immediately choosing an expensive trip to the emergency room or relying on questionable information from the internet, take a look below at various care centers and resources and the types of care they provide.

**Costs and time information represent averages only and are not tied to a specific condition or treatment.

**When would I use this?**
You need immediate treatment for a serious life-threatening condition. If a situation seems life threatening, call 911 or your local emergency number right away.

**What type of care would they provide?**
- Heavy bleeding
- Chest pain
- Major burns
- Spinal injuries
- Severe head injury
- Broken bones

**When would I use this?**
You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for non-life-threatening injuries or illnesses.

**What type of care would they provide?**
- Strains, sprains
- Minor broken bones (e.g., finger)
- Minor infections
- Minor burns
- X-rays

**When would I use this?**
You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care, and manage your medications.

**What type of care would they provide?**
- Routine checkups
- Preventive services
- Manage your general health

**When would I use this?**
You need a quick answer to a health issue that does not require immediate medical treatment or a physician visit.

**What type of care would they provide?**
Answers to questions regarding:
- Symptoms
- Medications and side effects
- Self-care home treatments
- When to seek care

**When would I use this?**
You need care for minor illnesses and ailments, but would prefer not to leave home. These services are available by phone and online (via webcam).

**What type of care would they provide?**
- Cold & flu symptoms
- Allergies
- Bronchitis
- Urinary tract infection
- Sinus problems

**What are the costs and time considerations?**
- Nurse lines are usually available 24 hours a day, 7 days a week.
- This service is usually free as part of your medical insurance.
- For the PPO plan, visit [www.teledoc.com/Aetna](http://www.teledoc.com/Aetna) or call 855-835-2362.
- For the HMO plan, visit [www.kelsey-seyboldvirtualhealth.com](http://www.kelsey-seyboldvirtualhealth.com) or call 713-442-6565.

**When would I use this?**
You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care, and manage your medications.

**What type of care would they provide?**
- Routine checkups
- Immunizations
- Preventive services
- Manage your general health

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- Broken bones

**What are the costs and time considerations?**
- Often requires a much higher copay and/or coinsurance.
- Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first.

**What are the costs and time considerations?**
- Often requires a copay and/or coinsurance that is usually higher than an office visit.
- Walk-in patients welcome, but waiting periods may be longer as patients with more urgent needs will be treated first.

*This is a sample list of services and may not be all-inclusive.

**This costs and time information represent averages only and are not tied to a specific condition or treatment.

*DO YOUR HOMEWORK*
What may seem like an urgent care center could actually be a standalone ER. These newer facilities come with a higher price tag, so ask for clarification if the word “emergency” appears in the company name.

**When would I use this?**
You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care, and manage your medications.

**What type of care would they provide?**
- Routine checkups
- Preventive services
- Manage your general health

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- Broken bones

**What are the costs and time considerations?**
- Often requires a copay and/or coinsurance that is usually higher than an office visit.
- Walk-in patients welcome, but waiting periods may be longer as patients with more urgent needs will be treated first.

**What are the costs and time considerations?**
- Often requires a much higher copay and/or coinsurance.
- Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first.

**What are the costs and time considerations?**
- Nurse lines are usually available 24 hours a day, 7 days a week.
- This service is usually free as part of your medical insurance.
- For the PPO plan, visit [www.teledoc.com/Aetna](http://www.teledoc.com/Aetna) or call 855-835-2362.
- For the HMO plan, visit [www.kelsey-seyboldvirtualhealth.com](http://www.kelsey-seyboldvirtualhealth.com) or call 713-442-6565.
Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through the Aetna Kelsey Care Plan and Aetna Choice POS II Plan. That means you will only have one ID card for both medical care and prescriptions. Information on your benefits coverage and a list of network pharmacies is available online at www.kelsey-seybold.com and www.aetna.com or by calling the Customer Care number on your ID Card. Your cost is determined by the tier assigned to the prescription drug product. Products are assigned as Generic, Preferred or Non-Preferred.

<table>
<thead>
<tr>
<th></th>
<th>AETNA KELSEY CARE HMO</th>
<th>AETNA CHOICE POS II</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IN-NETWORK</td>
<td>IN-NETWORK</td>
</tr>
<tr>
<td>RETAIL RX (30-DAY SUPPLY)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GENERIC</td>
<td>$20 copay*</td>
<td>$20 copay*</td>
</tr>
<tr>
<td>PREFERRED</td>
<td>$30 copay*</td>
<td>$30 copay*</td>
</tr>
<tr>
<td>NON-PREFERRED</td>
<td>$60 copay*</td>
<td>$60 copay*</td>
</tr>
<tr>
<td>MAIL ORDER RX (90-DAY SUPPLY)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GENERIC</td>
<td>$50 copay</td>
<td>$50 copay</td>
</tr>
<tr>
<td>PREFERRED</td>
<td>$75 copay</td>
<td>$75 copay</td>
</tr>
<tr>
<td>NON-PREFERRED</td>
<td>$150 copay</td>
<td>$150 copay</td>
</tr>
</tbody>
</table>

*For 31-90 day supplies of retail prescriptions, you will be responsible for the Mail Order Rx copay.

Generic Drugs

Looking to save money on medication costs? You’ve most likely heard that generic prescription drugs are a more affordable option, so here’s the skinny: Generic drugs are versions of brand-name drugs with the exact same dosage, intended use, side effects, route of administration, risks, safety and strength. Because they are the same medicine, generic drugs are just as effective as brand-name drugs and undergo the same rigid FDA standards. But on average, a generic version costs 80% to 85% less than the brand-name equivalent. To find out if there is a generic equivalent for your brand-name drug, visit www.fda.gov.

Note: Apps such as GoodRx and RxSaver let you compare prices of prescription drugs and find possible discounts. If you use these tools, make sure to check the price against the cost through your insurance to get the best deal. Note that these discounts can’t be combined with your benefit plan’s coverage. As a result, if you choose to use a discount card from an app such as GoodRx or RxSaver, the amount you pay will not count toward your deductible or out-of-pocket maximum under the benefit plan.
PPO (Preferred Provider Organization)

The PPO dental plan gives you the freedom to choose any dentist or orthodontist in or out of network, including specialists. Reimbursements are based on usual, customary and reasonable (UCR) fees. Some dentists or specialists (those not in the PPO network) may charge more than the UCR rate and you will be responsible for those additional charges.

If you choose the PPO network, the dental benefits are paid after a $50 per person (maximum of $150 for families) per calendar year deductible has been met. There is an annual benefit maximum of $2,000 per person per calendar year. Orthodontic benefits are covered at $1,500 for children up to age 20.

While participants may choose any dentist or specialist under the PPO plan, selection of an in-network dentist will provide participants with the highest level of benefits and save on out-of-pocket costs.

DMO (Dental Maintenance Organization)

If you enroll in the DMO, you don’t have to worry about deductibles or yearly maximums. When you receive dental services from your in-network selected dentist, you are only responsible for the copayment for any covered services received. For orthodontic treatment, your entire family is eligible, and you will pay a $1,945 copay per member, while other orthodontic services have additional copays. For a full listing of all covered services and copayments, please refer to the schedule of benefits at www.aetna.com.

### DENTAL PPO PLAN

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREVENTIVE SERVICES</td>
<td>100% of Aetna's allowed (UCR) amount. Deductible is waived.</td>
</tr>
<tr>
<td>ORAL EXAMS, ROUTINE CLEANINGS, BITEWING X-RAYS, FLUORIDE APPLICATIONS, SEALANTS, SPACE MAINTAINERS, PANORAMIC X-RAYS</td>
<td></td>
</tr>
<tr>
<td>BASIC SERVICES</td>
<td>80% of Aetna's allowed (UCR) amount.</td>
</tr>
<tr>
<td>FULL MOUTH X-RAYS, FILLINGS, ORAL SURGERY, SIMPLE EXTRCTIONS</td>
<td></td>
</tr>
<tr>
<td>MAJOR SERVICES</td>
<td>50% of Aetna's allowed (UCR) amount.</td>
</tr>
<tr>
<td>ORAL SURGERY, COMPLEX EXTRCTIONS, DENTURE ADJUSTMENTS AND REPAIRS, ROOT CANAL THERAPY, PERIODONTICS, CROWNS, DENTURES, BRIDGES</td>
<td></td>
</tr>
<tr>
<td>ORTHODONTICS</td>
<td>$1,500</td>
</tr>
</tbody>
</table>

### DENTAL DMO PLAN

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASIC SERVICES</td>
<td>$5 copay</td>
</tr>
<tr>
<td>ORTHODONTICS</td>
<td>Series of copays; consult the benefit summary for specifics.</td>
</tr>
<tr>
<td></td>
<td>$1,945</td>
</tr>
</tbody>
</table>

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**BI-WEEKLY CONTRIBUTIONS**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMPLOYEE ONLY</td>
<td>$7.36</td>
</tr>
<tr>
<td>EMPLOYEE + SPOUSE</td>
<td>$15.04</td>
</tr>
<tr>
<td>EMPLOYEE + CHILD(REN)</td>
<td>$16.46</td>
</tr>
<tr>
<td>EMPLOYEE + FAMILY</td>
<td>$26.55</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Plan</th>
<th>Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMPLOYEE ONLY</td>
<td>$2.50</td>
</tr>
<tr>
<td>EMPLOYEE + SPOUSE</td>
<td>$4.74</td>
</tr>
<tr>
<td>EMPLOYEE + CHILD(REN)</td>
<td>$5.01</td>
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<tr>
<td>EMPLOYEE + FAMILY</td>
<td>$7.74</td>
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</table>

**CALENDAR YEAR DEDUCTIBLE**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDIVIDUAL</td>
<td>$50</td>
</tr>
<tr>
<td>FAMILY</td>
<td>No deductible</td>
</tr>
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</table>

**CALENDAR YEAR MAXIMUM**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDIVIDUAL</td>
<td>$2,000</td>
</tr>
<tr>
<td>FAMILY</td>
<td>No plan maximum</td>
</tr>
</tbody>
</table>

---
Don’t wear glasses? Even you shouldn’t skip an annual eye exam! Port Houston provides you and your family access to quality vision care with a comprehensive vision benefit through Aetna.

## VISION BENEFITS

### ENHANCED PLAN

<table>
<thead>
<tr>
<th>BI-WEEKLY CONTRIBUTIONS</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>EMPLOYEE ONLY</td>
<td>$3.23</td>
<td></td>
</tr>
<tr>
<td>EMPLOYEE + SPOUSE</td>
<td>$6.39</td>
<td></td>
</tr>
<tr>
<td>EMPLOYEE + CHILD(REN)</td>
<td>$5.50</td>
<td></td>
</tr>
<tr>
<td>EMPLOYEE + FAMILY</td>
<td>$8.66</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>BI-WEEKLY CONTRIBUTIONS</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>IN-NETWORK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OUT-OF-NETWORK</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### EXAMINATION

| EXAMS | $10 copay | $10 reimbursement |

### COVERED MATERIALS

#### LENSES

<table>
<thead>
<tr>
<th>LENSES</th>
<th>$25 copay</th>
<th>$30 reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>SINGLE VISION LENSES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIFOCAL LENSES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRIFOCAL LENSES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LENTICULAR</td>
<td>$25 copay</td>
<td>$100 reimbursement</td>
</tr>
<tr>
<td>TRANSITIONAL</td>
<td>Member pays 80% of retail</td>
<td>N/A</td>
</tr>
<tr>
<td>PROGRESSIVE</td>
<td>$90 copay for Standard; 20% off retail price minus $120 allowance plus $90 copay for Premium</td>
<td>$50 reimbursement</td>
</tr>
</tbody>
</table>

#### FRAMES

| RETAIL FRAME EQUIVALENT | $150 allowance; 20% off remaining balance | $70 reimbursement |

#### CONTACT LENSES

| FIT & FOLLOW UP EXAMS | $40 for Standard contact; 90% of retail for Premium contact | N/A |
| MEDICALLY NECESSARY | Covered in full | $210 reimbursement |
| ELECTIVE | $150 allowance discount | $105 reimbursement |
| LASER VISION CORRECTION | 15% or set contracted pricing through Qualsight Lasik Network | |

### COVERED MATERIALS

| EXAMINATION |
| LENSES |
| FRAMES |
| CONTACTS | (IN LIEU OF LENSES AND FRAMES) |

Once every calendar year
**LASIK Services**

QualSight operates the largest NCQA credentialed network of LASIK eye surgeons in the United States and is excited to serve Aetna’s 37 million members nationwide. QualSight provides our clients and members contracted pricing which represents significant savings on all procedures including Custom Bladeless (all laser) LASIK. Our commitment to provide an excellent experience to our members is evident by our 10-year Accredited A+ rating with the Better Business Bureau.

**QualSight Network**

- Over 1,000 locations in 46 states listed on the online provider lookup
- Our collective panel of LASIK surgeons have performed more than 7 million procedures
- Contracted pricing at all locations, not just 5-20% discount off usual and customary pricing
- Lifetime Assurance Plan and flexible 0% financing options available through CareCredit
- Ability to manage funded LASIK plans
- QualSight LASIK works with some of the most recognizable brands and names in the LASIK industry including TLC Laser Eye Centers, The LASIK Vision Institute, Whiting Clinic, Whitten Laser Eye, International Eye Care, Kraff Eye Institute, Boston Laser, Diamond Vision, NVision, Berkeley Eye Centers and Hoopes Vision to name a few

**How Members Access LASIK Services**

1. Members can call the Aetna dedicated toll-free number at 855-239-2020
2. A QualSight Care Manager explains the program and answers preliminary questions
3. Initial phone screening is conducted to ensure the member is potential candidate
4. Member selects a surgeon from our list of credentialed ophthalmologists in their region
5. The Care Manager schedules a preoperative appointment with the location/practice of their choice
6. Member completes the preoperative appointment with the physician and schedules surgery along with follow-up visits directly with the selected practice
7. QualSight conducts patient satisfaction survey to verify procedure outcomes and total member cost

---

**Benefits to Members**

- Designated LASIK program for all LASIK questions including member prescreening and educational resource support from QualSight Care Managers
- Retreatment Plans – One year Assurance Plan included and a Lifetime Assurance Plan available
- Each member has an assigned Care Manager with direct contact information for any future question or assistance with rescheduling appointments
- Automated HIPAA compliant appointment confirmation emails detailing procedure pricing, appointment details and surgeon biography
- Significant savings on all procedures including Custom Bladeless (all laser) LASIK:
  - Traditional LASIK: $945 per eye
  - Custom LASIK: $1,395 per eye
  - Custom LASIK Bladeless: $1,795 per eye
  - Custom LASIK Bladeless with Lifetime Assurance: $1,995 per eye
- Convenient access to credentialed and experienced LASIK Surgeons with more than 1,000 locations offering contracted pricing at all locations

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**Thoughts & Tips:** 97% of QualSight Members would recommend QualSight LASIK to a family member and/or co-worker and 96% of QualSight Members would recommend their QualSight physician to a family member and/or co-worker.
Flex your spending power! A Flexible Spending Account (FSA) is a special tax-free account you put money into to pay for certain out-of-pocket expenses. You may participate in this plan whether or not you elect any other benefits.

**Healthcare Flexible Spending Account**
You can contribute from $150 up to $2,750 annually for qualified medical expenses (deductibles, copays and coinsurance) with pre-tax dollars, reducing your taxable income and increasing your take-home pay. You can even pay for eligible expenses with an FSA debit card at the same time you receive them without waiting for reimbursement. **Receipts will be required to support expenses paid via debit card.**

Please note: Over-the-counter (OTC) drugs are not eligible for reimbursement through an FSA unless you have a prescription for them.

**Dependent Care Flexible Spending Account**
In addition to the Healthcare FSA, you may opt to participate in the Dependent Care FSA. You can set aside pre-tax funds into a Dependent Care FSA for expenses associated with caring for elderly or child dependents. Unlike the Healthcare FSA, 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 can set aside from $150 up to $5,000 to pay for child or elder care expenses on a pre-tax basis.

» Eligible dependents include children under 13 and a spouse or other individual who is physically or mentally incapable of self-care and has the principal place of residence as the employee for more than half the year may be a qualifying individual.

» Expenses are reimbursable if the provider is not your dependent for income tax purposes.

» You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.

**Adoption Assistance Flexible Spending Account**
This account reimburses for claims that are qualified adoption expenses. You are allowed to set aside from $150 up to $5,000 to pay for adoption expenses on a pre-tax basis.
Eligible Dependent Care Flexible Spending Account Expenses

This account covers dependent day care expenses that are necessary for you and your spouse to work or attend school full time. The dependent must be a child younger than the age of 13 and claimed as a dependent on your federal income tax return or a disabled dependent who spends at least eight hours a day in your home. Examples of eligible dependent care expenses include:

» An individual you claim as an In-Home Baby-Sitting Services (not provided by an individual you claim as a dependent)
» Care of a Preschool Child by a Licensed Nursery or Day Care Provider
» Before- and After-School Care
» Day Camp
» In-House Dependent Day Care

How to Use Your FSA Accounts

You can use your Healthcare FSA debit card at doctor and dentist offices, pharmacies and vision service providers. It cannot be used at locations that do not offer services under the plan, unless the provider has also complied with IRS regulations. The transaction will be denied if you attempt to use the card at an ineligible location.

Once you incur an eligible expense and pay out of pocket, submit a claim form along with the required documentation. Contact Discovery Benefits with reimbursement questions. If you need to submit a receipt, you will be notified by Discovery Benefits. You should always retain a receipt for your records.

While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. Always keep receipts and Explanation of Benefits (EOBs) for any debit card charges. Without proof that an expense was valid, your card could be deactivated and your expense deemed taxable.

General Rules and Restrictions

The IRS has the following rules and restrictions for Healthcare, Dependent Care FSAs and Adoption Assistance:

» Expenses must be incurred during the 2020 plan year.
» Dollars cannot be transferred between FSAs.
» You cannot participate in a Dependent Care FSA and claim a dependent care tax deduction at the same time.
» You must “use it or lose it” — any unused funds will be forfeited.
» You cannot change your FSA election in the middle of the plan year unless you experience a qualifying life event.
» Those considered highly compensated employees (family gross earnings were $125,000 or more last year) may have different FSA contribution limits. Visit www.irs.gov for more information.

Grace Period

» FSA participants may have an additional 2½-month grace period to incur expenses after the plan year ends (December 31, 2020).
» The grace period applies to the Dependent Care, Healthcare FSA and Adoption Assistance.
» If an expense is incurred between January 1, 2021 and March 15, 2021 and submitted for reimbursement on or before March 31, 2021, any remaining balance in the previous plan year that ended December 31, 2020 will be paid out from the claim, even though the services was provided in the new plan year.
Port Houston offers several ways for you to supplement your medical plan coverage. This additional insurance can help cover unexpected expenses, regardless of any benefit you may receive from your medical plan. Coverage is available for yourself and your dependents and is offered at discounted group rates.

### Accident Coverage
Accidents happen. You can't always prevent them but you can take steps to reduce the financial impact. Accident coverage, available through Allstate, provides benefits for you and your covered family members if you have expenses related to an accident. Health insurance helps with medical expenses but this coverage is an additional layer of protection that can help you pay deductibles, copays and even typical day-to-day expenses such as a mortgage or car payment. Benefits under this plan are payable to you to use as you wish.

**WELLNESS BENEFIT:** A $50 annual benefit is payable for each covered family member who visit the doctor throughout the year. This benefit is payable twice per year per covered person, up to $400 for the family plan.

### BI-WEEKLY CONTRIBUTIONS

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>EMPLOYEE ONLY</td>
<td>$5.64</td>
</tr>
<tr>
<td>EMPLOYEE + SPOUSE</td>
<td>$9.72</td>
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<tr>
<td>EMPLOYEE + CHILD(REN)</td>
<td>$12.25</td>
</tr>
<tr>
<td>EMPLOYEE + FAMILY</td>
<td>$16.46</td>
</tr>
</tbody>
</table>

### Accident Coverage

<table>
<thead>
<tr>
<th>BRIEF SUMMARY OF BENEFITS*</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>INITIAL HOSPITAL CONFINEMENT</td>
<td>$1,250 + $250 per day (up to $6,000)</td>
</tr>
<tr>
<td>DISLOCATIONS/FRACTURES</td>
<td>$200</td>
</tr>
<tr>
<td>AMBULANCE</td>
<td>$400</td>
</tr>
<tr>
<td>ACCIDENT PHYSICIANS TREATMENT, URGENT CARE OR EMERGENCY ROOM SERVICES</td>
<td>$100</td>
</tr>
<tr>
<td>X-RAY</td>
<td></td>
</tr>
<tr>
<td>ACCIDENT FOLLOW-UP TREATMENT</td>
<td></td>
</tr>
<tr>
<td>BURNS</td>
<td></td>
</tr>
<tr>
<td>BRAIN INJURY DIAGNOSIS</td>
<td></td>
</tr>
<tr>
<td>COMPUTED TOMOGRAPHY (CT) SCAN AND MAGNETIC RESONANCE IMAGING (MRI) BENEFIT</td>
<td></td>
</tr>
<tr>
<td>COMA WITH RESPIRATORY ASSISTANCE</td>
<td></td>
</tr>
<tr>
<td>OPEN ABDOMINAL OR THORACIC SURGERY</td>
<td></td>
</tr>
<tr>
<td>TENDON, LIGAMENT, ROTATOR CUFF OR KNEE CARTILAGE SURGERY BENEFIT WITH REPAIR</td>
<td>$1,000</td>
</tr>
<tr>
<td>RUPTURED DISC SURGERY</td>
<td>$1,000</td>
</tr>
<tr>
<td>BLOOD AND PLASMA</td>
<td>$600</td>
</tr>
<tr>
<td>PHYSICAL, OCCUPATIONAL OR SPEECH THERAPY</td>
<td>$60</td>
</tr>
<tr>
<td>APPLIANCE</td>
<td>$250</td>
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</tbody>
</table>

*This list is a summary. Refer to plan documents for a comprehensive list of covered benefits.

### Hospital Indemnity Coverage

Hospital Indemnity Coverage through Allstate pays cash benefits directly to you if you have a covered stay in a hospital or intensive care unit. You can use the benefits from this policy to help pay for your medical expenses such as deductibles and copays, travel cost, food and lodging or everyday expenses such as groceries and utilities.

- Benefits are payable for pregnancy on the first day you have the policy
- Coverage is guaranteed issue; no medical questions

### BI-WEEKLY CONTRIBUTIONS

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>EMPLOYEE ONLY</td>
<td>$7.38</td>
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<tr>
<td>EMPLOYEE + FAMILY</td>
<td>$19.14</td>
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</table>

*This is a summary. Refer to plan documents for details.
Critical Illness Coverage

Critical Illness coverage through Allstate pays a lump-sum benefit if you are diagnosed with a covered disease or condition. You can use this money however you like; for example: to help pay for expenses not covered by your medical plan, lost wages, child care, travel, home health care costs or any of your regular household expenses.

Plan Highlights

» Guaranteed Issue Coverage (no medical questions)
» Children are covered at NO COST when you elect employee coverage
» Benefits are payable based on the date of the covered event occurring or the date of diagnosis. Illnesses or occurrences prior to the effective date of coverage will not be payable events
» $50 annual Wellness Benefit is payable for each covered member for completing a wellness screening (once per year per covered person)
» Coverage Amounts:
  - Employee: $15,000 or $30,000
  - Spouse: 100% of employee benefit
  - Children: 50% of employee benefit for NO COST

<table>
<thead>
<tr>
<th>COVERED CONDITIONS AND BENEFIT AMOUNTS*</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLANNED 1</td>
</tr>
<tr>
<td>ADVANCED ALZHEIMER’S DISEASE</td>
</tr>
<tr>
<td>ADVANCED PARKINSON’S DISEASE</td>
</tr>
<tr>
<td>BENIGN BRAIN TUMOR</td>
</tr>
<tr>
<td>COMA</td>
</tr>
<tr>
<td>COMPLETE LOSS OF HEARING</td>
</tr>
<tr>
<td>COMPLETE LOSS OF SIGHT</td>
</tr>
<tr>
<td>COMPLETE LOSS OF SPEECH</td>
</tr>
<tr>
<td>CORONARY ARTERY BYPASS SURGERY</td>
</tr>
<tr>
<td>END STAGE RENAL FAILURE</td>
</tr>
<tr>
<td>HEART ATTACK</td>
</tr>
<tr>
<td>MAJOR ORGAN TRANSPLANT</td>
</tr>
<tr>
<td>PARALYSIS</td>
</tr>
<tr>
<td>PULMONARY EMBOLISM</td>
</tr>
<tr>
<td>PULMONARY FIBROSIS</td>
</tr>
<tr>
<td>STROKE</td>
</tr>
<tr>
<td>SUDDEN CARDIAC ARREST</td>
</tr>
</tbody>
</table>

CANCER BENEFITS

INVASIVE CANCER $15,000 $30,000
CARCINOMA IN SITU $15,000 $30,000
SKIN CANCER $250 $250

SPECIFIED CHRONIC ILLNESSES

(pays after 90-days of loss of ADL’s due to listed condition)

<table>
<thead>
<tr>
<th>SPECIFIED CHRONIC ILLNESSES</th>
<th>PLANNED 1</th>
<th>PLANNED 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADRENAL HYPOFUNCTION (ADDISON’S DISEASE)</td>
<td>$7,500</td>
<td>$15,000</td>
</tr>
<tr>
<td>ARTHRITIS</td>
<td>$7,500</td>
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</tr>
<tr>
<td>HUNTINGTON’S CHOREA</td>
<td>$7,500</td>
<td>$15,000</td>
</tr>
<tr>
<td>LOU GEHRIG’S DISEASE (ALS)</td>
<td>$7,500</td>
<td>$15,000</td>
</tr>
<tr>
<td>MULTIPLE SCLEROSIS</td>
<td>$7,500</td>
<td>$15,000</td>
</tr>
<tr>
<td>MUSCULAR DYSTROPHY</td>
<td>$7,500</td>
<td>$15,000</td>
</tr>
<tr>
<td>OSTEOIMYELITIS</td>
<td>$7,500</td>
<td>$15,000</td>
</tr>
<tr>
<td>OSTEOPOROSIS</td>
<td>$7,500</td>
<td>$15,000</td>
</tr>
</tbody>
</table>

*This is a summary. Refer to plan document for details including definitions, plan exclusions and limitations.

BI-WEEKLY CONTRIBUTIONS

<table>
<thead>
<tr>
<th>AGE</th>
<th>PLAN 1</th>
<th>PLAN 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMPLOYEE ONLY AND CHILDREN</td>
<td>$1.53</td>
<td>$1.88</td>
</tr>
<tr>
<td>EMPLOYEE + SPOUSE</td>
<td>$3.06</td>
<td>$3.76</td>
</tr>
<tr>
<td>EMPLOYEE + SPOUSE AND FAMILY</td>
<td>$2.63</td>
<td>$3.32</td>
</tr>
<tr>
<td>EMPLOYEE + CHILDREN</td>
<td>$5.02</td>
<td>$5.02</td>
</tr>
<tr>
<td>EMPLOYEE + SPOUSE AND FAMILY</td>
<td>$4.56</td>
<td>$4.56</td>
</tr>
<tr>
<td>EMPLOYEE + SPOUSE AND FAMILY</td>
<td>$6.96</td>
<td>$6.96</td>
</tr>
<tr>
<td>EMPLOYEE + SPOUSE AND FAMILY</td>
<td>$9.51</td>
<td>$9.51</td>
</tr>
<tr>
<td>EMPLOYEE + SPOUSE AND FAMILY</td>
<td>$13.27</td>
<td>$13.27</td>
</tr>
<tr>
<td>EMPLOYEE + SPOUSE AND FAMILY</td>
<td>$18.42</td>
<td>$18.42</td>
</tr>
<tr>
<td>EMPLOYEE + SPOUSE AND FAMILY</td>
<td>$24.45</td>
<td>$24.45</td>
</tr>
<tr>
<td>EMPLOYEE + SPOUSE AND FAMILY</td>
<td>$28.90</td>
<td>$28.90</td>
</tr>
<tr>
<td>EMPLOYEE + SPOUSE AND FAMILY</td>
<td>$34.81</td>
<td>$34.81</td>
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<tr>
<td>EMPLOYEE + SPOUSE AND FAMILY</td>
<td>$41.82</td>
<td>$41.82</td>
</tr>
<tr>
<td>EMPLOYEE + SPOUSE AND FAMILY</td>
<td>$48.90</td>
<td>$48.90</td>
</tr>
<tr>
<td>EMPLOYEE + SPOUSE AND FAMILY</td>
<td>$56.01</td>
<td>$56.01</td>
</tr>
<tr>
<td>EMPLOYEE + SPOUSE AND FAMILY</td>
<td>$66.62</td>
<td>$66.62</td>
</tr>
<tr>
<td>EMPLOYEE + SPOUSE AND FAMILY</td>
<td>$76.23</td>
<td>$76.23</td>
</tr>
<tr>
<td>EMPLOYEE + SPOUSE AND FAMILY</td>
<td>$86.84</td>
<td>$86.84</td>
</tr>
<tr>
<td>EMPLOYEE + SPOUSE AND FAMILY</td>
<td>$96.45</td>
<td>$96.45</td>
</tr>
<tr>
<td>EMPLOYEE + SPOUSE AND FAMILY</td>
<td>$106.06</td>
<td>$106.06</td>
</tr>
<tr>
<td>EMPLOYEE + SPOUSE AND FAMILY</td>
<td>$116.67</td>
<td>$116.67</td>
</tr>
</tbody>
</table>

Premiums are based on the employee’s age on the effective date of coverage. Even if the spouse is in a different age band, the rates are driven off of the employee’s age. Children are covered at no additional cost when you elect Employee coverage.
Life and AD&D Insurance

Life and AD&D benefits are an important part of your family's financial security. The basic benefits provided to you by Port Houston may not be enough to cover expenses in a time of need. Therefore, extra coverage is available to protect you and your family. Eligible employees may purchase additional Voluntary Life insurance. Premiums are paid through payroll deductions.

Please note that employees do not have to be enrolled in voluntary life coverage in order to enroll a spouse in voluntary coverage.

### BASIC EMPLOYEE LIFE

<table>
<thead>
<tr>
<th>Coverage Amount</th>
<th>1.5 times annual base earnings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who Pays</td>
<td>Port Houston</td>
</tr>
<tr>
<td>Benefits Payable</td>
<td>To designated beneficiary</td>
</tr>
<tr>
<td>Maximum Benefit</td>
<td>$750,000</td>
</tr>
<tr>
<td>Evidence of Insurability (EOI) Required</td>
<td>All coverage is guaranteed</td>
</tr>
</tbody>
</table>

### BASIC EMPLOYEE AD&D

<table>
<thead>
<tr>
<th>Coverage Amount</th>
<th>1.5 times annual base earnings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who Pays</td>
<td>Port Houston</td>
</tr>
<tr>
<td>Benefits Payable</td>
<td>To designated beneficiary</td>
</tr>
<tr>
<td>Maximum Benefit</td>
<td>$750,000</td>
</tr>
<tr>
<td>Evidence of Insurability (EOI) Required</td>
<td>All coverage is guaranteed</td>
</tr>
</tbody>
</table>

### VOLUNTARY EMPLOYEE LIFE

<table>
<thead>
<tr>
<th>Coverage Amount</th>
<th>Increments of $10,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who Pays</td>
<td>Employee</td>
</tr>
<tr>
<td>Benefits Payable</td>
<td>To designated beneficiary</td>
</tr>
<tr>
<td>Maximum Benefit</td>
<td>$650,000</td>
</tr>
<tr>
<td>Evidence of Insurability (EOI) Required</td>
<td>Yes - when elected within 30 days of being eligible, EOI is required for amounts elected over the guaranteed issue of 2 times your annual base earnings. When elected after 30 days of being eligible, EOI is required for any amount elected.</td>
</tr>
</tbody>
</table>

### VOLUNTARY SPOUSE LIFE

<table>
<thead>
<tr>
<th>Coverage Amount</th>
<th>Increments of $5,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who Pays</td>
<td>Employee</td>
</tr>
<tr>
<td>Benefits Payable</td>
<td>To employee</td>
</tr>
<tr>
<td>Maximum Benefit</td>
<td>Dependent coverage is limited to 100% of the total basic and supplemental amount for which the employee is eligible, up to $250,000.</td>
</tr>
<tr>
<td>Evidence of Insurability (EOI) Required</td>
<td>Yes - when elected within 30 days of being eligible, EOI is required for amounts elected over the guaranteed issue of $50,000. When elected after 30 days of being eligible, EOI is required for any amount elected.</td>
</tr>
</tbody>
</table>

### VOLUNTARY CHILD LIFE

<table>
<thead>
<tr>
<th>Coverage Amount</th>
<th>$10,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who Pays</td>
<td>Employee</td>
</tr>
<tr>
<td>Benefits Payable</td>
<td>To employee</td>
</tr>
<tr>
<td>Maximum Benefit</td>
<td>$10,000</td>
</tr>
<tr>
<td>Evidence of Insurability (EOI) Required</td>
<td>No</td>
</tr>
</tbody>
</table>

*Please note: A spouse or child is not eligible if also eligible as an employee. Additionally, a child may only be covered by one parent if both are employed by Port Houston.*
VOLUNTARY LIFE INSURANCE

<table>
<thead>
<tr>
<th>AGE</th>
<th>EMPLOYEE</th>
<th>AGE</th>
<th>SPOUSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 25</td>
<td>$0.05</td>
<td>Under 25</td>
<td>$0.03</td>
</tr>
<tr>
<td>25-29</td>
<td>$0.06</td>
<td>25-29</td>
<td>$0.04</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.08</td>
<td>30-34</td>
<td>$0.06</td>
</tr>
<tr>
<td>35-39</td>
<td>$0.10</td>
<td>35-39</td>
<td>$0.07</td>
</tr>
<tr>
<td>40-44</td>
<td>$0.12</td>
<td>40-44</td>
<td>$0.08</td>
</tr>
<tr>
<td>45-49</td>
<td>$0.18</td>
<td>45-49</td>
<td>$0.12</td>
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<tr>
<td>50-54</td>
<td>$0.29</td>
<td>50-54</td>
<td>$0.19</td>
</tr>
<tr>
<td>55-59</td>
<td>$0.51</td>
<td>55-59</td>
<td>$0.31</td>
</tr>
<tr>
<td>60-64</td>
<td>$0.73</td>
<td>60-64</td>
<td>$0.52</td>
</tr>
<tr>
<td>65-69</td>
<td>$1.24</td>
<td>65-69</td>
<td>$0.91</td>
</tr>
<tr>
<td>70-74*</td>
<td>$2.10</td>
<td>70-74*</td>
<td>$1.53</td>
</tr>
<tr>
<td>74++</td>
<td>Rates available upon request</td>
<td>74++</td>
<td>Rates available upon request</td>
</tr>
</tbody>
</table>

*Benefits Subject To Age Reduction Schedule

TO CALCULATE HOW MUCH YOUR VOLUNTARY LIFE COVERAGE WILL COST:

\[
\text{Benefit Elected} \div 1,000 = \text{Units} \times \text{Age Based Rate} = \text{Monthly Premium}
\]

VOLUNTARY CHILD LIFE INSURANCE

<table>
<thead>
<tr>
<th>PREMIUM RATES – $1,000 BI-WEEKLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.38</td>
</tr>
</tbody>
</table>

Example Supplemental Life Monthly Premium Calculation

An employee who is 40 years old elects $80,000 of Supplemental Life Insurance:

- **Coverage Elected:** $80,000
- **Total Number of Units:** $80,000/1,000 = 80
- **Rate per $1,000 (Age 40):** $0.12 (from table)
- **Rates Times # of Units:** $0.12 \times 80 = $9.60
- **Monthly Premium =** $9.60
Beneficiary Designation

A beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under life insurance plans offered by Port Houston.

Make sure your beneficiary designation is clear and current so there is no question as to your intentions, and remember to name a primary and contingent beneficiary. When naming your beneficiary(ies), please indicate their full name, address, Social Security number, relationship, date of birth and distribution percentage. If the beneficiary is not legally related, insert the words “Not Related” in the relationship field.

You may review and update your beneficiaries at any time during the year.

Please note that in most states, benefit payments cannot be made to a minor younger than 18. If you elect to designate a minor as your beneficiary, all proceeds may be held under the beneficiary’s name, and will earn interest until the minor reaches age 18.

If you name more than one beneficiary with unequal shares, please show the amount of insurance to be paid to each beneficiary in percentages. If you need assistance, contact Human Resources or your own legal counsel.

Additional Services Offered by Minnesota Life

LifeSuite Benefits

This plan includes the following services at no additional cost to provide support and resources for life’s every day and extraordinary needs.

» **Travel Assistance**: Access to emergency travel assistance services provided by GlobalRescue. More information is available at www.lifebenefits.com/travel or by calling 1-855-516-5433.

» **Legal Services and Will Preparation**: Services provided by Ceridian LifeWorks. Additional information is available at www.lifeworks.com (Username: will & Password: preparation) or by calling 1-877-849-6034.

» **Legacy Planning**: Final arrangement services provided by Minnesota Life. Additional information is available at www.legacyplanningservices.com

» **Beneficiary Financial Counseling**: Beneficiaries may choose to use independent beneficiary counseling services from PricewaterhouseCoopers LLP (PwC).
Port Houston provides both Short Term and Long Term disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury.

**Short Term Disability (STD) Insurance**

**Short Term Disability (STD) benefits are available at no cost.** STD insurance replaces 60% of your income if you become partially or totally disabled due to an off the job injury or illness for a short period of time. Certain exclusions, along with any pre-existing condition limitations, may apply. Please refer to your plan documents for details or Human Resources for details.

<table>
<thead>
<tr>
<th>WEEKLY MAXIMUM BENEFIT</th>
<th>$2,500</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELIMINATION PERIOD</td>
<td>14 days</td>
</tr>
<tr>
<td>MAXIMUM BENEFIT PERIOD</td>
<td>11 weeks</td>
</tr>
</tbody>
</table>

**Basic Long Term Disability (LTD) Insurance**

**Long Term Disability (LTD) benefits are available at no cost.** LTD insurance replaces 60% of your income if you become partially or totally disabled for an extended time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

<table>
<thead>
<tr>
<th>MONTHLY MAXIMUM BENEFIT</th>
<th>$12,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELIMINATION PERIOD</td>
<td>90 days</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MAXIMUM BENEFIT PERIOD</th>
<th>Payments will last for as long as you are disabled as defined by the carrier.</th>
</tr>
</thead>
</table>

| BENEFIT REDUCTIONS      | LTD Benefits are reduced by other sources of income during disability, such as workers’ compensation, social security and/or retirement systems. |
Whether you’re just starting out in your career or you’ve been in the workforce for years, it’s always a good time to plan for retirement.

**Defined Benefit (Pension) Plan**

Employees hired prior to August 1, 2012 are covered under the Defined Benefit (Pension) Plan. Participants are fully vested in their accrued benefits under the Pension Plan upon attaining five (5) years of service with Port Houston. The Summary Plan Description for the Pension Plan (“Pension Plan SPD”) is available on SharePort on the Human Resources page. Eligible participants in this plan will receive monthly payments after their designated retirement dates have been met. These employees are not eligible for benefits under the Defined Contributions plan. Contributions to the plan are made by Port Houston.

**Defined Contribution (401a) Plan**

Employees hired on August 1, 2012 and after are covered under the Defined Contribution (401a) plan. Participants are fully vested in their account balances under the DC Plan upon attaining three (3) years of service with Port Houston. Contributions are based on annual base pay and are only contributed by Port Houston. In addition, contribution percentages are based on employee’s years of service (see below). These employees are not eligible for benefits under the Defined Benefit Pension Plan.

If you are a participant in the DC Plan, you choose how your account balance will be invested. You may select from various investment options, including professionally-managed funds. These contribution funds are currently managed by Nationwide Retirement Solutions, for whom contact information can be found on the SharePort intranet website. Your vested account balance is also portable, which means that if your employment ends after 3 years of service, you can roll over your vested account balance to another employer’s qualified retirement plan (provided your new employer will allow such transfer) or to your individual retirement account (“IRA”).

<table>
<thead>
<tr>
<th>YEARS OF SERVICE</th>
<th>% CONTRIBUTION BY PORT HOUSTON</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 5</td>
<td>6.00%</td>
</tr>
<tr>
<td>6 to 10</td>
<td>6.50%</td>
</tr>
<tr>
<td>11 to 15</td>
<td>7.00%</td>
</tr>
<tr>
<td>16 to 20</td>
<td>7.50%</td>
</tr>
<tr>
<td>21+</td>
<td>8.00%</td>
</tr>
</tbody>
</table>

**Voluntary Deferred Compensation Benefits (457b) Plan**

A Deferred Compensation Plan (457b) permits you, on a voluntary basis, to authorize a portion of your salary to be withheld and invested for payment to you at a later date. These salary deferrals, or “contributions”, are allocated to the plan’s investment choices at your instruction. Neither your contributions nor any investment earnings are subject to current federal and (in most cases) state income taxes. Taxes become payable when the deferred income plus earnings are distributed to you - generally at retirement, or separation from employment.

In today’s environment, it is widely accepted that in order to have a comfortable retirement, you must rely on income sources other than your pension or social security. The Port Houston voluntary deferred compensation plan is an important and valuable means for preparing for your retirement.

For additional information, you may call Nationwide at 713-898-0249 or 877-677-3678. You may also go online at [www.nrsforu.com](http://www.nrsforu.com).
Employee Assistance Program

Our Employee Assistance Program (EAP) helps manage you and your family’s total health, including mental, emotional and physical. Port Houston provides this program at no cost to you — whether you’re enrolled in a company-sponsored medical plan or not.

Through this program, you have access to mental health assistance and legal and financial help from a number of professionals. You have 24-hour access to helpful resources by phone.

The Program provides referrals to help with:

» Emotional Health and Well-Being
» Alcohol or Drug Dependency
» Marriage or Family Relationship Problems
» Job Pressures
» Stress, Anxiety, Depression
» Grief and Loss
» Financial or Legal Advice

Types of services provided:

» **Counseling Services:** Includes up to 6 free face-to-face counseling sessions, per family member, per plan year with a licensed counselor.

» **Legal Services:** Includes up to 3 free 30 minute consultations with an attorney, 6 pages of document review/letter/phone call on your behalf, a free simple will, and up to 25% discount off an attorney’s normal rate for additional services.

» **Financial Services:** Includes up to 3 free consultations per family with a professional licensed Financial Planner and discounted fees for ongoing consultation.

» **Online Resources:** All covered family members can access work/life and health and wellness resources as well as a searchable database containing child care, elder care, adoption, school, and college resources.

All services provided are confidential and will not be shared with Port Houston.

You may also access information, benefits, educational materials and more either by phone at 800-324-4327 or online at [www.4eap.com](http://www.4eap.com)

» **Username:** PHA
» **Password:** A16

You may access information, benefits, educational materials and more either by phone at 800-324-4327 or online at [www.4eap.com](http://www.4eap.com).
Port Houston knows the value of well-rounded, balanced employees, which is why we offer a variety of additional benefits to help manage life’s daily stresses.

**Legal and Identity Theft Protection**
LegalShield and ID Shield provide the Legal and Identity Theft protection you and your family need.

**LegalShield**
- Legal Consultation and Advice
- Court Representation
- Dedicated Law Firm
- Legal Document Prep and Review
- Uncontested Divorce
- Speeding Ticket Assistance
- Will Prep
- 24/7 Emergency legal Access
- Mobile App

**IDShield**
- Identity Consultation and Advice
- Dedicated Licensed Private Investigators
- Identity and Credit Monitoring
- Social Media Monitoring
- Child Monitoring
- Comprehensive Identity Restoration
- Identity and Credit Theft Alerts
- 24/7 Emergency Access
- Mobile app

**Pet Insurance**
Port Houston knows that pets are valued members of the family and offers voluntary pet insurance through Nationwide. You have the option of choosing your own vet and reimbursement level of the vet bill (for covered expenses) after the $250 deductible, up to the $7,500 annual maximum. This coverage will not be payroll deducted but you can be directly billed for the premiums at the group discounted rates.

**Pet Protection Plans’ Covered Expenses**
- Use any vet/Vet Helpline access 24/7
- Accidents, including poisonings and allergic reactions
- Injuries, including cuts, sprains and broken bones
- Surgeries and hospitalization, including x-rays, MRIs and CT scans
- Prescription medications and therapeutic diets
- Wellness exams

There are many benefit options and coinsurance levels to choose from. You can learn more, view rates and enroll by visiting www.petinsurance.com/PortHouston or by calling 877-738-7874.

<table>
<thead>
<tr>
<th>BI-WEEKLY PAYROLL DEDUCTIONS</th>
<th>EMPLOYEE ONLY</th>
<th>EMPLOYEE &amp; FAMILY</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEGALSHIELD</td>
<td>$7.27</td>
<td>$7.27</td>
</tr>
<tr>
<td>IDSHIELD</td>
<td>$3.21</td>
<td>$5.98</td>
</tr>
<tr>
<td>LEGALSHIELD + IDSHIELD</td>
<td>$10.00</td>
<td>$12.35</td>
</tr>
</tbody>
</table>
**Balance Billing** – When you are billed by a provider for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is $100 and the allowed amount is $60, you may be billed by the provider for the remaining $40.

**Coinsurance** – Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

**Copay** – The fixed amount, as determined by your insurance plan, you pay for healthcare services received.

**Deductible** – The amount you owe for healthcare services before your health insurance begins to pay its portion. For example, if your deductible is $1,000, your plan does not pay anything until you’ve paid $1,000 for covered services. This deductible may not apply to all services, including preventive care.

**Explanation of Benefits (EOB)** – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer’s decision.

**Flexible Spending Accounts (FSAs)** – A special tax-free account you put money into that you use to pay for certain out-of-pocket healthcare costs. You’ll save an amount equal to the taxes you would have paid on the money you set aside. FSAs are “use it or lose it,” meaning that funds not used by the end of the plan year will be lost. Some Healthcare FSAs do allow for a grace period or a rollover into the next plan year.

**Healthcare Cost Transparency** – Also known as market transparency or medical transparency. Online cost transparency tools, available through health insurance carriers, allow you to search an extensive national database to compare varying costs for services.

**Network** – A group of physicians, hospitals and other healthcare providers that have agreed to provide medical services to a health insurance plan’s members at discounted costs.

- **In-Network** – Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
- **Out-of-Network** – Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.
- **Non-Participating** – Providers that have declined entering into a contract with your insurance provider. They may not accept any insurance and you could pay for all costs out of pocket.
Open Enrollment – The period set by the employer during which employees and dependents may enroll for coverage, make changes or decline coverage.

Out-of-Pocket Maximum – The most you pay during a policy period (usually a 12-month period) before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, charges beyond the Reasonable & Customary, or healthcare your plan doesn’t cover. Check with your carrier to confirm what applies to the maximum.

Over-the-Counter (OTC) Medications – Medications available without a prescription.

Prescription Medications – Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred, non-preferred or specialty.

» **Generic Drugs** – Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost-effective version of any medication.

» **Preferred Drugs** – Brand-name drugs on your provider’s approved list (available online).

» **Non-Preferred Drugs** – Brand-name drugs not on your provider’s list of approved drugs. These drugs are typically newer and have higher copayments.

Reasonable and Customary Allowance (R&C) – Also known as the UCR (Usual, Customary, and Reasonable) amount. The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount is sometimes used to determine the allowed amount.

Summary of Benefits and Coverage (SBC) – Mandated by healthcare reform, your insurance carrier provides you with a summary of your benefits and plan coverage.

Summary Plan Description (SPD) - The document(s) that outline the rights, obligations, and material provisions of the plan(s) to all participants and their beneficiaries.
Required Notices

Important Notice from Port Houston About Your Prescription Drug Coverage and Medicare under the Aetna Kelsey Care Plan and Aetna Choice POS II Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Port Houston and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Port Houston has determined that the prescription drug coverage offered by the Aetna Kelsey Care Plan and Aetna Choice POS II Plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. You may also enroll each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Port Houston coverage will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan’s summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current Port Houston coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Port Houston and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage...

Contact the person listed at the end of these notices for further information. NOTE: You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Port Houston changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

» Visit www.medicare.gov
» Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
» Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For more information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Medicare Part D notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: January 1, 2020
Name of Entity/Sender: Port Houston
Contact—Position/Office: Human Resources
Address: 111 East Loop North
Houston, TX 77029
Phone Number: 713-670-1005
Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act of 1998 was signed into law on October 21, 1998. The Act requires that all group health plans providing medical and surgical benefits with respect to a mastectomy must provide coverage for all of the following:

- Reconstruction of the breast on which a mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of all stages of mastectomy, including lymphedema

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions which apply for the mastectomy. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description or contact Human Resources at 713-670-1005.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 713-670-1005.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- Failing to return from an FMLA leave of absence; and
- Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources at 713-670-1005.
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