



2020

Benefits Decision Guide

YOUR JOURNEY TO
HEALTH AND WELLNESS

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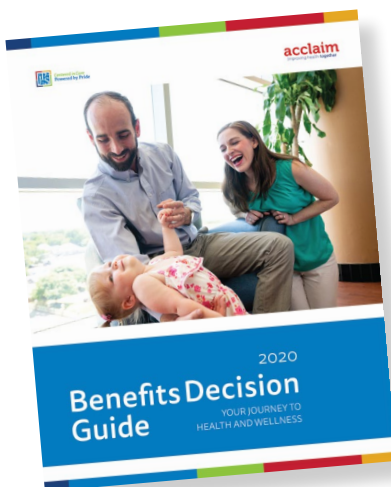
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The Guide

Your Benefits Guide is an overview of the many valuable benefits the JPS Health Network offers to those eligible to elect benefits.

- 2020 Open Enrollment runs from October 1, 2019 – October 31, 2019.
VISIT HERE TO ENROLL:
- Cigna’s Open Enrollment Concierge Service is available to answer questions about medical and dental plan benefits and utilization of the plans. Contact Cigna at **1-800-564-7642**.

The Summary Plan Description (SPD) will take precedent over the guide. The hospital reserves the right to modify or term plan benefits at any point to ensure the best interest of the Group Health Insurance Plan. The SPD can be found on the JPS intranet.

What's New?

\$250 HSA Annual Employer Contribution
(New Hires will be prorated)

Reduced premiums for Critical Illness, Accident, LifeTime Benefit Life Coverage

Contribution Limit increases for the Health Savings Account (HSA) and Healthcare Flexible Spending Account (FSA)

Open Enrollment runs October 1 through October 31, 2019

Provide dependent verification by November 15, 2019.



Open Enrollment begins.
Enroll using OnPOINT, available on the JPS intranet.

Open Enrollment for 2020 benefits ends.

Your 2020 benefits elections start.

Your paycheck reflects your 2020 benefit premiums.

NOTE You must complete 2020 Open Enrollment to have benefits. Make sure to keep your confirmation of elections email as proof of your enrollment.

Who Can You Cover?

You and your dependents are eligible to enroll in JPS Health Network benefits if:



You are a full-time or part-time benefits-eligible team member.



Your dependents meet the following criteria:

- **Dependent child:** birth certificate, adoption or guardianship papers **and** their Social Security card. Your child is an eligible dependent from birth through the month of their 26th birthday.
- **Spouse:** marriage license **and** a current federal income tax return or other document showing proof of shared residence, date of birth **and** Social Security card.

When Can I Make Changes to My Benefits?

If you experience a qualifying life event that results in the gain or loss of insurance for yourself and/or your dependent(s), **you must report it to HR within 31 days of the event.**

Examples of qualifying life events:

- Marriage¹ or divorce
- Birth or adoption^{2,3}
- Death of spouse or child
- Gain or loss of other coverage
- You or your eligible family member experiences a change in employment status that affects benefits eligibility (e.g., switching from PRN to full-time)
- Dependent child reaches 26 years of age
- FMLA leave, COBRA event, court judgment or decree
- Becoming eligible for Medicare
- Loss of Medicaid and/or CHIP³
- Receiving a Qualified Medical Child Support Order

¹ It is your responsibility to enroll a new dependent within 31 days beginning the date you gain a new dependent.

² Your benefits changes will be effective on the date of the qualified life status change for the birth, adoption or placement for adoption of an eligible child.

³ In some cases, you have 60 days to notify HR.

IMPORTANT

If you decide not to enroll in benefits for 2020, you will need to wait until next Fall's open enrollment period to select benefits for 2021 unless you experience a qualifying life event.

How to Enroll

Complete the worksheet on **page 35** as you progress through the enrollment portal.

STEP 1

From the JPS intranet...

- Select "Staff Resources" and then "Computer Apps A-Z."
- Select "OnPOINT — Employees and Leaders."
- Log in using your normal JPS login information.
- Click "2020 Benefits Enrollment."

From Home

- Visit <https://portal.jpshhealth.org/>.
- Click "Employee Benefits."

STEP 2

Use the prompts on the screen to follow each step of the enrollment process.

- In making your elections, select the plan option of your choice, and then select "Continue" after you've made each election.
- Once you have completed all elections, review your Confirmation Statement then click the "Save and exit" button at the bottom of the page to submit your enrollment.
- You may print and email a copy of your confirmation statement for your records.

STEP 3

Complete enrollment by October 31, 2019 or within 31 days of hire.

- Submit required dependent documents to HR Total Rewards to ensure your family is enrolled for 2020.

Summary of Benefits

You can choose a combination of benefits to create your unique benefits plan. You can enroll yourself and your dependents in the plans listed in this table.

Health and Welfare Plans	Options	Details
Medical	<ul style="list-style-type: none"> Health Savings Plan Traditional PPO Plan 	<ul style="list-style-type: none"> Higher deductible, lower premium Lower deductible, higher premium
Health Savings Account	HSA plan	A tax free health savings account you use in conjunction with the Health Savings Plan for eligible healthcare expenses
Prescription Drugs	Included with Medical Plan	Services available through JPS, CVS and Target pharmacies
Dental	<ul style="list-style-type: none"> Dental PPO Plan Dental HMO Plan 	<ul style="list-style-type: none"> May use any provider May use only in-network HMO providers
Vision	<ul style="list-style-type: none"> VSP Choice Plus VSP Choice Base VSP Savings Pass Plan 	<ul style="list-style-type: none"> Provides for 2 pairs of eyeglasses or contacts annually Provides for 1 pair of eyeglasses or contacts annually Provides discounts for services
Flexible Spending Account	<ul style="list-style-type: none"> Healthcare FSA Dependent Care FSA 	Savings accounts to help save taxes and pay for health care and/or dependent care expenses
Wellness Program	<ul style="list-style-type: none"> ENLIVEN Incentives Great Beginnings Quit (Nicotine) Today Program 	<ul style="list-style-type: none"> Wellness opportunities WellCredit, gift cards, fitness accessories and more Wellness program for expectant mothers/dependents Free nicotine cessation support
Short-Term Disability	Optional Employee Coverage	Pays up to 60% of your base salary up to \$1,000 weekly after 14-day elimination period
Long-Term Disability	Employer Paid	Pays up to 60% of your base salary after 90-day elimination period up to \$10,000 monthly
Telemedicine	JPS Employee Virtual Care	\$30 Flat fee
Basic Life Insurance and Accidental Death and Dismemberment (AD&D) Insurance	Employer Paid	Provides 1 times your annual salary
Basic Life Buy-Up	Optional employee coverage	Provides 1 times your annual salary
Supplemental Life	Employee, spouse, child(ren) coverage	Provides benefit based on elected coverage amount
Life Time Benefit Life Insurance with Long Term Care	Employee coverage	Provides benefit based on elected coverage amount
Critical Illness	Employee, spouse, child(ren) coverage	Provides benefit based on elected coverage amount
Accident	Employee, spouse, child(ren) coverage	Provides benefit based on elected coverage amount
Legal/Identity Theft	Employee, spouse, child(ren) coverage	<ul style="list-style-type: none"> Legal advice and consultation Identity theft protection
Retirement	403(b), 457 and Pension	Provides opportunities for retirement savings

Employee Health and Wellness



“The JPS Virtual Care benefit has been a great addition for our family. With a spirited two-year-old at home, this new telemedicine benefit gives us quick, convenient access to care and greater peace of mind.”

– Bryan Blakely, Project Manager,
Human Resources

Preventive Care

Preventive care is important. This includes certain immunizations, annual physicals and other screenings.

JPS Health Network in-network medical plans provide 100% coverage for preventive care, including wellness visits for the family, mammograms and other services.

On-Site Employee Clinic

The Employee Clinic is available to team members and dependents enrolled in a JPS Medical Plan. Cigna administers employee medical benefits.

You may decide to establish a Primary Care Physician (PCP) through the Employee Clinic.

JPS Employee Virtual Care: Telemedicine

JPS is partnered with American Well to offer team members and dependents access to the Employee Virtual Clinic. If you need medical advice and cannot get to the Employee Clinic, you can schedule a remote appointment for quick and convenient care.

Our unique, secure technology makes it possible to see a doctor, face to face, without having to leave your home. You can access care on your smartphone, desktop, laptop, tablet and/or telephone. Providers can look, listen and talk with you to diagnose your health concerns and provide an effective treatment plan.

Web Address: <http://jpsvirtualcare.com>

Mobile App Name: JPS Virtual Care

Phone Number: 800-428-3461

Enrollment Guide to logging in to the Website and Application: [Download Here](#)

Cost: \$30 flat fee paid before the visit

Who is eligible: Any JPS or Acclaim team member and dependents. You do not need to be enrolled in a JPS medical plan to participate.

Service Key: A service key is needed when accessing JPS Virtual Care services. If a service key is not entered, you will not see an available service to select. The service key is: **JPSEmployee**

If you have any questions about JPS Employee Virtual Care, please contact: **Daphne Jones at ext. 21254.**

Medical Plan Options

Health Savings Plan

- \$250 employer annual HSA Contribution
- Preventive care covered at 100%
- High deductible healthcare plan
- Lower premiums, higher deductible
- Responsible for the deductible for services received
- Deductible counts toward out of pocket maximum
- Pay co-insurance after deductible is met
- Set aside tax free HSA dollars for eligible healthcare expenses
- Option to fund HSA with WellCredit dollars
- HSA funds will roll over year to year and not forfeit

Traditional PPO Plan

- Preventive care covered at 100%
- Traditional PPO healthcare plan
- Higher premiums, lower deductible
- Deductible counts toward out-of-pocket maximum
- Co-pays always apply and co-insurance applies after deductible is met
- Option to set aside pre-tax FSA dollars



“I use JPS health benefits to cover myself and my twins. As a working mother, it is great to be part of an organization that not only provides competitive health and retirement benefits, but that they are affordable enough for me to cover my children and save for my future.”

– Shelly Howard, Practice Manager, Medical Home Northeast Tarrant

Medical Plan Comparison

We have provided the outline of benefits below for comparative purposes only. It is not intended as a contract of benefits. All final benefit determinations will be made in accordance with the medical plan contract. (Please note that “ded.” is used throughout as an abbreviation for deductible.) **Refer to Summary Plan Description for all comparison and coverage details.**

Description	Health Savings Plan		Traditional PPO Plan	
	JPS Health Network (Tier 1)	Cigna Open Access (Tier 2)	JPS Health Network (Tier 1)	Cigna Open Access (Tier 2)
Calendar Year Deductible Individual/Family	\$1,500/3,000 ⁴	\$2,500/5,000 ⁴	\$1,000/2,000	\$2,000/4,000
Maximum Out-of-Pocket (includes deductible & co-pays)	\$3,000/6,000	\$5,000/10,000	\$2,500/5,000	\$5,000/10,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
JPS Outpatient Office Visits				
■ JPS Health and Wellness Center	10% after ded.	n/a	\$15	n/a
■ Primary Care	10% after ded.	n/a	\$20	n/a
■ Specialty Care	10% after ded.	n/a	\$40	n/a
■ Routine adult/child lab/X-ray ¹	10% after ded.	n/a	\$0 if billed with a visit above	n/a
Non-JPS Physician Office Visits				
■ Primary Care	n/a	30% after ded.	n/a	\$30
■ Specialty Care	n/a	30% after ded.	n/a	\$60
■ Routine adult/child lab/X-ray ¹	n/a	30% after ded.	n/a	\$0 if billed with a visit above
Preventive Care				
■ Routine Annual Well Visit	\$0 visit	\$0 visit	\$0 visit	\$0 visit
■ Annual Mammogram, PSA, Pap smear, colonoscopy ³	\$0 visit	\$0 visit	\$0 visit	\$0 visit
Diagnostic Mammograms²	10% after ded.	30% after ded.	10% after ded.	30% after ded.
Maternity Care				
■ Initial visit to confirm	10% after ded.	30% after ded.	\$40 co-pay	\$60 co-pay
■ Global maternity care fee	10% after ded.	30% after ded.	10% after ded.	30% after ded.
■ Hospitalization	10% after ded.	30% after ded.	10% after ded.	30% after ded.
Outpatient diagnostic radiology services (MRI, CT and PET scan)	10% after ded.	30% after ded.	10% after ded.	30% after ded.
Chemotherapy	10% after ded.	30% after ded.	10% after ded.	30% after ded.
Radiation	10% after ded.	30% after ded.	10% after ded.	30% after ded.
Acupuncture (20 days per calendar year)	Not covered	30% after ded.	Not covered	\$60 co-pay
Chiropractic Care (20 days per calendar year)	10% after ded.	30% after ded.	\$40 co-pay	\$60 co-pay
Hospitalization	10% after ded.	30% after ded.	10% after ded.	30% after ded.

¹ If performed on the same day as the office visit

² First mammogram of the year is paid at 100%, no deductible, regardless of previous or diagnostic in and out of network

³ If preventative screening is coded as diagnostic, costs may be more than \$0 shown.

⁴ In the HSP, the \$1,500 and \$2,500 deductibles only apply to individual coverage. The \$3,000 and \$5,000 deductibles apply to family coverage (EE + Spouse, EE + Child, EE + Children and EE + Family).

Description	Health Savings Plan		Traditional PPO Plan	
	JPS Health Network (Tier 1)	Cigna Open Access (Tier 2)	JPS Health Network (Tier 1)	Cigna Open Access (Tier 2)
Laboratory				
<ul style="list-style-type: none"> Physician Office⁴ JPS Clinic⁴ Outpatient Hospital Inpatient Hospital 	10% after ded. 10% after ded. 10% after ded. 10% after ded.	30% after ded. n/a 30% after ded. 30% after ded.	0% ⁴ 0% ⁴ 10% after ded. 10% after ded.	0% ⁴ n/a 30% after ded. 30% after ded.
Pathology				
<ul style="list-style-type: none"> Physician Office Outpatient Hospital Inpatient Hospital 	10% after ded. 10% after ded. 10% after ded.	30% after ded. 30% after ded. 30% after ded.	10% after ded. 10% after ded. 10% after ded.	30% after ded. 30% after ded. 30% after ded.
Radiology				
<ul style="list-style-type: none"> Physician Office⁴ JPS Clinic⁴ JPS Employee Health⁴ Outpatient Hospital Inpatient Hospital 	10% after ded. 10% after ded. 10% after ded. 10% after ded. 10% after ded.	30% after ded. n/a n/a 30% after ded. 30% after ded.	0% ⁴ 0% ⁴ 0% ⁴ 10% after ded. 10% after ded.	0% ⁴ n/a n/a 30% after ded. 30% after ded.
Outpatient Surgical Services				
<ul style="list-style-type: none"> Physician Office Medical Facility 	10% after ded. 10% after ded.	30% after ded. 30% after ded.	\$40 Specialist 10% after ded.	\$60 Specialist 30% after ded.
Allergy Testing and Evaluation				
<ul style="list-style-type: none"> Primary Care Visit Specialist Visit 	10% after ded. 10% after ded.	30% after ded. 30% after ded.	\$20 co-pay \$40 co-pay	\$30 co-pay \$60 co-pay
Hearing Aids (1 pair every 2 years)	n/a	30% after ded.	n/a	\$500 co-pay
Hearing Exam	10% after ded.	30% after ded.	\$40 co-pay/visit	\$60 co-pay/visit
Durable Medical Equipment	10% after ded.	30% after ded.	10% after ded.	10% after ded.
Hospice Care (outpatient/inpatient)	10% after ded.	30% after ded.	10% after ded.	30% after ded.
Home Health Care (up to 120 days per year maximum)	10% after ded.	30% after ded.	10% after ded.	30% after ded.
Skilled Nursing Care Facility (up to 120 days per year maximum)	10% after ded.	30% after ded.	10% after ded.	30% after ded.
Mental Health Services				
<ul style="list-style-type: none"> Outpatient Inpatient 	10% after ded. 10% after ded.	30% after ded. 30% after ded.	\$40 co-pay/visit 10% after ded.	\$60 co-pay/visit 30% after ded.
Substance Abuse Services				
<ul style="list-style-type: none"> Outpatient Inpatient 	10% after ded. 10% after ded.	30% after ded. 30% after ded.	\$40 co-pay/visit 10% after ded.	\$60 co-pay/visit 30% after ded.
Emergency Services				
<ul style="list-style-type: none"> Emergency Room¹ Urgent Care Facility Ambulance ER Flight Service 	10% after ded. 10% after ded. n/a n/a	30% after ded. 30% after ded. 30% after ded. 30% after ded.	\$250 co-pay/visit \$100 co-pay/visit n/a n/a	\$250 co-pay/visit \$100 co-pay/visit \$75 co-pay/visit \$250 co-pay
Rehabilitation Services/ Physical Therapy²				
<ul style="list-style-type: none"> Outpatient Inpatient 	10% after ded. 10% after ded.	30% after ded. 30% after ded.	\$40 co-pay/visit 10% after ded.	\$60 co-pay/visit 30% after ded.
Speech and Occupational Therapy³	10% after ded. 10% after ded.	30% after ded. 30% after ded.	\$20 co-pay \$40 co-pay	\$30 co-pay \$60 co-pay

¹ Co-pay is waived if admitted.

² Maximum up to 60 days per year.

³ Speech and occupational – maximum number of treatments limited to 45 per calendar year for each type of therapy. The visit will continue to be subject to the PCP co-payment and specialist co-payment. If services are available at JPS and you seek care from a Tier 2 provider or facility, Tier 2 benefits will apply. Physical Therapy has a 60 day maximum per calendar year; Speech, OT, Cardiac, Pulmonary and Cognitive Therapy have a 45 day limit.

⁴ If performed on the same day as the office visit.

Medical Plan Premiums



JPS Health Network offers you quality care and helps save you and your family money. These tables demonstrate the biweekly medical plan deduction schedule for the Health Savings Plan and the Traditional PPO Plan for 2020. Medical plan premiums are based on your pay rate.



Health Savings Plan				Traditional PPO Plan			
Under \$36.5K	Team Member Monthly Cost	JPS Monthly Cost	Team Member Per Pay Period Cost	Under \$36.5K	Team Member Monthly Cost	JPS Monthly Cost	Team Member Per Pay Period Cost
Team Member Only	\$4.00	\$342.75	\$1.85	Team Member Only	\$52.50	\$473.05	\$24.23
Team Member + Spouse	\$110.00	\$629.10	\$50.77	Team Member + Spouse	\$293.20	\$908.18	\$135.32
Team Member + 1 Child	\$12.00	\$588.40	\$5.54	Team Member + 1 Child	\$87.15	\$790.29	\$40.22
Team Member + Children	\$20.00	\$910.05	\$9.23	Team Member + Children	\$121.80	\$1,212.64	\$56.22
Team Member + Family	\$140.00	\$1,181.45	\$64.62	Team Member + Family	\$359.20	\$1,654.07	\$165.78
\$36.5K to \$50K	Team Member Monthly Cost	JPS Monthly Cost	Team Member Per Pay Period Cost	\$36.5K to \$50K	Team Member Monthly Cost	JPS Monthly Cost	Team Member Per Pay Period Cost
Team Member Only	\$20.00	\$326.75	\$9.23	Team Member Only	\$87.15	\$438.40	\$40.22
Team Member + Spouse	\$200.00	\$539.10	\$92.31	Team Member + Spouse	\$436.50	\$785.03	\$201.46
Team Member + 1 Child	\$44.00	\$556.40	\$20.31	Team Member + 1 Child	\$150.15	\$727.29	\$69.30
Team Member + Children	\$52.00	\$878.05	\$24.00	Team Member + Children	\$215.25	\$1,119.19	\$99.35
Team Member + Family	\$230.00	\$1,091.45	\$106.15	Team Member + Family	\$538.80	\$1,496.27	\$248.68
\$50K to \$75K	Team Member Monthly Cost	JPS Monthly Cost	Team Member Per Pay Period Cost	\$50K to \$75K	Team Member Monthly Cost	JPS Monthly Cost	Team Member Per Pay Period Cost
Team Member Only	\$28.00	\$318.75	\$12.92	Team Member Only	\$121.80	\$403.75	\$56.22
Team Member + Spouse	\$290.00	\$449.10	\$133.85	Team Member + Spouse	\$588.70	\$657.93	\$271.71
Team Member + 1 Child	\$92.00	\$508.40	\$42.46	Team Member + 1 Child	\$196.35	\$681.09	\$90.62
Team Member + Children	\$100.00	\$830.05	\$46.15	Team Member + Children	\$300.30	\$1,034.14	\$138.60
Team Member + Family	\$320.00	\$1,001.45	\$147.69	Team Member + Family	\$721.80	\$1,339.77	\$333.14
\$75K to \$100K	Team Member Monthly Cost	JPS Monthly Cost	Team Member Per Pay Period Cost	\$75K to \$100K	Team Member Monthly Cost	JPS Monthly Cost	Team Member Per Pay Period Cost
Team Member Only	\$40.00	\$306.75	\$18.46	Team Member Only	\$144.90	\$380.65	\$66.88
Team Member + Spouse	\$390.00	\$349.10	\$180.00	Team Member + Spouse	\$719.90	\$546.33	\$332.26
Team Member + 1 Child	\$108.00	\$492.40	\$49.85	Team Member + 1 Child	\$260.40	\$617.04	\$120.18
Team Member + Children	\$140.00	\$790.05	\$64.62	Team Member + Children	\$387.45	\$946.99	\$178.82
Team Member + Family	\$460.00	\$861.45	\$212.31	Team Member + Family	\$889.30	\$1,193.52	\$410.45
\$100K +	Team Member Monthly Cost	JPS Monthly Cost	Team Member Per Pay Period Cost	\$100K +	Team Member Monthly Cost	JPS Monthly Cost	Team Member Per Pay Period Cost
Team Member Only	\$52.00	\$294.75	\$24.00	Team Member Only	\$173.25	\$352.30	\$79.96
Team Member + Spouse	\$445.00	\$294.10	\$205.38	Team Member + Spouse	\$804.60	\$465.48	\$371.35
Team Member + 1 Child	\$120.00	\$480.40	\$55.38	Team Member + 1 Child	\$306.60	\$570.84	\$141.51
Team Member + Children	\$148.00	\$782.05	\$68.31	Team Member + Children	\$450.45	\$883.99	\$207.90
Team Member + Family	\$575.00	\$746.45	\$265.38	Team Member + Family	\$986.10	\$1,101.12	\$455.12

Flexible Spending Accounts

If you elect the Traditional PPO Plan or waive the JPS medical plan, you are eligible for a healthcare Flexible Spending Account (FSA).

Healthcare Flexible Spending Account

You may voluntarily elect to set aside from each paycheck pre-tax dollars you can use to pay for out-of-pocket medical, prescription, eligible over-the-counter drugs, dental, vision and hearing expenses not covered by an insurance plan.

Discovery Benefits Debit Card

Using your debit card at the time of service (doctor's office, hospital, pharmacy, etc.) is the easiest way to access your Healthcare FSA funds. Take advantage of these perks with your card:

- No out-of-pocket payments
- No submitting claims
- No waiting for a reimbursement check
- Swiping and going — easy to use! (Don't forget your receipts.)
- Paying your expense instantly
- Having accessibility — works at most healthcare merchants where VISA™ is accepted

Expenses eligible for reimbursement from a Healthcare Flexible Spending Account

- Deductibles, co-pays and co-insurance you are required to pay under your benefits plan (including prescription co-pays and doctor office visit co-pays)
- Any medical, dental or vision expense that exceeds allowable payment maximums (out-of-pocket expenses)
- Expenses not considered reasonable and customary under the medical or dental benefit plans
- Dental and orthodontic surgery
- Lasik eye surgery
- Vision care including examinations, eyeglasses not covered by an insurance plan, contact lenses and solution
- Hearing examinations and hearing aids
- Over-the-counter items when accompanied by a doctor's prescription

Expenses not eligible for reimbursement from a Healthcare Flexible Spending Account

- Cosmetic surgery (unless medically necessary)
- Teeth bleaching
- Liposuction

Dependent Care Flexible Spending Accounts

You may voluntarily elect to set aside pre-tax dollars each pay period for dependent care expenses that are needed in order for you to be able to work. Through this account, you can pay for day care or child care expenses for your children under the age of 13 and qualifying older dependents, such as dependent parents. The dependent care provider cannot be your child under age 19 or anyone who is your dependent for income tax purposes.

Rules for Flexible Spending Accounts

- The maximum you can contribute to the Healthcare Spending Account per plan year is \$2,700.
- The maximum you can contribute to the Dependent Care Spending Account per plan year is \$5,000 per household.
- When you incur an eligible healthcare expense, you may pay with your Discovery Benefits debit card. However, if you pay out-of-pocket, you must submit a claim form to Discovery Benefits for reimbursement.
- You cannot change your election during the year unless you experience a qualifying life event.
- The IRS requires you to forfeit any money in your accounts that you do not use by March 15, 2021, so be thoughtful when estimating your expenses for the plan year ahead.

FSA Tools:

FSA Calculator

Estimate your tax savings.

<https://www.discoverybenefits.com/employees/savings-calculators/fsa-calculator>

There are 5 calculators available through Discovery Benefits

FSA Store

See products that are eligible to buy with your FSA .

www.fsastore.com

Health Savings Accounts

Health Savings Accounts (HSA)

- A HSA is a healthcare savings account held at a bank for you to set aside pre-tax contributions. HSA contributions can be used now or later for medical, prescription, dental, and vision expenses. If you do not spend HSA dollars in a plan year, the money in your account may accumulate through investments free of taxes.
- Contributions, investments, and withdrawals for qualified healthcare expenses are not taxed. Health Savings Accounts are similar to a Flexible Spending Account in that you are eligible to pay for healthcare expenses with pre-tax dollars. However, the FSA is designed to be used with a PPO Health Plan. **The HSA is designed to be used with the Health Savings Plan.**
- Team members must open account to receive employer contribution.
- HSA Video – Check out Discovery Benefits' HSA videos here:
www.DiscoveryBenefits.com/HSAbenefits
www.DiscoveryBenefits.com/smarterHSA
www.DiscoveryBenefits.com/getstartedHSA

Key HSA Points

Health Savings Accounts offer tax advantages for participants enrolled in the Health Savings Plan. You contribute to the HSA with pre-tax dollars.

2020 IRS Maximum Contribution Limits

- Individual : \$3,550
- Family : \$7,100

Catch up Contributions

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

Qualified Expenses

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

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

IMPORTANT

If you elect the HSP with the HSA and have any unused funds in your 2019 FSA, they will be converted to a Limited Purpose Flexible Spending Account. Only dental and vision expenses are eligible.

You can incur dental and vision expenses through January 1, 2020 and be reimbursed through March 15, 2020 with the Limited Purpose FSA.

HSA Eligibility

- Employees enrolled in the Health Savings Plan
- Employees not covered by a spouse's or another employer's PPO plan, Medicare or TRICARE
- Cannot be claimed as a dependent on someone else's tax return

Helpful Health Account Resources

IRS Publication 969

- HSAs and other Tax-favored Health Plans

IRS Publication 502

- Medical and Dental Expenses

HSA Tools: HSA Calculator

Estimate your medical expenses and estimate long-term savings possible.

<https://www.discoverybenefits.com/employees/savings-calculators/hsa-goal-calculator>

HSA Store

See products eligible for purchase with your HSA.

www.hsastore.com

Dental Coverage

JPS offers dental coverage options because of the importance of oral care to your overall health. Research has linked gum disease to complications with heart disease, diabetes, preterm birth and other health issues.

Selecting the Dental Plan that is Right for You

Cigna Dental PPO

You may go to any dentist you choose in the Cigna Dental PPO plan. After you meet your deductible, the plan pays a percentage of the covered costs. Out-of-network dentists may require you to pay the full cost of any difference between their charges and Cigna's allowances. All covered members are able to take advantage of the Annual Preventive Care Reward program. Under this program, each year if you complete two preventive care exams (per covered member), \$100 will be added to your \$1,200 annual maximum benefit (up to a maximum of \$1,500).

Cigna Dental HMO (DHMO)

The Cigna Dental HMO (DHMO) plan has no deductible and unlimited benefits, but coverage depends on a patient charge schedule (PCS) for the in-network general dentist you select. If a dental procedure is not listed on the PCS, it is not covered, and you will pay according to the dentist's regular fees. If you receive services from a dentist who does not participate in the DHMO network, your treatment may not be covered at all. Referrals are required for all in-network specialists, except pediatric dentists.

A copy of the PCS is also available on the JPS intranet HR portal.

Note: Details about both dental plans are available on the Cigna website at www.cigna.com/jps/plan-options

JPS Network Member ID: 3332385

Dental Benefits Summary

Benefit	Cigna PPO ¹		Cigna DHMO
	In-Network	Out-of-Network ²	In-Network Only
Calendar Year Maximum Benefit	\$1,200-\$1,500	\$1,200-\$1,500	Unlimited
Calendar Year Deductible			
▪ Individual	\$50	\$50	None
▪ Family Maximum	\$150	\$150	None
Class I - Preventive Care (exams, cleanings, X-rays)	\$0, deductible waived	\$0, deductible waived	See PCS ³
Class II - Basic Care (fillings, root canals, extractions)	20% after deductible	20% after deductible	See PCS ³
Class III - Major Care (crowns, dentures, bridges)	50% after deductible	50% after deductible	See PCS ³
Class IV - Orthodontia (adult and child)			
▪ \$1,200 separate lifetime maximum per person	50% after deductible	50% after deductible	See PCS ³
Class V - Implants (adult and child)			
▪ \$2,500 separate annual maximum per person	50% after deductible	50% after deductible	See PCS ³

¹ Dental PPO exclusions and limitations: Exams and cleanings - 2 per calendar year. Fluoride - 1 per calendar year for members under age 19. X-rays - Routine-2 per calendar year. Other exclusions apply; please refer to the summary plan description located on the HR intranet Total Rewards Dental Plan Summary Page.

² Out-of-network providers are reimbursed based on reasonable and customary charges; amount is determined by averaging what 50% of the dentists in your area charge. You could be responsible to pay any amount above the reasonable and customary charge.

³ Cigna's patient charge schedule can be found at www.mycigna.com or on the HR intranet Total Rewards Dental Plan Summary page.

Dental Plan Premiums (Per Pay Period)			
	Cigna Dental PPO		Cigna Dental DHMO
Team Member Only	\$8.27	Team Member Only	\$4.00
Team Member + 1 Child	\$21.86	Team Member + 1 Child	\$9.13
Team Member + Spouse	\$22.38	Team Member + Spouse	\$11.17
Team Member + Children	\$36.13	Team Member + Children	\$18.96
Team Member + Family	\$51.34	Team Member + Family	\$24.32

Vision Coverage

Even if you have perfect eyesight, you should take care of your eyes to maintain healthy vision. Your vision benefit coverage is provided by Vision Service Plan (VSP). VSP provides a contact lens CLEX fitting and evaluation allowance in both the Choice Plus and Choice Base Plans.

How the Plan Works

VSP helps pay the cost of routine eye examinations and the cost of eyeglasses or contact lenses. You may seek care from any licensed optometrist, ophthalmologist or optician. To maximize plan benefits, use VSP-preferred providers. You may go to any provider in the VSP network.

With the Choice Plus Plan, the eligible allowance of \$150 is for each pair of glasses and not a combined amount.

You can access and print a member vision card from www.vsp.com, although you don't need an ID card to use the services. Let your provider know you have coverage through VSP.

Access a list of preferred providers, find discounts on hearing aids, LASIK, and other products and services, order prescription glasses and contacts online with EyeConic, review your personal benefit information, and view previous visits and services at www.vsp.com. Call **800-877-7195** for more information.

Vision Benefits Summary*

Benefit	Choice Plus Plan w/Second Pair	Choice Base Plan	Savings Pass Plan ¹
Exam Frequency	Once every 12 months	Once every 12 months	Once every 12 months
Exam Co-pay	\$10	\$10	\$50
Lens Frequency	Once every 12 months	Once every 12 months	Once every 12 months
Lens and Frames Co-pay	Covered in full, less co-pay		
<ul style="list-style-type: none"> Single Vision, Lined Bifocal, Lined Trifocal 	1st pair glasses: \$25 2nd pair: \$25	\$25	n/a
Frames Co-pay	1st pair: \$25 2nd pair: \$25	\$25	n/a
Frames Frequency	Once every 12 months or twice every calendar year without contacts	Once every 24 months or 12 months after contacts	n/a
Frames	\$150 allowance on 1st & 2nd pair; 20% discount on overage	\$150 allowance; 20% discount on overage	25% discount off the retail frame cost with the purchase of a complete pair of glasses
Lenses - Elective Contact Lenses²	1st pair: \$150 allowance 2nd pair: \$150 allowance	\$150 allowance	15% off contact lens exam services
CLEX (fitting and evaluation)	Up to \$60	Up to \$60	n/a

¹ There is no premium for the Savings Pass Plan.

² Most providers charge an additional fee for the fitting of contact lenses. This fee is separate from the eye exam. The contact lens exam/fitting fee may be included in the contact lens materials allowance.

* To access benefits listed above, you must use a VSP network provider.

Vision Plan Premiums (Per Pay Period)			
	CHOICE PLUS	CHOICE BASE	SAVINGS PASS PLAN (No Charge)
Team Member Only	\$6.71	\$2.29	\$0.00
Team Member + Spouse	\$10.47	\$3.58	\$0.00
Team Member + Child(ren)	\$10.69	\$3.66	\$0.00
Team Member + Family	\$17.24	\$5.88	\$0.00

Prescription Drug Plan Options



When you enroll in the JPS Health Network Health Savings Plan or Traditional PPO medical plans, you are automatically enrolled in our prescription drug plan, administered by MaxorPlus®.

Using Your Prescription Drug Plan

JPS is eligible to receive drugs through the federal 340B Drug Discount Program. The program requires drug manufacturers to provide outpatient drugs to eligible healthcare organizations at significantly reduced prices. You must be a JPS patient to receive the discounted rate.

Prescriptions written by a JPS provider are eligible for best value pricing when the employee is seen at a JPS hospital based clinic only. Prescriptions written by a non-JPS PCP provider are not eligible for prescription reconciliation or the best value 340b pricing. Prescriptions written by a non-JPS Specialist or any provider at a provider based JPS clinic (Ben Hogan, Care Connections, Klabzuba, all dental clinics, MHMR, and Bayouth) must be submitted, along with your medical records, to your JPS Primary Care Provider or the Employee Health Clinic for reconciliation and fill your prescription at a JPS Pharmacy to receive the best value 340b pricing

Team members using outside providers can only fill their prescriptions at Main Campus, CVS, Target or through Mail Order. You can also save money by using generic drugs, when available.

Using the JPS Health Network Prescription Plan is Easy

- Select any of the options listed and present your prescription and your JPS MaxorPlus® prescription drug card to the pharmacy.
- Pay the required co-pay or co-insurance amount and sign for your prescription.

JPS Health Plan members can use the Mail Order option to fill prescriptions. This service provides team members convenience and flexibility when refilling maintenance medications.

Find out if your prescriptions qualify for Mail Order by visiting the Pharmacy page on the JPS Intranet.

Best Value

- Have your prescription written by a JPS Provider and filled at any JPS pharmacy or by mail order. JPS can pass along deep discounts made possible by the 340B federal drug discount program.

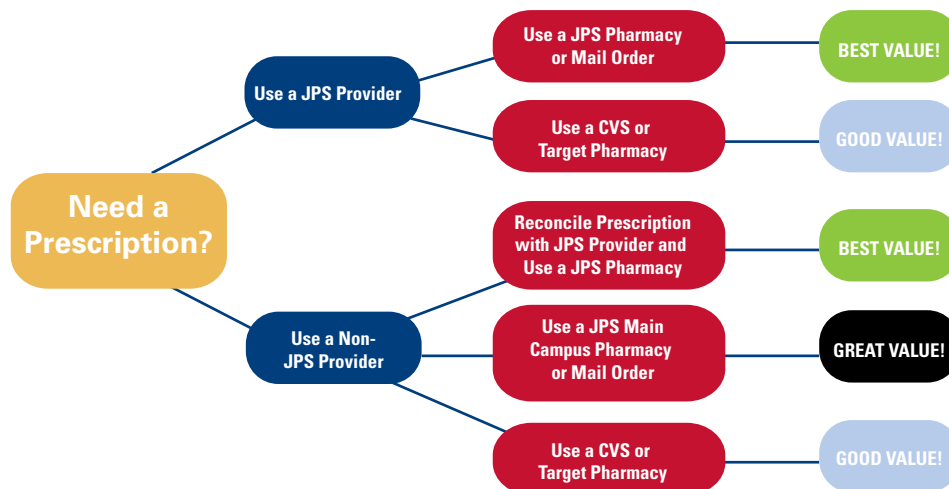
Choice and Great Value

- Have your prescription written by a non-JPS provider and filled at the JPS Main Campus pharmacy or mailed to your home.

Convenience and Good Value

- Can't make it to a JPS pharmacy? You can still pick up your prescription written by either a JPS or non-JPS provider at any nearby CVS or Target pharmacy.

Using Your Prescription Drug Plan



2020 Prescription Drug Costs

Health Savings Plan

	BEST VALUE: JPS Pharmacy (JPS Provider or Non-JPS Specialist with JPS Documented Referral)		GREAT VALUE: JPS Main Campus Pharmacy or Mail Order (Non-JPS Specialist)		GOOD VALUE: CVS or Target Pharmacy (JPS Provider or Non-JPS Specialist)	
	\$1,500 Employee Only Deductible \$3,000 Family Deductible				\$2,500 Employee Only Deductible \$5,000 Family Deductible	
	30-Day Supply	90-Day Supply	30-Day Supply	90-Day Supply	30-Day Supply	90-Day Supply
Tier 1: Generics and some brands	\$10 copay after deductible	\$20 copay after deductible	\$15 copay after deductible	\$37.50 copay after deductible	\$30 copay after deductible	n/a
Tier 2: Preferred Brands	\$25 copay after deductible	\$50 copay after deductible	\$40 copay after deductible	\$100 copay after deductible	\$75 copay after deductible	n/a
Tier 3: Non-Preferred Brands	\$40 copay after deductible	\$80 copay after deductible	\$65 copay after deductible	\$167.50 copay after deductible	\$150 copay after deductible	n/a
Tier 4: Specialty	20% after deductible					

HSP prescription drug costs help satisfy the overall medical plan deductible and maximum out of pocket.

Traditional PPO Plan

	BEST VALUE: JPS Pharmacy (JPS Provider or Non-JPS Specialist with JPS Documented Referral)		GREAT VALUE: JPS Main Campus Pharmacy or Mail Order (Non-JPS Specialist)		GOOD VALUE: CVS or Target Pharmacy (JPS Provider or Non-JPS Specialist)	
	30-Day Supply	90-Day Supply	30-Day Supply	90-Day Supply	30-Day Supply	90-Day Supply
Tier 1: Generics and some brands	\$10 copay	\$20 copay	\$15 copay	\$37.50 copay	\$30 copay	n/a
Tier 2: Preferred Brands	\$25 copay	\$50 copay	\$40 copay	\$100 copay	\$75 copay	n/a
Tier 3: Non-Preferred Brands	\$40 copay	\$80 copay	\$65 copay	\$167.50 copay	\$150 copay	n/a
Tier 4: Specialty	20% of cost (minimum \$50, maximum \$150)					

PPO Maximum Out of Pocket is \$1,600 individual, \$3,200 family.

Formulary Tiers

Our prescription plan covers a broad range of medications that fall into four categories.

Tier 1

Generic

Generic and some brand medications contain the same active ingredients as brand-name drugs and are equally safe and effective. These medications are your lower-cost options. Talk to your practitioner about prescribing generic medications instead of brand names.

Tier 2

Preferred Brand

Preferred brands are covered prescription brand-name medications when generics are typically not available and are listed on the formulary. These medications cost more than generics, but less than non-preferred brand medications. You may obtain a list of preferred brand-name drugs by calling MaxorPlus® at **(800) 687-0707**.

Tier 3

Non-Preferred Brand

Non-preferred brands are prescription brand-name medications for which alternatives are typically available in Tier 1 or Tier 2. These medications typically have a generic equivalent and cost more than generic and preferred brand medications.

Tier 4

Specialty Drugs

A specialty drug is a unique prescription drug that may require special handling and/or close monitoring. Specialty drugs may carry an equivalent in a brand or generic drug and have higher associated costs.

\$5 Prescription Drug Program

JPS offers a \$5 prescription program for team members.

A prescription drug card is not required. Prescriptions may be filled at any JPS pharmacy location. Information can be found on the intranet. Click on Human Resources/Total Rewards/Pharmacy Prescription Plan.

Convenient 24-Hour Kiosk

JPS team members may pick up prescription drug refills at any time from the kiosk located at the JPS Main Outpatient Pharmacy. Request the kiosk as your pickup location when you request your refill. (Please note: The kiosk is available for refills only. Refrigerated and oversized items [exceeding 4 inches by 6 inches] are not available via kiosk, but may be picked up at the employee pickup window.)

Mail Order Pharmacy: Free Shipping

Orders can be placed via phone, online and mobile. Refills should be submitted no earlier than 7 days before your medication runs out. Visit www.jpsrefills.com to order your refill online.

If you have questions, please visit the Employee Pharmacy window or call **(817) 702-3531** to speak with a pharmacy representative.



“I have been a JPS employee for 19 years. The great benefits here have allowed me to receive excellent care. The employee pharmacy is a wonderful benefit. My prescriptions are not only affordable but also quick to pick up.”

– Jorge Valencia, Supervisor,
Supply Chain

Additional Information About Your Prescription Plan Coverage

Refills

If your physician has authorized refills, you may refill your prescription once 80% of the prescription has been used. For example, for a 30-day supply prescription, you may refill the prescription when you have 6 days left; for a 90-day supply, you may refill the prescription when you have 18 days left.

Formulary

The JPS Health Network Employee Drug Formulary will be used with your drug program. The formulary is a list of medications used as a guide for physicians when prescribing.

The formulary also lists medications by tiers, which determines your associated costs. The formulary is reviewed and updated regularly. For the most up-to-date formulary, please visit the HR portal on the intranet. (Click on Total Rewards, then click on Pharmacy Prescription Plan.)

Specialty Medications

Prescriptions for specialty medications must be written and/or documented in the JPS medical record system by a JPS provider, as are referrals to a non-JPS provider. The prescription may be filled through JPS or the Maxor® specialty pharmacy division. Specialty drugs are limited to a 30-day supply. Team members will pay 100% of the cost for specialty prescriptions not filled through JPS or Maxor. When prescribing a specialty medication, the provider may either submit it electronically (e-scribe), fax the prescription to **817-702-4125** or contact the Maxor specialty pharmacy at **817-702-4100**. For a consultation or assistance with referrals for specialty prescriptions, contact the JPS Health & Wellness Center at **817-702-9355**. For questions about the Maxor specialty prescription program, contact MaxorPlus® at **800-687-0707**.

Compound Medications

Some medications require compounding. A compound medication is a drug product made or modified to have characteristics that are specifically prescribed for an individual patient and are not commercially available.

All compound medications require prior authorization and must be filled at an approved pharmacy. Compound medications have the same co-pays as prescriptions filled at CVS or Target pharmacies. Please contact MaxorPlus® at **800-687-0707** for additional information or if you are prescribed a medication that requires compounding.

Using a Non-Participating Pharmacy

The Prescription Drug Plan requires using a JPS, CVS or Target pharmacy. Prescriptions purchased at “non-participating pharmacies” are covered only in emergency situations: for example, you’re out of town and unable to locate a CVS or Target pharmacy, or you need an emergency prescription filled late at night. You will need to pay 100% of the prescription drug cost and obtain a receipt. Then

you may submit a paper claim, along with the receipt, to MaxorPlus® for reimbursement. You can request this form from MaxorPlus®. You will be reimbursed the network-discounted rate, minus your co-pay. When an out-of-network pharmacy is used, you may be responsible for paying more than just the required co-pay.

Covered Drugs, Limitations and Exclusions

Most prescription drugs that require a written prescription by a licensed provider are covered. Anti-wrinkle agents (e.g., Renova®), cosmetic hair removal products (e.g., Vaniqa®), hair-growth stimulants, office-administered injectables, mineral and nutritional supplements, non-prescription drugs other than insulin, therapeutic devices or appliances and other non-medical substances, regardless of intended use, and charges for the administration or injection of any drug are generally not covered under your drug benefit.

In addition, certain restrictions, quantity limits or prior authorization requirements may apply. To obtain additional information about these restrictions, or for more coverage information, contact your HR Benefits department or a MaxorPlus® customer service representative.

This is not intended to be a full explanation of benefits, limitations or exclusions.

JPS Health Network Participating Pharmacies

- JPS Main Outpatient Pharmacy (Main Campus)
- JPS Team Member Lounge and 24-hour Kiosk (Main Campus, past the Main Outpatient Pharmacy)
- JPS Central Fill Pharmacy
- JPS Viola Pitts/ Como Pharmacy
- JPS Diamond Hill Pharmacy
- JPS Northeast Pharmacy
- JPS Southeast Pharmacy
- JPS Stop Six Pharmacy
- JPS Watauga Pharmacy
- JPS South Campus Pharmacy (pickup only)
- JPS Northwest Pharmacy (Azle pickup only)
- CVS Pharmacies (limited to a 30-day supply)
- Target Pharmacies (limited to a 30-day supply)

JPS ENLIVEN Wellness Program



The purpose of ENLIVEN is to enrich the health and well-being of all JPS team members. ENLIVEN offers team members a variety of health-related opportunities throughout the year including the WellCredit incentive program, discounts on gym memberships, and more!

Improve your well-being by participating in the JPS ENLIVEN program.

- Biometric Screening
- Health Risk Assessment
- Preventive Screenings and Exams
- Weight Loss Program
- Educational Seminars and Webinars
- Health Challenges
- One-on-One Health Coaching

Getting Started

To access everything you need regarding the JPS ENLIVEN program - including information about upcoming events and webinars - visit the Employee Wellness page on the Intranet under Human Resources.

Quarterly JPS ENLIVEN Drawings

All JPS/Acclaim team members that participate in completing WellCredit goals are also eligible for the prize drawings. JPS Cigna Medical insurance is not required to be eligible. The more you are involved in the JPS ENLIVEN program, the greater your chances of winning a prize.

WellCredit 2021

WellCredit means participating in JPS ENLIVEN activities in 2020, and receiving a dollar amount reward in 2021. To qualify for WellCredit, team members must carry the JPS Cigna medical insurance and complete the Awareness goals. Participants can earn up to \$500. See the 2021 WellCredit Structure chart below.

View all the possible ways to earn WellCredit at jpsenliven.org.

Questions? Contact wellness@jpshealth.org.

2021 WellCredit Program*

Goal Category	Goal Options**	Award Earned
Awareness	Complete both options to qualify for 2020 WellCredit Program 1. Complete Biometrics (Wellness) Screening 2. Take Health Risk Assessment	And Earn \$100
Education	Complete 4 JPS ENLIVEN Education Events*** <i>(must complete all 4 to receive \$200)</i> NEW- Financial Wellness Seminars Included	And Earn \$200
Action	Choose 4 Action items 1. Participate in ONE JPS Employee Step Challenge 2. Complete ONE Preventive Screening 3. Declare Nicotine Status 4. Become a Wellness Champion 5. Get Your Flu Shot 6. Show Proof of Fitness Facility Membership 7. Receive Cigna Telephonic Coaching 8. Participate in Omada Chronic Condition Program	And Earn \$200

Discounted Corporate Gym Memberships

Your overall health and wellness are important! Discounted gym memberships are available to you at 24 Hour Fitness, Camp Gladiator, Zyn22 and YMCA. Locations and rates vary.

How to Access:

Visit the Employee Wellness intranet page for more information.

*If you think you might be unable to meet a standard for a reward under this wellness program, or if you have a disability that prevents you from doing so, you might qualify for an opportunity to earn the same reward by different means. For more info, contact 800-244-6224. Above 2021 WellCredit Program awards are determined at the end of the qualifying 2020 WellCredit period (January 1, 2020 to September 30, 2020) and are based on the amount earned by September 30, 2020. 2020 WellCredit payout will be available in the 2021 Plan Year. JPS has given employees the option to have their WellCredit fund their HSA account or receive an incentive credit spread across 26 paychecks.

**Goals have differing deadlines. Details about how to complete each goal, including the deadlines for each goal, can be found on jpsenliven.org/my.cigna.com or the Employee Wellness Page on the JPS intranet beginning January 1, 2020.

*** JPS ENLIVEN Education Events qualify as: Journey to Lose Weight Loss program, Living with Diabetes program, Financial Wellness Live Seminars, watching Cooking Demos live or in video format, or any Seminars/Webinars listed on the Employee Wellness Page on the JPS intranet or on www.jpsenliven.org (my.cigna.com) beginning January 1, 2020.

Nicotine Declaration

JPS Health Network adopted a tobacco-free campus policy in 2015 and continues to advocate for a 100% tobacco-free workplace. As a healthcare provider, it is important that JPS encourage the continued health and wellness efforts of team members.

2020 Nicotine Declaration

JPS team members will be asked to declare their nicotine status when enrolling in healthcare benefits.

Nicotine Surcharge

Nicotine users will experience a pay period surcharge of \$23.08.

Visit the Employee Wellness intranet page to learn more.

Tobacco Cessation Program

Cigna offers a Tobacco Cessation Program (Quit Today) to help nicotine users quit using tobacco products and improve their health and wellbeing.

The Quit Today program will offer team members the opportunity to establish ongoing telephone coaching with a dedicated health coach. Over-the-counter nicotine replacement therapy will be offered at no cost to team members (i.e. patches and gum) as deemed appropriate by the Cigna health coach.

Get Started Now! Call A Cigna Coach at 855-246-1873!

Opportunities to stay fit are offered on the main campus:

- **Walk the Blue Line in the basement of the main building:** Blue line map is available on the Employee Wellness page
- **Green Space:** Take a walk outside on the walking path next to the Morphy parking garage



“The Journey to Lose program was very motivational. It kept me accountable and also taught me so much about nutrition. My goal was to lose 10 pounds by the end of the program. Getting realistic ideas and support from the group was exactly what I needed to help me achieve that goal. I actually lost so much weight that I was able to be taken off of one of my blood pressure medications and wear clothes that hadn’t fit in years! Thanks to what I learned, I have been able to continue to work towards my ultimate goal of being healthier for myself and my family for years to come!”

– Jana Thompson, Geriatric RN Educator, Long Term Care



omada

What Is Omada?

Omada is a digital lifestyle change program designed to help at-risk individuals combat obesity-related chronic disease. Participants in Omada learn how to make modest health changes that can lead to weight loss and reduced risk for type 2 diabetes and heart disease. Learn more and watch the two-minute video at omadahealth.com/jpsenliven.

Provided by JPS ENLIVEN

What is the application process?

Individuals interested in Omada can visit omadahealth.com/jpsenliven to take a one-minute risk screener and find out if they meet the clinical enrollment criteria to participate in the program. The risk screener asks a few questions about height, weight, and health conditions. Those who are eligible to enroll will receive an email invitation to join the Omada program.

Are family members eligible for Omada?

Yes, adult family members who are covered under the same health plan and meet the clinical enrollment criteria are eligible for Omada.

How much does it cost?

There's no additional cost for eligible participants. You'll receive the program at no additional cost if you or your covered adult dependents are enrolled in the JPS Health medical plan offered through Cigna, are at risk for diabetes or heart disease, and are accepted into the program.

Why is JPS offering this program?

Conditions like hypertension, pre-diabetes, and high cholesterol impact nearly half of all American adults. By partnering with Omada, JPS can offer at-risk individuals the help they need to proactively manage their health and work towards positive outcomes.

How long does the Omada program last?

One year or more.

Do participants get to keep the tools after the Omada program ends?

Yes, all the tools that are provided by Omada during the program are meant for participants to keep.

How is the Omada program structured?

Omada starts with a core 16-week Foundations phase, organized into four areas:

- Changing Food Habits
- Increasing Activity Levels
- Preparing for Challenges
- Reinforcing Healthy Choices

Participants then enter the Focus phase for the remainder of the first year (and thereafter, if applicable) to continue building healthy habits.

How does the Omada program work?

Omada's approach combines proven science with personalized support to help participants build healthy habits that last—whether that's around eating, activity, sleep, or stress. The program includes:

- A professional health coach for one-on-one guidance. The coaches keep participants on track, on their best days and their worst.
- A wireless scale to monitor progress. Participants will receive this ready-to-use device in the mail, already synced to their private account.
- Weekly online lessons to educate and inspire. Participants are guided through online lessons that tackle physical, social, and psychological components of healthy living. Interactive games reinforce learning and help participants make connections to real-world scenarios.
- A small peer group for real-time support. Participants are matched with like-minded participants for added encouragement and accountability.

What are the specific steps involved in getting started?

Here's what interested individuals can expect.

1. Visit omadahealth.com/jpsenliven.
2. Click the button to take the one-minute risk test.
3. If the results indicate a risk for pre-diabetes or heart disease, participants can then complete a brief online application.
4. In 1-2 days the participant will receive an email from support@omadahealth.com letting the participant know if he/she has been accepted. If accepted, the email will provide instructions on setting up the Omada account online.
5. Participants can set up their account on their own time. No strict deadline, but the sooner they set up, the sooner they can start.
6. Within 1-2 weeks of completing account setup, participants will receive a welcome kit in the mail with their scale.
7. Groups kick off each Sunday. This entails an introductory online message from the coach, the first lesson being "unlocked," and access to the group message board. (Please be advised that Omada may choose not to kick off new groups on the Sundays before or after major U.S. holidays when those holidays may interfere significantly with shipping or group momentum.)

What if individuals have questions?

If at any point in the process someone has questions about the status of their application or account, they can email support@omadahealth.com, call (888) 409-8687, or check out our help center articles at support.omadahealth.com.

To learn more about the program, visit omadahealth.com/jpsenliven.

Employee Assistance Program (EAP)



As you go through life, you may be faced with health, personal, family or work-related issues. JPS offers free, confidential counseling and services to help you through these challenging times.

An on-site EAP is available to you when any aspect of your life causes you significant concern. Examples include stress, depression, substance abuse, and marital and family-related issues.

The JPS Employee Assistance Program (EAP) is designed to support a healthier and more productive employee experience by assisting team members and their families with the common, yet sensitive, matters that can affect their lives both on and off the job. Assessment, short-term consultation and referral services are delivered confidentially and at no cost to JPS team members and their immediate families. For more information, please contact the EAP team at **817-702-1688**.

Schedule an Appointment

Call **817-702-1688**. You will be offered an appointment at our Main Campus, Southeast Medical Home or South Campus location, whichever is most convenient. Phone appointments are also available.



Jeff Christie,
Director, Employee Assistance Program

Jacqueline Todd,
Consultant, Employee Assistance Program

Short- and Long-Term Disability



An illness or injury that keeps you out of work could have a devastating impact on your income. To protect you and your family, JPS offers short-term and long-term disability coverage for eligible team members. Both Short-Term Disability and Long-Term Disability are provided by Lincoln Financial Group.

Short-Term Disability

Short-Term Disability coverage provides short-term income protection in case you become disabled due to illness or a non-occupational injury. If your disability claim is approved, you will be eligible to receive 60% of your covered salary up to a maximum of \$1,000 per week after a 14-day elimination period.

During the period you are collecting Short-Term Disability benefits while on eligible leave status, your other benefits (including medical, dental and life insurance) will continue as long as you continue to make the appropriate contributions toward the cost of these plans. Benefits under this program are not decreased by PTO.

If you previously waived Short-Term Disability coverage, and wish to enroll in this plan for 2020, you are required to complete Evidence of Insurability (EOI). A link to the EOI Questionnaire is in the Open Enrollment module and your Benefits Enrollment Confirmation email.

Calculating Your Per Pay Period Short-Term Disability Premiums

Short-Term Disability Per Pay Period Cost Calculator				
Enter your salary		Your Monthly Cost		Your Pay Period Cost
Salary	÷ 100	x .61	÷ 26	= Your Pay Period Cost

Long-Term Disability

In the event you become disabled due to illness or a non-occupational injury, JPS pays the full cost of LTD coverage. After a 90-day elimination period, if your disability claim is approved, you will be eligible to receive 60% of your covered salary, up to a maximum of \$10,000 per month. Benefits under this program will be decreased by any PTO, Social Security or disability benefits received from other sources.

Life and Accidental Death and Dismemberment



JPS pays the full cost of Basic Life Insurance and Accidental Death and Dismemberment (AD&D) coverage for you in the amount of one times your basic annual salary. You also have access to supplemental coverages.

Basic Life and AD&D Insurance

Coverage is equal to one times your annual earnings, which is based on your JPS salary as of January 1 of each year.

If you should die while employed with JPS, your Basic Life Insurance is paid to your beneficiary. If your death is related to an accident, your beneficiary receives the full amount of your AD&D insurance in addition to your Basic Life Insurance.

Basic Life and AD&D Insurance (JPS pays)	
Benefit	Coverage
Team Member	1 times your basic annual earnings
Maximum Benefit	\$1,000,000

“Buy-Up” Life and AD&D Insurance

Eligible team members can purchase additional Basic Life and AD&D coverage up to one times your base annual salary.

Buy-Up Basic Life and AD&D Insurance (Employee pays)	
Benefit	Coverage
Team Member	1 times your base annual salary
Maximum Benefit	\$1,000,000 (combined basic and buy-up)
Cost	Buy-Up Basic Life and AD&D rate \$.1117 (per \$1,000 of covered benefit)

Calculating Your Buy-Up Basic Life and AD&D Insurance Cost			
Basic Buy-Up Amount (Your Salary x2)	÷ 1000	X .1117	= Your Per Pay Period Cost

Supplemental Life

For an extra layer of protection, you may add to your Basic Life Insurance by purchasing Supplemental Life Insurance coverage in increments of \$25,000 up to a total of \$500,000 through Lincoln Financial Group.

Supplemental Life Insurance (Employee pays)	
Benefit	Coverage
Minimum Benefit	\$25,000 ¹
Maximum Benefit	\$500,000 (in \$25,000 increments)
Guarantee issue at new hire only*	\$250,000 (age reductions apply)

¹ May increase by \$25,000 during Open Enrollment without evidence of insurability.

* Evidence of Insurability is required for any amount over the guarantee issue or if previously waived and electing an increase of more than \$25,000 of current benefit.

Supplemental Spouse and Dependent Child Life Insurance

You may purchase life insurance protection for your spouse and eligible dependents only after purchasing additional life insurance for yourself. You are automatically the beneficiary for dependent life insurance.

Supplemental Life for Individual as well as Spouse and Dependent Child Life Insurance are both purchased on an after-tax basis.

Supplemental Dependent Life Insurance (Employee pays)	
Benefit	Coverage
Spouse	
■ Minimum Benefit	■ \$25,000
■ Maximum Benefit	■ \$100,000 (in \$25,000 increments)*
Child(ren)	
■ Live birth to 6 months	■ \$1,000 per child
■ 6 months to 26 years	■ \$10,000 per child

* not to exceed 50% of team member’s supplemental life insurance or \$100,000, whichever is less

Supplemental Life and AD&D Premiums (Biweekly)

Rates are subject to employee’s age and amount of insurance purchased. When calculating spouse life insurance amount, use the employee’s age.

Team Member Age	Premium ¹	Team Member Age	Premium ¹
Under 30	\$0.0328	55-59	\$0.2557
30-34	\$0.0411	60-64	\$0.3891
35-39	\$0.0498	65-69	\$0.6485
40-44	\$0.0715	70-74	\$1.1654
45-49	\$0.1145	75+	\$2.3562
50-54	\$0.1698	Children	\$0.87*

¹ Premium for \$1,000 of Coverage Per Pay Period

* per pay period for \$10,000 of life insurance for each child enrolled

Calculating Your Supplemental Life Insurance Cost

Calculating Your Supplemental Employee Life Insurance Cost			
Life Insurance Amount Elected	÷ 1000	X rate*	= Your Per Pay Period Cost

*See table above for your age-based rate.

Calculating Your Spouse's Supplemental Life Insurance Cost			
Life Insurance Amount	÷ 1000	X rate*	= Your Per Pay Period Cost

*See table above for your age based rate. When calculating spouse life insurance amount, use age of employee.

Accidental Injury Plan

We are excited to announce that Lincoln Financial Group (LFG) has enhanced our Accident Insurance to incorporate additional benefits with better pricing. Accident Insurance pays for covered accidents while you are recovering. This coverage provides a lump-sum benefit based on the type of injury (or covered incident) you sustain or the type of treatment you need.

What's New?

- Enhanced AD&D that provides Safe Driver/Safe Rider Benefits, Spouse Training and Child Education Benefits
- Child sports injury benefits
- Wellness-based health assessment benefits with specific assessment benefits for children
- Family Care benefits that include adult care
- Full spectrum of surgical benefits for covered accidents
- Therapy benefits including physical, occupational, and chiropractic visits

Accident Coverage	Bi-Weekly Premium
Team Member Only	\$7.37
Team Member + Spouse	\$12.35
Team Member + Child(ren)	\$13.96
Team Member + Family	\$18.79

Sickness Hospital Confinement is available for an additional cost.

Total Premium for Accident and Sickness Combined	Bi-Weekly Premium
Team Member Only	\$11.47
Team Member + Spouse	\$20.55
Team Member + Child(ren)	\$20.70
Team Member + Family	\$29.96

Sickness Hospital Confinement Benefit	Your Cash Benefit
Sickness Hospital Admission	\$500
Sickness Hospital Daily Confinement	\$100
Sickness Intensive Care Daily Confinement	\$200

Note: The premiums for this coverage will not change due to your age. The premium for Team Member and Child(ren) and Team Member and Family coverage includes all children.

Critical Illness

Our Critical Illness Insurance through Lincoln Financial Group (LFG) has been enhanced as well to provide you with more favorable prices and new benefits.

How the Plan Works

This plan can pay a lump-sum benefit at the diagnosis of a covered illness – from \$10,000 to \$30,000 for employees and from \$5,000 - \$15,000 for spouses, \$5,000-\$10,000 for children. You can use the money to cover costs associated with your illness. Covered conditions include heart attack, major organ failure, kidney failure, stroke and cancer. Family coverage is available.

What's New?

Enhanced benefit options:

- Arterial/vascular disease
- Skin cancer
- Updated Health Assessment Benefit and screenings, focusing on early diagnosis to improve outcomes. Includes oral cancer screenings and new assessments for HIV, HEP, HPV, and a blood chemistry profile.
- Traumatic Brain Injury vs. COMA

NEW LifeTime Benefit with Long Term Care

- LifeTime Benefit Life Insurance with Long Term Care Coverage through Chubb provides permanent, flexible protection. The policy's living benefits provide financial support to cover the cost of long term care you might need as a result of an accident, illness or aging. As Life Insurance, LifeTime Benefit Life protects your family with money that can be used any way they choose like your mortgage or rent, education for children, retirement and final expenses.

NOTE

IMPORTANT: GUARANTEED ISSUE!

During this enrollment period only, you can elect up to \$100,000 of coverage for yourself without answering any medical questions.

Retirement Plans

JPS offers three retirement options as you plan for your financial future.

Pension Plan

A pension plan is a retirement plan that requires an employer to make contributions into a pool of funds set aside for a worker's future benefit. The pool of funds is invested on the employee's behalf, and generates an income benefit to the worker upon retirement.

JPS Pension Plan

The JPS Pension Plan provides a monthly retirement benefit for your lifetime. The benefit in the pension plan is calculated using a formula of 1.4% times your average monthly compensation times your years of benefit service in the plan. The compensation used in this formula is the highest five consecutive years of pay out of your last 10 years with JPS.

Participation in the pension plan is voluntary for all eligible team members. Eligible team members are those who are at least 21 years of age, have completed one full year of service and have an FTE of .75 or greater. All participants in the pension plan are required to contribute 2% of their prior calendar year W-2 earnings on an after-tax basis.

All eligible employees are invited to join the pension plan in September.

IMPORTANT

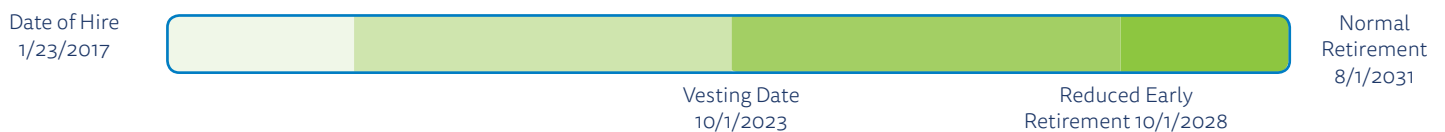
PENSION CENTER

The JPS Pension Center is where employees are able to:

- Run Pension Projections
- Enter and Maintain pension beneficiaries
- Learn about distribution options

See retirement timelines

YOUR RETIREMENT TIMELINE



Interested in learning more about retirement?

Attend one of the monthly Prudential sessions at the JPS Main Campus in the OPC Auditorium, watch a retirement presentation from our video library or call the JPS Retirement Specialist at **817-702-1093**.

Example: Cynthia's 2018 W-2 form shows she earned \$40,000. To enroll in the pension plan, she will contribute 2% of \$40,000 or \$800. The contribution will be automatically deducted from Cynthia's paycheck in 26 equal payments of \$30.77, starting with the first pay period of October 2019.

Team members who join the pension plan and maintain their eligibility status remain in it until their employment with JPS ends. Team members become fully vested in the pension plan after completing **five years** of participation in the plan. JPS will contribute the remaining funds necessary to fund your accumulated benefit in the plan.

GETTING STARTED

Review Personal Information

Please review the personal information listed below. The accuracy of your benefit estimate depends on the accuracy of this information

Name	Vesting Service
Date of Birth	Beneficiary
Date of Hire	Pension Class
Last Reported Pay	

Estimate Your Benefits

The interactive estimator allows you to: Estimate the value of your pension, compare methods of receiving your pension benefits, and predict how your pension and other assets will impact your retirement income. In addition, you can create downloadable reports or save them online for later review.

Learn More

Have a specific question or concern about your retirement plan? Need to look up terminology related to your pension? To access this information and much more, visit the HR page on the Intranet, click on the Pension Center tab under Quick Links found on the left side of the page.

403(b) Savings Plan

The 403(b) Savings Plan is a voluntary, tax-deferred retirement plan that can help you grow your retirement savings while helping you reduce your taxable earnings. JPS will match an amount equal to 50% of your contribution up to 4% of your salary. Eligible team members receive 20% vesting on the employer matching contributions for each year of eligible service completed and will become 100% vested in the JPS employer match contributions after completing five years of eligible service with JPS.

The 403(b) plan is administered by Prudential Retirement. Call Prudential at **877-778-2100**.

****Note**** Acclaim contributions for each physician's retirement plan are stated in the physician's contract agreement.

Features

- ROTH contributions are available on all of the 403(b) and 457 Plans
- Self-directed brokerage is available on all plans
- GoalMaker is an optional asset allocation tool offered to you at no additional cost. It takes care of choosing the investments for you
- Access to new tools, resources and a wealth of financial wellness information **on the retirement page of the JPS intranet**.

457 Deferred Compensation Plan

Another way to set aside additional income for retirement and defer federal income tax is the 457 Deferred Compensation Plan. The 457 plan is similar to a 403(b) savings plan, except that it does not offer an employer match and does not allow loans. Another difference between a 457 and a 403(b) product is that withdrawals of 457 deferrals are not subject to a 10% federal tax penalty imposed on early withdrawals, should you decide to retire before the age of 59 1/2.

You can find enrollment information on the JPS intranet.

JPS team members already enrolled in the 403(b) or 457 plans can view their current account information online at www.prudential.com/online/retirement or call the Prudential Retirement Customer Service Center at **877-778-2100**.

DON'T FORGET

To set up your beneficiary for your Prudential Retirement account, please go to www.prudential.com/online/retirement.



“Retirement security is something that is very important to me. The retirement programs that JPS offers allow me the opportunity to secure my and my family’s future.”

–Emmanuel Okoroafor, Nurse Practitioner, Acclaim Pain Management

Consider a Rollover

This might be a good time for you to consider moving money from other retirement accounts you may have accumulated from the past to Prudential. Rolling over retirement accounts from previous plans into your Prudential account can make it easier to manage your combined accounts and can potentially cost you less than maintaining them separately.

To consolidate your accounts at Prudential, call: **800-249-2430**, between 7 a.m. and 5 p.m. CST, Monday through Friday.

LegalShield

Have You Ever?

- Needed your Will prepared or updated
- Wanted to know your options for mortgages
- Received a moving traffic violation
- Needed help with insurance claims
- Have teenage drivers or kids in college
- Been pursued by a collection agency
- Been overcharged for a repair or paid an unfair bill
- Signed a contract
- Had trouble with a warranty or defective product
- Had concerns regarding child support
- Been a victim of IDENTITY THEFT or worried about it
- Wanted to know what your legal rights are

What is LegalShield?

LegalShield was founded in 1972, with the mission to make equal justice under law a reality for all North Americans. The 1.4 million families enrolled as LegalShield members throughout the United States and Canada can talk to an attorney on any personal legal matter, no matter how trivial or traumatic, all without worrying about high hourly costs. Everyone deserves legal protection. And now, with LegalShield, everyone can access it.

The LegalShield® Membership Includes:

- Legal Advice – personal legal issues
- Letters/calls made on your behalf
- Contracts & documents reviewed (up to 15 pages)
- Residential Loan Document Assistance
- Attorneys prepare your Will, your Living Will and your Health Care Power of Attorney
- Moving Traffic Violations (available 15 days after enrollment)
- Trial Defense including Pre-Trial & Trial
- Uncontested Divorce, Separation, Adoption and/or Name
- Change Representation (available 90 days after enrollment)
- IRS Audit Assistance
- 25% Preferred Member Discount (Bankruptcy, Criminal Charges, Other Matters, etc.)
- 24/7 Emergency Access for covered situations

LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under age 18 for whom the member is legal guardian; never married, dependent children up to age 26 if a full-time college student; and physically or mentally disabled dependent children.

The IDShieldSM Membership Includes:

LegalShield has provided legal protection to millions of people for over 40 years and has provided identity theft protection for 15 years with Kroll. Since our partnership began, we have safeguarded over 1M members, provided more than 200,000 personal identity consultations and helped restore nearly 10,000 individual identities.

- Consultation on best practices for identity management
- Monitoring of your identity from every angle, not just Social Security number, credit cards and bank accounts
- Online dashboard monitoring, updated daily, see right away if there are changes to your profile
- If any change in your status occurs, you receive an email
- Update. If a consumer spots suspicious or fraudulent activity, they can contact a private investigator immediately and begin restoring their identity to its pre-theft status.
- Our IDShield app keeps you connected. Download it and have an identity-theft expert at your fingertips.

IDShield backs up its promise that it will do 'whatever it takes for as long as it takes' with a \$5 million service guarantee. IDShield plans are available at individual or family rates. A family rate covers the member, member's spouse and up to 8 dependents.

The bi-weekly LegalShield rates are:

Legal Plan — \$7.36

Identity Theft Plan — \$7.36

Legal and Identity Theft Plan — \$13.34

Unique Benefits for You

Programs for New Mothers

JPS Great Beginnings Program

The JPS Great Beginnings Program provides the opportunity to earn rewards throughout your pregnancy for taking steps to ensure a healthy pregnancy and baby. Patients of JPS providers can track their pregnancies. To begin the program, download a participation form from the JPS intranet under Human Resources.

Who is eligible?

Any employee, spouse or dependent covered on the JPS Cigna medical plan.

Cigna Healthy Baby Program

The Cigna Healthy Baby Program provides additional resources to guide participants through pregnancy and support them in making healthy choices.

Once enrolled, participants receive a Mom-to-Be kit with resources, helpful tips and a weekly journal to help track important information and count down to the arrival of your baby. Through Cigna, participants access an audio library of pregnancy-related materials and other online resources. To begin the Cigna Healthy Baby Program, contact Cigna at

800-244-6224.

Mother-Friendly Worksite

JPS Health Network is designated by the Texas Department of Health Services as a Mother-Friendly Worksite and is supportive of breastfeeding. Multiple locations are offered to support mothers who want to provide breast milk to their infants after returning to work.



Benefits of the Mother Friendly Worksite designation:

- Offers a flexible work schedule to provide time for expression of milk
- Provides an accessible, private location to pump
- Provides access to a nearby, clean and safe water source, and a sink for washing hands and rinsing equipment
- Provides access to clean and safe options for storing breast milk

Make an appointment with a JPS Lactation Consultant calling **817-702-6037**.

Tuition Reimbursement Program

The development of our team members is an important part of how JPS continues to make lives better. Team members are encouraged to pursue additional education to advance their careers. JPS will reimburse a portion of the costs associated with taking courses at accredited colleges and universities. Team members may receive up to \$4,500 for graduate-level programs.

How to Access:

- Contact learning@jpshealth.org.

Degree	Amount
Doctoral (PhD)	\$4,500
Master's	\$4,500
Bachelor's	\$3,500
Associate's	\$2,000

NOTE

Part-time team members who are benefits-eligible and meet the other requirements of the program can receive half of the amounts listed above.

Rewards and Recognition Program

The JPS Rewards and Recognition Program is designed to provide an engaging platform to attract and retain high performing talent. This program celebrates our team members for milestone service, birthdays, individual gifts/talents, and much more.

- **E-Card:** Recognizes team members with notes of thanks, anniversaries, encouragement and/or sympathy.
- **WOW Card:** Recognizes team members for demonstrating our efforts to support healthier and better lives through acts of kindness and service.
- **Birthday Card:** Recognizes team members on their special day.
- **Values I Promote (V.I.P.):** Recognizes team members who consistently demonstrate the JPS core values.
- **John Peter Smith Excellence Award:** Recognizes the best of the best! These team members consistently provide care beyond their normal responsibilities.

Visit the Rewards and Recognition Page of the intranet for more information.

Unique Family Benefits

Employee Discounts

JPS team members can take advantage of discounts and special offers on items such as apparel, cell phones, entertainment, fitness, restaurants, and many more.

How to Access:

Visit the JPS Intranet and click on Employee Discounts

Transportation Discounts

The Trinity Metro is available to all team members and provides unlimited transportation on all DART, TRE, and Trinity Metro rides. Discount vouchers for 25% off are available in Human Resources. To get a voucher, team members must register online and pick up a "Think Green" sheet in the HR office.

TravelConnectSM

TravelConnect is an added benefit for full-time team members through Lincoln Financial Group and is offered to you and your dependents at no cost, through MEDEX. If you are enrolled in any of the Lincoln products, you have access to TravelConnect. The program provides travel, medical and safety-related services when traveling 100 miles or more from home. Services include weather updates, medical evacuation, dependent child transportation, medical assistance, and security and political evacuation.

How to Access:

- Contact TravelConnect at **800-527-0218** and provide the Employer ID number 322541 or go to **www.lincoln4benefits.com**

Unique Financial Planning

Our Heroes BBVA Compass banking privileges

As members of the military, health care, education, law enforcement and fire department, you give back to your community every day. For your enormous contributions, we say thank you by offering all the benefits of a BBVA Compass ClearChoice Checking for Everyday Heroes Account with no monthly service charge.

We also want to show our appreciation with BBVA Compass banking privileges.



BBVA Compass ClearChoice

Savings: Maintain a minimum daily collected balance of \$500 or more, or make a \$25 automatic recurring monthly transfer from your BBVA Compass checking account to your BBVA Compass ClearChoice savings account to avoid the quarterly service charge on your BBVA Compass ClearChoice savings account.

Credit Cards: If you open a new ClearPoints or VISA Signature credit card within 60 days of opening a new Everyday Heroes checking account, you can get a 5,000 CompassPoints bonus when you make \$500 in qualifying purchases within 30 days after opening the credit card.

Simplified Line of Credit[®]: If you open a new Simplified Line of Credit (SLOC) within 60 days of opening a new Everyday Heroes checking account, you can receive a \$100 SLOC account credit if you make your first \$1,000 advance within 30 days after opening the Simplified Line of Credit.

Mortgages: See how a Home Ownership Made Easier mortgage (HOME) can bring the dream of homeownership to you. BBVA Compass has made it easier to qualify with lower credit score requirements, no Private Mortgage Insurance and no income limits when the property is located in a low or moderate income census tract.

Consumer Loans: Receive a .25% (25 basis points) interest rate discount off of standard rates for an auto, boat, motorcycle, RV or other depreciating collateral loan.

Home Equity Lines and Loans: Everyday Heroes receive a 0.25% (25 basis points) rate discount off our standard rates on Home Equity loans and lines of credit.

Signature Express Loan: Enjoy a 0.25% (25 basis points) interest rate discount on loan amounts from \$2,000 to \$100,000. Loan amounts up to \$25,000 can potentially receive credit notification and funding the same day. Only your signature is needed.

How to Access:

- For a complete list of these banking privileges, visit the Employee Benefits section of the HR intranet. Visit **www.bbvacompass.com/heroes** or contact **1-800-COMPASS**.



The JPS Foundation’s Employee Giving program allows you to become a philanthropist, help patients and employees in need and invest in projects and initiatives that lead to exceptional care for the people we serve.

Mary Starr is one of those people. The 82-year-old great-grandmother worked for JPS for 45 years first in nutritional services and then as a licensed vocational nurse. She retired in 1998, but returns to JPS for regular doctor’s appointments at the Magnolia Health Center, which specializes in geriatrics.

Climbing onto a traditional exam table can be a challenge, but Mary is grateful for the four new “high-low” exam tables that raise and lower to allow easier patient access and increased safety. The tables were funded through JPS Foundation gifts.

Select a giving option during your annual benefits enrollment to help fund patient transportation, patient assistance, an Employee Emergency Financial Assistance program and other JPS projects.

The Emergency Employee Assistance Fund supports team members who have undergone serious life events with exceptional circumstances (i.e. illness, death, divorce and disaster). To be considered, a team member must be in good standing and complete an application.

Team members may choose how they want to give:

Hour Hospital Club:

- Contribute one hour or a half-hour of pay per pay period.

Name your amount:

- Select \$7, \$15, \$25, \$50 or \$100 per pay period.

All contributions are tax-deductible. The JPS Foundation is the only charitable employee giving campaign recognized by the JPS Health Network.

Together, we can help JPS make lives better in Tarrant County.

To learn more about the JPS Foundation and employee giving, visit www.GivetoJPS.org or contact Sarah Anderson at sanderson@jpshealth.org or 817-702-3519.

How to Access:

Email jpsfoundaton@jpshealth.org or call 817-702-7310 for more information.



“These new beds are wonderful. They make it more comfortable and much safer for all of the patients here.”

–Mary Starr of Fort Worth

Notices and References

Please review the following notices to learn more about your rights.

Women's Health and Cancer Rights Act of 1998

In October 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. This notice explains some of the act's important provisions. Please review this information carefully. As specified in the Women's Health and Cancer Rights Act, a plan participant or beneficiary who elects breast reconstruction in connection with a mastectomy is also entitled to the following benefits:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prosthesis and treatment of physical complications of the mastectomy, including lymphedema

Health plans must determine the manner of coverage in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and co-insurance amounts that are consistent with those that apply to other benefits under the plan.

Newborns' and Mothers' Health Protection Act (NMHPA)

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on NMHPA benefits, contact your Plan Administrator.

Special Enrollment Rights

This notice is being provided to ensure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.

Loss of Other Coverage

If you are declining coverage for yourself or your dependents because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan within 31 days if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must enroll within 31 days after your or your dependents' other coverage ends (or after the employer that sponsors that coverage stops contributing toward the other coverage). If you or your dependents lose eligibility under a Medicaid plan or CHIP, or if you or your dependents become eligible for a subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents in this plan. You must provide notification within 60 days after you or your dependent is terminated from or determined to be eligible for such assistance.

Medicaid and the Children's Health Insurance Program (CHIP)

If you are eligible for health coverage from your employer but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in Texas, you can contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid or CHIP office or dial **877-KIDS NOW** or visit insurekidsnow.gov to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

Texas - Medicaid Website: <https://www.gethiptexas.com>

Phone: 800-440-0493

Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with JPS and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to enroll in a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or your dependents, as the case may be. However, you should still keep a copy if you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage through a Medicare Prescription Drug Plan or a Medicare Advantage Plan that offers prescription drug coverage. All Medicare prescription 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.
- JPS has determined that the prescription drug coverage offered by the JPS medical plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is considered creditable Coverage.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare prescription drug plan, as long as you later enroll within specific time periods. You can enroll in a Medicare prescription drug plan when you first become eligible for Medicare.

If you decide to wait to enroll in a Medicare prescription drug plan, you may enroll later, during Medicare Part D's annual enrollment period, which runs each year from October 15 through December 7. But, as a general rule, if you delay your enrollment in Medicare Part D after first becoming eligible to enroll, you may have to pay a higher premium (a penalty).

You should compare your current coverage, including which drugs are covered at what cost, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. See the plan's summary description for a summary of the plan's prescription drug coverage. If you don't have a copy, you can get one by contacting JPS at the phone number at the end of this section.

If you choose to enroll in a Medicare prescription drug plan and cancel your current JPS medical coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage, you would have to re-enroll in the plan, pursuant to the plan's eligibility and enrollment rules. You should review the plan's summary plan description to determine if and when you are allowed to add coverage.

If you cancel or lose your current coverage and do not have prescription drug coverage for 63 days or longer prior to enrolling in the Medicare prescription drug coverage, your monthly premium will be at least 1 percent per month greater for every month that you did not have coverage for as long as you have Medicare prescription drug coverage. For example, if 19 months lapse without coverage, your premium will always be at least 19 percent higher than it would have been without the lapse in coverage.

For more information about this notice or your current prescription drug coverage: Contact the Total Rewards Benefits department at **817-702-1030**.

NOTE: You will receive this notice annually and at other times in the future, such as before the next period you can enroll in Medicare prescription drug coverage and if this coverage changes. You may also request a copy.

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook.

You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans:

- Visit www.medicare.gov
- Call your state Health Insurance Assistance Program for personalized help. See your copy of the "Medicare & You" handbook for the telephone number.
- Call **800-MEDICARE (800-633-4227)**. TTY users should call **877-486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or you can call them at **800-772-1213**. TTY users should call **800-325-0778**.

IMPORTANT

Remember: If you enroll in one of the new plans approved by Medicare that offer prescription drug coverage, 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 whether or not you are required to pay a higher premium (a penalty).

HIPAA Privacy Notice

This notice describes how medical information about you may be used and disclosed and how you can access this information.

Please review it carefully.

Date: October 19, 2015

Name of Entity: JPS Health Network, Human Resources

Address: 1500 S. Main St. Fort Worth, TX 76104

Phone: 817-702-1030

The Health Insurance Portability and Accountability Act (HIPAA) of 1996

HIPAA imposes numerous requirements on employer health plans concerning the use and disclosure of individual health information.

This information, known as protected health information (PHI), includes virtually all individually identifiable health information held by a health plan—whether received in writing, in an electronic medium or as oral communication. This notice describes the privacy practices of the Employee Benefits Plan (referred to in this notice as the Plan), sponsored by JPS Health Network (hereinafter, referred to as the plan sponsor).

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan’s legal duties and privacy practices with respect to your health information. It is important to note that these rules apply to the Plan, not the plan sponsor as an employer.

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 the Human Resources department 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 the Total Rewards Benefits Department at **817-702-1030**.

Notes

Time Away from Work

Team Member Paid Time Off

JPS recognizes the importance of time away from work for leisure, rest and recreation. Paid Time Off (PTO) is available to full-time and part-time team members. PTO consists of holidays, vacation and sick time. Maximum accrual is 2 ½ times your annual accrual rate.

Years of Completed Service	Maximum Hours Accrued Per Pay Period	Maximum Hours Accrued Per Year
Regular Full-Time: 72-80 hours		
0-2.99 years	7.384692	192
3-4.99 years	8.153892	212
5-10.99 years	8.923192	232
11-14.99 years	9.692308	252
15-19.99 years	10.461592	272
20+ years	11.230000	292
Part-Time: minimum 20 hours per week		
0-2.49 years	3.690000	96
2.5+ years	4.080000	106
Weekend Warriors: 50 hours		
0-2.99 years	2.953877	77
3-4.99 years	3.261577	85
5-14.99 years	3.690000	96
15+ years	4.080000	106

Holidays

JPS will observe the following holidays in 2020. Holidays are included in your PTO bank.

Holiday	Pay Period #	Date
Christmas Day (2019)	1	Wednesday, December 25, 2019
New Year's Day	2	Wednesday, January 1, 2020
Memorial Day	12	Monday, May 25, 2020
Independence Day	15	Saturday, July 4, 2020
Labor Day	20	Monday, September 7, 2020
Thanksgiving Day	25	Thursday, November 26, 2020

My Benefits 2020 Planning Worksheet

This is a pre-enrollment worksheet to assist you with election decisions prior to entering your 2020 benefit elections. When you navigate through the benefits portal on the intranet, keep this worksheet with you. Open Enrollment ends October 31, 2019, and is the one time during the year you can change your benefits unless you have a qualifying life event.

Medical

- Review new medical contribution cost of the HSP and PPO Plans
- Review your current coverage level and plan to compare 2019 biweekly cost change
- Determine to keep or change plan for 2020 (HSP and PPO)
- Determine to keep or change your coverage tier level (Team Member Only, Team Member and Spouse, etc.)
- If keeping the same coverage (Review Possible Contribution Cost Changes for Medical)
- Research preferred Cigna, JPS, and Cook Children's In-Network Providers and facilities you can use

You can add or drop dependents. Remember if you add a dependent you must provide Proof of Eligibility by November 15, 2019. Otherwise, your new dependent will not be enrolled January 1, 2020.

Dental

- Review your current coverage and determine your needs for 2020
- Determine to keep or change dental plan for 2020 (PPO or DHMO)
- Determine to keep or change your coverage tier level (Team Member Only, Team Member and Spouse, etc.)
- Research Preferred Cigna, JPS, and Cook Children's In-Network Providers and Facilities

Vision

- Review your current coverage and determine your needs for 2020
- Determine to keep or change vision plan for 2020 (Choice, Choice Plus, or Access)
- Determine to keep or change your coverage tier level (Team Member Only, Team Member and Spouse, etc.)
- Research Preferred VSP In-Network Providers

Health Care Flexible Spending Account (Compatible with Traditional PPO Plan)

- Consider pre-tax dollars for medical, dental, vision and prescription eligible expenses, including co-pays and/or deductibles

Dependent Care Flexible Spending Account

- Consider eligible dependent care expenses for children under age 13 (refer to IRS guidelines)

Health Savings Account (Compatible with Health Savings Plan)

- You must open an account to receive employer contribution. To open this account, follow the directions that will be emailed to you from Discovery Benefits

Voluntary Benefits

Consider coverage for the unexpected expenses by enrolling in life, accident, disability and/ or legal benefits.

Basic Life Insurance

- Keep the same coverage
- Select a different plan

Basic Life Insurance Buy Up

- Keep the same coverage
- Select a different plan

Supplemental Life*

- Keep the same coverage
- Select a different plan

Spouse Life Insurance*

- Keep the same coverage
- Select a different plan

Child Life Insurance

- Keep the same coverage
- Select a different plan

Short-term Disability*

- Keep the same coverage
- Select a different plan

Accident

- Keep the same coverage
- Keep the same plan, but change the coverage type
- Select a different plan

*Evidence of insurability may be required.

Sickness

- Keep the same coverage
- Select a different plan

Legal Services

- Keep the same coverage
- Select a different plan
- Legal Services
- Identity Theft
- Legal Services and Identity Theft

Employee Critical Illness*

- Keep the same coverage
- Select a different plan

Spouse Critical Illness*

- Keep the same coverage
- Select a different plan

Child Critical Illness

- Keep the same coverage
- Select a different plan

JPS Giving

- Make a donation to the JPS Foundation with each pay check
- No giving at this time

Things to Consider

- Accidents and emergency illness coverage for yourself and family
- Medical, dental and vision needs

Additional Resources

Important Numbers and Websites

If you have questions regarding your benefits, please contact the total rewards team at HRTotalRewards@jpshealth.org or at **817-702-1030** and select option 4.

Plan	Vendor/Organization	Phone	More Information
Medical	Cigna	800-244-6224	www.mycigna.com
Prescription Drugs	MaxorPlus	800-687-0707	www.maxorplus.com
Dental	Cigna	800-244-6224	www.mycigna.com
Vision	Vision Services Plan (VSP)	800-877-7195	www.vsp.com
Health Savings Accounts (HSA)	Discovery Benefits	866-451-3399	www.discoverybenefits.com
Flexible Spending Accounts (FSA)	Discovery Benefits	866-451-3399	www.discoverybenefits.com
Employee Assistance Program (EAP)	JPS Health Network	817-702-1688	www.jpshealthnet.org/about_jps/employee_assistance_program
Short-Term Disability	Lincoln Financial Group	800-423-2765	www.lfg.com
Long-Term Disability	Lincoln Financial Group	800-423-2765	www.lfg.com
Critical Illness	Lincoln Financial Group	877-815-9256	www.lfg.com
Basic Life and Accidental Death & Dismemberment (AD&D)	Lincoln Financial Group	800-423-2765	www.lfg.com
Life Time Benefit Life Insurance with Long-Term Care	Chubb	855-241-9891	www.chubb.com
403(b) Retirement Savings Plans	Prudential Retirement	877-778-2100	prudential.com/online/retirement
457 Deferred Compensation Plan	Prudential Retirement	877-778-2100	prudential.com/online/retirement
Pension Plan	JPS Health Network	817-702-1093	RetirementServiceCenter@jpshealth.org
Legal & Identity Theft	Legal Shield	800-654-7757	www.legalshield.com
Travel Assistance	TravelConnect/MEDEX	800-527-0218	www.lincoln4benefits.com
LifeKeys	Lincoln Financial Group	855-891-3684	www.lincoln4benefits.com