DCCM

Benefits Enrollment Guide

November 1, 2026 - October 31, 2027

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Dear Valued Employee:

DCCM recognizes that our employees are the most valuable asset a company can have. We are committed to your wellbeing and realize that each person's needs are unique. Our objective is to provide a benefits package that is comprehensive, affordable, diverse, mindful of our unique corporate culture, and sensitive to our business needs. In consideration of this, we strive to offer a variety of benefits with highly rated carriers and vendors designed to offer you opportunities to mitigate your risks and provide peace of mind to you and your family.

To fulfill these objectives, we are committed to:

- **Continuously evaluating how we choose our healthcare coverage**, how we are using healthcare services and how we can help our employees manage their personal health decisions.
- **Providing affordable opportunities** for our employees to mitigate their financial risks.
- **Communicating with and educating** you about the benefits and resources available to you.

As benefits represent an important component of your total compensation package, we are pleased to provide you with the 2026-2027 benefit offerings included in this guide. Please review this enrollment guide for a summary of the benefits that are available to you and your family for enrollment along with tips and resources that will help you maximize the value of the coverage you elect. This guide will summarize who is eligible to enroll, when you are eligible to enroll, what coverage options are available to you and the cost of coverage. It will also provide you contact information in case you have detailed questions or need more information.

Best Regards,
HR Manager
DCCM

CONTACT INFORMATION

Medical
BCBSTX
Group #: 479996 (PPO plan)
Group #: 479997 (HDHP plan) 1-800-521-2227
www.bcbstx.com

Pharmacy
Prime Therapeutics
1-800-423-1973

Dental
BCBSTX
Group #: 350127
1-800-521-2227
www.bcbstx.com

Telemedicine
MD Live
1-888-680-8646
www.mdlive.com/bcbstx

Blue Points Rewards Program
BCBSTX
wellontarget.com

Vision
BCBSTX
Group #: VF027655
1-855-556-8796
www.eyemedvisioncare.com/bcbstxvis

Disability
BCBSTX
Group #: VF027655
1-877-442-4207
www.bcbstx.com/ancillary

Life with AD&D Insurance
BCBSTX
Group #: VF027655
1-877-442-4207
www.bcbstx.com/ancillary

Voluntary Life with AD&D Insurance
BCBSTX
Group #: VF027655
1-877-442-4207
www.bcbstx.com/ancillary

Flexible Spending Account (FSA)
Marsh McLennan
1-800-580-6854
Spendingaccounts@marshmma.com

Health Savings Account (HSA)
Marsh McLennan
1-800-580-6854
mmaeast.com/sasc

Critical Illness, Accident, & Hospital Indemnity
BCBSTX
Group #: VF027655
1-877-442-4207
www.bcbstx.com/ancillary

Employee Benefits Call Center
SMBO
1-888-650-3003
M-F 7:00am-5:00pm CST
www.dccm-benefits-enrollment.com

My Advocate Services
Billing, Claims & More
1-855-507-0301
MyAdvocateServices.com

ELIGIBILITY

Eligibility for you and your dependents

You are eligible to participate in the group benefit plans if you are an active full-time employee and scheduled to work 30 or more hours per week. Employees are eligible to enroll for benefits on the first of the month following your date of hire. Eligible Employees can enroll eligible dependents in medical, dental, vision, dependent life insurance plans and voluntary benefits.

Eligible dependents include:

- Your legal spouse/domestic partner (or common-law spouse)
- Your natural children, legally adopted children, step children and children for whom you assume legal guardianship up to age 26
- Children age 26 or older incapable of self-support due to a mental or physical condition incurred prior to age 26. You may be required to complete a Handicapped/Disabled Certification form prior to the child attaining age 26

Verification of dependent eligibility will be required upon enrollment.

Qualifying Life Events

The choices you make during your New Hire period or Annual Open Enrollment period are irrevocable until either the next Annual Open Enrollment period or unless you experience a qualifying life event. Qualifying life events include changes to your legal marital status, giving birth or adopting a child, a change in you or your spouse's employment status or your entitlement to Medicare.

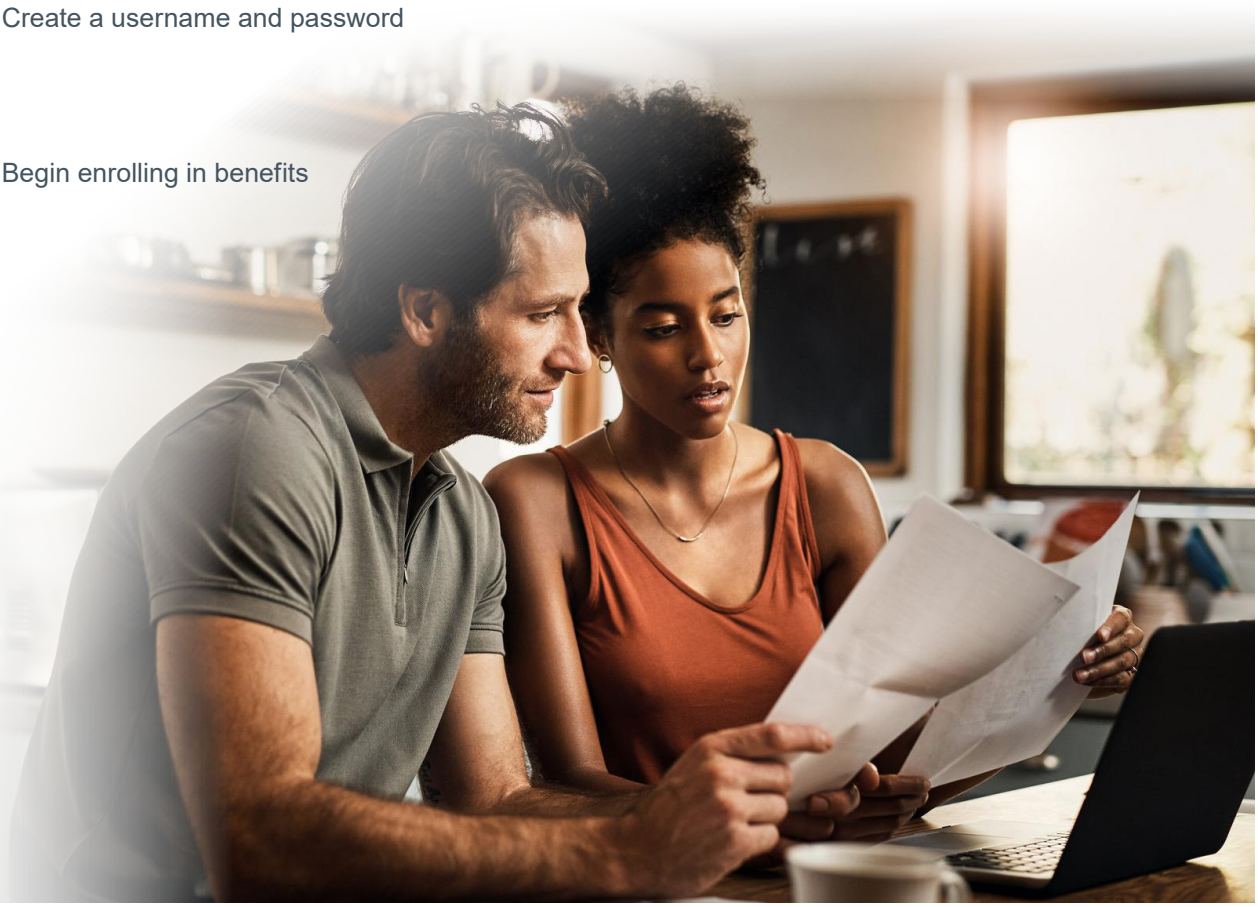
If you anticipate any of these changes, please see Human Resources in advance of the event to verify your right to change plan coverage(s). You must elect your change in benefits within 30 days of the qualified life event. **If you do not notify Human Resources within 30 days of a qualifying event, you will have to wait until the next annual open enrollment period to make benefit changes unless you have another qualifying event.**

- Loss of Essential Coverage
- Loss of COBRA Benefits
- Marriage or Divorce
- Permanent Relocation
- Birth, adoption or new dependent
- Aged off of Parent's Plan
- Change in Citizenship
- Change in Employment Status
- Death in Family
- Change in Government Assistance Eligibility

ENROLLMENT

How to Create an Account with Employee Navigator:

1. Go to **https://www.employeenavigator.com/benefits/account/register**
2. Enter your legal first and last name, last 4 digits of your Social Security Number, and birthdate
3. Enter your company identifier: **DCC2022**
4. Create a username and password
5. Begin enrolling in benefits



Benefits Website

HOW TO ENROLL IN
YOUR BENEFITS

Benefits open enrollment (OE) is the timeframe when employees make changes to their insurance plans.

Open Enrollment for the 2026-2027 plan year is now upon us. DCCM's coverage effective date is November 1, 2026. Your health and wellness is very important to us and we continue to research and provide options that will be beneficial for both you and your families.

To make enrollment easier, you have the ability to enroll over the phone with one of our Enrollment Specialist. Please review the provided benefit information, and when ready, use the call in information below to enroll directly over the phone.

PHONE ENROLLMENT

Enrolling is as easy as 1-2-3.

1. Review benefits material.
2. When ready to enroll, phone the Call Center.
3. Our live enroller will enroll you directly over the phone.

If possible, please be in front of computer.

Benefits Call Center

888-650-3003

Monday-Friday 7:00am-5:00pm CST

www.dccm-benefits-enrollment.com

HIGHLIGHTS

Benefit	Description
Medical & Pharmacy	DCCM will offer 3 plans through BCBSTX for you to choose from: • Base PPO $2,000 deductible with 80% coinsurance • Buy Up PPO $1,000 deductible with 80% coinsurance • HDHP $5,000 deductible with 100% coinsurance with an HSA which DCCM contributes $600
Dental	• $1,500 Annual Max • Orthodontia is covered (children up to the age of 19)
Vision	• EyeMed Insight network • $10 copay vision exam every 12 months
Disability	• DCCM covers 100% of the cost for disability insurance • Short Term and Long Term Disability
Life with AD&D Insurance	• DCCM covers the cost for Basic Life and AD&D insurance • You have the option to enroll in Voluntary Life and AD&D
Flexible Spending Account (FSA)	• Medical FSA, Dependent Care FSA, and Limited Purpose accounts are available
Health Savings Account (HSA)	• DCCM will contribute $600 towards the Employees HSA if enrolled in the High Deductible Health Plan (HDHP)
Worksite Benefit Insurance	• Critical Illness, Accident, and Hospital Indemnity coverage options
Benefits Enrollment Center	• DCCM provides SMBO enrollment services for open enrollment, new hire enrollment, qualified life events (QLE) and benefits education http://www.dccm-benefits-enrollment.com
Behavioral Health Assistance	• DCCM provides virtual behavioral health care visits with MDLive/ BCBStx
Blue Points Health Rewards Program	• If you enroll in a BCBStx plan, you can participate in the Blue Points Rewards Program. This program allows you to earn points for healthy living that you can redeem for gift cards
My Advocate Services	• My Advocate Services can assist you with billing, claims, referrals, cost estimators and benefits education. MyAdvocateServices.com

Q&A

Can you explain the meaning of some of the key terms in this guide?

- *Deductible:* a set dollar amount that a person must pay before insurance coverage for medical expenses can begin. They are usually charged on an annual basis.
- *Coinsurance:* the money that an individual is required to pay for services after the deductible has been met. It is often a specified percentage of the charges.
- *Copayment (aka Copay):* an arrangement where an individual pays a specified amount for various health care services and the health plan or insurance company pays the remainder. The individual must usually pay his/her share when services are rendered. Copayments are usually a set dollar amount.
- *Out-of-pocket Maximum:* the total amount paid each year by the member for the deductible, coinsurance, copayments and other covered health care expenses, excluding the premium. After reaching the out-of-pocket maximum, the plan pays 100% of the allowable charges for covered services the rest of that year.

How much life insurance do I need? Many people decide based on an income replacement calculation, between 5 and 10 times the amount of your current income. Think about your personal circumstances: Is yours the sole income in your household? Are there other expenses, such as college tuition, that may arise in the future? Don't forget to include potential medical and funeral costs. Above everything, you want to be sure your family does not get stuck with bills, debts or expenses that they cannot afford. Depending on your needs, you may want to consider buying supplementary coverage beyond what offers.

How much should I contribute to my FSA? Review your out-of-pocket medical expenses and/or dependent daycare expenses from last year.

Can the FSA pay for my health insurance premiums? No.

Why might I want Hospital Indemnity/Accident/Critical Illness coverage if I am enrolled in a major medical plan? These plans are not intended to replace major medical coverage. These plans complement medical plans by eliminating the concern of having to pay for a high deductible or other out-of-pocket expenses in the event of applicable catastrophic events. These plans can serve as an affordable way to fill in a gap in coverage and help reduce your financial risks.

MOBILE APPS

Put your smartphone to work for you! Download these free apps from Google Play or Apple store.

BCBSTX Mobile App

BCBSTX

Features:

- Find an in-network doctor, hospital, or urgent care facility
- Access your claims, coverage, and deductible information
- Receive important notifications (push notifications must be turned on
- View and email your member ID Card
- Text BCBSTXAPP to 33633 to get the app or visit www.bcbstx.com/mobile

MD Live App

MD Live

Features:

- 24/7 access to an independently contracted, board-certified doctor
- Access via online video, mobile app or telephone
- If necessary, e-prescription sent to your local pharmacy
- Go to Blue Access for Members or MDLIVE.com/bcbstx to activate your account.

Spending Account Service Center

Spending Account Service Center

Features:

- Download the Spending Account Mobile Center App At the App Store or Google Play
- Enter Username and Password

  USERNAME: Last name + MMDDYY (Date of Birth) + ACCESSCODE
  (Example: Smith062478ACCESSCODE)

  PASSWORD: DDMMYY (Date of Birth)
- User Fingerprint or Login to begin using the Mobile App

Billing & Claims Assistance

Coordinate resolution of billing errors, claim denials & copay applications

Benefits Education

Plan comparisons, enrollment & covered services

Coordination of Care

Referrals, scheduling, & cost estimations

BluePeak has partnered with **MyAdvocate** to help you navigate your benefits. Simply contact MyAdvocate for expert, peace of mind answers to your most complicated healthcare related questions and challenges.

To get started, call or visit **MyAdvocateServices.com** to complete the online intake process or call **855-507-0301**

Want to learn more details about all of the services that MyAdvocate provides? Scan this QR code with your mobile device to view more!

This communication represents a brief summary of the various benefits available to you and is provide for reference only. The actual policies issued by the Insurance Carrier determine coverage and contain exclusions, limitations, full coverage terms, conditions and requirements. Any notices included in this document do not replace an Employer's requirement for communication.

HEALTHCARE BENEFITS

MEDICAL | HSA | DENTAL | VISION | FSA

MEDICAL

BCBSTX

You have three medical plan options to choose from:

BCBSTX High Deductible Health Plan	BCBSTX Base PPO Plan	BCBSTX Buy Up PPO Plan
Annual Deductible: $5,000 Individual $10,000 Family	**Annual Deductible:** $2,000 Individual $6,000 Family	**Annual Deductible:** $1,000 Individual $3,000 Family
Out-of-Pocket Maximum: $5,000 Individual $10,000 Family	**Out-of-Pocket Maximum:** $5,000 Individual $14,700 Family	**Out-of-Pocket Maximum:** $4,000 Individual $12,000 Family
Office Visits: Deductible for Primary Care	**Office Visits:** $40 copay for Primary Care $60 copay for Specialist	**Office Visits:** $20 copay for Primary Care $40 copay for Specialist
Telemedicine: $48 Consultation Fee	**Telemedicine:** $40 Copay	**Telemedicine:** $20 Copay

Your Medical Coverage

DCCM offers three medical plan options through Blue Cross Blue Shield of Texas (BCBSTX) for your healthcare benefits. BCBSTX has contracted with a network of providers, including physicians, hospitals, and other types of providers. In order to receive the highest level of benefits and pay the least amount out of your pocket, you need to access care from the providers who have elected to be a part of the network.

- In-network hospitals, physicians, and other healthcare providers have a contract with BCBSTX for furnishing healthcare services at a reduced price.
- Out-of-network providers do not contract with BCBSTX. If you use out-of- network providers, you may be responsible for filing your own claims and paying the difference between the provider's charge and the allowed amount. The allowed amount may be based on the negotiated rate payable to in-network providers in the same area or the average charge for care in the area.

To maximize your benefits, always use in-network providers for services covered by your health benefit plan. Your provider network is Blue Choice PPO

To locate a network provider, visit www.bcbstx.com/find-a-doctor-or-hospital and select either Member Login or Search as a Guest, type in your zip code and then under the Plan Drop down list, select Blue Choice PPO [BCA].

TIP

You will receive your medical ID cards 2-3 weeks after you enroll. If you need care before you receive your card please call BCBSTX.

Medical Summary of Benefits

Medical Plan Highlights			
Plan Type	**High Deductible Health Plan**	**Base PPO Plan**	**Buy Up PPO Plan**
In-Network			
Employee Deductible	$5,000	$2,000	$1,000
Family Deductible	$10,000	$6,000	$3,000
Employee Out-of-Pocket	$5,000	$5,000	$4,000
Family Out-of-Pocket	$10,000	$14,700	$12,000
Coinsurance (what you pay)	0%	20%	20%
Preventive Care	Covered in full	Covered in full	Covered in full
Primary Care	Deductible Only	$40 Copay	$20 Copay
Specialist	Deductible Only	$60 Copay	$40 Copay
MD Live Virtual Visit	$48 Fee	$40 Copay	$20 Copay
Inpatient Hospital	Deductible Only	Deductible then 20%	Deductible then 20%
Outpatient Surgery	Deductible Only	Deductible then 20%	Deductible then 20%
Urgent Care	Deductible Only	$75 Copay	$75 Copay
Emergency Room	Deductible Only	$500 Copay then 20%	$250 Copay then 20%

Medical Deductions - Monthly			
Plan Type	**High Deductible Health Plan**	**Base PPO Plan**	**Buy Up PPO Plan**
Employee Only	$0.00	$101.43	$164.33
Employee + Spouse	$326.61	$483.86	$789.01
Employee + Child(ren)	$206.86	$326.68	$609.30
Family	$424.27	$602.32	$1,026.55

This page is a summary only. For a complete list of benefit restrictions, limitations and exclusions, please refer to your Certificate of Coverage.

Prescription Medication Coverage

Our medical coverage through BCBSTX includes a Prescription Drug Program. The cost of each prescription is determined by the tier it falls under. The three tiers are Generic, Preferred Drugs, and Non-Preferred drugs. You can find in-network pharmacies and a list of covered prescriptions at www.myprime.com.

Generic Drugs

To get more out of your health care plan, choose Generic drugs when possible. Generic drugs are the chemical equivalent of their more expensive brand name drug counterparts. Even if your doctor prescribes you a brand name drug, you can always ask for the Generic equivalent.

Preferred Drugs

Preferred brand drugs are prescriptions that your pharmacy benefit plan has selected as the most effective and cost efficient to treat certain conditions or illnesses. These brand name drugs are often more expensive than their generic counterpart.

Non-Preferred Drugs

Non-preferred brand drugs treat conditions or illnesses that can also be treated by a preferred brand or generic prescription. These drugs typically have a higher copayment.

Prescription Drug Tier Pricing			
Retail Rx	High Deductible Health Plan	Base PPO Plan	Buy Up PPO Plan
Generic	Deductible Only	$20 Copay	$15 Copay
Brand formulary	Deductible Only	$70 Copay	$40 Copay
Brand non-formulary	Deductible Only	$120 Copay	$70 Copay
Specialty	Deductible Only	$200 Copay	$150 Copay
Mail Order	Deductible Only	2.5x cost of retail	2.5x cost of retail

*Search for Prescription Drugs Online: Go to https://www.myprime.com/

Teladoc HEALTH

Health experts in your corner, from anywhere

Discover a one-of-a-kind approach to managing chronic conditions.

Diabetes Management

A personalized way to help manage diabetes. Get tools and support to track blood sugar levels and develop healthier lifestyle habits.

Program includes:

- A connected blood glucose meter
- Unlimited strips and lancets
- Tips, action plans and one-on-one coaching
- Real-time support for out-of-range readings

Hypertension Management

Take control of your heart health with guidance and a personalized plan. With a smart blood pressure monitor, you can track, get support, set up reminders and message a coach, all in one place.

Program includes:

- A connected blood pressure monitor
- Step-by-step action plans based on your goals
- Tips on nutrition and activity
- One-on-one support from expert coaches

Depending on your eligibility, you may see communications for one or more of these programs. Upon enrollment, you'll receive support for the programs that fit your unique needs.

Enroll now

Visit **TeladocHealth.com/Smile or call 800-835-2362**

Las comunicaciones del programa Teladoc Health están disponibles en español. Al inscribirse, podrá configurar el idioma que prefiera para las comunicaciones provenientes del medidor y del programa. Para inscribirse en español, llame al 800-835-2362 o visite TeladocHealth.Com/Hola

Program includes trends and support on your secure Teladoc Health account and mobile app but does not include a phone or tablet. You must have an iPhone or Android smartphone and install the Teladoc Health app to participate in the Teladoc Health program.

This program is offered at no cost to you by your health plan or employer.

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BlueCross BlueShield of Texas

Feel Like Yourself Again

Behavioral health is a key component to overall good health. Your Blue Cross and Blue Shield of Texas benefit includes virtual behavioral health care visits with MDLIVE® board-certified doctors and licensed therapists.

Virtual Visits connect you with an independently contracted, board-certified doctor or therapist by secure online video. There's no travel and no waiting room—just a convenient, affordable and confidential consultation in the comfort of your own home, office or on-the-go. Services are available in both English and Spanish with translation services available for other languages.

Virtual Visits can help you with:

- Depression
- Eating disorders
- Grief and loss
- Men's issues
- Panic disorders
- Parenting issues
- Relationship and marriage issues
- Stress
- Substance use disorders
- Trauma and PTSD
- Women's issues
- And more!

Scan this QR code to activate your Virtual Visits account, or call 888-680-8646.

Download the MDLIVE app to get appointment reminders, secure messaging and important notifications.

First, call your doctor's office; they may also offer telehealth consultations by phone or online video. If you have any questions about this or any other benefit, please call the number on the back of your ID card.

Internet/WiFi connection is needed for computer access. Data charges may apply when using your tablet or smartphone. Check your phone carrier's plan for details.

Virtual Visits may be limited by plan. For providers licensed in New Mexico and the District of Columbia, Urgent Care service is limited to interactive online video; Behavioral Health service requires video for the initial visit but may use video or audio for follow-up visits, based on the provider's clinical judgment. Behavioral Health is not available on all plans.

MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Texas. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.

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BlueCross BlueShield of Texas

Blue Points℠ Are Rewards for Healthy Living

It may be hard to consistently maintain a healthy lifestyle. That's why the Well onTarget program offers a little motivation with Blue Points rewards.[1] The program may help you get on track, and stay on track, to reach your wellness goals.

With the Blue Points program, you will be able to earn points for regularly participating in many different healthy activities. You can redeem these points for gift cards for yourself or friends and family.

Well onTarget®

Created with your needs in mind, the Blue Points program has many convenient, user-friendly, personalized and flexible features:

Earn Points Instantly

The program gives you points immediately, so you can start using them right away.[2]

Easily Manage Your Points

The interactive Well onTarget portal, available at **wellontarget.com**, employs the the latest user-friendly technology. This makes it easy to find out how many points are available for you to earn. You can also track the total number of points you've earned year-to-date. All of your points information will appear on one screen.

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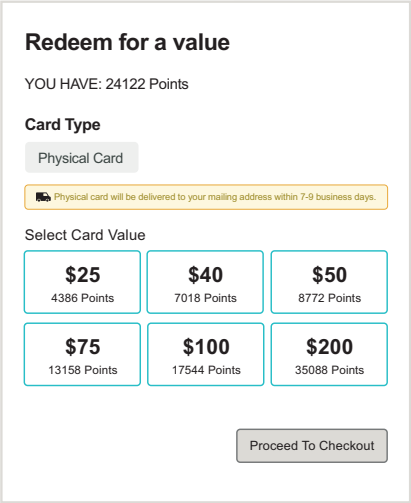
Choose from a Selection of Gift Card Rewards.

Redeem your points for gift cards.[3, 4] They'll be available at **wellontarget.com** and in the AlwaysOn mobile app. Example of redemption below:



Participate in Activities That Match Your Goals

Look how quickly your Blue Points can add up! Here are some sample activities you can complete to earn Blue Points:

Activities	Potential Blue Points Amounts
Completing the Health Assessment every six months[4]	2,500 points every six months
Complete a Self-management Program	1,000 points per quarter
Using the trackers to track your progress toward your goals	10 points, up to a maximum of 70 points per week
Enrolling in the Fitness Program	2,500 points
Adding weekly Fitness Program center visits to your routine	Up to 300 points each week
Completing Progress Check-ins	Up to 250 points per month
Connecting a compatible fitness device or app to the portal	2,675 points
Tracking progress using a synced fitness device or app	55 points per day

Log on to **wellontarget.com** today to find all the interactive tools and resources you need to start racking up Blue Points. Keep yourself motivated to earn more points by seeing the gift cards you can select from and checking out all the rewards you can earn for adopting — and continuing — healthy habits.

1. Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for more information. Blue Points will expire 90 days after coverage on a qualifying BCBSTX plan terminates.
2. This does not apply to points you earn for completing Fitness Program activities.
3. Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.
4. Merchants are subject to change.

Well onTarget is a voluntary wellness program. Completion of the Health Assessment is not required for participation in the program. Well onTarget is an informational resource provided to members and is not a substitute for the independent medical judgment of a health care provider. Members are instructed to consult with their health care provider before beginning their journey toward wellness.

The Fitness Program is provided by Tivity Health®, an independent contractor that administers the Prime Network of fitness centers. The Prime Network is made up of independently owned and operated fitness centers.

AlwaysOn is owned and operated by Onlife Health Inc. Onlife Health Inc. is an independent company that provides digital health management for Blue Cross and Blue Shield of Texas.

MAKING THE MOST OF YOUR BENEFITS

Staying In-Network

BCBSTX has contracted with a network of providers, including physicians, hospitals and other types of providers. In order to receive the highest level of benefits and pay the least amount out-of-pocket, you need to access care from the providers who have elected to be part of the network. This plan does allow you to seek care from a provider who is not in the network. Just remember that if you make this choice, you will be required to pay a larger portion of the expenses out of your pocket, and the expenses may be subject to the Reasonable and Customary charging pattern for the area. This could also result in a greater out-of-pocket expense for you. We want you to get the most from your healthcare plan.

How to find an in-network provider:

- Your provider network is: Blue Choice PPO
- To locate a network provider, visit www.bcbstx.com/find-a-doctor-or-hospital and select either Member Login or Search as a Guest, type in your zip code and then under the Plan Drop down list, select Blue Choice PPO [BCA]
- Call: 1-800-521-2227 or visit www.bcbstx.com/member

BlueCross BlueShield of Texas

From the beginning, you're covered!*

Blue Cross and Blue Shield of Texas is collaborating with Maven Clinic to support you from preconception through midlife.*

Program Options

Fertility and Family Building	Pregnancy and Postpartum	Parenting and Pediatrics	Menopause and Midlife
Includes information on getting pregnant, IVF, surrogacy and adoption	Supports mom and baby through the first year of baby's life	Family health focused content for children up to 18 years of age	Focused support for managing midlife

*Check your benefits to find out which programs are available to you.

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Hinge Health

Your partner for pain relief

With Hinge Health, you can get virtual physical therapy and more from real people who are dedicated to helping you feel your best.

Specialized care, personalized for you

Reduce everyday joint and muscle aches. Recover from an injury. Relieve pelvic pain and discomfort.

- A care plan designed for your everyday activities and long-term goals - and to treat multiple areas of your body at once
- Access exercise therapy sessions you can do in as little as 15 minutes - anytime, anywhere with the Hinge Health app
- Get 1-on-1 support from a physical therapist or health coach to tailor your sessions as needed and help you reach your goals

Scan the QR code or visit:
hinge.health/enroll-join

Please use the default camera on your device to scan the QR code, not a third-party application. If you are directed to a site other than the URL listed above, do not proceed.

Hinge Health está disponible en español
Alivia los dolores articulares y musculares y previene las lesiones con tus benecios de salud gratuitos.

Employees and dependents 18+ enrolled in the company-sponsored health insurance plan are eligible.

Los participantes deben tener 18+ años y estar inscritos en un plan médico a través de su empleador.

Both you and your partner can join today.

Just follow these steps to join:

1

Scan these QR codes to download the app.

Android iOS

2

Create an account using your personal email. You will then need to provide details such as your legal name and date of birth.

3

Schedule your introduction appointment with a Care Advocate. This is optional but recommended.

Dedicated Care Advocate

You'll be paired with a Care Advocate, who can answer questions, help you find resources, and manage your care between BCBSTX and Maven. Video and messaging options are offered. There are Care Advocates available to help you in 35+ languages.

Learning

You have access to a wide range of topics that are personalized based on where you are on your health journey. This includes webinars, articles, helpful tips, virtual and live group classes and more.

Virtual Coaching

You will have 24/7 access to Maven providers and coaches across 30+ specialty types, including:

Doctors

- Reproductive endocrinologists
- OB-GYNs
- Pediatricians

Other Health Providers

- Lactation consultants
- Mental health counselors
- Doulas
- Nutritionists

Coaches

- Adoption
- Surrogacy
- Sleep
- Parenting
- Menopause
- Career

"Maven has been such an amazing program during an overwhelming time. I can't say enough good things about the platform and app, my Care Advocate, and all of the amazing providers!"

– Maven Member

If you have any questions or issues enrolling, please contact the Care Team at **support@mavenclinic.com**. You can also call the number on the back of your member ID card.

Maven Clinic is an independent company that has contracted with Blue Cross and Blue Shield of Texas to provide care and disease management for members with coverage through BCBSTX. BCBSTX makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

wondr

Weight loss isn't one-size-fits-all

Meet Wondr, the weight-loss program that fits you.

Wondr is a skills-based digital weight-loss program that teaches you the skills to:

- ☑ **Lose weight**
- ☑ **Increase your energy**
- ☑ **Improve your sleep**

and be your healthiest self—while eating the foods you love. Our program is based on behavioral science and takes a personalized approach that fits into your life—**at no cost to you.***

Get started today at wondrhealth.com/BCBSTX

Science-backed video lessons

Every week, experts in diet, exercise, sleep, stress, and more, will teach you behavior-change skills to feel better and live stronger, for life.

Exclusive rewards

Celebrate progress toward your health goals with rewards like exclusive recipes and meal plans to help keep you accountable along the way.

Content tailored to YOU

Based on your health profile, we serve up relevant, bite-sized content from our library, that addresses your unique challenges and goals.

A supportive community

WondrLink is our online community, where our coaches are ready to support and encourage you every step of the way. Plus, you can share and gain tips and tricks from participants like you.

*Employees, spouses and covered dependents age 18 and over enrolled in the BCBSTX medical plan are eligible to apply to the program.

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wondr

HEALTH SAVINGS ACCOUNT

Marsh McLennan Agency

A Health Savings Account (HSA) allows you to set aside money on a pretax basis to pay for qualified expenses, such as doctor visits, prescriptions, braces, or even Lasik eye surgery, with tax-free dollars.

There is no use it or lose it rule with HSAs. Any remaining balance at the end of the year will roll over into the next plan year. HSAs are also portable. This means that if you were to change jobs or health plans, the money in your account stays with you.

One of the best parts of the HSA is its triple-tax advantage: tax-free deductions when you contribute to your account, tax-free investment earnings, and tax-free withdrawals for qualified medical expenses. You earn tax-free interest on the money in your HSA account. You may also have the option to invest the money in your HSA.

You will receive a card linked to your account to pay for qualified expenses. You may be penalized or taxed if you use your HSA funds to pay for ineligible expenses. A full list of qualified expenses can be found on the IRS website at www.irs.gov (section 213(d)).

Eligibility

- You are enrolled in the High Deductible Health Plan (HDHP); and,
- Are not covered under another medical plan such as Medicare, Tricare or a spouse's medical plan (not an HDHP) which provides similar coverage; and,
- Cannot be claimed as a dependent on another person's insurance policy or tax return.

Just a few examples of HSA eligible expenses:

- Acupuncture
- Alcoholism
- Ambulance
- Annual Physical Examination
- Artificial Limb
- Bandages
- Birth Control Pills
- Breast Pumps and Supplies
- Breast Reconstruction Surgery
- Contact Lenses
- Crutches
- Dental Treatment
- Diagnostic Devices
- Eye Exam
- Eyeglasses
- Hearing Aids
- Home Care
- Hospital Services
- Learning Disability
- Legal Fees
- Nursing Home
- Optometrist

$600
COMPANY CONTRIBUTION

2026 IRS Calendar Year Contribution Limits

$4,400
INDIVIDUAL

$8,750
FAMILY

$1,000
AGE 55+ CATCH UP

2027 IRS Calendar Year Contribution Limits

$4,500
INDIVIDUAL

$9,000
FAMILY

$1,000
AGE 55+ CATCH UP

DENTAL

BCBSTX

You have one dental plan option through BCBSTX. Although you can use an out-of-network dentist, you will save the most money out of your pocket by using BCBSTX dentists who have agreed to give you negotiated rates. To locate in-network dentists, visit **www.bcbstx.com/find-a-doctor-or-hospital** select Blue Care Dental network.

Your Dental Plan

BCBSTX Plan

COVERED AT **100%** — **Preventive Services:** x-rays, cleanings, exams

COVERED AT **80%** — **Basic Services:** fillings, endodontics, periodontics

COVERED AT **50%** — **Major Services:** implants, crowns, bridges, prosthetics

Dental Summary of Benefits	In-Network	Out-of-Network
Calendar Year Benefit Maximum	$1,500	
Calendar Year Deductible *(applies to Basic & Major Only)*	$50 Individual $150 Family	
Preventive Services	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Orthodontics *(for children up to age 19)*	50%	50%
Lifetime Orthodontia maximum	$1,500	

Dental Deductions - Monthly	
Employee Only	$26.55
Employee + Spouse	$75.59
Employee + Child(ren)	$71.49
Family	$124.83

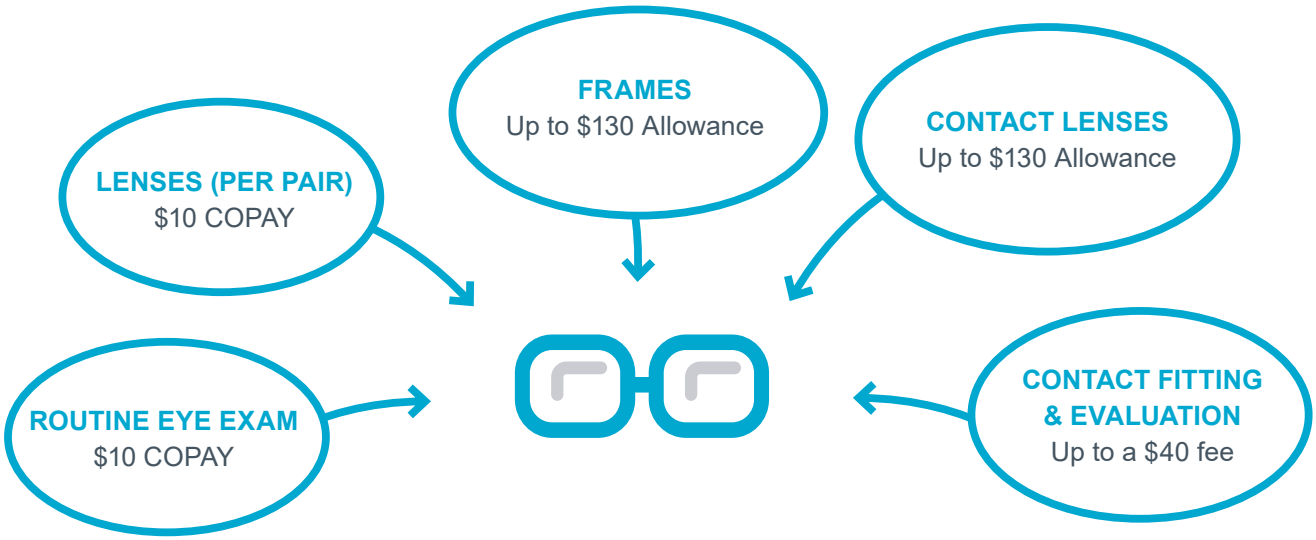
TIP

Minimize your out-of-pocket expenses for dental care by asking your dentist for a pre-treatment estimate before you agree to receive any prescribed major treatment. Your dentist may be able to present alternative treatment options that will lower your share of the bill while still meeting your basic dental care needs.

This page is a summary only. For a complete list of benefit restrictions, limitations and exclusions, please refer to your Certificate of Coverage.

VISION

EyeMed by BCBSTX



Whether you have glasses, contacts, or even 20/20 vision, DCCM offers a comprehensive vision benefit that is administered by BCBSTX and provided by EyeMed. Vision insurance is the key to maintaining good eye health, as annual exams may detect early warning signs of various health conditions.

Discovering Your Provider Network

For a complete list of in-network providers near you, visit www.eyemedvisioncare.com/bcbstxvis or call 1-855-556-8796

Additional Discounts

Additional discounts may be available for Laser Surgery and additional materials. Please refer to the plan summary for a complete listing.

Vision Summary of Benefits	
Routine Eye Exam *(once every 12 months)*	$10 Copay
Lenses *(once every 12 months)*	
Single	$10 Copay
Bifocal	$10 Copay
Trifocal	$10 Copay
Frames *(once every 24 months)*	Up to $130 Allowance, 20% off balance over $130
Contact Lenses *(in lieu of glasses)*	Up to $130 Allowance, 15% off balance over $130
Contact Fitting & Evaluation	Up to $40 fee

Vision Deductions - Monthly	
Employee Only	$2.81
Employee + Spouse	$8.41
Employee + Child(ren)	$11.19
Family	$18.19

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FLEXIBLE SPENDING ACCOUNT

Marsh & McLennan Agency

Effective 1/1/2027 - 12/31/2027

A Flexible Spending Account, or FSA, is an account set-up by your employer that allows you to pay for medical and dependent care expenses on a pre-tax basis. Pre-tax means before federal, state, and social security taxes are deducted from your paycheck. Refer to the IRS website for a full list of qualified and unqualified expenses. Our FSA Administrator is Marsh & McLennan Agency.

Eligibility

Eligibility		
Type	Base PPO, Buy Up PPO, or not enrolled in medical, dental or vision	HSA Plan
Health Care FSA	Yes	No
Dependent Care FSA	Yes	Yes
Limited Purpose FSA	No	Yes

2026 IRS CALENDAR YEAR CONTRIBUTION LIMITS

$3,400

HEALTH CARE FSA

$7,500

DEPENDENT CARE FSA **(JOINT)**

$3,750

DEPENDENT CARE FSA (SINGLE/MARRIED FILING SEPARATE)

$3,400

LIMITED PURPOSE FSA

Contribution Limits will be based on the 2027 limits once the 2027 limits are released by the IRS.

There are 3 types of FSA's:

General Purpose Health Care FSA

- Access to entire amount of money you set aside for the plan year on the first day of the plan
- Forfeit any money remaining in the account at the end of the plan year. The plan allows a 2 1/2 month grace period at the end of the plan year to use up the remaining balance. At the end of the grace period all funds will be forfeited.
- You will receive a debit card that can be used at your doctor's office or pharmacy for qualified expenses.

Dependent Care FSA

- Use pre-tax income for dependent care for children up to age 13 who are being cared for while you or your spouse are working or seeking employment
- Eligible dependents could also include a spouse or other IRS dependent who is mentally or physically disabled.
- Qualified expenses include daycare and at-home care services. Ineligible expenses include tuition for kindergarten or private schools, sports camps, or overnight camps.

Limited Purpose FSA

- Works like a healthcare FSA, but is limited to reimbursement of dental and vision expenses only
- Pairs well with an HSA, and only available if you are enrolled in the Medical HDHP plan

YOUR LIFE. YOUR WORK.

LIFE INSURANCE | DISABILITY

LIFE AND AD&D

BCBSTX

When the unthinkable happens, you want to know your family is covered. DCCM provides full-time employees with life and accidental death and dismemberment (AD&D) insurance through BCBSTX, and pays the full cost of this benefit. You also have the option to purchase supplemental life insurance through BCBSTX.

Your Life Insurance benefits reduce by:

- 35% at age 65
- Another 15% at age 70

Employer Paid Basic Life Insurance

Life insurance provides you with the peace of mind knowing that if you are no longer able to financially provide for your family due to death that they will receive some financial benefit.

Employer Paid Accidental Death & Dismemberment

If you pass away as the direct result of an accident, your beneficiary will receive both the life and AD&D portion of the benefit. If you suffer a covered accidental injury such as loss of speech and hearing, quadriplegia, paraplegia, loss of limb, or thumb and index finger, you would be the beneficiary of a benefit (based on the type of loss).

Life and AD&D Summary of Benefits	
Employee Benefit	1x annual earnings up to $300,000
Basic AD&D Benefit	1x annual earnings up to $300,000
Living Benefit (Accelerated Death Benefit)	Up to 75% of the employee's benefit amount

Beneficiary Designation

You MUST designate a beneficiary for your Life and AD&D insurance when you become eligible for coverage or upon enrollment. Your "beneficiary" is the person (or people, estate, trust, etc.) who will receive your life insurance benefits if you die.

You must elect a primary beneficiary (the first to receive benefits) and you may also elect a secondary beneficiary (if no surviving primary beneficiaries).

Texas is a community property state and if you designate someone other than your spouse as a beneficiary, your spouse must consent to such designation.

If you do not name a beneficiary, or if there are no surviving beneficiaries, in the event of your death, benefits will be paid to your estate.

Beneficiaries can be changed at anytime through Employee Navigator.

VOLUNTARY LIFE & AD&D

BCBSTX

Voluntary life and accidental death and dismemberment (AD&D) insurance is available to supplement your employer paid life benefit. You can elect increments of $10,000 up to a max of $500,000. There is a guaranteed issue amount of $150,000 if you are a new enrollee or if this is a special enrollment period.

What does "Guaranteed Issue" mean? Guaranteed issue is a term used in health insurance to describe a situation where a policy is offered to any eligible applicant without regard to health status.

Voluntary Life Summary of Benefits		
	Benefit Amount	**Guarantee Issue***
Employee Life and AD&D Benefit	Increments of $10,000, 5x annual salary up to $500,000	$150,000
Spouse Life and AD&D Benefit	Increments of $5,000, up to $250,000	$50,000
Child(ren) Life Benefit	Birth to 6 months: $1,000 6 months to 26 years: Increments of $1,000 up to $10,000 max	$10,000

** The amount of coverage permitted without completing a health questionnaire for new hires.*

Employee & Spouse – Monthly Rate for each $1,000 of Voluntary Life and AD&D Insurance Coverage												
Age	< 20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate	$0.08	$0.08	$0.09	$0.11	$0.12	$0.13	$0.18	$0.26	$0.47	$0.70	$1.32	$2.13

Child Coverage	
Per $1,000	$0.33

DISABILITY

Employer Paid Short Term & Long Term Disability

Accidents and illnesses happen every day. How long would your money last if your paycheck suddenly stopped? Thankfully, there is insurance that pays you an income if you become temporarily or permanently disabled.

DCCM provides full-time employees with short term and long term disability income benefits, and pays the full cost of this coverage.

Employer-Paid Short Term Disability

Your Short Term Disability (STD) plan will replace 60% of your weekly income to a maximum of $1,500, in the event that you become disabled due to a non-work-related illness or accident. Coverage begins after you complete a 7 day waiting period and will last until the earlier of 90 days or you are no longer disabled.

Employer-Paid Long Term Disability

Long Term Disability (LTD) will replace 60% of your monthly income to a maximum of $7,500, in the event that your disability continues beyond 90 days.

Disability Summary of Benefits	Short Term Disability	Long Term Disability
Elimination Period	7 days	90 days
Duration of Benefit	12 weeks	Up to Social Security Normal Retirement Age (SSNRA)
Percentage of Income Replacement	60% of weekly earnings	60% of monthly earnings
Maximum Benefit	$1,500 weekly	$10,000 monthly
Pre-Existing Conditions	None	3/12 A Pre-Existing Condition is a Sickness or Injury for which you have received treatment within 3 months prior to your effective date. Any disability contributed to or caused by a Pre-Existing Condition within the first 12 months of your effective date will not be covered.

What does “elimination period” mean? The elimination period is a period of time an employee must be disabled before benefits are paid.

What are “pre-existing conditions”? A pre-existing condition is one that you have previously received consultation, medical treatment, care or medicine for.

ADDITIONAL BENEFITS

CRITICAL ILLNESS | ACCIDENT | HOSPITAL INDEMNITY

CRITICAL ILLNESS

BCBSTX

Critical illness can affect any one at any time.

Critical Illness insurance pays a benefit upon the diagnosis and/or treatment of a named critical illness or certain category of major surgery. Plan options let you choose the amount of coverage you need.

The reasoning behind a critical illness policy is that someone with employer provided health care coverage and disability coverage could still incur a large amount of costs in copayment, deductibles, coinsurance, and non-covered items in the event of a critical illness.

Critical illness policies help to pay these expenses, and assist someone during their recovery by paying the insured a cash benefit. Depending on your carrier, you can choose $10,000-$40,000 of coverage. This money would be paid to you in cash for you to use as you see fit.

What is considered a "critical illness"?

Critical illness insurance provides coverage if you experience one or more of the following medical emergencies:

- Heart attack
- Stroke
- Organ transplants
- Cancer
- Coronary bypass

Critical Illness Summary of Benefits		
	Coverage Amount	Guaranteed Issue
Employee	Increments of $10,000 up to $40,000	$40,000
Spouse	Increments of $10,000 up to $40,000	$40,000
Child	Increments of $5,000 up to $20,000	$20,000

Critical Illness Covered Conditions	
Condition	Benefit Percentage
Invasive Cancer	100%
Heart Attack	
Stroke	
Major Organ Transplant	
End State Renal Failure	
Paralysis	
Benign Brain Tumor	
Coma-Brain Injury	
Loss of Sight, Speech, or Hearing	
Major Burns	
Advanced Alzheimer's Disease, Advanced Multiple Sclerosis, Advanced Parkinson's Disease	
Amyotrophic Lateral Sclerosis (ALS)	
Occupational HIV	
Severe COVID 19 Infection	
Child Benefits: Cerebal Palsy, Cleft Lip or Palate, Cystic Fibrosis, Down Syndrome and Spina Bifida	
Carcinoma in-situ	25%
Major Heart Surgery	
Coronary Angioplasty	10%
Skin Cancer	
Wellness	$50 per calendar year for Employee and covered Spouse

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ACCIDENT INSURANCE

BCBSTX

Accidents happen. Accident Insurance can help.

Accident coverage is one of the more common benefits people choose to elect. Any guesses why? It's because accidents are a leading cause of injury for people under age 40, and because they occur more randomly than sickness. Accident insurance pays you with cash benefits for expenses that may not be fully covered by your comprehensive health insurance, including:

- Treatment for an injury
- Ambulance cost for transportation to a hospital
- X-ray or lab exams
- Hospital confinement

Accident Insurance Payroll Deductions - Monthly Rates	
Employee Only	$14.81
Employee + Spouse	$25.03
Employee + Child(ren)	$28.94
Family	$39.16

A short list of what your Accident Insurance covers*:

Accidental Death $150,000
Air Ambulance $1,500
Ambulance $200
X-Ray Benefit $50
Hospital Admission $1,200
Hospital ICU Admission $2,000
Hospital Confinement *(per day up to 365 days)* $250
Hospital ICU Confinement *(per day up to 14 days)* . $500
Emergency Room $150
Urgent Care $150
Wellness $50

** depending on injury location*

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HOSPITAL INDEMNITY

BCBSTX

Hospitalization is unplanned.

Even with your employer's medical insurance, the cost of a hospital stay can be overwhelming. According to HealthCare.gov, the average price for a three-day hospital stay is $30,000.

Voluntary hospital indemnity coverage pays a fixed, pre-determined dollar amount for each day the insured is confined to a hospital for either sickness or injury. The plan pays benefits without regard to actual medical expenses and do not decrease if benefits are paid by other coverage. It can also cover unforeseen expenses such as travel, child care during hospital visits, and home maintenance expenses.

Anyone who is concerned about the cost of hospitalization or the potential impact on personal finances would be a good candidate for this type of policy.

Hospital Indemnity Deductions - Monthly		
	Low Plan	High Plan
Employee Only	$17.50	$32.44
Employee + Spouse	$36.86	$68.56
Employee + Child(ren)	$29.83	$55.07
Family	$49.18	$91.20

Hospital Indemnity Benefits		
Payable per benefit year	**Low Plan**	**High Plan**
Hospital Admission	$1,000 payable 1 time	$2,000 payable 1 time
Daily Hospital Confinement	$100 per day, up to 30 days	$200 per day, up to 30 days
ICU Admission	$1,000 payable 1 time	$2,000 payable 1 time
Daily ICU Confinement	$100 per day, up to 10 days	$200 per day, up to 10 days
Additional & Enhanced Benefits	**Low Plan**	**High Plan**
Wellness Screening	$50 per day, 1 day per insured per benefit year	$50 per day, 1 day per insured per benefit year
Covered Conditions	**Low Plan**	**High Plan**
Pre-Existing Conditions Limitation	None	None
Maternity Limitation	None	None
Mental/Nervous Exclusion	None	None
Substance Abuse Exclusion	None	None

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MARSH AGENCY

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