



2024  
employee benefit guide

## TABLE OF CONTENTS

Benefits Eligibility & How to Enroll	<a href="#">4-5</a>
Medical Plan Options	<a href="#">6-7</a>
BCBS Member Resources Virtual Visits/ MD Live Mental Health Resources Smart ER Care Options	<a href="#">8-10</a>
Kaiser Member Resources Mobile App Estimating Your Costs Online Visits / Telehealth Mental Health Apps	<a href="#">11-14</a>
Wellness Incentive Program	<a href="#">15</a>
Dental Plan	<a href="#">16</a>
Vision Plan	<a href="#">17</a>
Life Insurance	<a href="#">18</a>
Long-Term Disability Insurance	<a href="#">19</a>
Health Savings Account (HSA)	<a href="#">20</a>
Flexible Spending Accounts (FSA)	<a href="#">21-24</a>
Voluntary Benefits Cligna: Accident, Critical Illness and Hospital Indemnity	<a href="#">25</a>
Employee Assistance Program	<a href="#">26</a>
Travel Assistance Program	<a href="#">27</a>
Your Premium Contributions	<a href="#">28</a>
Accessing Legal Plan Documents and Benefits Notices	<a href="#">29</a>
Contact Information and Resources Insurance Carrier Information Human Resources Acrisure Insurance	<a href="#">30</a>

## Welcome to Your Benefits!



HALL Group is proud to offer a comprehensive benefits package to eligible, full-time active employees who work a minimum of 30 hours per week. The complete benefits package is briefly summarized in this booklet. You will receive plan documents, which will give you more detailed information about each of these benefits.

You share the costs of some benefits, such as medical coverage, and HALL Group provides other benefits at no cost to you (basic life & accidental death & dismemberment, long term and short term disability). In addition, there are voluntary benefits with reasonable group rates that you can also elect.

This guide only provides highlights of the benefits offered at HALL Group. If there are inconsistencies between this document and the legal plan documents, the legal plan documents will govern. All legal plan documents and notices, such as the Summary of Benefits and Coverage (SBC), Summary Plan Description (SPD), HIPAA Privacy Notice and carrier-issued policy documents are available electronically on the [HALL Group Employee Benefits Website](#) or by scanning the QR code to the right. You may request a printed copy of the Plan Documents by contacting Human Resources. A copy will be provided to you free of charge.

SCAN ME



## BENEFITS ELIGIBILITY & HOW TO ENROLL



### Benefits Eligibility Requirements

If you work 30 hours or more per week, you are eligible to enroll in HALL Group benefits.

HALL Group employees who work 30 hours or more each week are eligible for benefits effective on the first of the month following 30 days of employment. The benefit elections that you make when you are hired or during annual open enrollment are effective for the entire plan year unless you experience a Qualifying Event (marriage, birth, adoption, or loss of coverage).

HALL Group holds an annual Open Enrollment. During that time, you can make changes to your benefit plan elections such as adding or deleting your spouse or your dependents and/or changing health plans.

### Making Changes to Your Benefits

If you experience a Qualifying Event after open enrollment, you must notify Human Resources within [30 days of the date of the event](#). Otherwise, you will be required to wait until the next Open Enrollment to make any changes to your benefit plan elections.

For additional information regarding making changes to your benefits, contact Human Resources.

## Eligible Dependents

You may cover your dependents under many of the benefit plans as long as they are one of the following:

1. Your spouse
2. Your child(ren) up to age 26 regardless of student or marital status
3. A dependent child, regardless of age, who was covered under the plan prior to reaching age 26 who is incapable of self-support. See policy documents for full information.

## How Do I Enroll in Benefits?

As a new hire, your **benefits will begin on the 1st of the month following 30 days of continuous full-time employment**. Your benefits cannot be activated until you have completed your enrollment in Paycom. The system will allow you to make your benefits selections within the first 31 days of employment.

If your selections are not made within the first 31 days, your next opportunity to enroll will be the following Open Enrollment unless you experience a Qualifying Life Event per IRS regulations.

Outside of the new hire eligibility period or the annual Open Enrollment period, the only time you may change your coverage is when you experience a Qualifying Life Event. You have 30 days from the date of the Life Event to request the change and provide appropriate documentation to Human Resources **Changes submitted after 30 days will not be accepted**.

Common examples of qualifying Life Events include the following:

- Birth, adoption or placement of a child
- Marriage/divorce
- Death of your spouse/partner or child

## MEDICAL PLAN OPTIONS



### BCBS of Texas and Kaiser

HALL Group employees can choose to enroll in either our BCBS of Texas or Kaiser (CA members only) medical plan options. HALL Group offers a High Deductible Health Plan (HDHP) with HSA, a PPO Plan, a EPO Plan and an HMO Plan.

**BCBS of Texas:** The BCBS plans offer flexibility in choosing a network of doctors. BCBS members have the flexibility to choose from both in- and out-of-network providers on the HSA and PPO plans. However, medical benefits are paid at a higher level when services are provided through doctors in the BCBS network. The EPO Plan does not provide coverage outside of the network.

**Kaiser:** As a member with Kaiser you may receive medical care at any Kaiser facility in your area. The Kaiser plan requires that members select a Primary Care Physician (PCP). Your PCP works with you to coordinate your health care needs. Kaiser members have access to medical services and doctors only through Kaiser facilities.

**\* Please note that the BCBS EPO Plan and the Kaiser Plan are only available to those that reside in CA.**

Medical Services	BCBS			Kaiser
	HSA PLAN	PPO PLAN	EPO PLAN	HMO
Calendar Year Deductible				
Individual	\$2,800	\$1,500	\$0	N/A
Family	\$5,600	\$4,500	\$0	N/A
Out of Pocket Max.				
Individual	\$5,500	\$5,500	\$5,500	\$2,000
Family	\$11,000	\$11,000	\$11,000	\$4,000
Out of Network	Out of Network benefits are available. To review cost information, refer to the plan documents.		No Out of Network Benefits	
Office Visits	20% after deductible	\$25 copay, no deductible	\$25 copay	\$20 copay
Telehealth through MDLive	\$44 per visit (estimated cost)	\$25 per visit	\$25	
Specialist Visits	20% after deductible	\$50 copay, no deductible	\$35	\$20 copay
Preventive Care	No Charge	No Charge	No Charge	No Charge
Diagnostic Lab, X-Ray	20% after deductible	No Charge	No Charge	No charge

Medical Services	BCBS			Kaiser
	HSA PLAN	PPO PLAN	EPO PLAN	HMO
Inpatient Hospital	20% after deductible	20% coinsurance after deductible	No charge	\$250 copay
Outpatient Surgery	20% after deductible	20% coinsurance after deductible	\$150 copay	\$100 copay
Urgent Care	20% after deductible	\$50 copay, no deductible	\$25 copay	\$20 copay
Emergency	20% coinsurance after deductible	\$75 copay + 20% coinsurance no deductible	\$50 copay	\$100 copay
Retail Prescription (Rx) Drug Coverage: 1-30 Day Supply				
Rx Deductible	Deductible applies	\$100 Deductible	\$100 Deductible	No deductible
Generic	\$10	\$10	\$10	\$15
Preferred Brand	\$25	\$25	\$20	\$30
Non-Preferred Brand Name	\$40	\$50	\$20	\$30

### Mail-Order Prescription Program

BCBS Mail-Order service provides a 90-day supply of your Generic (Tiers 1a and 1) and Brand Name (Tiers 2 and 3) medications for 2x your copay. Sign up for this service through your UHC online member portal [myuhc.com](http://myuhc.com).

Kaiser's Mail-Order service provides a 100-day supply of your Generic and Brand Name medications for 2x your copay. Sign up for this service through your Kaiser online member portal [www.kp.org](http://www.kp.org).

Specialty medications are not eligible for this service.





## Virtual Visits: **Get 24/7 Care, Anywhere**

Illnesses and injuries seldom happen at convenient times. Regardless whether it's after doctor's hours, on the weekend or on the road, you want access to immediate, cost-effective care.

With Virtual Visits, powered by MDLIVE<sup>®</sup> and provided by Blue Cross and Blue Shield of Texas (BCBSTX), the doctor is always in. Get 24/7 non-emergency care from a board-certified doctor by phone, online video or mobile app from almost anywhere.

Skip expensive urgent care or ER bills and waiting to see a doctor. You can speak with a Virtual Visits doctor within minutes. Services are available in both English and Spanish with translation services available in other languages.





## Retrain Your Brain



### See how much better life can feel with digital mental health programs from Learn to Live.<sup>1</sup>

More than half of people will struggle with a mental health concern at some point in their lives.<sup>2</sup> But you can learn new skills to break old patterns that may be holding you back. Digital mental health programs from Learn to Live can help you get your mental health on track so you can feel better and enjoy life more.

#### Find out where you may need support

An online assessment helps pinpoint the right programs for you, such as:

- Stress, anxiety and worry
- Depression
- Insomnia
- Social anxiety
- Substance use
- Panic
- Resiliency



## Confused About Where to Go for Care?

SmartER Care<sup>SM</sup> options  
may save you money.



### 24/7 Nurseline

- Available 24 hours a day, seven days a week
- 24/7 Nurseline\* can help you identify options when you or a family member have a health problem or concern
- Call **800-581-0393** to speak with a nurse
- At no additional cost as part of your health plan



### Doctor's Office

- Office hours vary
- Generally the best place to go for non-emergency care
- Doctor-to-patient relationship established and therefore able to treat, based on knowledge of medical history
- Average wait time is 18 minutes<sup>1</sup>



### Retail Health Clinic

- Based on retail store hours
- Usually lower out-of-pocket cost to you than urgent care
- Often located in stores and pharmacies to provide convenient, low-cost treatment for minor medical problems



### Urgent Care Center

- Generally includes evenings, weekends and holidays
- Often used when your doctor's office is closed, and you don't consider it an emergency
- Average wait time is 16-24 minutes<sup>2</sup>
- Many have online and/or telephone check-in



### Hospital ER

- Open 24 hours, seven days a week
- Average wait time is 35-49 minutes (variable)<sup>3</sup>
- If you receive emergency room (ER) care from an out-of-network provider, you may have to pay more. Providers outside the network may "balance bill" you, which means they may charge you more than your health plan's fee schedule.
- Multiple bills for services such as doctors and facility



### Freestanding ER

- Open 24 hours, seven days a week
- Could be transferred to a hospital-based ER depending on medical situation
- Services do not include trauma care
- Often freestanding ERs are out-of-network. If you receive care from an out-of-network provider, you may have to pay more. Providers outside the network may "balance bill" you, which means they may charge you more than your health plan's fee schedule.
- All freestanding ERs charge a facility fee that urgent care centers do not. You may receive other bills for each doctor you see.<sup>4</sup>



## MOBILE APP - KAISER

- ✓ Lab results
- ✓ Email your doctor
- ✓ Prescriptions
- ✓ Appointments
- ✓ Payments

All online,  
easier than  
ever

### Stay connected anytime, anywhere

Managing your health online has never been more convenient. Whether you're at home or on the go, [kp.org](http://kp.org) and the Kaiser Permanente app give you a simple, secure way to keep up with your care.

- View most lab results
- Email your Kaiser Permanente care team with nonurgent questions
- Refill most prescriptions
- Schedule most appointments
- Pay bills and estimate costs

### Create your online account

Get started with our new and improved features at [kp.org/register](http://kp.org/register) or download the Kaiser Permanente mobile app. Be sure to have your health/medical record number handy.



These features are available when you get care at Kaiser Permanente facilities.

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## ESTIMATING YOUR COSTS - KAISER

Get a **personalized estimate** with our online tool



Be prepared when you come in for care. Use **Estimates** – our treatment cost calculator – to get an estimate of your out-of-pocket costs.

### **What is Estimates?**

Estimates is our online calculator that gives you cost estimates for many commonly used treatments and services.

### **Where do I find Estimates?**

Go [kp.org/costestimates](https://kp.org/costestimates). You'll need to be registered on [kp.org](https://kp.org) to use this secure tool.

### **How does Kaiser Permanente come up with the estimate?**

We take the average cost of a service in your area. Then we apply your plan benefits and how much you've spent so far for care. You'll see the low, likely, and high cost for the service. This will include the costs you are responsible for, such as a deductible or copay.

### **Is the estimate exactly what I'll pay?**

No, the estimate gives you a general idea of what you'll pay for a particular service. What you actually pay may be higher or lower depending on the care you receive. Your bill will show the actual cost of the service and what you will need to pay.

### **What if the estimate is more than I can afford to pay?**

Don't let an estimate keep you from getting the care you need. Call the number on the back of your Kaiser Permanente ID card to see if you qualify for financial assistance and how to sign up for an easy payment plan.



### **Get started now**

Go to [kp.org/costestimates](https://kp.org/costestimates) to find out what you can expect to pay for common exams, tests, and services.

ONLINE VISITS / TELEHEALTH - KAISER

**Your care, your way**  
 Connect to care anytime, anywhere



Get the care you need the way you want it. No matter which option you choose, your providers can see your health history, update your medical record, and give you personalized care that fits your life.



**24/7 care advice**

Get medical advice and care guidance in the moment from a Kaiser Permanente provider.



**In-person visit**

Same-day appointments are often available. Sign on to **kp.org** anytime, or call us to schedule a visit.



**Email**

Message your doctor's office with nonurgent questions anytime. Sign in to **kp.org** or use our mobile app.<sup>2</sup>



**Phone appointment**

Save yourself a trip to the doctor's office for minor conditions or follow-up care.<sup>2,3</sup>



**Video visit**

Meet face-to-face online with a doctor on your computer, smartphone, or tablet for minor conditions or follow-up care.<sup>2,3</sup>



**E-visit**

Get quick online care for common health problems. Fill out a short questionnaire about your symptoms, and a physician will get back to you with a care plan and prescriptions (if appropriate) – usually within 2 hours.

Call us anytime at **1-866-454-8855 (TTY 711)** to make an appointment or to get care advice.

**Need care now?  
 Know before you go.**

**Urgent care**

An urgent care need is one that requires prompt medical attention, usually within 24 or 48 hours, but is not an emergency medical condition. This can include minor injuries, backaches, earaches, sore throats, coughs, upper-respiratory symptoms, and frequent urination or a burning sensation when urinating.

**Emergency care**

Emergency care<sup>1</sup> is for medical or mental health conditions that require immediate medical attention to prevent serious jeopardy to your health. Examples include chest pain or pressure, severe stomach pain that comes on suddenly, severe shortness of breath, and decrease in or loss of consciousness.

<sup>1</sup>If you believe you have an emergency medical condition, call **911** or go to the nearest hospital. For the complete definition of an emergency medical condition, please refer to your *Evidence of Coverage* or other coverage documents.

<sup>2</sup>These features are available when you receive care at Kaiser Permanente facilities.

<sup>3</sup>When appropriate and available.

## MENTAL HEALTH APPS - KAISER



# Feeling overwhelmed? Tap into the power of self-care.

Adult members can download 2 popular apps at [kp.org/selfcareapps](https://kp.org/selfcareapps)

These apps can help you build resilience, set goals, and take meaningful steps toward becoming healthier and happier. Choose the areas you want to focus on – including managing depression, reducing stress, improving sleep, and more.

- Evidence-based and proven effective
- Hand-picked by Kaiser Permanente physicians
- Confidential and easy to use



Calm is an app for daily use that uses meditation and mindfulness to help lower stress, reduce anxiety, and improve sleep quality. With guided meditations, programs taught by world-renowned experts, sleep stories narrated by celebrities, mindful movement videos, and more, Calm offers something for everyone.

The Calm app is not available to KP Washington members at this time.



myStrength offers personalized programs with interactive activities, daily health trackers to monitor and maintain your progress, in-the-moment coping tools, and more. It's designed to help you set goals and work towards them in ways that work for you – by making positive changes that support your mental, emotional, and overall well-being.

myStrength® is a wholly owned subsidiary of Livongo Health, Inc.

Get the apps at [kp.org/selfcareapps](https://kp.org/selfcareapps).

Kaiser Permanente health plans around the country: Kaiser Foundation Health Plan, Inc., in Northern and Southern California and Hawaii • Kaiser Foundation Health Plan of Colorado • Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305, 404-364-7000 • Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., in Maryland, Virginia, and Washington, D.C., 2101 E. Jefferson St., Rockville, MD 20852 • Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232 • Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., 601 Union St., Suite 3100, Seattle, WA 98101

## WELLNESS INCENTIVE PROGRAM

A routine preventive screening exam is the basis for a \$150 financial incentive for the employees of HALL Group. **Employees that participate in the medical plan**, are eligible for the reward once every 12 months from the date of the last preventive screening on record. The reward will be paid via payroll and subject to all applicable taxes and withholdings.

To qualify for the reward:

1. Download the Wellness Exam Form from the HALL benefits site: <https://mybenefits.cc/hallgroup/>
2. Take the form with you to your annual wellness exam and have a healthcare representative sign and date the form.
3. Return the form to HALL Group to [bjensen@hallwines.com](mailto:bjensen@hallwines.com)

You will be notified of the payroll date you will receive the \$150 reward. Incomplete or illegible forms will experience delays or prevent the processing of your reward. Please be sure to



### Reasonable Alternative Standard

Rewards for participating in a wellness program are available to all eligible employees, in an equitable manner. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means.

Contact Human Resources and we will work with you to find a wellness program with the same reward that is right for you!

## DENTAL PLAN

Dental coverage is provided for you and your family members through Cigna. A PPO plan offers you the most flexibility when choosing a dentist as you can seek services in and out of network. When choosing a provider please use the “Total Cigna DPPO Network”.

Dental Services	In Network	Out of Network
	Total Cigna DPPO	
Preventive Care - Class I (Deductible does not apply) (exams, cleanings, x-rays)	100%	100% UCR*
Basic Care - Class II (basic fillings, extractions, repairs, complex)	80%	80% UCR*
Major Care - Type C (oral surgery crowns, inlays, on-lays, bridges, dentures)	50%	50% UCR*
Orthodontia	50%	50% UCR*
Deductible	\$50 Individual / \$150 Family	\$50 Individual / \$150 Family
Maximum Benefit Per Plan Year	\$1,500	
Orthodontia Lifetime Maximum	\$1,500 - Ortho applies to Adult and Child (Up to age 19)	

**Preventive Services:** All services covered under the Preventive Dental Services benefits are paid at 100% without a deductible. Each covered service is limited to one in any 6 consecutive month period.

Find Cigna contracted dental providers [here](#).

### DENTAL RATES PER PAYCHECK

Coverage Tier	Cigna Dental
Employee Only	6.09
Employee + Spouse	12.31
Employee + Child(ren)	16.80
Employee + Family	26.73

\*Usual, Customary and Reasonable Fee (UCR): A usual fee is the amount which an individual dentist regularly charges and receives for a given service or the fee actually charged, whichever is less. A customary fee is within the range of usual fees charged and received for a particular service by dentists of similar training in the same geographic area. A reasonable fee schedule is reasonable if it is usual and customary. *This plan pays up to the 90th percentile; this means that 90% of dentists in a given area charge that fee or less.*



VISION PLAN



Vision coverage is offered through VSP. The VSP Network has over 23,000 eye doctors, located in rural and metropolitan areas throughout the nation. VSP doctors provide both eye exams and eye wear, making for a convenient “one-stop” means of obtaining eye care benefits. Services obtained by non-network providers will be eligible only for a fixed reimbursement amount determined by the plan.

VSP Vision	In-Network	Out-of-Network
	VSP	Reimbursement
Office Visit / Examination (every 12 months)	\$10 Copay	Call Member Services for out-of-network plan details.
Prescription Glasses	\$25 Copay	
Lenses: Single vision, lined bifocal and trifocal	Included in Prescription Glasses	
Lens Enhancements	Price varies depending on enhancement. Call member services for details.	
Frame Allowance (every 12 months)	\$130 + 20% off	
Contact Lenses Allowance (in lieu of glasses, every 12 months)	Up to \$60 Copay \$130 allowance Includes contact lens fitting	
Retinal Screening	Up to \$39 copay	
L:aser Vision Correction	Discounts available	

TruHearing: VSP Members are eligible for free enrollment in the Hearing Aid Discount program through TruHearing. Call 877-396-7194 for more information and identify yourself as a VSP member.

Find VSP contracted providers [here](#).

VISION RATES  
PER PAYCHECK

Coverage Tier	MetLife Vision
Employee Only	\$4.35
Employee + Spouse	\$7.04
Employee + Child(ren)	\$7.19
Employee + Family	\$11.59

## LIFE INSURANCE

### Lincoln Financial

Hall Group provides all eligible employees Basic Life and Accidental Death & Dismemberment (AD&D) Insurance at no cost through Lincoln Financial. Employees who work 30 hours or more per week are enrolled in these coverages on the first of the month following 30 days of employment. *Be sure to complete beneficiary information at time of enrollment and update your information as appropriate.*

### Voluntary Life and AD&D Insurance

You have the opportunity to supplement your Basic Life and AD&D Insurance by purchasing Voluntary insurance coverage through Lincoln Financial for yourself and your eligible dependents. You must elect Life and AD&D coverage for yourself in order to cover your spouse and/or child(ren). If you leave HALL Group, you may be eligible to port or convert your voluntary life policy.



If you or your spouse do not enroll in the Voluntary Life plan when you are first eligible, you may enroll at a later date. However, ALL coverage amounts will require proof of good health (Evidence of Insurability/EOI) and are subject to approval by Lincoln Financial. HALL Group will inform you once Lincoln Financial has completed their review process.



### Basic Life Insurance

In the event of your death, this plan pays your beneficiary a benefit equal to 1 times your annual base salary to a maximum of \$100,000.

Please note, per IRS regulations, premiums paid by the company for amounts of life insurance in excess of \$50,000 are subject to imputed income taxation.

### Basic AD&D Insurance

In the event of your accidental death, this plan pays your beneficiary an additional benefit of equal to 1 times your annual base salary to a maximum of \$100,000.

If you are seriously injured as the result of an accident (for example: lose your eyesight, paralysis), this plan will pay a partial benefit to you.

### Voluntary Life/AD&D Coverage Options

Find rate information [here](#).

#### Employee

You may purchase up to 5 times your annual salary rounded to the nearest 1,000 or \$500,000.

Guarantee Issue\*\* = \$200,000.

#### Spouse

You may purchase increments of \$10,000 not to exceed \$250,000 or 50% of your employee elected coverage. Benefits will be paid to the employee. Guarantee Issue\*\* = \$50,000.

#### Child(ren)

You may purchase life insurance for your child(ren) from ages live birth to 26 years of \$10,000. Each eligible dependent child must have the same amount of insurance.

\*\*Guarantee Issue means the highest amount of coverage that can be issued to you without Evidence of Insurability (EOI); this is available to New Hires only. If you do not enroll when you are newly eligible, you will need to complete an EOI for any amount of coverage for which you apply.

## DISABILITY INSURANCE

### Lincoln Financial

If you become ill or injured and are unable to work, HALL Group provides income protection benefits through Lincoln Financial. These benefits have been designed to protect your income in a situation where you become unable to work due to a disability.



### SHORT TERM DISABILITY

The short-term disability (STD) plan provides income protection if you become disabled and cannot work due to a non-occupational illness or accidental injury. Hall Group offers this coverage at discounted group rates to you – you pay 100% of its cost. This plan is administered by Lincoln Financial.

If you elect this coverage, you may qualify for STD plan benefits if you cannot perform your job duties due to a non-work-related illness or injury.

STD benefits can begin after you meet the 8-day waiting period. You must use any vacation or other available paid time off to meet this waiting period.

STD benefits are paid for up to 26 weeks if your doctor certifies that you are unable to perform your job duties. If you qualify, your benefits from the plan will equal 66 2/3% of your basic weekly earnings (up to a maximum of \$1,500 weekly). Employees are required to use PTO for the first 5 workdays of the waiting period. If no PTO is available, the waiting period will be unpaid.

### LONG TERM DISABILITY

Hall Group provides employees with a basic level of long-term disability (LTD) coverage. You also have the option to buy a higher level of coverage. Both coverage options pay a portion of your pre-disability earnings if you become disabled:

- 50% Basic Coverage—Hall Group pays 100% of the cost of this benefit for you.
- 66 2/3% Buy-Up Coverage—You pay the cost of this option if you elect it.

#### How LTD Coverage Works:

- Benefits begin after six months of continuous disability (your “elimination period”).
- For the basic benefit, LTD benefits replace 50% of your basic monthly earnings to a maximum monthly benefit of \$10,000.
- For the buy-up benefit, LTD benefits replace 66 2/3% of your basic monthly earnings to a maximum monthly benefit of \$10,000.
- To qualify for benefits, you must provide satisfactory proof that you are totally disabled due to an injury or illness.
- Any LTD benefits are offset by income from other sources, including Social Security or Workers’ Compensation, so that the maximum monthly benefit you receive is not greater than 60% of your monthly earnings.
- LTD benefits can continue until you are able to return to work or you reach the normal retirement age for Social Security benefits as long as you continue to meet the definition of Disabled as defined in the Certificate of Coverage.

**Pre-Existing Condition Limitation:**

If you elect the 66 2/3% Buy-Up coverage, benefits will not be payable for a disability caused or resulting from a pre-existing condition. A 'Pre-Existing Condition' means any injury or sickness for which you incurred expenses, received medical treatment, or for which a reasonable person would have consulted a physician three months before his or her most recent effective date of insurance. This limitation will not apply to a disability that begins after you have been covered for at least twelve months under the plan.





## HEALTH SAVINGS ACCOUNT (HSA)

### PAIRED WITH THE HSA MEDICAL PLAN

Health Savings Accounts or HSAs were created by the federal government to give individuals a way to pay for qualified medical expenses and save for future needs. An HSA is considered “tax-advantaged” because you are not taxed at the federal level on contributions, earnings or withdrawals – and your balance rolls over year to year. **You own the account and the funds from day one, and you can take it with you if you ever leave the company.**

You can use your HSA funds to:

- Pay for current expenses, such as deductibles, prescription drugs, coinsurance or other health care expenses
- Pay for future health care expenses, even if you are no longer enrolled in a High-Deductible Health Plan
- Lower your taxable income and save for retirement

### HALL Group’s contribution to the HSA?

Hall Group will continue to contribute \$500 into your HSA account if you enroll in individual coverage, or \$1,000 for family coverage on January 1, 2024. Here’s a look at what you and HALL Group together can contribute to your HSA for the year.

	Coverage Level	IRS Annual Limits	Hall Group Contribution*
2024	Individual	\$4,150	\$500
	Family	\$8,300	\$1,000
	Catch Up Contribution if over Age 55	\$1,000	N/A

### Who is eligible for an HSA?

In order to be eligible to open an HSA and to be able to continue to make contributions, you must be enrolled in a qualifying High Deductible Health Plan (HDHP). In addition:

- You may not have any other health coverage that is not a qualified HDHP.
- You may not be enrolled in Medicare Part A or Part B.
- You may not be claimed as a dependent on someone else’s tax return.
- You or your spouse may not have a traditional Health Care Flexible Spending Account (FSA).
- You may not have received veterans benefits in the past three months.

## FLEXIBLE SPENDING ACCOUNTS (FSA)

### WEX Benefits



Hall offers two flexible spending accounts (FSAs) through WEX Benefits: Health Care FSA and Dependent Care FSA. Both of these plans allow you to use pre-tax dollars to pay for IRS qualified health and dependent care expenses. Each year, you decide how much to contribute to your FSA on a pre-tax basis. The annual amount you elect is deducted from your paycheck in equal amounts each pay period.

#### Health Care FSA

The Health Care FSA allows you to set aside up to **\$3,200** annually to pay for certain health care expenses that are not covered or only partially covered by your health care plans (medical, dental, vision and prescription drug).

#### WEX Debit Card

For the Health FSA, you will receive a debit card to use at participating vendors. Rather than filing a claim and waiting for reimbursement for your out of pocket eligible expenses, you can use your debit card to pay your provider directly for qualified medical care expenses. This card will only work for eligible FSA expenses.

Upon enrollment in the plan you will receive one card in your name. The cards are valid for 3 year periods; if you already have a debit card it will be reloaded with your new election. If you would like additional cards in the name of a spouse or eligible dependent you may request them by contacting WEX Benefits. There is a \$5 reissue fee for all additional card requests.



#### List of Eligible Expenses

- Copays
- Coinsurance costs not covered by your health plan
- Prescription Medications
- Band-aids
- Blood pressure monitor
- Braces
- Cold packs
- Cotton balls
- Reading glasses
- Fertility treatments
- Eye drops
- First aid kit
- Hand Sanitizer
- Humidifier
- Laser eye surgery
- Lactation consultant
- Massage therapy
- Menstrual Products
- Mouth guard
- Nasal breathing strips
- *Over-the-counter medications— no prescription is required!*
- Pregnancy tests
- Prenatal vitamins
- Smoking/Tobacco cessation programs
- Sunscreen
- Sunscreen lip balm

The above list is not exhaustive. To view a complete list, visit:

[www.WEX.com](http://www.WEX.com).



You can also visit [www.fsastore.com](http://www.fsastore.com) to purchase eligible items. They have the largest inventory of FSA eligible products and services online.

## FLEXIBLE SPENDING ACCOUNTS (FSA) continued

### Dependent Care FSA

The Dependent Care FSA is designed for people who need dependent care so that they can work. You are eligible to participate if you are single or married. However, if you are married, your spouse must either work or go to school full-time, or be unable to care for your dependents due to a disability, in order for you to be eligible for the Dependent Care FSA.

Dependent care can be for your children under age 13, spouse or parents. Dependents must live with you and be claimed as a dependent on your federal income tax return. The most you can contribute per year to the Dependent Care FSA is **\$5,000** per IRS household. If you and your spouse file separately, you may each contribute **\$2,500** to the Dependent Care FSA.

You will need to submit proper documentation to support your claim, per IRS regulations.

Itemized bills or invoices from child care providers are usually sufficient forms of documentation. You do not need to show proof of payment. If your child care provider is an individual or does not give you an itemized bill/invoice showing the above requirements, please use the Day Care Service Form to serve as your documentation. This can be found on WEX's website.



### List of Eligible Expenses

- Au Pair
- Babysitter
- Before and after school care
- Childcare by a relative
- Day camps
- Montessori school (for preschool)
- Nanny
- Overnight care
- Preschool/Nursery School



### Things You Should Know

1. **You have until the end of the plan year on 12/31/2024**, to incur claims and use up all amounts in your Health Care Flexible Spending Arrangement or Dependent-Care Flexible Spending Arrangement. After the plan year ends, any remaining funds are forfeited. This is known as the **"Use it or Lose it" rule**.
2. You cannot change or stop your contributions to the FSAs during the year unless you have a qualifying change in status
3. Money cannot be transferred between accounts. For example, you cannot use your Dependent Care FSA for health care expenses or vice versa.

## FLEXIBLE SPENDING ACCOUNTS (FSA) continued

### FSA Comparison Chart

Plan Features	Healthcare FSA	Dependent Care FSA
Maximum Election	\$3,200 per year	\$5,000 per household
HSA Compatible?	No. Not available if you are enrolled in the HSA medical plan.	Yes
Pre-funded by Employer	Yes. Full election is available for your use on the first day of the Plan Year.	No. You may only claim what you have contributed at the time the claim is filed.
Grace Period?	No. You have to spend down your balance by 12/31/2024.	No. You have to spend down your balance by 12/31/2024.
How to Access Your Funds	Debit Card	Debit Card
Eligible Expenses	Medical (not covered by your HSA), Prescription, Dental & Vision	Childcare for children under age 13 while parent is at work, looking for work or going to school.
OTC Medications	Eligible without a prescription.	Not eligible.
Household Items	<ul style="list-style-type: none"> <li>• First Aid Kits / Supplies</li> <li>• Sunscreen</li> <li>• Hearing Aid Batteries</li> <li>• Heating Pads &amp; Wraps</li> <li>• Thermometers</li> <li>• Vaporizers &amp; Inhalers</li> <li>• Pregnancy &amp; Fertility Test</li> </ul>	Not applicable.
Recordkeeping / Substantiation	Since your reimbursement plan is a tax-based benefit, IRS regulations require you to verify that your expenses are eligible under your plan. Discovery Benefits is able to auto-verify many of your debit card transactions but there are some expenses that do require the submission of documentation to determine if the expense was eligible.	

Register on WEX'S member portal to file claims online and sign up for direct deposit. [Start here.](#)

Review a list of FSA-eligible expenses [here.](#)

Shop online through the [FSA Store.](#)



## FLEXIBLE SPENDING ACCOUNTS (FSA) continued

You can save approximately 25% of each dollar spent on expenses when you participate in a FSA. Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don't pay federal income tax, Social Security taxes, and state and local income taxes on the portion of your paycheck you contribute to your FSA.

It is best to contribute only the amount of money you expect to pay for out-of-pocket eligible expenses for the FSA plan period. If you enroll after the beginning of the plan year, budget for the remaining number of months.

If you do not use the money you contributed, it will not be refunded to you or carried forward into a future plan year. This "use-it-or-lose-it rule" applies to FSA contributions so budget wisely.

	Without FSAs	With FSAs
Gross income	\$40,000	\$40,000
FSA contributions	0	-\$3,200
Gross income	40,000	36,950
Estimated taxes		
Federal	-10,000	-9,325
FICA	-3,000	-2,798
After tax earnings	23,950	24,827
Eligible out of pocket		
Medical and dependent care expenses	-3,200	0
Remaining spendable income	\$20,900	\$24,827
Spendable income increase		\$3,927

\*Assumes standard deductions filing as single  
The example above is for illustrative purposes only. Every situation varies and we recommend that you consult a tax advisor for all tax advice.

This example shows how you can save money with a flexible spending account. The above illustrates your tax savings and spendable income difference when you set aside \$3,200 in your healthcare FSA, filing as Single.





## VOLUNTARY BENEFITS

### Work Site Plans: Cigna

Accident, Critical Illness and Hospital Indemnity benefits are a cost-effective solution to help offset out-of-pocket medical expenses by paying you the plan benefits directly instead of your healthcare provider. Additional disability coverage is available to you up to a maximum weekly benefit of \$1,500. You choose the maximum monthly benefit level that meets your needs. Then, if you are faced with a period of unexpected sickness or off-the-job injury, you will receive cash benefits to use as you see fit. This could include medical treatments, daily living expenses and more.

These benefits are employee-paid and are a supplement to your medical plan. These plans are fully portable which means that you can keep your coverage at the same rate if you change jobs or retire. Note that the below benefit tables are not an exhaustive list of the available benefits through these plans.

Accident	Critical Illness	Hospital Indemnity
<p>Plan pays lump-sum benefit based on the type of injury you sustain or the type of treatment you need.</p> <p><b>Examples of covered benefits include:</b></p> <ul style="list-style-type: none"> <li>• Dislocation or fracture</li> <li>• Accidental death</li> <li>• Dismemberment</li> <li>• Ambulance</li> </ul>	<p>Plan pays lump-sum benefit based on the diagnosis of a covered illness.</p> <p><b>Covered conditions include:</b></p> <ul style="list-style-type: none"> <li>• Heart attack</li> <li>• Major organ transplant</li> <li>• Invasive cancer</li> <li>• Stroke</li> <li>• End-stage kidney failure</li> </ul>	<p>Hospital Indemnity insurance provides a way to cover unexpected out-of-pocket expenses when you end up in the hospital.</p>

We encourage you to seek additional information and to confirm your costs. This information can be found on the HALL Group benefits website:

URL: <https://mybenefits.cc/hallgroup/>

## EMPLOYEE ASSISTANCE PROGRAM



Keep your  
destination  
in sight



## We'll help you past the roadblocks.

You have hopes, dreams and goals for your future. So, when you encounter bumps along the road, you'll be glad to know the *EmployeeConnect*<sup>SM</sup> program is on your side. Whether it's a helping hand during tough times or a bit of professional guidance, we're here for you with the support you need to keep moving forward.

**With *EmployeeConnect*, help is available 24/7 for you and your dependents — at no additional cost to you — for:**

- Depression
- Marital or family difficulties
- Managing stress and anxiety
- Substance abuse
- Legal and financial matters
- Locating child or elder care
- Moving and relocation
- Planning for college, events or vacation
- Family planning and pregnancy health



### Take advantage of *EmployeeConnect*<sup>SM</sup>

For more information about the program, visit [GuidanceResources.com](http://GuidanceResources.com), download the *GuidanceNow*<sup>SM</sup> mobile app or call 888-628-4824.

GuidanceResources.com login credentials:

Username: LFGSupport Password: LFGSupport1

## Caring support and assistance when you travel



Lincoln *TravelConnect*® services offer security and reassurance – helping make travel less stressful. If you’re enrolled in life and/or accidental death and dismemberment insurance, you and your loved ones can count on *TravelConnect*® services 24 hours a day, 7 days a week.

### Services you can count on during an emergency

You’ll have dedicated support if you face an emergency when you’re 100 or more miles from home. *TravelConnect*® helps with:

- Arranging travel if you’re injured and need emergency evacuation to a medical facility
- Managing travel for a companion and/or your dependent children, including transportation expenses and accommodations of a qualified escort
- Planning and paying for a safe evacuation because of a natural disaster or a political or security threat
- Arranging transportation of a deceased traveler
- Securing emergency pet boarding and/or return and vehicle return

### Ongoing support when you’re far from home

From planning the trip until you’re home, these *TravelConnect*® services can help you on your way.

- Medical record requests
- Medication and vaccine delivery
- Medical, dental, and pharmacy referrals
- Corrective lenses and medical device replacement
- Legal consultation
- Recovering lost or stolen documents or luggage
- ID recovery assistance
- Language translation services
- Destination information



## HALL Group 2024 Employee Contributions

Your **monthly** cost to participate in medical benefits is as follows:

### BCBS TX EPO Plan

	Total Premium	Employer Cost	Employee Cost
Employee Only	\$912.44	\$733.92	\$178.52
Employee + Spouse	\$2,007.39	\$1,432.14	\$575.25
Employee + Child(ren)	\$1,824.90	\$1,378.59	\$446.31
Employee + Family	\$2,919.82	\$2,086.70	\$833.12

### BCBS TX \$1500 Plan

	Total Premium	Employer Cost	Employee Cost
Employee Only	\$828.83	\$747.43	\$81.40
Employee + Spouse	\$1,823.06	\$1,473.71	\$349.34
Employee + Child(ren)	\$1,657.66	\$1,412.72	\$244.95
Employee + Family	\$2,652.29	\$2,158.32	\$493.97

### BCBS TX HSA \$2800 Plan

	Total Premium	Employer Cost	Employee Cost
Employee Only	\$770.28	\$770.28	\$0.00
Employee + Spouse	\$1,694.64	\$1,497.81	\$196.82
Employee + Child(ren)	\$1,540.57	\$1,370.71	\$169.86
Employee + Family	\$2,464.88	\$2,192.80	\$272.08

### Kaiser Plan (CA Only)

	Total Premium	Employer Cost	Employee Cost
Employee Only	\$872.80	\$694.28	\$178.52
Employee + Spouse	\$1,920.15	\$1,344.90	\$575.25
Employee + Child(ren)	\$1,745.59	\$1,299.28	\$446.31
Employee + Family	\$2,792.95	\$1,959.83	\$833.12

Your **monthly** cost to participate in dental benefits is as follows:

### Cigna Dental

	Total Premium	Employer Cost	Employee Cost
Employee Only	\$43.99	\$30.79	\$13.20
Employee + Spouse	\$88.93	\$62.25	\$26.68
Employee + Child(ren)	\$121.35	\$84.94	\$36.40
Employee + Family	\$193.04	\$135.12	\$57.91

### VSP Voluntary Vision - Paid 100% by Employees

	Total Monthly Premium
Employee Only	\$9.43
Employee + Spouse	\$15.26
Employee + Child(ren)	\$15.57
Employee + Family	\$25.11

## ACCESSING LEGAL PLAN DOCUMENTS & BENEFIT NOTICES

As a plan participant, you are entitled to a comprehensive description of your rights and obligations under the HALL Group Employee Benefits Program. In order to conserve resources and make the required information as accessible as possible, we post this information to our employee benefits website. This site is available to you and your dependents at any time. In order to ensure that you fully understand the benefits available to you and your obligations as a plan participant, it is imperative that you familiarize yourself with the information contained on this site

You are entitled to receive a **paper copy** of any of the below documents free of charge through the HALL Group's Human Resources department.

- Summary Plan Descriptions (SPD)
- Women's Health and Cancer Right Acts
- Evidence/Certificates of Coverage
- Medicare Part D Creditable Coverage Notice
- Summary of Benefits and Coverage (SBC)
- Summary Plan Description (SPD) Wrap Document
- Notice for Employer-Sponsored Wellness Programs
- Special Enrollment Notice
- HIPAA Notices
- Health Exchange Model Notice
- COBRA Notices
- Children's Health Insurance Program
- Summary Annual Report (SAR)
- Notice of Patient Protections
- Mental Health Parity & Addiction Equity Act (MHPAEA) Disclosure
- Newborns' and Mothers' Health Protection Act Notice
- Uniformed Services Employment and Reemployment Rights Act (USERRA) Notice



URL: <https://mybenefits.cc/hallgroup/>

## CARRIER CONTACT INFORMATION

Carrier / Vendor	Group # Reference ID	Phone	Website / Email
Medical: BCBS • HSA • PPO • EPO	002888	800-521-2227	<a href="http://www.bcbstx.com">www.bcbstx.com</a>
Medical: Kaiser	607238	800-464-4000	<a href="http://www.kp.org">www.kp.org</a>
Health Advocacy: Alight Professional Services	N/A	800-513-1667	<a href="mailto:MyHealthPro@alight.com">MyHealthPro@alight.com</a>
Dental: Cigna	3343142	866-494-2111	<a href="http://www.mycigna.com">www.mycigna.com</a>
Vision: VSP	30086121	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Lincoln Financial: Basic Life & AD&D Long-Term Disability Short-Term Disability Voluntary Life & AD&D	SA3-890-446913-01 90446913 SA3-890-446913-01	800-435-7775	<a href="http://www.lincolnfinancial.com">www.lincolnfinancial.com</a>
Flexible Spending & Health Savings Account: WEX	N/A	866-451-3399	<a href="mailto:customerservice@wexhealth.com">customerservice@wexhealth.com</a>
Employee Assistance Program (EAP): Employee Connect	Username: LFGSupport Password: LFGSupport1	888-628-4824	<a href="http://www.guidanceresources.com">www.guidanceresources.com</a>
Cigna Worksite Plans: Accident Critical Illness Hospital Care	AI961305 CI961245 HC960622	800-754-3207	<a href="http://www.cigna.com">www.cigna.com</a>
Hall Group Benefits Team		877-510-8573	<a href="https://mybenefits.cc/hallgroup/">https://mybenefits.cc/hallgroup/</a>

**URL:** <https://mybenefits.cc/hallgroup/>





