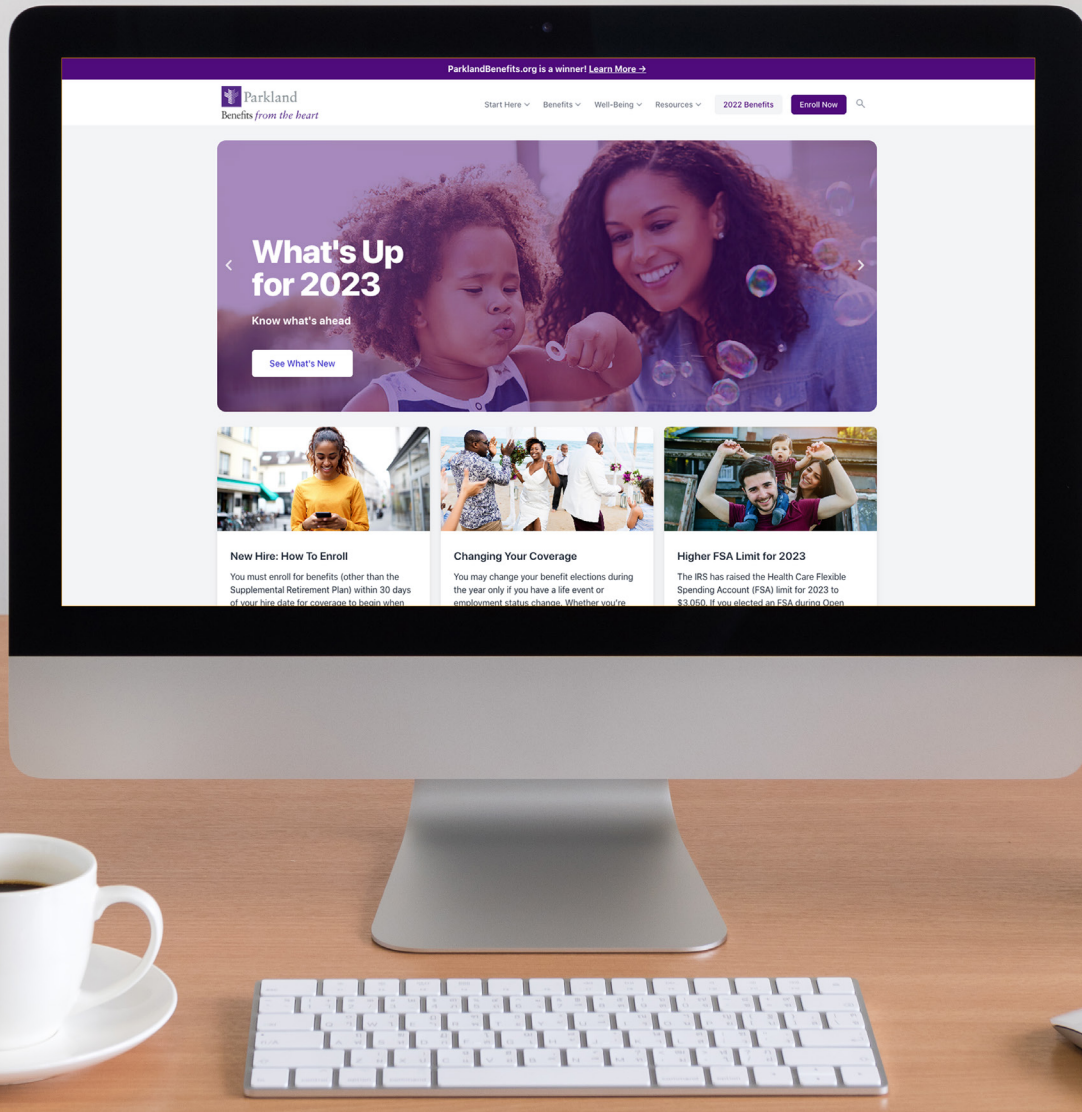
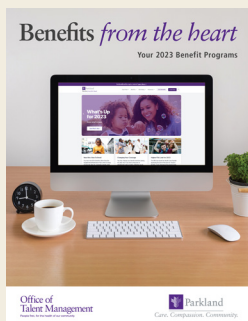


Benefits *from the heart*

Your 2023 Benefit Programs



BENEFITS FROM THE HEART



Read this guide and watch the **new hire video** to learn about Parkland's benefit programs. Also, check out our website, **ParklandBenefits.org**, where you can find everything you need to know about your benefits. Our **Benefits from the heart** are designed to support our front-line and behind-the-scenes heroes who take care of others daily.

Enroll Within 30 Days

For all benefits except the Supplemental Retirement Plan, you must enroll within 30 days of your hire date, change in employment status or life event. Otherwise, you will not be eligible for benefits until the next Open Enrollment.

Other Benefit Programs

In addition to the benefits described in this brochure, Parkland offers a number of other special incentive benefits and career advancement opportunities including:

- Educational opportunities such as tuition reimbursement, and Leadership and Development training.
- Credit union where you can access a broad range of financial services such as savings/checking accounts, direct deposits, payroll deductions, ATM cards, audio banking, online banking and bill payment, low-interest loans and more. As a Parkland employee, you may join this state-chartered credit union and take advantage of these services.
- Wellness programs designed to show that we care. We integrate a variety of opportunities into our **Benefits from the heart** total rewards package to help you live well. Combined, they can empower well-being and deliver improved results.
- Career advancement opportunities.
- Competitive pay and the opportunity to work in a high performing hospital with access to competitive benefits.

Parkland's values are the principles that guide us. They are reflected in our actions. Our values are spelled simply as **ICARE**, which stands for:

INTEGRITY – I will be honest, trustworthy, authentic, humble and transparent.

COMPASSION AND COLLABORATION – I will provide service in a spirit of empathy, concern and love. I will work together with others to deliver excellent care for our community.

ACCOUNTABILITY – I will hold myself and others responsible for performance excellence, stewardship, and will welcome feedback.

RESPECT – I will value the unique and diverse experiences of others and treat everyone with kindness and humility.

EQUITY – I will value the diversity of patients and colleagues and strive to promote everyone's health, dignity, and voice.

Office of
Talent Management

Enhancing your employment experience at Parkland

2023 Parkland Benefits-At-A-Glance

BENEFIT	HOW YOUR BENEFIT WORKS AT A GLANCE	PARTICIPATION AND HOW TO ENROLL	WHO PAYS
IMMEDIATELY UPON HIRE			
Retirement Income Plan For Full-time Employees	You automatically contribute 6.2%. Parkland provides your vested benefit at retirement.	Full-time employees are automatically enrolled. You name a beneficiary at MillimanBenefits.com .	You and Parkland
Mandatory Contributions For Part-time Employees	You automatically contribute 7.5% of pay.	Part-time employees are automatically enrolled. You name a beneficiary at MillimanBenefits.com .	You on a before-tax basis
Supplemental Retirement Plan	Contribute up to 75% of pay on a combined before-tax, Roth after-tax or after-tax basis, subject to IRS limits. After one year of service, Parkland matches \$1 for \$1 up to 6% of pay for full-time and part-time-with-benefits employees.	All employees choose whether to participate. Full-time employees hired on or after Jan. 1, 2022, will be enrolled automatically at 2% before-tax. You may change your contribution amount, make investment elections and name a beneficiary via the Milliman Benefits Service Center or MillimanBenefits.com .	You and Parkland
Employee Assistance Program (EAP)	Confidential counseling to help when personal problems affect relationships at home and work	Available to all employees and their dependents. No enrollment is required.	Parkland
Medical – Parkland Employee Health Plan Preferred Provider Organization (PPO) or High Deductible Health Plan (HDHP)	Use providers from Parkland and UnitedHealthcare Choice Plus networks as well as go to out-of-network providers. With the HDHP, you must pay a higher deductible before the PEHP begins paying benefits.	Full-time and part-time-with-benefits employees choose whether to participate. You may enroll yourself and eligible dependents online through MyParkland. If enrolling your spouse, complete the Working Spouse Health Coverage verification process.	You on a before-tax basis and Parkland
Pharmacy for Parkland Employee Health Plan (PEHP)	Based on prescriber, fill prescriptions at Parkland or MedImpact retail pharmacies, or through Parkland or MedImpact Direct mail-order service.	Employees and their dependents who are covered by the PEHP (PPO or HDHP)	You and Parkland
Health Savings Account (HSA)	Save on health care with an HSA if you enroll in the HDHP and elect the HSA. Parkland and you can contribute each pay period up to IRS limits.	Full-time and part-time-with-benefits employees choose whether to participate. You enroll online through MyParkland.	You on a before-tax basis and Parkland
Critical Illness Insurance, Group Accident Insurance and Hospital Indemnity	Offer an extra layer of protection for you and your family when accidents or illnesses occur.	All employees and their dependents may choose whether to participate. You enroll through MyParkland.	You on an after-tax basis
Legal Protection Program	Offers resources to resolve legal matters such as completing a will or creating a power of attorney.	All employees may choose whether to participate. You enroll through MyParkland.	You on an after-tax basis
Pet Insurance Program	Offers financial protection when your pet is injured or becomes ill.	All employees may choose whether to participate. To enroll, call or visit the vendor's website.	You on an after-tax basis
FIRST DAY OF THE MONTH FOLLOWING YOUR DATE OF HIRE (or on your date of hire if first day of the month)			
Dental	Dental Health Maintenance Organization (DHMO) or Dental Preferred Provider Organization (DPPO)	Full-time and part-time-with-benefits employees choose whether to participate. You may enroll yourself and eligible dependents online through MyParkland.	You on a before-tax basis
Vision	Provides vision benefits for routine eye care, including exams, frames and lenses, and contact lenses.	Full-time and part-time-with-benefits employees choose whether to participate. You may enroll yourself and eligible dependents online through MyParkland.	You on a before-tax basis
AFTER 30 DAYS OF EMPLOYMENT			
Supplemental Life Insurance	Choose up to 8 times annual salary (maximum supplemental life benefit of \$1 million) for you as well as coverage for your dependents.	Full-time and part-time-with-benefits employees choose whether to participate. You may enroll yourself and your eligible dependents online through MyParkland.	You on an after-tax basis
Accidental Death & Dismemberment (AD&D) Insurance	\$10,000 - \$500,000 coverage for employees only, or \$10,000 - \$500,000 coverage for employees and lower coverage amounts for dependents	Full-time and part-time-with-benefits employees choose whether to participate. You may enroll yourself and eligible dependents online through MyParkland.	You on an after-tax basis
AFTER 90 DAYS OF EMPLOYMENT			
Flexible Spending Accounts (FSAs)	Health Care FSA (if not enrolled in the HDHP) Dependent Care FSA	All employees may choose whether to participate. You may enroll online through MyParkland.	You on a before-tax basis and Parkland
Disability	After 42 consecutive days of disability, the Core Plan pays 50% of your biweekly earnings if you are disabled due to an illness or injury. You may buy up to a 60% benefit or buy down to a 14-day waiting period.	Full-time and part-time-with-benefits employees are automatically enrolled in the Core Plan. You may enroll online through MyParkland for the Buy-Up, Buy-Down and Combined Plans.	Parkland for Core Plan; you (on a before-tax basis) for Buy-Up, Buy-Down and Combined Plans
AFTER 180 DAYS OF EMPLOYMENT			
Basic Life Insurance	For full-time employees, 1½ times annual salary For part-time-with-benefits employees, ½ times annual salary. Minimum benefit is \$20,000; maximum basic life benefit is \$1 million.	Full-time and part-time-with-benefits employees are automatically enrolled. You name a beneficiary online through MyParkland.	Parkland
Adoption Assistance	Per adoption, full-time employees may receive up to \$10,000 and part-time-with-benefits employees may receive up to \$5,000 (both for up to 2 adoptions per lifetime) for reimbursement of eligible expenses.	Full-time and part-time-with-benefits employees may apply for this benefit on the OTM Service Portal.	Parkland

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COVERAGE AND COST

YOUR ELIGIBLE DEPENDENTS

The Benefits-At-A-Glance chart on page 3 of this brochure describes who may participate and how to enroll in your benefits. For most plans, if you enroll, you may cover yourself and eligible family members, as described in the Summary Plan Descriptions (posted on [ParklandBenefits.org](https://www.parklandbenefits.org)) or plan documents.

You may choose to cover your eligible family members under the medical, dental, vision and AD&D plans that you choose for yourself. Eligible family members may also receive benefits for supplemental life insurance. Eligible family members are automatically covered under the Employee Assistance Program (EAP).

PAYING FOR COVERAGE

Parkland provides the full cost for EAP, core disability plan and basic life insurance, if you are eligible. Additionally, Parkland helps you save for retirement, and pays a large portion of the cost of your medical and pharmacy benefit programs.

Rates for optional benefits such as medical, dental, vision, life and AD&D insurance, and supplemental voluntary insurance coverages (Critical Illness Insurance, Group Accident Insurance and Hospital Indemnity) are in this brochure, at [ParklandBenefits.org](https://www.parklandbenefits.org) and online at MyParkland, which is the employee self-service section of our PeopleSoft system. When paying on a before-tax basis, you save money as you pay for the benefit before federal income and Medicare taxes are deducted from your paycheck. Benefit coverages and deductions will begin based upon the effective date of your coverage in the plans.

ENROLLING FOR COVERAGE

As A New Hire. If you are eligible, you are automatically enrolled in the Retirement Income Plan (if full-time), part-time mandatory contributions, EAP, core disability and basic life insurance. The optional benefits you choose when you enroll are in effect for the rest of the calendar year.

Pages 7 and 8 of this brochure describe how to enroll for optional benefits and how to designate your beneficiary for the Retirement Income Plan, basic life insurance, supplemental life insurance and AD&D insurance through MyParkland. If you do not complete your online benefits enrollment by the deadline as a new hire, you may not enroll for benefits until the next Open Enrollment unless you have a qualified life event. Additionally, you will not be enrolled for coverage under any optional plan.

As a new hire, you must enroll in all benefits (other than the Supplemental Retirement Plan) within 30 days of your hire date for coverage to begin when you become eligible. Review your options carefully. Once you enroll, you will not have an option to make changes until the next Open Enrollment or when you have a qualified live event.

- To enroll for pet insurance, log on to the Nationwide website.
- To enroll for all other optional benefits except for the Supplemental Retirement Plan, log on to MyParkland.
- To enroll in the Supplemental Retirement Plan, log on to [MillimanBenefits.com](https://www.millimanbenefits.com) or call the Milliman Benefits Service Center at 800-995-2608. You may update your enrollment in the Supplemental Retirement Plan at any time.

Contact information for your benefits is included on the [Benefit Resources](#) page of this brochure.



TO COVER ELIGIBLE DEPENDENTS

The law requires that you provide Parkland with a Social Security number for all covered dependents in the medical plan.

REQUIRED DOCUMENTATION TO COVER ELIGIBLE DEPENDENTS

As part of the dependent eligibility verification process for the medical, dental or vision plans, you will be required to submit documentation to prove your relationship, including marriage certificates, birth certificates and tax returns.

A request for dependent eligibility verification will be mailed to your home address from Impact Interactive.

CHANGING YOUR COVERAGE

In accordance with federal law, you may change your benefit elections during the year only if you have a life event or employment status change. Review your enrollment carefully to be sure that your choices will fit your situation throughout the year.

This chart provides an overview of life events and employment status changes and how you may change your benefits for your dependents. If you have questions, go to Start Here > Qualified Status Changes at [ParklandBenefits.org](https://www.parklandbenefits.org) or contact Shared Services at 469-419-3000 (ext. 7-3000).

IN THE EVENT THAT...	WITHIN 30 DAYS OF THE EVENT, YOU MAY...		HOW TO ADD OR DROP DEPENDENTS
	ADD	DROP	
Your Marital Status Changes			
• You get married or divorced	Yes	Yes	MyParkland
Your Dependent Eligibility Status Changes			
• Add a dependent through birth or adoption*	Yes	No	MyParkland
• Add a dependent through legal guardianship	Yes	No	OTM Shared Services
• Your dependent dies or you lose legal guardianship	Yes	Yes	OTM Shared Services
Your Spouse's Coverage Changes			
• Your spouse's medical or dental coverage ends	Yes	No	OTM Shared Services
Your Spouse Changes Employment Status			
• Your spouse begins employment or changes from part-time to full-time	No	Yes	OTM Shared Services
• Your spouse involuntarily loses coverage, changes from full-time to part-time or terminates employment	Yes	No	OTM Shared Services
You Change Employment Status			
• You begin an unpaid leave of absence	No	Yes	MyParkland
• You change your employment status (for example, from part-time to full-time or full-time to part-time)**	No	Yes	MyParkland
• You become disabled and are receiving disability benefits	No	Yes	MyParkland



Depending on the nature of your status change, you are allowed to add or drop a dependent, or elect to waive coverage through MyParkland. Any changes in coverage must be consistent with your change in life or employment status. Changes will be effective on the date of the status change, as long as you notify the Benefits department within 30 days of the event.

* For 2023, Parkland added an adoption assistance benefit. With 6+ months of service, full-time employees may receive up to \$10,000 per adoption and part-time-with-benefits employees may receive up to \$5,000 per adoption (both for up to 2 adoptions per lifetime) for reimbursement of eligible expenses. Apply for this benefit on the OTM Service Portal.

** You will also attend an orientation session on or near the date when your employment status changes.

ENROLLING NEWBORNS AND OTHER CHILDREN

(Through adoption placement, adoption or guardianship)

You have up to 30 days after the birth, placement for adoption, adoption of your child(ren) or appointment as legal guardian to add the child(ren) to your medical plan, even if you already have dependent coverage. If you do not enroll your newly acquired child(ren) within this time period, you will not have the opportunity to enroll them for coverage until the next Open Enrollment. If you are adopting a child, you can apply for our adoption assistance benefit on the OTM Service Portal after 6 months of service.

IF YOU LEAVE PARKLAND

If your employment with Parkland ends, you will receive a letter as soon as administratively possible explaining how your benefits can continue in accordance with COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985). If you are a new hire, letters explaining your rights and those of your dependents to continue group health coverage if you leave Parkland will be mailed to your home. Additionally, read the notices on pages 35-39 related to free or low-cost health coverage for you and your children and to the Health Insurance Marketplace.

VelaPoint, a new program added in 2023, gives future Parkland retirees a new resource to purchase benefits outside of Parkland. To get competitive quotes for health, dental and vision, supplemental insurance (critical illness and accident insurance, home and auto, and life insurance, visit [parklandretireassistance.com](https://www.parklandretireassistance.com). Questions? Call 888-811-4337 to speak with a designated Parkland retiree specialist.

A Guide to Online Benefits Enrollment

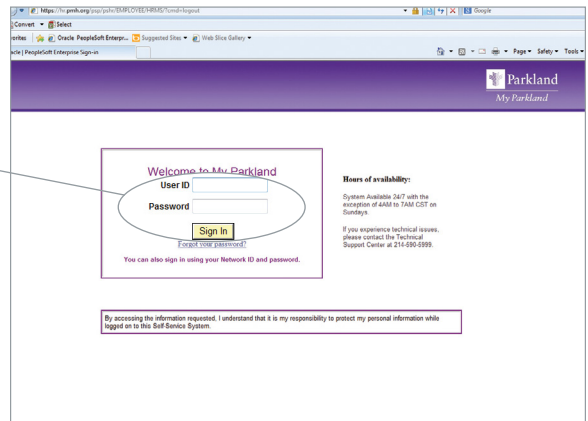
Enrolling for benefits is quick and easy with Parkland's online enrollment system. From home and most work computers, you can enroll using the web-based MyParkland on our PeopleSoft Self-Service System. The enrollment system gives you a one-stop shop for enrolling, finding benefit summaries and forms, and linking to vendor websites.

3 EASY STEPS TO ENROLL ONLINE

- 1 Access the PeopleSoft site** from the Intranet or visit PeopleSoft from your home computer at <https://hr.parklandhealth.org/pshr/signon.html>.
- 2 Enter your:**
 - **User ID**, which is your Parkland employee ID number, and
 - **Default Password**, which is **phhs** plus the last four digits of your Social Security number.
- 3 After clicking Sign In**, click on **MyParkland/Benefits/Benefit Details/Benefits Enrollment**. Then, follow the prompts to enroll. After you make your elections, click **Submit Enrollment**. Then click **Done**.

LOG ON TO PEOPLESOFT

Enter your User ID, which is your Parkland employee ID number, and Default Password, which is **phhs** plus the last four digits of your Social Security number. For example, if the last four digits of your Social Security number are 1234, your default password would be phhs1234.



NAVIGATE TO MYPARKLAND

MyParkland provides employees with self-service access to enroll in benefits, view current benefit elections and review or modify your personal information, such as home address.

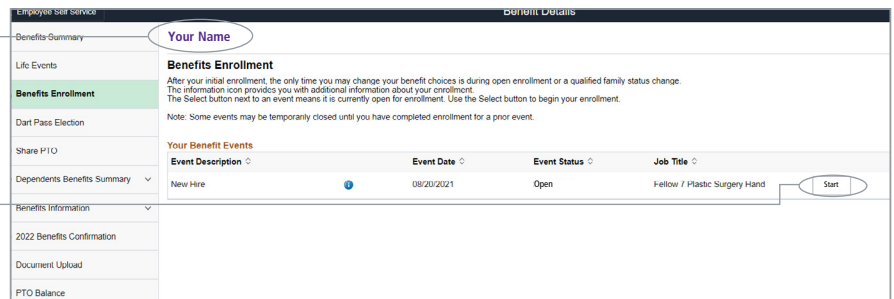
To Enroll:

- Select the **Benefits** link.
- Click on **Benefit Details**.
- Select **Benefits Enrollment** to open your New Hire Enrollment record.

PEOPLESOFT BENEFITS ENROLLMENT

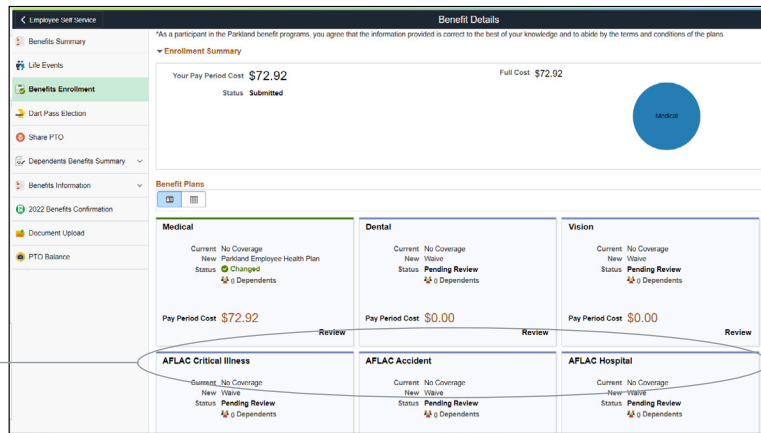
Your Name will display here.

Click the **Start** button to begin your enrollment.



PEOPLESOFT BENEFITS ENROLLMENT (New Hire)

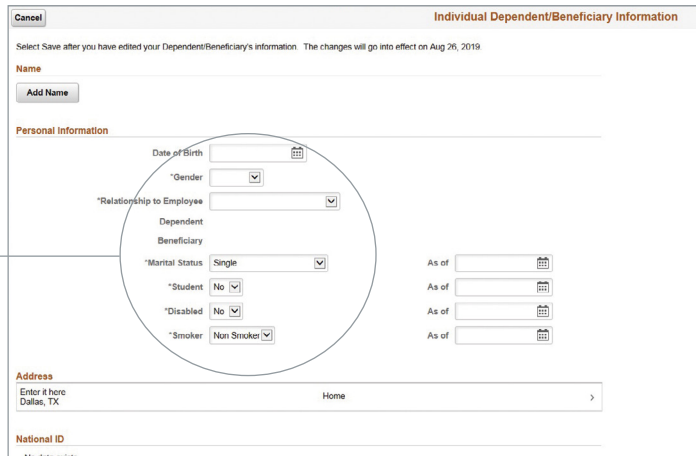
Click each Benefit Plan to enroll for coverage.



INDIVIDUAL DEPENDENT/BENEFICIARY INFORMATION

To name your beneficiary for basic life, supplemental life and AD&D insurance:

- Enter personal information (including Social Security number) about your dependent/beneficiary. You must enter information in the required fields (see asterisks on the screen).
- Click **Save** in the upper right corner after entering.
- Return to the appropriate benefit plan to enter the percentage each beneficiary will receive.



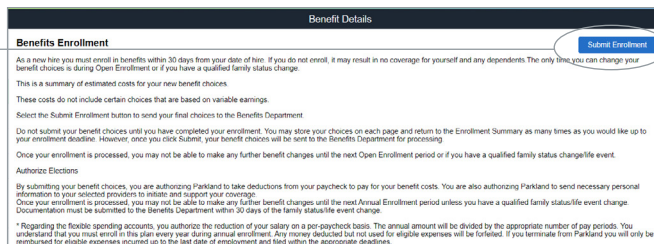
SPECIAL NOTE ABOUT NAMING YOUR BENEFICIARY

In PeopleSoft, you must go into each plan listed to the right to designate your beneficiary, even if you are naming the same beneficiary for all plans.

You will name your beneficiary for the Retirement Income Plan and the Supplemental Retirement Plan at MillimanBenefits.com.

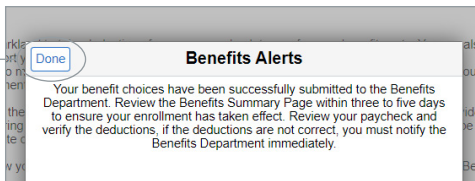
SUBMIT ENROLLMENT

When you are finished making your elections, click **Submit Enrollment**.



CLICK DONE

After clicking on Submit Enrollment, click **Done**. You must click Done for the system to accept your new elections.



ABOUT MYPARKLAND ON PEOPLESOFT

You enroll for benefits through MyParkland, which provides employee self-service. From MyParkland, you can:

- Review or modify your personal information.
- View your Paid Time Off (PTO).
- View your paycheck.

From the Benefits section, you can:

- Review your current benefits.
- Change your beneficiary/dependent information.
- Access benefit company information.
- Submit a family status/life event change after speaking with OTM Shared Services.
- Enroll for benefits.

MEDICAL BENEFITS

You and your eligible dependents may participate in the Parkland Employee Health Plan (PEHP) immediately upon hire. You can choose between the Preferred Provider Organization (PPO) and the High Deductible Health Plan (HDHP) with a Health Savings Account (HSA).

HOW ARE THE PPO AND HDHP ALIKE?

- Cover the same services, such as doctor’s office visits, hospitalization, emergency room care and prescription drugs.
- Pay 100% for in-network preventive care, such as routine physicals, well-woman exams, well-baby exams, blood pressure checks, cholesterol tests and cancer screenings.
- Have three coverage tiers — you can see a doctor in any tier.

HOW ARE THE PPO AND HDHP DIFFERENT?

PPO

- Copays for some services such as doctor’s office visits; for other services such as hospitalization, you must meet the deductible and then you and the plan share the costs (coinsurance).
- Lower deductibles than the HDHP, so your paycheck contributions are higher.
- No Parkland-funded Health Savings Account (HSA).

HDHP

- You pay the full cost of care (except for in-network preventive care) until you meet the deductible. After you meet the deductible, you and the plan share the cost of care. For coverage in Tiers 1 and 2, the cost of care is contracted and negotiated with UMR.
- Parkland-funded HSA to help you pay for care; you can add money of your own, too.
 - Lower paycheck contributions than the PPO but you’ll pay higher deductibles until the HDHP begins paying any benefits (except for in-network preventive care).

COVERAGE TIERS IN THE PPO AND HDHP

Tier 1 To receive the highest level of benefits and pay the lowest copay, use Tier 1 providers, including Parkland doctors or UT Southwestern physicians with Parkland privileges. Tier 1 facilities include Parkland Hospital, the Employee Health Center (EHC), the Employee Women’s Wellness Center (EWWC), Community Oriented Primary Care (COPC) centers and Children’s Medical Center.

Tier 2 Go to a Tier 2 provider/facility in the UnitedHealthcare Choice Plus Network through UMR to receive Tier 2 benefits. If you go to a UTSW/Aston facility, you will be using a Tier 2 facility.

Tier 3 Use any provider/facility outside of the Tier 1 or Tier 2 networks, and receive out-of-network Tier 3 benefits.

You may go to Tier 1 Parkland providers for some services, Tier 2 UMR providers for other services, and out of network for providers who are not in Tier 1 or 2.

To learn more about the three tiers, go to ParklandBenefits.org. If you still have questions, call UMR, a UnitedHealthcare Company, at 877-370-0320.



WHAT’S YOUR PCP’S TIER?

You are not required to choose a PCP and do not need a referral to see a specialist. However, a PCP gives you and your dependents a valuable resource and a personal health advocate. The amount you will pay for covered services will be based on the tier classification of your doctor – including PCPs or specialists. In addition to Tier 2 providers, you can find the PEHP Tier 1 directory of Parkland providers/facilities and UT Southwestern physicians with Parkland privileges when logged into your account at umr.com. To learn more about the medical tiers, go to ParklandBenefits.org > Benefits > Medical.

HEALTH INSURANCE MARKETPLACE COVERAGE

In the back of this brochure, you will find the Health Insurance Marketplace Coverage notice that informs you of the creation of health insurance exchanges required by the Affordable Care Act (ACA). The notice describes the services provided by the exchanges.

The PEHP does not cover visits to out-of-network, free-standing emergency rooms (facilities that provide emergency medical services at a place outside of a regular hospital campus, and are not attached to a hospital or even located near one).

Biweekly Premiums for the PPO and the HDHP

Your premiums for both the PPO and HDHP are based on your coverage level, employment category, pay and the benefit options you choose. The cost of medical, dental, vision and disability benefit upgrades are deducted from your pay on a before-tax basis. Your deductions to pay for benefits will start after you enroll. **If you don't complete your enrollment until after your first paycheck is processed, Parkland will deduct your first payment retroactively.** Act quickly to make your benefit elections. If you do, you can possibly eliminate the chance of a double deduction to pay for your benefits in your first month as a Parkland employee.

YOUR 2023 BIWEEKLY PAYROLL DEDUCTIONS FOR MEDICAL (PPO)

PARKLAND EMPLOYEE HEALTH PLAN — PREFERRED PROVIDER ORGANIZATION (PPO)						
Coverage Category	Full-Time Employees Whose Annual Wages Are Tiered ...					Part-Time Employees With Benefits
	Under \$35,000	\$35,000 – \$45,000	\$45,001 – \$65,000	\$65,001 – \$100,000	Over \$100,000	
Employee Only	\$33.92	\$48.95	\$63.00	\$78.99	\$82.38	\$130.95
Employee Plus Children	\$92.08	\$128.42	\$162.83	\$199.18	\$233.10	\$343.58
Employee Plus Spouse*	\$112.92	\$157.02	\$201.60	\$246.67	\$283.98	\$418.52
Employee Plus Family*	\$157.02	\$217.59	\$278.17	\$337.78	\$391.57	\$595.66

YOUR 2023 BIWEEKLY PAYROLL DEDUCTIONS FOR MEDICAL (HDHP)

PARKLAND EMPLOYEE HEALTH PLAN — HIGH DEDUCTIBLE HEALTH PLAN (HDHP)						
Coverage Category	Full-Time Employees Whose Annual Wages Are Tiered ...					Part-Time Employees With Benefits
	Under \$35,000	\$35,000 – \$45,000	\$45,001 – \$65,000	\$65,001 – \$100,000	Over \$100,000	
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$113.70
Employee Plus Children	\$79.95	\$111.50	\$141.38	\$172.94	\$202.39	\$298.32
Employee Plus Spouse*	\$98.04	\$136.33	\$175.04	\$214.17	\$246.57	\$363.38
Employee Plus Family*	\$136.33	\$188.93	\$241.52	\$293.28	\$339.99	\$517.19

* **Covering your spouse?** If your spouse has access to health care coverage through his/her own employer, you will pay a surcharge to cover them under the PEHP (PPO or HDHP). The surcharge will be \$75 per pay period. Watch your mailbox for a packet containing next steps on the Working Spouse Health Coverage verification process. Failure to complete the verification process by the deadline means Parkland will apply the surcharge. You must repeat this process every year.

How the PPO Works

STEP 1: YOU PAY FOR CARE

You pay copays for doctor's office visits and prescription drugs. You don't have to meet the deductible for these services. Copays do not count toward your deductible but do count toward your out-of-pocket maximum.

STEP 2: SHARE COSTS WITH THE PPO

For other services, such as hospitalization, you must meet your deductible before the PPO shares costs.

STEP 3: THE PPO PAYS THE REST

If you reach your out-of-pocket maximum, the PPO will pay 100% of your eligible expenses for the rest of the calendar year.

The chart on the next two pages shows how the PPO covers various services. Go to Page 13 for information on the HDHP.

COVERED SERVICES IN THE PPO

When you seek covered services through the PPO, each tier offers a different benefit structure. Once you reach the calendar year out-of-pocket maximum, the plan pays 100% of eligible charges for the remainder of the plan year.

SERVICE	TIER 1 Parkland Network You Pay	TIER 2 UnitedHealthcare Choice Plus Network You Pay	TIER 3 Out of Network You Pay
Calendar-Year Deductible	\$500/person (applies to coinsurance only) \$1,000/family (applies to coinsurance only)	\$1,500/person (applies to coinsurance only) \$4,500/family (applies to coinsurance only)	\$3,000/person \$18,000/family
Calendar-Year Out-of-Pocket (Includes deductible; excludes copays, amounts over plan limits and penalties)	After you pay: • \$2,500/person or • \$6,000/family plan pays 100% of covered expenses	After you pay: • \$6,000/person or • \$13,000/family plan pays 100% of covered expenses	After you pay: • \$15,000/person or • \$48,000/family plan pays 100% of covered expenses
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Physician Services • Primary care office visit • Specialist care office visit	\$20 copay/visit \$50 copay/visit	\$30 copay/visit \$50 copay/visit	50% coinsurance after deductible 50% coinsurance after deductible
Laboratory and X-Ray Services (Office visit only)	0%	0%	50% coinsurance after deductible
Radiology Services (Invasive/contrast and diagnostic services subject to your deductible and coinsurance)	No deductible/coinsurance for routine radiology services at Parkland, Children's Medical Center or William P. Clements Jr. University Hospital	30% coinsurance after deductible	50% coinsurance after deductible
Routine Diagnostic Services	0%	0%	50% coinsurance after deductible
Maternity Care¹ • Initial visit to confirm pregnancy • Subsequent physician services including delivery • Hospitalization (per admission)	\$20 or \$50 (based on provider) 10% coinsurance after deductible 10% coinsurance after deductible	\$30 or \$50 (based on provider) 30% coinsurance after deductible 30% coinsurance after deductible	50% coinsurance after deductible 50% coinsurance after deductible 50% coinsurance after deductible
Emergency Services • Hospital emergency room visit ² • Hospital admission from emergency room ³ • Urgent care/outpatient facility • Ground ambulance services (for emergencies only)	\$300 copay/visit 10% after deductible \$35 copay/visit \$0 copay	\$300 copay/visit 30% after deductible \$50 copay/visit \$0 copay	\$300 copay/visit 50% after deductible 50% coinsurance after deductible \$0 copay
Hospital Admission (Inpatient) • For each admission	10% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible
Outpatient Medical Services • In physician's office • In hospital (day surgery)	\$20 or \$50 copay (based on provider) 10% coinsurance after deductible (at Parkland facilities only)	\$30 or \$50 copay (based on provider) 30% coinsurance after deductible	50% coinsurance after deductible 50% coinsurance after deductible
Durable Medical Equipment	10% coinsurance after deductible	10% coinsurance after deductible	50% coinsurance after deductible
Skilled Nursing Care in Facility⁴ • Up to 60 days/year instead of acute hospital care	10% coinsurance after deductible	10% coinsurance after deductible	50% coinsurance after deductible
Home Health Care • Home nursing visits prescribed by a doctor	10% coinsurance after deductible	10% coinsurance after deductible	50% coinsurance after deductible
Rehabilitation Services⁴ • Outpatient (up to 60 days/year) • Inpatient (up to 60 days/year)	\$20 copay/visit 10% coinsurance after deductible	\$30 or \$50 copay/visit (based on provider) 10% coinsurance after deductible	50% coinsurance after deductible 50% coinsurance after deductible

¹ The PPO will waive deductibles and coinsurance for obstetric office visits related to prenatal care if you participate in the Maternity CARE Program during your first or second trimester, continue to participate in the program throughout your pregnancy and deliver a healthy baby at Parkland Hospital. See page 12 for details.

² Hospital emergency room visit copays are not charged if admitted. If not a true emergency, you pay deductible and coinsurance. Visits to out-of-network, free-standing emergency rooms are not covered.

³ If admitted to hospital from the emergency room.

⁴ 60 days combined maximum per calendar year for skilled nursing facility, rehabilitation (inpatient and outpatient) and sub-acute facilities.

Please Note: The deductible does not apply to medical or pharmacy copays.

COVERED SERVICES IN THE PPO (continued)

SERVICE	TIER 1 Parkland Network You Pay	TIER 2 UnitedHealthcare Choice Plus Network You Pay	TIER 3 Out of Network You Pay
Hospice Care (If pre-authorized)	10% coinsurance after deductible	10% coinsurance after deductible	50% coinsurance after deductible
Mental Health Services			
• Outpatient	\$20 copay/visit	\$20 copay/visit	50% coinsurance after deductible
• Inpatient	10% coinsurance after deductible	10% coinsurance after deductible	50% coinsurance after deductible
Substance Abuse Services			
• Outpatient	\$20 copay/visit	\$20 copay/visit	50% coinsurance after deductible
• Inpatient	10% coinsurance after deductible	10% coinsurance after deductible	50% coinsurance after deductible
Family Planning Services			
• Infertility treatment (\$20,000 lifetime medical maximum benefit; integrated with pharmacy)	10% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible
• Medically necessary pregnancy termination			
- Outpatient	\$50 copay/visit	30% coinsurance after deductible	50% coinsurance after deductible
- Inpatient	10% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible
Routine Health Assessments			
• Routine physicals, including well adult checkups, well woman care and well baby/ well child care	\$0 copay/visit	\$0 copay/visit	50% coinsurance after deductible
• Routine adult/child lab and X-rays	Included in above copay if billed by separate facility	Included in above copay if billed by separate facility	50% coinsurance after deductible
• Annual mammogram (including 3D), PSA (prostate-specific antigen) and pap smear	Included in above copay if billed by separate facility	Included in above copay if billed by separate facility	50% coinsurance after deductible
Immunizations for You and Your Eligible Dependents	\$0 copay/visit	\$0 copay/visit	50% coinsurance after deductible
Hearing Aids (Up to \$2,000 every 36 months for each device)	\$0 copay	\$0 copay	50% coinsurance after deductible
Routine Hearing and Speech (1 exam per year)	100%	100%	50% coinsurance after deductible
Allergy Testing and Evaluation			
• Testing	\$20 or \$50 copay/visit	\$30 or \$50 copay/visit	50% coinsurance after deductible
• Serum and injections	100%	100%	50% coinsurance after deductible
• Physician visits	\$20 or \$50 copay/visit	\$30 or \$50 copay/visit	50% coinsurance after deductible

Please Note: For a list of covered services, refer to the PEHP Plan Document posted in Legal Notices at [ParklandBenefits.org](https://www.parklandbenefits.org).

How the HDHP Works

STEP 1: YOUR HEALTH SAVINGS ACCOUNT (HSA) WITH OPTUM BANK IS OPENED

When you enroll in the HDHP with HSA, Parkland will add money to your HSA: per year up to \$500 for employee-only or \$1,000 for employee and spouse, employee and children or family coverage. Parkland will make contributions to your HSA each pay period. No retroactive contributions will be made. For example, if you become eligible for the HDHP in May, Parkland will begin contributing to your HSA each pay period, starting in May, as long as you elect HDHP with HSA. You can also contribute pre-tax money of your own, up to IRS limits. Go to page 23 to learn more.

STEP 2: PAY TOWARD YOUR DEDUCTIBLE

You pay 100% of the full cost of care (contracted and negotiated with UMR) for medical care and prescription drugs (except for in-network preventive care) until you meet your deductible. You can use your HSA to help you pay for care before you have to dip into your own pocket. You must have the money in your HSA to cover the expense.

STEP 3: SHARE COSTS WITH THE HDHP

Once you meet your deductible, you'll share costs with the HDHP — using money from your HSA or your own wallet — until you meet the out-of-pocket maximum.

STEP 4: THE HDHP PAYS THE REST

If you reach your out-of-pocket maximum, the HDHP will pay 100% of your eligible expenses for the rest of the calendar year.

COVERED SERVICES IN THE HDHP

Here's a look at what you'll pay under the HDHP when you need care. If a service is not provided by a Tier 1 provider or facility, you will need to receive the service from a Tier 2 or Tier 3 provider. Your benefit will be paid based on the tier of the provider that you use. The HDHP will not pay any benefits (except for eligible preventive services) until you have met the calendar-year deductible. Once you reach the calendar year out-of-pocket maximum, the plan pays 100% of eligible charges for the remainder of the plan year.

For a full list of covered services, refer to the PEHP Plan Documents posted in the Legal Notices section at [ParklandBenefits.org](https://www.parklandbenefits.org).

To find a provider, contact UMR, a UnitedHealthcare company, at [umr.com](https://www.umar.com) or 877-370-0320.

SERVICE	TIER 1 Parkland Network	TIER 2 UnitedHealthcare Choice Plus Network	TIER 3 Out of Network
Calendar-Year Deductible	\$3,500/person (applies to coinsurance only) \$7,000/family (applies to coinsurance only)	\$3,500/person (applies to coinsurance only) \$7,000/family (applies to coinsurance only)	\$4,000/person \$20,000/family
Calendar-Year Out-of-Pocket Maximum¹ (Maximum amount you will pay out of pocket for the calendar year. If you reach this limit, the plan will pay 100% of your covered expenses for the rest of the calendar year.)	\$7,000/person or \$14,000/family	\$7,000/person or \$14,000/family	\$10,000/person or \$20,000/family
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Preventive Care² Routine health assessments and immunizations	\$0 copay ³	\$0 copay ³	50% after deductible
Physician Services (office or virtual visits)			
• Primary care	\$20 copay after deductible	30% after deductible	50% after deductible
• Specialist	10% after deductible	30% after deductible	50% after deductible

¹ Calendar-year out-of-pocket maximum includes amounts you pay toward the deductible. It does not include copays, amounts over plan limits and penalties.

² Routine health assessments include routine physicals, such as well-adult checkups, well-woman care and well-baby/well-child care.

³ These preventive services are covered at a \$0 copay if billed by a separate facility: routine adult/child lab and X-rays, annual mammogram (including 3D), PSA (prostate-specific antigen) and Pap smear.

COVERED SERVICES IN THE HDHP (continued)

SERVICE	TIER 1 Parkland Network	TIER 2 UnitedHealthcare Choice Plus Network	TIER 3 Out of Network
Emergency Care⁴			
• Hospital emergency room visit	10% after deductible	30% after deductible	30% after Tier 2 deductible
• Hospital admission from emergency room ⁵	10% after deductible	30% after deductible	50% after deductible
• Urgent care/outpatient facility	10% after deductible	30% after deductible	50% after deductible
• Ground ambulance services (for emergencies only)	10% after deductible	30% after deductible	50% after deductible
Inpatient Hospital			
Per admission	10% after deductible	30% after deductible	50% after deductible
Outpatient Medical			
• In physician's office	10% after deductible	30% after deductible	50% after deductible
• In hospital (day surgery)	10% after deductible (at Parkland facilities only)	30% after deductible	50% after deductible
Lab and X-ray			
Office visit only	10% after deductible	30% after deductible	50% after deductible
Diagnostic			
Routine diagnostic services	10% after deductible	30% after deductible	50% after deductible
Mental Health and Substance Abuse Treatment			
• Outpatient	10% after deductible	30% after deductible	50% after deductible
• Inpatient	10% after deductible	30% after deductible	50% after deductible
Maternity Care			
• Initial visit to confirm pregnancy	10% after deductible	30% after deductible	50% after deductible
• Subsequent physician services including delivery	10% after deductible	30% after deductible	50% after deductible
• Hospitalization (per admission)	10% after deductible	30% after deductible	50% after deductible
Radiology			
Invasive/contrast and diagnostic service (subject to your deductible and coinsurance)	10% after deductible	30% after deductible	50% after deductible
Durable Medical Equipment			
Durable medical equipment services	10% after deductible	10% after deductible	50% after deductible
Skilled Nursing Care in Facility⁶			
Up to 60 days/year instead of acute hospital care	10% after deductible	10% after deductible	50% after deductible
Home Health Care			
Home nursing visits prescribed by a doctor	10% after deductible	10% after deductible	50% after deductible
Hospice Care			
If pre-authorized	10% after deductible	10% after deductible	50% after deductible
Rehabilitation Services⁶			
• Outpatient (up to 60 days/year)	10% after deductible	30% after deductible	50% after deductible
• Inpatient (up to 60 days/year)	10% after deductible	10% after deductible	50% after deductible
Family Planning			
• Infertility treatment (\$20,000 lifetime medical maximum benefit; integrated with pharmacy)	10% after deductible	30% after deductible	50% after deductible
• Outpatient medically necessary pregnancy termination	10% after deductible	30% after deductible	50% after deductible
• Inpatient medically necessary pregnancy termination	10% after deductible	30% after deductible	50% after deductible
Hearing Aids			
Up to \$2,000 every 36 months for each device	\$0 after deductible	\$0 after deductible	50% after deductible
Routine Hearing and Speech			
1 exam per year	\$0 after deductible	\$0 after deductible	50% after deductible
Allergy Testing and Evaluation			
• Testing and physician visits	10% after deductible	30% after deductible	50% after deductible
• Serum and injections	\$0 after deductible	\$0 after deductible	50% after deductible
• Physician visits	10% after deductible	30% after deductible	50% after deductible

⁴ If not a true emergency, you pay deductible and coinsurance.

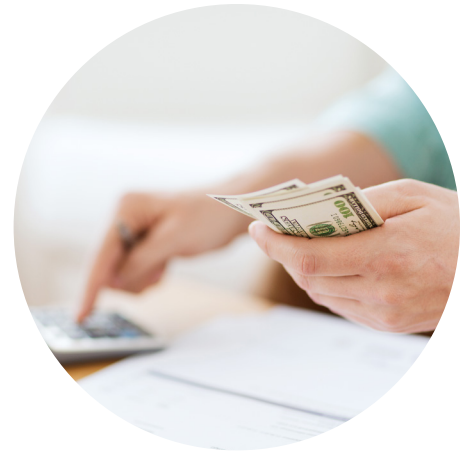
⁵ If admitted to hospital from the emergency room.

⁶ 60 days combined maximum per calendar year for skilled nursing facility, rehabilitation (inpatient and outpatient) and sub-acute facilities.

Health Savings Account (HSA)

If you enroll in the HDHP, you may elect to participate in the Health Savings Account (HSA). Use your account to help pay for things like deductibles, doctor's office copays, prescriptions, and dental and vision expenses. If you elect an HSA, Parkland will add money to your HSA each pay period — \$19.24 for employee-only coverage and \$38.47 for any level of family coverage. That can add up to a maximum of \$500 to \$1,000 per year depending on your coverage. This amount is pro-rated based on your hire date. You don't have to add money of your own to receive Parkland's contribution but you must elect the HSA.

If you elect the HDHP but do not enroll in the HSA, you will not receive the Parkland-funded contributions. The two elections are separate in PeopleSoft. You may also contribute to your HSA.



HOW THE HSA WORKS

Your HSA Is Opened: After you enroll in the HDHP with HSA, Parkland sets up an HSA for you at Optum Bank. You'll receive a packet in the mail from Optum when your account is ready so you can set up your username and password. Questions about your account? Call Optum at 866-234-8913 or send an email to customer@optum.com.

Get Money from Parkland: Once your account is set up, Parkland will contribute each pay period.

Add Money of Your Own (If You Want): Decide how much (if any) you want to contribute, up to IRS limits.

Pay for Health Care: HSA dollars can be used anytime — now or down the road. When you have an eligible expense, you can pay for it from your HSA. Or, you can pay out of pocket and leave your untaxed HSA dollars invested.

Invest for the Future: Think of your HSA as a savings plan for health care. Once you reach a minimum balance of \$1,000, you can invest your HSA in a wide variety of options. You'll pay no tax on HSA interest or investment growth. You will pay fees for investments or trades.

IRS ANNUAL LIMITS FOR HSA CONTRIBUTIONS

The IRS limit includes both what you contribute and what Parkland contributes. You can change your contributions at any time during the year. Your contributions are taken out of your pay before taxes. Here's what you can contribute for 2023.

- Employee-only coverage:
\$3,850 (IRS limit) – \$500 (Parkland contribution) = \$3,350 maximum employee contribution
- Any level of family coverage:
\$7,750 (IRS limit) – \$1,000 (Parkland contribution) = \$6,750 maximum employee contribution

If you'll be age 55 or older in 2023, you can contribute an additional \$1,000 in HSA catch-up contributions.

UMR TOOLS TO KEEP YOU INFORMED

Through UMR, Parkland Employee Health Plan members have access to many convenient tools. At umr.com, you will find online information about PEHP/UMR benefits for you and your dependents. You can learn about:

- **Disease Management, including Diabetic Incentive.** Get help managing symptoms related to asthma, diabetes, heart disease, lower back pain and chronic obstructive pulmonary disease (COPD). This program provides support for chronic conditions through information and meeting one-on-one with the disease management nurse. If you or your spouse has diabetes, you may qualify to receive diabetic-related medications and supplies at no cost while working with a nurse coach. You'll receive a \$100 reward card when you complete the program. You may receive one card per lifetime. For details, call 866-575-2540.
- **Your Personal Benefits Information.** Your UMR Member Information Center is available 24 hours a day, 7 days a week at umr.com, where you can:
 - Find claim status and details, including deductibles and coinsurance,
 - Find costs of tests and medical visits,
 - Search for a doctor based on your individual plan, and
 - Do much more ... and it's all secure!

For details on these tools, log on to umr.com or contact them at 877-370-0320.

24-hour Nurseline gives you 24-hour access to a registered nurse. You may also listen to audio tapes on a variety of health topics.

UTILIZATION REVIEW

To help you determine if the services you receive are a covered benefit, UMR performs utilization review and provides pre-authorization on certain services, including:

Predetermination of Benefits. Your physician may request a predetermination of benefits prior to delivery of services to confirm whether a procedure or treatment is covered. This process should be requested from UMR prior to receiving any service that you think might not be covered to determine eligibility, covered services, benefits and any limits. For more information, your physician should call 877-370-0320.

Hospital Pre-Admission Certification. Requests for non-emergency hospital stays other than a maternity stay must be approved in advance. Precertification is not required for a maternity stay of 48 hours for vaginal deliveries or 96 hours for cesarean sections.

Continued Stay Review. In order to stay in the hospital beyond the number of days approved during the precertification process, your hospital stay will be subject to a continued stay review by the medical plan administrator.

Case Management. This service is designed to help guide your care if your medical condition puts you at risk for medical complications, or if you need rehabilitation or additional health care support. The program strives to balance quality and cost-effective care while maximizing your quality of life.

Please Note: Your doctor will coordinate precertification if you are seeing a Tier 1 or Tier 2 provider. You are responsible for obtaining approval for a hospital admission if you see a Tier 3 provider. If you do not use the precertification or continued stay review programs when you are hospitalized, you may pay a penalty or have a reduction in benefits.

TELADOC: ANYTIME, ANYWHERE CARE

You and your covered dependents can use Teladoc if you're enrolled in the PEHP. PPO participants will pay a \$24 copay for each Teladoc visit. HDHP participants will pay a \$49 copay after meeting the deductible. Set up your account at Teladoc.com or call 800-Teladoc (800-835-2362). For virtual visits with your personal physician, you'll pay the same cost as when you see your physician in the office.

GET HELP WITH SMOKING OR TOBACCO CESSATION

Interested in quitting smoking or tobacco use? Parkland offers two ways for you to achieve that goal.

- For PEHP participants, call UMR at 800-207-7680 to enroll in tobacco cessation coaching, available at no cost to you and your dependents.
- For non-PEHP participants, contact Parkland's Smoking Cessation Clinic at 214-590-5691 or parklandhospital.com/smoking-cessation.



MATERNITY CARE PROGRAM

When your new bundle of joy is set to arrive, think about this benefit! Parkland Employee Health Plan members who are enrolled in the Maternity CARE Program in their 1st or 2nd trimester, have their babies at Parkland and go to:

- The Employee Women's Wellness Center for routine doctor's visits during pregnancy will pay \$0 for all routine services related to the birth.
- A Tier 2 doctor not at the Employee Women's Wellness Center for routine doctor's visits during pregnancy will pay a \$500 copay for the birth.

After registering in the program, you must continue to participate each trimester of your pregnancy. If you enroll in the HDHP, you must meet the calendar year deductible prior to delivery before you can take advantage of the savings. Go to ParklandBenefits.org for more information.

WEIGHT LOSS PROGRAM

Interested in getting in shape? Eligible PEHP participants can take advantage of the weight loss program explained at realappeal.com.

PHARMACY BENEFITS

If you enroll in the PEHP, the type of provider that writes your prescription will determine where you can fill your prescription.

Tier of Provider Writing Prescription	YOU MAY FILL YOUR PRESCRIPTIONS AT	
	Parkland Central Pharmacy, COPC Pharmacy or Parkland Mail Order	Retail Pharmacies In MedImpact Broad Network or MedImpact Direct Mail-Order Service
Tier 1 Provider at a Parkland Facility	Yes	Yes
Tier 1 Provider at a Non-Parkland Facility* or Tier 2 Provider in the UnitedHealthcare Choice Plus Network	No	Yes
Tier 3 Out-Of-Network Provider	No	Yes

* Tier 1 providers at a non-Parkland facility include Children's Medical Center and William P. Clements University Hospital.

You have the convenience of going to the Parkland Central Pharmacy, a Community Oriented Primary Care (COPC) pharmacy or a retail pharmacy in the MedImpact network. To fill 90-day supply prescriptions for medications taken on an ongoing basis, you may use the Parkland mail-order service for prescriptions written by a Tier 1 provider at a Parkland facility. For prescriptions written by a Tier 1 provider not at a Parkland facility or a Tier 2 provider, you may use the MedImpact Direct mail-order service or Walgreens pharmacies. You must obtain all specialty medications through Parkland's pharmacies or the MedImpact ChoiceSpecialty Network. Specialty drugs are generally injectable, infused, oral or inhaled drugs that require close supervision and monitoring.

AMOUNT PEHP MEMBERS PAY FOR PRESCRIPTION DRUGS

RETAIL PHARMACIES (Up to 30-day supply)	GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND
Specified Parkland Onsite Pharmacies*	\$10 copay	\$20 copay	\$40 copay
Walgreens Pharmacies**	\$20 copay**	\$45 copay**	\$75 copay**
MedImpact Broad Network	40% coinsurance \$30 minimum \$45 maximum	40% coinsurance \$75 minimum \$125 maximum	50% coinsurance \$100 minimum \$175 maximum
Out-Of-Network	100%	100%	100%

* Requires a prescription written by a Parkland provider at a Parkland facility.

** For prescriptions written by a Tier 2 provider or a Tier 1 provider not at a Parkland facility, you may obtain a 90-day supply from a Walgreens pharmacy. The cost will be 3 times the cost of a 30-day supply.

MAIL ORDER (90-day supply)	GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND
Parkland Mail Order*	\$25 copay	\$50 copay	\$100 copay
MedImpact Direct Mail Order	\$50 copay	\$115 copay	\$190 copay

* Requires a prescription written by a Parkland provider at a Parkland facility. You may not fill mail-order prescriptions at the new RedBird Health Center Pharmacy. The Parkland mail-order service is intended for 90-day supply prescriptions only. To obtain a 30-day supply of medication, you will need to go to a Parkland or retail pharmacy. For 90-day supply prescriptions written by other providers, use MedImpact Direct Mail Order service.

YOUR MAIL-ORDER SERVICE

With mail order, you can receive up to a 90-day supply of your medicine. The first time you fill a prescription through the mail-order service, it's a good idea to ask your provider for two prescriptions – one that you can fill immediately and one that you can fill through the mail-order service.

For prescriptions written by a Parkland provider at a Parkland facility, use the Parkland mail-order service to fill prescriptions that you are taking on an ongoing basis. You may submit your prescriptions and refill requests through the online refill page on the Parkland Intranet under **Pharmacy Employee Online Refills** or by fax at 214-590-2879.

For more information about the Parkland mail-order service (for prescriptions written by Tier 1 providers at Parkland facilities), call 214-590-1400.



ABOUT MEDIMPACT

MedImpact Healthcare Systems, Inc. administers pharmacy benefits for the PEHP. MedImpact is the nation's largest independent privately owned pharmacy benefit manager, with a network of 64,000 pharmacies including major chains and various independent pharmacies.

800-788-2949

medimpact.com/members

MEDIMPACT DIRECT MAIL ORDER

800-873-8739

Monday through Friday
7 a.m. to 7 p.m. Central time

Saturday
8 a.m. to 4 p.m. Central time

FIND A PARKLAND PHARMACY

Get more information about locations and hours of operation for all ambulatory (outpatient) pharmacies at ParklandBenefits.org > Benefits > Pharmacy.

SPECIALTY DRUG BENEFIT

What You Will Pay To Fill a 30-Day Supply of a Specialty Drug		
Specialty Drug Tier	Parkland Pharmacy	Non-Parkland Pharmacy (MedImpact ChoiceSpecialty Network)
Tier 1*	20% coinsurance up to a maximum of \$100	25% coinsurance up to a maximum of \$150
Tier 2*	35% coinsurance up to a maximum of \$300	40% coinsurance up to a maximum of \$350
Tier 3*	40% coinsurance up to a maximum of \$500	50% coinsurance up to a maximum of \$600
Out of Network	100%	100%

* Each specialty drug tier reflects a specialty drug type.

The PEHP formulary includes **hormone therapy drugs** for a diagnosis of gender dysphoria. Any drugs that are considered specialty items will be paid under the Specialty copay category. Physicians are required to submit a Prior Authorization for approval from the PEHP before the medication can be paid under the PEHP.

GENERIC VS. BRAND-NAME DRUGS

The pharmacy program divides medications into three categories:

Generic – These drugs contain the same active ingredients and are subject to the same standards as brand-name drugs with respect to quality, strength and purity. Using a generic drug offers the lowest cost option, regardless of where you fill your prescription. To save money, ask your doctor to prescribe a generic, when it is available. Generics can cost 25% to 75% less than brand-name drugs yet are equally as effective.

Preferred Brand-Name – This category includes brand-name drugs with no generic equivalent that are included on the preferred drug list, which is a formulary.

Non-Preferred Brand-Name – This category includes brand-name drugs that have generic equivalents, or another brand-name option on the preferred drug list. You will pay more money to fill a prescription from this list. You and your doctor may decide that a medication in this category is best for you.



WHAT IS A PREFERRED DRUG LIST?

A preferred drug list, also called a formulary, is a list of medications designated for coverage (both from a therapeutic and an economic standpoint) through your PEHP benefits. The list includes medications proven to be safe, effective and affordable for certain diseases and conditions.

MEDICARE AND PRESCRIPTION DRUG COVERAGE

If you or your dependents have Medicare or will become eligible for Medicare in the next 12 months, a federal law provides prescription drug coverage through Medicare Part D. For details, see the two Medicare Coverage Notices (PPO and HDHP) beginning on page 45 of this brochure.

MEDICAL/PHARMACY ID CARD – ALL IN ONE!

If you enroll in the PEHP, you will receive one ID card that gives you medical and pharmacy contact information all in one place.

DENTAL BENEFITS

For dental health benefits, you choose between two plans and can start participating on the first of the month after your date of hire (or on the first of the month if you are hired on the first).

YOUR 2023 BIWEEKLY PAYROLL DEDUCTIONS FOR DENTAL

CIGNA DENTAL		
Coverage Category	DHMO	DPPO
Employee Only	\$5.28	\$16.29
Employee Plus Children	\$11.24	\$43.97
Employee Plus Spouse	\$10.24	\$31.35
Employee Plus Family	\$14.69	\$54.47

Both plans cover preventive, basic, major and orthodontia (limited to dependent children under age 26 for the DPPO).

Dental Health Maintenance Organization (DHMO) provides services only through the DHMO network of dentists. For visits to your general or specialty dentist in the DHMO network, you pay a copay from the benefits schedule. The plan covers one cleaning every 6 months at no cost. You may receive an extra cleaning during each 6-month period for the following copays:

- For adults, pay \$50.
- For children, pay \$40.

There are no deductibles, no waiting period, no plan maximums and no claims to file. If you require dental services not provided by your DHMO network general dentist, you will be referred to a DHMO network specialty dentist.

Dental Preferred Provider Organization (DPPO) gives you the freedom to see any dentist but receive a greater benefit if you use a DPPO network provider. With this plan, you pay a \$50 deductible per person (maximum \$150 per family) before the plan begins covering basic and major services. The plan pays a percentage of reasonable and customary charges, depending on the type of service you receive. You can receive up to \$2,000 in benefits per participant each calendar year. Preventive services (including routine X-rays and cleanings every 6 months) are covered at 100%. The cost of preventive services does not count toward the annual maximum amount that the plan will cover. The chart below provides an overview of how the DPPO pays benefits.

HOW THE DPPO PAYS BENEFITS

DPPO FEATURE	PREVENTIVE	BASIC	MAJOR	ORTHODONTICS (for children under age 26)
Annual Deductible	\$0	\$50 per person \$150 per family	\$50 per person \$150 per family	\$0
Coinsurance				
• Plan Pays	100%*	80%	50%	50%
• You Pay	0%	20%	50%	50%
Annual Maximum	Not included in annual maximum	\$2,000 per year per covered person	\$2,000 per year per covered person	\$2,000 lifetime maximum

* Includes routine cleanings and X-rays.



TO COMPARE THE PLANS

See page 16 for a comparison chart to help you decide which dental plan will work best for you.

WHICH CIGNA DENTAL COVERAGE IS RIGHT FOR YOU?

You can learn more about the features and advantages of Cigna coverage by calling 800-Cigna24 (800-244-6224). Assistance is available 24/7/365.

Call today for:

- Information on specific plans.
- Help finding participating dentists.
- Comparisons of all Cigna products and resources available to you.

WHICH PLAN IS BEST FOR YOU

To help you decide, refer to the comparison chart below.

	DHMO	DPPO
Choice of dentist	Choose a DHMO network general dentist for each family member. See a DHMO network specialty dentist with a referral from your general dentist.	Maximize your benefits through discounts on covered and non-covered services by using a DPPO network dentist. Use any dentist, including specialists. If your dentist is not from the DPPO network, benefits will be based on reasonable and customary (R&C) charges. You will pay 100% of the amounts greater than R&C charges.
Orthodontia (braces)	For adults and children	For children only (under age 26)
Waiting periods	None	None
Annual deductibles	No deductibles	\$50 per person (maximum of \$150 per family) for basic and major services
What you pay	For covered services, a specific copay amount from the copayment schedule	A deductible and a percent of charges (up to a maximum covered expenses). See How the DPPO Pays Benefits on page 15.
Benefit maximums	No annual or lifetime maximums	\$2,000 annual maximum for basic and major services (preventive care X-rays and cleanings are covered at 100% and do not count toward the annual maximum.) \$2,000 lifetime maximum for orthodontia (for dependent children under age 26)
Claims and payment procedures	<p>For DHMO providers</p> <ul style="list-style-type: none"> You file no claims You pay a copay from the benefits schedule when services are performed. The schedule is on the Parkland Intranet. 	<p>For DPPO network providers</p> <ul style="list-style-type: none"> Your dentist files claims You pay discounted rates <p>For non-network providers</p> <ul style="list-style-type: none"> Unless required by your provider, no need to pay up front. Receive services from out-of-network providers and pay the provider after your dentist submits expenses to Cigna.

ADDITIONAL DENTAL SERVICES

- **Dental Oral Health Integration Program®.** This enhanced dental coverage —available at no additional charge — helps patients with medical conditions such as diabetes, heart disease, stroke, maternity, head and neck cancer radiation, organ transplants and chronic kidney disease. If you have any of these conditions, enroll before receiving services for certain treatments to receive 100% reimbursement (subject to annual benefit maximums for DPPO plans).
- **Cigna Health Rewards®.** Enjoy discounts on health-related products.



FOR MORE INFORMATION

Dental information is on the Parkland Intranet. You may access a dental provider directory on Cigna's website. For information, contact Cigna Dental at 800-Cigna24 (800-244-6224). Assistance is available 24/7/365.

FIND A NETWORK DENTIST

To see if your current dentist is in Cigna's network or to find a network dentist:

- Go to **Cigna.com**.
- Click "Find a Doctor, Dentist or Facility."
- Under "How are you covered," click "Employer or School." Enter your location information and click on "Doctor by Type." Under "Doctor by Type" click on "Dentist."
- **For the DHMO,** select CIGNA DENTAL CARE DHMO > Cigna Dental Care Access.
- **For the DPPO,** select DPPO/EPO > Total Cigna DPPO.

VISION CARE BENEFITS

For vision benefits, you can start participating on the first of the month after your date of hire (or on the first if your date of hire is the first). The vision plan provides benefits for routine eye care, including comprehensive eye exams, frames and lenses, and contact lenses. When you want vision care, you may choose to see a:

Network provider. This provider will contact the network on your behalf for authorization of benefits. There are no claims to file. You pay the copay or allowance for the exam and materials. The plan pays the balance for covered benefits.

Non-network provider. Before receiving services, you must obtain an authorization number from the vision care provider. After receiving services, you pay all charges at the time of your appointment. Then, submit your original itemized receipt along with your authorization number to the vision care provider for reimbursement as shown in the chart.

VISION BENEFITS PAID BASED ON PROVIDER

SERVICE	IF YOU USE A NETWORK PROVIDER, YOU PAY...	IF YOU USE A NON-NETWORK PROVIDER, YOU PAY...*
EYE EXAMS (EVERY 12 MONTHS)		
Ophthalmologist	\$10 copay	All amounts over \$42 allowance
Optometrist	\$10 copay	All amounts over \$37 allowance
EYEGLASS LENSES (EVERY 12 MONTHS)**		
Single	\$10 copay (per pair)	All amounts over \$32 (per pair)
Bifocal	\$10 copay (per pair)	All amounts over \$46 (per pair)
Trifocal	\$10 copay (per pair)	All amounts over \$61 (per pair)
Lenticular	\$10 copay (per pair)	All amounts over \$84 (per pair)
FRAMES (EVERY 12 MONTHS)**		
Frames	\$10 copay, then all amounts over \$150 allowance***	All amounts over \$81 allowance
CONTACT LENSES (IN LIEU OF EYEGLASSES AND FRAMES)**		
Contact Lenses Fitting****	Standard: \$25 copay Specialty: \$25 copay, plus all amounts over \$50 allowance	Full retail costs (not covered)
Medically necessary	\$0 copay	All amounts over \$210 allowance
Elective	All amounts over \$130 allowance	All amounts over \$100 allowance

- * When you use an out-of-network provider, you must first get an authorization number from the provider. You will pay all costs upfront and then submit your itemized receipt and authorization number for reimbursement.
- ** Once in a 12-month period, you may receive benefits for eyeglasses/frames or contact lenses, but not both in the same year.
- *** You will get a 20% discount on all amounts over the plan allowance.
- **** Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable or multi-focal lenses.

LASIK SURGERY DISCOUNTS

Superior Vision by MetLife has a nationwide network of independent refractive surgeons and partnerships with leading LASIK networks that offer members a discount. These discounts range from 10%-50%.

YOUR 2023 BIWEEKLY PAYROLL DEDUCTIONS FOR VISION

SUPERIOR VISION BY METLIFE	
Coverage Category	You Pay
Employee Only	\$3.33
Employee Plus Children	\$5.38
Employee Plus Spouse	\$7.15
Employee Plus Family	\$9.81

FIND A PROVIDER

Visit [metlife.com/vision](https://www.metlife.com/vision) and click on "Find Vision Provider." Choose your network provider: Superior Vision by MetLife. Then enter your address. After you select a provider, call the office to confirm their network participation. Not all eye care professionals at each office or optical store are considered in-network eye care professionals.

Life Insurance

Parkland offers two types of life insurance coverage – Basic and Supplemental.

BASIC LIFE INSURANCE

After 6 months of service, Parkland pays the full cost to provide you with basic life insurance. The minimum benefit is \$20,000; maximum basic life insurance benefit is \$1 million.

Full-Time Employees – Benefit is equal to 1½ times annual salary.

Part-Time-with-Benefits Employees – Benefit is equal to ½ times your annual salary.

SUPPLEMENTAL LIFE INSURANCE

If you want additional life insurance, Parkland offers Supplemental Life Insurance after 30 days of service. You pay the full cost on an after-tax basis. You may choose the following coverage amounts for yourself and eligible dependents:

For You* – Up to 8 times annual salary (up to a combined maximum of \$2 million for Basic and Supplemental).

For Your Spouse – Up to the lesser of \$100,000 or 100% of your coverage.

For Your Dependent Children – \$5,000, \$10,000, \$15,000 or \$20,000 per child.

As a new hire, evidence of insurability is required on coverage amounts over 3 times salary for you (up to \$500,000) and more than \$50,000 for your spouse. Unless otherwise announced during Open Enrollment, you will need to provide evidence of insurability in order to increase your coverage by more than 1 times salary, provided this amount does not exceed the lesser of 3 times salary or \$500,000. If needed, an evidence of insurability form will be mailed to your home.

A copy of the certificate of coverage is posted on [ParklandBenefits.org](https://www.parklandbenefits.org) > Legal Notices > Life Insurance Certificate of Insurance. Print a copy of this certificate and keep it with your important family records.

Eligibility guidelines and coverage provisions for Supplemental Life Insurance are outlined in the Summary Plan Description. Rate information and a Summary Plan Description are available online at [ParklandBenefits.org](https://www.parklandbenefits.org) > Legal Notices > Summary Plan Descriptions/Plan Documents and [MyParkland](https://www.myparkland.com).

* Note: coverage amount for you and your spouse reduces to 65% at age 65 and to 50% at age 70.

2023 SUPPLEMENTAL LIFE INSURANCE BIWEEKLY RATES

SUPPLEMENTAL TERM LIFE			FOR YOUR CHILD(REN) UP TO AGE 26	
Age Range	Biweekly Rate / \$1,000 for You	Biweekly Rate / \$1,000 for Your Spouse	Coverage Amount	Biweekly Rate / \$1,000
Ages less than 25	\$0.013	\$0.023	\$5,000	\$0.16
Ages 25-29	\$0.016	\$0.028	\$10,000	\$0.32
Ages 30-34	\$0.021	\$0.037	\$15,000	\$0.48
Ages 35-39	\$0.023	\$0.042	\$20,000	\$0.65
Ages 40-44	\$0.026	\$0.046		
Ages 45-49	\$0.042	\$0.069		
Ages 50-54	\$0.062	\$0.106		
Ages 55-59	\$0.114	\$0.198		
Ages 60-64	\$0.176	\$0.305		
Ages 65-69	\$0.339	\$0.586		
Ages 70+	\$0.551	\$0.951		

IF YOU LEAVE PARKLAND

If you leave Parkland, you may continue your coverage under an individual policy with the same benefits and provisions as under your group policy. Payment of premiums will change from payroll deduction to having your premiums billed directly to you.



NAMING A BENEFICIARY

Your beneficiary is the person(s) who will receive your benefit in the event of your death. When you name your beneficiary, you will allocate the percentage of the benefit that each beneficiary should receive.

- **For Basic Life**, go online to MyParkland to name your beneficiary (see page 8). Coverage will begin after 6 months of employment.
- **For Supplemental Life and AD&D**, go online to MyParkland to name your beneficiary and to enroll (see page 8). You must enroll within 30 days of your hire date, change in employment status or life event. Coverage will begin after 30 days of employment.

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

If you want additional protection above and beyond the life insurance coverage, you can buy accidental death & dismemberment (AD&D) insurance. You pay the full cost of this benefit with after-tax payroll deductions. Available to full-time and part-time-with-benefits employees after 30 days of service, this coverage pays a benefit if you die or are injured in an accident. You can buy two levels of coverage:

- Employee only
- Employee plus family coverage

Either plan will cover you from \$10,000 to \$500,000 (in \$10,000 increments) up to \$10 times your annual base salary. If you choose to cover your family, the amount of coverage on your spouse or children will be a percentage of your coverage as shown in the chart below:

FAMILY MEMBER	SPOUSE*	CHILD(REN)
Spouse only	60% of your coverage*	N/A
Child(ren) only (up to age 25)	N/A	20% of your coverage up to \$50,000
Spouse plus child(ren)	50% of your coverage*	15% of your coverage up to \$50,000



NAMING A BENEFICIARY

See page 18 for steps on naming a beneficiary to receive your AD&D benefit.

YOUR 2023 BIWEEKLY PAYROLL DEDUCTIONS FOR AD&D

BIWEEKLY PAYROLL DEDUCTIONS		
Coverage Amount	Employee Only	Employee and Family**
\$10,000	\$0.09	\$0.10
\$20,000	\$0.18	\$0.20
\$30,000	\$0.26	\$0.30
\$40,000	\$0.35	\$0.41
\$50,000	\$0.44	\$0.51
\$60,000	\$0.53	\$0.61
\$70,000	\$0.61	\$0.71
\$80,000	\$0.70	\$0.81
\$90,000	\$0.79	\$0.91
\$100,000	\$0.88	\$1.02
\$150,000*	\$1.32	\$1.52
\$200,000	\$1.76	\$2.03
\$250,000	\$2.20	\$2.54
\$300,000	\$2.63	\$3.05
\$350,000	\$3.07	\$3.55
\$400,000	\$3.51	\$4.06
\$450,000	\$3.95	\$4.57
\$500,000	\$4.39	\$5.08

WHAT THE AD&D PLAN PAYS

FOR LOSS OF	BENEFIT
<ul style="list-style-type: none"> • Both hands or both feet • Sight of both eyes • One hand and one foot • One hand and the sight of one eye • One foot and the sight of one eye • Speech and hearing in both ears 	100%
<ul style="list-style-type: none"> • One hand or one foot • Sight of one eye • Speech or hearing in both ears 	50%
<ul style="list-style-type: none"> • Thumb and index finger of same hand 	25%

Please Note: The amount of the benefit depends upon the extent of your injury. If you die in an accident, the full coverage amount is payable. The chart above shows what the plan pays for various injuries. For more details on this benefit, go to [ParklandBenefits.org](https://www.parklandbenefits.org) >Legal Notices > AD&D Certificate of Insurance.

* You may buy voluntary AD&D coverage from \$10,000 to \$500,000 (in \$10,000 increments). Your coverage amount cannot be larger than 10 times your base pay. Your coverage amount reduces to 65% at age 65 and to 50% at age 70. Starting with \$100,000 of coverage, the chart provides a sampling of rates for various amounts. Rates for every coverage amount are available in PeopleSoft (MyParkland). Coverage for your spouse cannot exceed \$300,000.

** Employee and Family rates apply to employee, spouse and children from 14 days old up to age 25 (or age 21 if not full-time students attending an accredited institution). Coverage for disabled children can be continued beyond age 25 if they meet the eligibility requirements.

Disability Benefits

The Parkland disability plans offer income protection and security for you and your family if an extended illness or injury keeps you from working. Parkland provides the Core Disability Plan that will pay 50% of your biweekly earnings after you are unable to work for 42 consecutive days due to a covered illness or injury. You may:

Increase your disability benefit to 60% of pay by electing the **Buy-Up Plan**.

Decrease your waiting period to 14 days by electing the **Buy-Down Plan**.

With these upgrades, you pay the difference in cost between the Core Plan benefit and waiting period, and the additional benefit amount and shorter waiting period. Earnings for purposes of the disability plans are your base rate of pay, excluding overtime, bonuses or other compensation.



DISABILITY PLAN	WAITING PERIOD	BENEFIT AMOUNT
Core Plan	42 days (paid for by Parkland)	50% of pay (paid for by Parkland)
Buy-Up Plan to increase benefit amount	42 days (paid for by Parkland)	± 10% of pay (paid for by you) = 60% of pay (total benefit)
Buy-Down Plan to decrease waiting period	14 days (paid for by you)	50% of pay (paid for by Parkland)
Combined Plan to decrease waiting period and increase benefit amount	14 days (paid for by you)	± 10% of pay (paid for by you) = 60% of pay (total benefit)

The plan document for the Parkland disability plans lists applicable exclusions to the plans. To ensure eligibility for benefits under these plans, please review the Parkland disability plan document located on the Parkland Benefits intranet site.

HOW TO ENROLL

Log on to MyParkland to determine your cost for the additional 10% benefit in the Buy-Up Plan, the shorter waiting period in the Buy-Down Plan, or the Combined Plan with both the additional 10% benefit and the shorter waiting period. You may enroll online at MyParkland in one or both of the upgrade plans.

PAID TIME OFF

Parkland provides eligible employees with paid time off (PTO) that can be used for vacations, illnesses (both their own and their families) and other personal business.

You receive these hours according to the hours you work each biweekly pay period. You start accruing hours on your first day of employment. Accrued PTO will not be available until the beginning of the first full pay period after you complete 90 days of continuous employment.

You earn PTO for every hour you work using an hourly accrual rate based on your years of seniority and employment status. For every hour you work, up to a maximum of 80 hours per pay period, you accrue PTO as shown in the charts below. The charts show the maximum number of hours you may earn for each biweekly pay period and annually.

You may earn up to 1½ times your annual maximum accrual of PTO. Once you earn the maximum accrual, you will not earn more PTO until you use some of your accrued time. Accrued PTO is paid out at termination only.

MAXIMUM PTO HOURS EARNED EACH BIWEEKLY PAY PERIOD BASED ON YEARS OF SENIORITY						
Employment Status	Less than 2	2 to 4	5 to 9	10 to 14	15 to 19	20 or more
Full-time and part-time with benefits (PTO hours)	4.62	5.54	6.77	7.38	8.00	8.31
Weekend option (PTO hours)	2.71	3.14	3.88	4.18	4.49	4.74

MAXIMUM HOURS EARNED EACH YEAR BASED ON YEARS OF SENIORITY						
Employment Status	Less than 2	2 to 4	5 to 9	10 to 14	15 to 19	20 or more
(A + B = C)						
(A) Full-time (PTO hours)*	120	144	176	192	208	216
(B) Full-time (holiday hours)*	80	80	80	80	80	80
(C) Full-time total maximum PTO & holiday hours	200	224	256	272	288	296
Weekend option (PTO hours)	70	82	101	109	117	123

*Part-time with benefits employees are eligible to earn up to the same maximum PTO hours as full-time employees as shown in the chart above along with up to 40 holiday hours. For more information, go to ParklandBenefits.org > Benefits > Paid Time Off.

VOLUNTARY PAID TIME OFF DONATION PROGRAM

Parkland allows you to donate eligible Paid Time Off (PTO) hours to a PTO donation bank for fellow Parkland employees who are in need of additional PTO time due to an extended absence related to a serious medical condition. The donation program is available if the employee or a family member is suffering from an extended and continuing illness and, as a result, misses work. Employees can avoid the hardship of lost income by using leave hours donated by others.

To donate time, go to **PTO Donation** in **MyParkland** on the **PeopleSoft** system under MyParkland > Benefits > Share PTO. You may donate time if you have at least 120 PTO hours remaining after your donation. Your donated time will be deposited into a central PTO bank.

To request to receive donated time, submit a **Request for Donated PTO** through the OTM Service Portal at parkland.service-now.com/otm or 469-419-3000 (ext. 7-3000).

For more information, go to the Parkland intranet home page and click on Policy Manager (found in the bottom right corner of the page). Enter "PTO 4000 – 1400" to retrieve the PTO Policy.



SELLING PAID TIME OFF

You are eligible to sell up to 40 hours of PTO during Open Enrollment. Parkland will pay 100% of your hourly base pay rate for each hour that you sell. In accordance with federal law, you will sell PTO in the year prior to its accrual.

PARKLAND HOLIDAYS

Parkland observes the following holidays:

- New Year's Day
- Martin Luther King Day
- Memorial Day
- Juneteenth (June 19th)
- July 4th
- Labor Day
- Thanksgiving
- The day after Thanksgiving
- Christmas Day
- One floating holiday that loads as of Jan. 1. You must use the floating holiday before the end of each year.

Employees in areas that are open on holidays can use their holiday hours up to 365 days after the scheduled holiday. Employees in areas that are closed on holidays will use holiday hours on the designated holidays.

Flexible Spending Accounts

With flexible spending accounts (FSAs), you can set aside before-tax dollars through payroll deductions to cover certain types of health care and dependent care expenses. There are two types of flexible spending accounts:

Health Care Spending Account. Reimburses you for eligible medical, dental, vision and hearing expenses not paid by another health care plan. To request reimbursement of an eligible health care expense, you will use the plan's FSA debit card at the time of purchase, or submit your receipt and claim form to the FSA administrator. See page 25 for details.

Dependent Care Spending Account. Reimburses you for eligible dependent care expenses (such as child or adult day care) incurred while you and your spouse work. Your eligible expenses must be for dependents who:

- Are under age 13, or of any age if he or she is physically or mentally incapable of self-care,
- Can be claimed on your federal income tax return and
- Reside in your home for at least eight hours a day.

To request reimbursement of an eligible dependent care expense, you will submit your receipt and claim form to PayFlex.

GENERAL INFORMATION ABOUT BOTH ACCOUNTS

Federal income tax rules and plan provisions govern how the flexible spending accounts work. Here are some things to remember.

- Your annual elections will cover the time period from January 1 through March 15 of the following year as shown in the chart below. **If you are a new hire, your election will start 90 days after your date of hire. For both accounts, you may continue to incur expenses through March 15 of the following year.** You may be reimbursed only for expenses that you incur once you become eligible to participate.

FLEXIBLE SPENDING ACCOUNT	INCUR EXPENSE BY	REQUEST REIMBURSEMENT BY
2023 Health Care Spending Account	March 15, 2024	March 31, 2024
2023 Dependent Care Spending Account	March 15, 2024	March 31, 2024

- Once you elect to participate, you may not change your election or stop participation during the time period unless you have a change in status as defined by the plan. You must enroll online through MyParkland within 30 days of the event. A list of life status changes is shown on page 6 of this brochure.

TAX DEDUCTIONS VS. THE ACCOUNTS

It's up to you to determine whether taking tax deductions on your federal income tax return is more beneficial than using the flexible spending accounts. Some points to consider:

Only health care expenses that exceed 7.5% of your adjusted gross income can be deducted from your income taxes, according to the IRS.

For work-related dependent care expenses, take a look at the tax credit vs. the spending account. The tax credit amount is determined by applying a percentage to your total dependent care expenses. Based on current tax structure, generally the tax credit is more beneficial than a dependent care spending account if your family income is under \$24,000.



USE IT OR LOSE IT

All monies set aside in these accounts must be used by the appropriate time period, or forfeited.

FLEXIBLE SPENDING ACCOUNTS

OVERVIEW OF HOW THE FLEXIBLE SPENDING ACCOUNTS WORK

PLAN FEATURE	HEALTH CARE SPENDING ACCOUNT	DEPENDENT CARE SPENDING ACCOUNT
Amount you can set aside each year	\$0 to \$3,050 per year	\$0 to \$4,000 per year
Special Incentive	Does not apply	Parkland will contribute 25% of your election each pay period (up to \$1,000 per year)
Examples of expenses that can be reimbursed*	<ul style="list-style-type: none"> • Copays, deductibles and coinsurance for medical, dental, pharmacy and vision plans • Certain over-the-counter medications used to treat an illness or injury such as aspirins, antacids, allergy and sinus medicines, pain relievers and cold medicines • Weight loss programs prescribed by your doctor to treat a specific medical condition • Stop smoking programs prescribed by your doctor to improve your health 	<p>While you and your spouse are working:</p> <ul style="list-style-type: none"> • Nursery school, day care centers, day camp and baby-sitting • Before-school or after-school care for children under age 13 • Back-up care for children under age 13 • Nurse or caregiver for an elderly relative who qualifies as a dependent
Example of expenses that cannot be reimbursed*	<ul style="list-style-type: none"> • Health insurance premiums paid with before-tax dollars • Cosmetic surgery and procedures, unless there is a related disease or injury • Certain over-the-counter medications (without a prescription) or those that benefit your health but do not actually treat an illness or injury such as vitamins, other nutritional aids or drugs to help you stop smoking • Weight loss program or health club dues to maintain your general health 	<ul style="list-style-type: none"> • Baby-sitting (if you or your spouse are not working) • Overnight camp, unless day care fees are broken out from camp fees
Maximum reimbursement	Up to the full amount of your annual contribution, less any amounts previously paid	Up to the amount of money available in your account at the time that you request reimbursement

* A list of eligible and ineligible expenses is posted on [PayFlex.com](https://www.payflex.com). You may also refer to IRS Publication 502, Medical and Dental Expenses, or IRS Publication 503, Child and Dependent Care Expenses, for additional information. These publications are available at [irs.gov](https://www.irs.gov).

THE DEPENDENT CARE SUBSIDY: HOW IT WORKS

Parkland offers a special incentive to encourage you to contribute to the dependent care FSA.

The total maximum contribution that can be made on your behalf each year is \$5,000 per household. Of this total maximum contribution:

- The maximum you can contribute is \$4,000.
- The maximum Parkland can contribute is \$1,000.

Parkland's contribution is equal to 25% of the amount that you contribute. The chart on the next page gives examples of how the incentive works with different contribution amounts from Parkland and you.



THE TAX-FREE ADVANTAGE OF FLEXIBLE SPENDING ACCOUNTS

Looking for savings? Consider participating in a flexible spending account. You never pay taxes on the money contributed to these accounts. You set aside this money before taxes are deducted to pay for eligible health care or dependent care expenses that you would otherwise pay on an after-tax basis. In order to take advantage of these tax savings, you must follow IRS rules and regulations.

THE DEPENDENT CARE SUBSIDY BY THE NUMBERS

CONTRIBUTION SOURCE	EXAMPLES OF CONTRIBUTION AMOUNTS			
You	\$4,000	\$2,800	\$800	\$400
Parkland	\$1,000	\$700	\$200	\$100
Total	\$5,000*	\$3,500	\$1,000	\$500

* The total maximum contribution per year is \$5,000 (\$4,000 from you and \$1,000 from Parkland).

EXAMPLE: HOW A HEALTH CARE SPENDING ACCOUNT SAVES MONEY

John and Julie both earn \$40,000 a year. Let's assume that they both pay 15% in federal income taxes and are single with no dependents. Each pays \$2,000 a year out-of-pocket for medical expenses.

- Julie decides to pay these expenses from her Health Care Spending Account.
- John decides not to participate in the account and will pay medical expenses with after-tax dollars.

Take a look at their spendable income after paying these expenses.

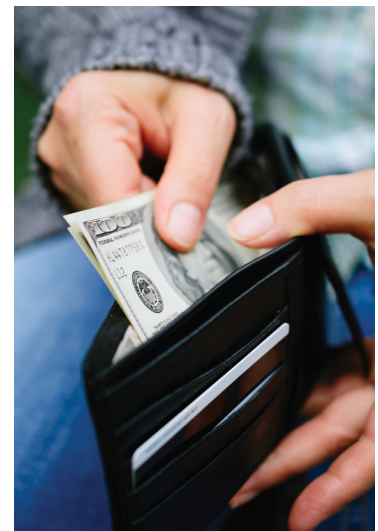
	JULIE (with account)	JOHN (without account)
Annual pay	\$40,000	\$40,000
Before-tax contribution to Health Care Spending Account	-2,000	-0
Taxable pay (adjusted gross income)	\$38,000	\$40,000
Estimated federal income taxes (15%)	-5,700	-6,000
Estimated Medicare taxes (1.45%)	-551	-580
Take-home pay	\$31,749	\$33,420
After-tax medical expenses	-0	-2,000
REMAINING ANNUAL SPENDING INCOME	\$31,749	\$31,420

Tax Savings: Julie has \$329 more than John in spendable income at the end of the year after paying her medical expenses through reimbursements from her Health Care Spending Account.

HOW MUCH SHOULD I CONTRIBUTE TO THE HEALTH CARE SPENDING ACCOUNT?

HEALTH CARE EXPENSES BUDGET WORKSHEET

1. Medical deductibles and copays	\$ _____
2. Medical coinsurance	\$ _____
3. Prescription drug copays	\$ _____
4. Over-the-counter medications used to treat an illness or injury	\$ _____
5. Dental deductibles	\$ _____
6. Dental coinsurance	\$ _____
7. Vision care (including eye exams, glasses and contact lenses not paid by any vision or medical plan)	\$ _____
8. Hearing exams and aids	\$ _____
9. Other health care expenses	\$ _____
ANNUAL TOTAL	\$ _____



BUDGETING FOR YOUR HEALTH CARE SPENDING ACCOUNT

Use the budget worksheet at the bottom of this page to determine the amount you might consider contributing to your Health Care Spending Account. Budget carefully because any unused amounts must be forfeited. You may want to review your family's health care bills for the last several years and estimate your expected out-of-pocket expenses for you and your eligible dependents for the plan year (January 1 through March 15 of the following year). If you are a new hire, include only expenses for the current year that you expect to incur after 90 days of employment through March 15 of the following year. **Include only those expenses that are not paid by health care coverage.**

Go to [PayFlex.com](https://www.payflex.com) for additional worksheets to help you decide how much to contribute to the flexible spending accounts.

FLEXIBLE SPENDING ACCOUNTS

REIMBURSEMENT OF OVER-THE-COUNTER DRUGS FROM A HEALTH CARE SPENDING ACCOUNT

Due to federal health care reform, some over-the-counter (OTC) medications do not qualify for reimbursement from your Health Care Spending Account unless you have a prescription.

Prescription Required: You cannot use your health care debit card for these purchases. Here are some examples of over-the-counter drugs and medicines that will require a prescription:

- Acne medicine, allergy medicine, cough/cold/flu medicines, eye drops, indigestion medicine, laxatives, nasal sprays/drops, ointment for cuts, burns and rashes, and pain relievers.

If you do not have a prescription for an over-the-counter drug requiring a prescription, this purchase will be considered ineligible and will not be reimbursed.

If you use a health care debit card to pay for these items, the transaction will be denied at the point-of-sale. You will need to submit a claim along with supporting receipt and prescription to PayFlex to be reimbursed for these expenses.

No prescription required: You can purchase **over-the-counter** items not requiring a prescription with your health care debit card. Here are some examples of over-the-counter items that will not require a prescription.

- Band-aids, birth control, braces and supports, contact lens solution and supplies, elastic bandages and wraps, first aid supplies and reading glasses.

For a complete list of items that are eligible for reimbursement or accepted by the FSA debit card, please contact PayFlex, the FSA administrator.

HOW TO GET REIMBURSED FROM A FLEXIBLE SPENDING ACCOUNT (FSA)

For eligible dependent care expenses, you submit your receipts and/or claim form with the dependent care provider's certification to the FSA administrator to obtain reimbursement. For eligible health care expenses, you have two ways to request reimbursement based on where you make your purchase – through the plan's FSA debit card and an FSA reimbursement form.

1. Use the plan's FSA debit card to pay for qualified health care expenses only from places like your doctors' offices, dental offices, hospitals, health care clinics and pharmacies (like Walgreens, CVS or the Parkland pharmacies). You will not have to substantiate your purchases at many stores (such as Walmart, Target, CVS, etc.) and may not have to supply receipts. However, it's a good idea to save your receipts just in case! You will have the option of ordering a card from the FSA administrator for your spouse or dependent child online or on the phone.

Note: You may not use your health care debit card to buy over-the-counter drugs and medicines that require a prescription for reimbursement.

2. Incur and pay the eligible expense; file an FSA reimbursement form. For the Health Care Spending Account, you must file a claim with any other existing health plan coverage before you submit a reimbursement claim. Then, complete the FSA reimbursement form at [PayFlex.com](https://www.payflex.com) and attach any required documentation. You may choose to be reimbursed by check or direct deposit. To receive your reimbursement faster through direct deposit, log on to [PayFlex.com](https://www.payflex.com) and submit your banking information.

- **For the Dependent Care Spending Account**, you must include the provider's Social Security number or tax identification number so that the reimbursed amount can be reported to the IRS.
- **For the Health Care Spending Account**, attach copies of itemized bills or an Explanation of Benefits (EOB). For over-the-counter (OTC) medications used to treat an illness or injury, you must submit a prescription from a licensed physician and a receipt showing what medication you purchased, the date of purchase and the amount paid.

You can save yourself a stamp and reduce handling costs by faxing your claim form (for reimbursement) or substantiation form (to document a purchase) to the number shown on the form. Reimbursement checks are prepared daily.



QUESTIONS?

For more information, contact PayFlex, the FSA administrator, at [PayFlex.com](https://www.payflex.com) or 800-284-4885.

Through the website, you can view your account balances, upload claim forms and other documents such as receipts, and manage your FSA debit card.

PART-TIME-WITHOUT-BENEFITS EMPLOYEES

As a part-time-without-benefits employee, you may participate in Parkland's flexible spending accounts, the Supplemental Retirement Plan (excluding the Parkland match), the supplemental voluntary insurance coverages (Critical Illness Insurance, Group Accident Insurance and Hospital Indemnity), the legal protection program and the pet insurance program. Eligible health care costs incurred may be reimbursed through the Health Care Flexible Spending Account. You enroll in Parkland's FSAs through MyParkland.

Retirement Benefits

As an employee of Parkland, you may plan and save for the future through different retirement benefit plans based upon your employment classification.

RETIREMENT BENEFITS PLAN	FULL-TIME EMPLOYEES	PART-TIME EMPLOYEES
Retirement Income Plan	Yes	No
Part-Time Mandatory Contributions	No	Yes
Supplemental Retirement Plan	Yes	Yes

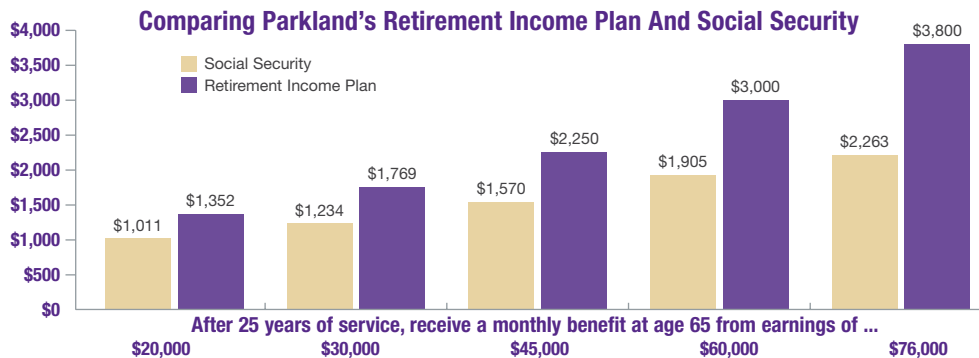


Retirement Income Plan (For Full-Time Employees)

This Pension Plan, which is intended as a replacement for Social Security, offers a monthly vested benefit at retirement. You are automatically enrolled on your hire date. You and Parkland share in the cost. Instead of paying into Social Security, you contribute 6.2% of regular pay to the plan. Parkland contributes the additional amounts required to provide your vested benefit. The benefit formula is typically based on your years of service and average monthly earnings during the highest five out of the last 10 calendar years you work at Parkland as a full-time employee.

AN EXAMPLE: 40-YEAR-OLD EMPLOYEE WHO WORKS 25 YEARS AT PARKLAND

To see how the Parkland Retirement Income Plan compares to Social Security, we estimated monthly benefits for a full-time employee who begins a career with Parkland at age 40 in the year 2023 and works full-time for 25 years at Parkland, retiring at age 65. The chart shows the value of benefits in today's dollars.



VESTING

Vesting means ownership. You become 100% vested in the Retirement Income Plan benefit when you complete 5 years of full-time service. Once you are vested, you are entitled to a benefit. You may receive your benefit as early as age 55. If you leave Parkland with less than 5 years of service (7 years of service for House Staff), the contributions that you made will be returned to you. You will receive a package that explains your options.

TO NAME YOUR BENEFICIARY

You name your beneficiary for the **Retirement Income Plan**, the **Part-Time** and **Supplemental Retirement Plan** at [MillimanBenefits.com](https://www.millimanbenefits.com). You may also contact the Milliman Benefits Service Center at 800-995-2608.

Part-Time Mandatory Contributions

(For Part-Time Employees)

On the first day of employment, part-time employees automatically start contributing 7.5% of total pay on a before-tax basis as part-time mandatory contributions. You make these mandatory contributions instead of contributing to Social Security. This amount is automatically contributed to your part-time mandatory contributions account within the Supplemental Retirement Plan (explained on page 27).

Parkland does not match your part-time mandatory contributions. For part-time-with-benefits employees, Parkland will match up to 6% of contributions to the Supplemental Retirement Plan saved above the mandatory 7.5% contribution (based on 40 hours a pay period).

For mandatory contributions and other contributions to the Supplemental Retirement Plan, pay is based on 40 hours a pay period and includes your before-tax contributions to the Supplemental Retirement Plan. You may choose to contribute additional amounts to the Supplemental Retirement Plan, subject to IRS limits described in the next section.

RETIREMENT BENEFITS

Supplemental Retirement Plan

(For Full-Time and Part-Time Employees)

By participating in the Supplemental Retirement Plan, you can:

- Save on a before-tax basis and lower your current taxable income. Pay no taxes on this money or the earnings until you withdraw your account.
- Contribute on a Roth after-tax or after-tax basis for additional retirement savings.
- Receive Parkland matching contributions after one year of service (not available to part-time employees without benefits).
- Take advantage of a variety of investment choices.

YOUR BEFORE-TAX, ROTH AFTER-TAX AND AFTER-TAX CONTRIBUTIONS

Save from 1% to 75% of your pay on a combined before-tax, Roth after-tax or after-tax basis through payroll deductions. Before-tax and Roth after-tax contributions are subject to applicable IRS limits. These limits are double those in most traditional savings plans because the Supplemental Retirement Plan includes before-tax 403(b) and 457 contributions, which are available only to governmental entities. Pay does not include bonuses, overtime pay, severance pay and differential.

- **Before-Tax Contributions** are deducted from your paycheck before federal income taxes are withheld. The 403(b) and 457 contributions make up your before-tax contributions to the Supplemental Retirement Plan. These accounts are tracked separately because there are some differences between them.
- **Roth After-Tax Contributions** are deducted from your pay after federal income taxes are withheld. Investment earnings on the Roth after-tax contributions are never taxed, not even upon distribution, as long as you withdraw this money as a qualified distribution after:
 - You reach age 59½ and
 - Your first Roth after-tax contribution has been in the plan for at least five years.
- **After-Tax Contributions** are deducted from your paycheck after taxes are withheld.
- **Catch-Up Contributions** are additional before-tax and Roth after-tax savings opportunities if you are age 50 or older by the end of a calendar year.

The chart below shows the maximum amount you can save on a before-tax and Roth after-tax basis in Parkland’s Supplemental Retirement Plan and compares these amounts with the savings limits of most other savings plans. These limits are not plan-specific. If you contributed to another employer’s plan on a before-tax or Roth after-tax basis during the year, consider those contributions when deciding how much to contribute to the Parkland plan.

Year	MOST OTHER SAVINGS PLANS		SUPPLEMENTAL RETIREMENT PLAN	
	Under Age 50	Age 50 and Over	Under Age 50	Age 50 and Over
2023	\$22,500	\$30,000	\$45,000	\$60,000

* Your contributions may be before-tax, Roth after-tax or a combination of the two. These limits include contributions made to another employer’s plan during the year.



SAVING IN THE SUPPLEMENTAL RETIREMENT PLAN

Parkland will automatically enroll full-time employees hired on or after Jan. 1, 2022, at 2% of pay before-tax. The auto enroll amount will start on the first pay date after 45 days of employment unless you change the amount at [MillimanBenefits.com](https://www.millimanbenefits.com) or through the Milliman Benefits Service Center at 800-995-2608. To learn more, watch for a Retirement Benefits Program newsletter that will be mailed to your home.

Or go to [ParklandBenefits.org](https://www.parklandbenefits.org) > Well-Being > Retirement Program.

HOW TO MAXIMIZE YOUR ANNUAL CONTRIBUTIONS

Once you decide how much you want to contribute, your before-tax and Roth after-tax contributions are allocated first to your 403(b) account. If you reach the IRS maximum for the 403(b) account, additional before-tax and Roth after-tax contributions will automatically convert to 457 contributions. When you reach the combined before-tax and/or Roth after-tax limit for 403(b) and 457 contributions, your contributions will automatically convert to 403(b) after-tax contributions in order to continue contributing to the plan and to receive the applicable match. If you want your contributions to stop rather than converting to 403(b) after-tax contributions, call Milliman at 800-995-2608 and let a representative know that you do not want to start making 403(b) after-tax contributions. Unless you make a new election before the first pay period of the new year, your before-tax and/or Roth after-tax 403(b) elections will continue for the following calendar year.

PARKLAND MATCHING CONTRIBUTIONS

(For Full-Time and Part-Time-With-Benefits Employees)

After one year of service, Parkland matches your contributions \$1 for \$1, up to 6% of your pay. Parkland matches a combination of your before-tax, Roth after-tax or after-tax contributions, up to 6% of pay.

ROLLOVER CONTRIBUTIONS

If you have a balance in a qualified plan such as a 401(k) or another 403(b) with a previous employer, you can roll over that money immediately and take advantage of the loan and withdrawal options offered by the plan. You can also roll over deductible Individual Retirement Accounts (IRAs).

VESTING OF PARKLAND MATCHING CONTRIBUTIONS

You own (meaning you are 100% vested in) your contributions (before-tax, Roth after-tax, after-tax, rollover and part-time mandatory contributions) immediately. You gradually become vested in the Parkland matching contributions each year as shown in the vesting chart below.

YEARS OF VESTING SERVICE YOU COMPLETE	VESTED PERCENTAGE
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Regardless of your service, you become 100% vested in the matching contributions and associated earnings upon total or permanent disability, death while employed or retirement on or after your normal retirement date (age 65).



PLAN OFFERS OPTIONS TO HELP YOU INVEST

You can invest your account in investment options with different risk and return characteristics. You also have the option to invest in an age-based Target Date Retirement Fund. If you do not make an election, your account will be invested in the Target Date Retirement Fund that is closest to the year in which you reach age 65 (retirement age as defined by the Supplemental Retirement Plan). The **Retirement Benefits Program** newsletter on the Parkland Intranet offers more information on investing your account.

REGISTER YOUR ACCOUNT

Visit **MillimanBenefits.com** (choose English or Spanish), select "Register" and follow the prompts. Registering is the No. 1 step you can take to protect your retirement money. That's because when you register, the system automatically applies Withdrawal Lock, a security feature that "locks down" your account to prevent unauthorized withdrawals. You'll get a special code in the mail, which you'll need to unlock your account when you're ready to withdraw funds. Keep this code in a safe place! If you lose the code, you'll experience delays when trying to withdraw your money.

RETIREMENT BENEFITS

LOANS

Using [MillimanBenefits.com](https://www.millimanbenefits.com) or the Milliman Benefits Service Center at 800-995-2608, you may request a loan. You may have only one outstanding loan at a time. The interest rate is prime plus 1%. Your loan will be taken from your before-tax 403(b), Roth after-tax and rollover accounts with your Roth after-tax account being accessed last. You may not take a loan from your before-tax 457, after-tax and part-time mandatory contributions. You may borrow:

- A minimum of \$1,000 and
- Up to the lesser of one-half of your account balance or \$50,000, reduced by your highest outstanding loan balance during the last 12 months.

If you leave Parkland and do not repay the loan within the required time period, you will have to pay taxes on the outstanding loan balance.

IN-SERVICE WITHDRAWALS

From [MillimanBenefits.com](https://www.millimanbenefits.com) or the Milliman Benefits Service Center at 800-995-2608, you may request a withdrawal from your Supplemental Retirement Plan accounts while you are still employed at Parkland. Part-time mandatory contributions are not eligible for in-service withdrawal. You may:

- Withdraw from your after-tax or rollover accounts at any time.
- Request a full or partial withdrawal of your account balance after age 59½ if you are 100% vested in the Parkland match.
- Apply for a financial hardship withdrawal from all or part of your before-tax 403(b) and Roth after-tax 403(b) contributions made to the plan and the vested portion of Parkland's matching contributions.
- Apply for an unforeseeable emergency withdrawal from your before-tax 457 and Roth after-tax 457 contributions if you or your dependents incur a severe financial hardship. An unforeseeable emergency must cause a hardship that cannot be relieved through reimbursement or compensation by insurance, liquidation of your assets (unless such liquidation would cause you severe financial hardship), or discontinuation of all before-tax 457 contributions to the Supplemental Retirement Plan. Payment of college expenses and purchase of a home do not qualify as an unforeseeable emergency.

If you do not roll over a withdrawal to an IRA or to another eligible retirement plan, the taxable portion of the withdrawal becomes ordinary income to you for the year in which you receive the distribution. In-service withdrawals that are not financial hardship withdrawals are subject to 20% mandatory withholding. If you have not reached age 59½, the withdrawal may also be subject to an additional 10% nondeductible early distribution penalty tax. Withdrawals from your before-tax 457 contributions account are generally not subject to the additional 10% early distribution penalty tax. However, special rules apply to Roth after-tax monies. Consult your professional tax adviser for details.

ACCOUNT ACCESS WHEN YOU NEED IT

Information about your account is updated daily and you can access it through the plan's secure website, [MillimanBenefits.com](https://www.millimanbenefits.com). You can monitor your investments and request transactions at any time. Milliman will summarize your activity in a quarterly statement. Your statement will be provided electronically or mailed to you, depending on your contact information on file. You can change the way you receive your statement at [MillimanBenefits.com](https://www.millimanbenefits.com) by going to Personal Information under the profile icon at the top of the web page.



WHEN YOU LEAVE PARKLAND

When you stop working at Parkland, you may leave your money in the Supplemental Retirement Plan or you may request a lump-sum payment of your account. To request your lump-sum payment, please contact Milliman at 800-995-2608. Starting at age 72, you must start taking minimum distributions from your account.

You may log on to [MillimanBenefits.com](https://www.millimanbenefits.com) or contact the Milliman Benefits Service Center at 800-995-2608 up to 180 days prior to your retirement to set up distribution of your monthly benefit from the Retirement Income Plan.

RESOURCE FOR BENEFITS IN RETIREMENT

VelaPoint, a new program added in 2023, gives future Parkland retirees a new resource to purchase benefits outside of Parkland. Visit parklandretireeassistance.com to get competitive quotes for health, dental and vision, supplemental insurance (critical illness and accident insurance), home and auto, and life insurance. Questions? Call 888-811-4337 to speak with a designated Parkland retiree specialist.

2023 VOLUNTARY BENEFITS

MetLife Coverages Add Extra Layer of Protection

When accidents or illnesses occur, you may want an extra layer of protection for you and your family. MetLife designed our critical illness insurance, accident insurance and hospital indemnity plans to do just that. You may enroll as a new hire, during Open Enrollment or due to a change in family status. You purchase these coverages with after-tax payroll deductions, making benefits paid tax-free.

CRITICAL ILLNESS INSURANCE

Let MetLife take care of your expenses while you take care of yourself! The critical illness insurance plan pays a cash benefit directly to you if you are diagnosed with a covered critical illness, such as a heart attack or stroke. You can use your cash benefit to help pay bills related to treatment or to help with everyday living expenses, giving you the freedom to focus on recuperation. You may continue this coverage in the event you stop working at Parkland.

- You can purchase coverage for yourself only or for yourself and your spouse. See the chart below for coverage options.
- If your dependent child (up to age 26) is diagnosed with a covered condition, they are covered at no additional cost. You will need to file a claim with MetLife to receive the cash benefit.
- This plan offers a health screening benefit. You'll be reimbursed up to the annual plan limit for each covered member if you get certain covered screening tests as outlined in the policy. See the chart below for health screening benefit amounts. The wellness benefit is not available to children.



COVERAGE*	COVERAGE AMOUNT/HEALTH SCREENING BENEFIT	
For You	\$10,000/\$50	\$20,000/\$100
For Your Spouse	\$10,000/\$50	\$20,000/\$100

The chart shows what this coverage will cost for you and your spouse at the various coverage levels. Each dependent child (up to age 26) is covered at no additional charge.

2023 BIWEEKLY PAYROLL DEDUCTIONS FOR CRITICAL ILLNESS INSURANCE				
Age	For You		For You & Your Spouse*	
	\$10,000	\$20,000	\$10,000/\$10,000	\$20,000/\$20,000
Under 26	\$2.00	\$4.00	\$4.00	\$8.00
26-30	\$2.60	\$5.20	\$5.00	\$10.00
31-35	\$3.00	\$6.00	\$5.80	\$11.60
36-40	\$4.00	\$8.00	\$7.80	\$15.60
41-45	\$5.00	\$10.00	\$9.80	\$19.60
46-50	\$5.80	\$11.60	\$11.60	\$23.20
51-55	\$8.60	\$17.20	\$17.70	\$35.40
56-60	\$8.40	\$16.80	\$17.60	\$35.20
61-65	\$16.80	\$33.60	\$35.40	\$70.80
66-70	\$29.20	\$58.40	\$62.80	\$125.60
71-75	\$29.70	\$59.40	\$62.40	\$124.80
76+	\$29.70	\$59.40	\$61.80	\$123.60

*The coverage amount for your spouse will be equal to your coverage amount. For example, if you enroll for \$10,000 of coverage for yourself, the coverage amount for your spouse will be \$10,000. If you are 40 years of age, you would pay (each pay period) \$4.00 for \$10,000 of coverage on yourself plus an additional \$3.80 for \$10,000 of coverage for your spouse for a total of \$7.80.



COVERAGE FACTS FOR ALL METLIFE COVERAGES

- Coverage is available for you, your spouse and children.
- Coverage is guaranteed-issue, meaning Aflac will ask no health questions to extend coverage.
- You may continue your coverage in the event you change jobs.
- You will pay premiums through convenient payroll deduction as shown in the charts on pages 30 and 31.

For details on voluntary benefits, go to ParklandBenefits.org > Benefits > Critical Illness and Accident. You may review the booklets for each benefit in Resources > Exhibit Hall > Voluntary Benefits > Critical Illness and Accident.

GROUP ACCIDENT INSURANCE

At home or on the road — accidents can happen. MetLife can help. Their accident insurance plan pays cash benefits to help with unexpected costs associated with a covered accident, such as ambulance rides, wheelchairs and emergency room visits. MetLife pays benefits directly to you to help pay bills or help with everyday living expenses. The chart below shows the cost to participate in both the Low and High benefit levels.

HOSPITAL INDEMNITY

Even a minor trip to the hospital can present you with unexpected expenses and medical bills. Other coverage like the PEHP may pay only a portion of your entire stay. MetLife's hospital indemnity plan provides financial assistance to enhance your current coverage. The hospital indemnity plan pays cash benefits directly to you during a covered hospitalization, so you can avoid dipping into savings to cover out-of-pocket expenses.

Here's a quick look at how this plan works

- You elect the MetLife Group Hospital Indemnity High plan for you and your family.
- Your child has a high fever and goes to the emergency room. The doctor admits your child to the hospital for two days.
- The MetLife Group Hospital Indemnity High plan pays you \$1,750 (Hospital Admission of \$1,250 and Hospital Confinement of \$250 per day).

Review the information outlined below for the biweekly rates for both the Accident Insurance and the Group Hospital Indemnity plan.

2023 BIWEEKLY PAYROLL DEDUCTIONS FOR ...	ACCIDENT INSURANCE		HOSPITAL INDEMNITY	
	Low*	High*	Low*	High*
Employee Only	\$2.83	\$5.64	\$4.59	\$8.93
Employee Plus Children	\$5.77	\$11.49	\$7.40	\$14.42
Employee Plus Spouse	\$4.65	\$9.28	\$9.19	\$17.97
Employee Plus Family	\$7.59	\$15.14	\$12.00	\$23.47

*Low and High refer to the benefit level you will receive for covered benefits. For example, the accident insurance covers expenses such as ambulance rides, emergency room visits, surgery and anesthesia, prescriptions, major diagnostic testing and burns. The hospital indemnity plan provides benefits for hospital confinements, hospital admissions hospital intensive care. See the MetLife Accident Insurance and Hospital Indemnity booklets posted on ParklandBenefits.org (Resources > Exhibit Hall > Voluntary Benefits > Critical Illness and Accident) for information on the Low and High benefits that each plan pays.

ADDITIONAL BENEFIT PROGRAMS

Auto & Home Insurance

As a Parkland employee, you will have access to special group rates on Auto & Home coverage from two top-rated insurance carriers – Liberty Mutual and Travelers. These plans are tailored specifically to you as a Parkland employee, so you can protect what matters most.

When you sign up, Parkland will payroll deduct your payment for these plans. This automatic deduction will help to ensure that you don't miss a payment. You may start taking advantage of this Auto & Home coverage offering at any time throughout the year. For more information, including a free quote, contact Travelers at 888-695-4640 (discount code: 8255) or Liberty Mutual at 800-699-3741 (PIN: 116261).

Legal Protection Program

Unresolved legal matters can cause stress, hardship or financial challenges in your life. The Parkland legal program can help. For \$8.42 per pay period, you may participate. This cost is significantly lower than the national average. To learn more about the legal program, research legal topics and more, contact ARAG Legal Center, the administrator of our legal program, at 800-247-4184. You may also access **ARAGLegalCenter.com** using Access Code 17502ph.

Pet Insurance Program

Pets need protection, too. The pet insurance program provides health care coverage for your dog, cat, bird, hamster or other exotic pet. As a Parkland employee, you'll receive a 5% group discount on your policy. Owners of multiple pets are entitled to receive additional discounts. You can choose from two levels of reimbursement: 70% or 50%. This coverage offers you peace of mind because your pets are protected if they are injured or become ill. After you meet your \$250 deductible, this program reimburses you for eligible veterinary expenses related to surgeries, hospitalization, X-rays, prescription medications and more. Best of all, you're free to visit any veterinarian, anywhere in the world.

For more information or to enroll, call Nationwide, the administrator of our pet insurance program, at 877-PETS-VPI (877-738-7874).



EVERYONE LOVES A DISCOUNT

Parkland partners with Beneplace for the Employee Discount Program that features products and services you use every day. To see discounted products and services, go to **beneplace.com/parkland**.

Employee Assistance Program (EAP)

Sometimes it's a tough world out there! To help you deal with personal problems that affect your relationships at home and at work, Parkland sponsors an Employee Assistance Program (EAP) as part of its benefits program.

A confidential program, the EAP offers you and your family members a set number of counseling sessions per problem. Services through the EAP are provided at no cost to you, unless you are referred to an outside provider. These referrals will be made based on your health care benefits and your individual needs.

Available around the clock, EAP experienced counselors can help you address issues related to:

Family problems	Transgender support	Divorce
Interpersonal communication	Depression	Problems of adolescence
Single Parenting	Unresolved grief	Career change
Alcohol or drug problems	Parent/child conflict	Legal matters
Dual careers	Marital problems	Financial pressures
Life transition	Job "burnout"	Relationships
Anxiety/stress	Sexual problems	Physical abuse
Aging parents	Work-related problems	Eating disorders
	Personal concerns	

The EAP is there to help ... 24 hours a day, 7 days a week. All it takes is a phone call from you. If you want to seek assistance from an EAP counselor, contact ComPsych Guidance Resources at 844-216-8399 or visit guidanceresources.com (Web ID: PARKLAND).

Tuition Reimbursement

After 6 months of service, full-time and part-time with benefits employees may receive reimbursement of tuition for a grade of C or higher according to this schedule:

- Up to \$4,500 per calendar year for a doctoral degree (PhD).*
- Up to \$4,500 per calendar year for a master's degree.*
- Up to \$3,500 per calendar year for a bachelor's degree.*
- Up to \$2,000 per calendar year for an associate's degree.*

* Reimbursement amounts for part-time-with-benefits employees will be 50% of the above reimbursement maximums.

Submit a first-time course approval application to the program coordinator (not your immediate supervisor/manager) no later than the course start date of the first quarter, semester or academic term. Applications will not be accepted after the course start date.

Upon application approval, you will pay the cost of the course and receive reimbursement upon successful course completion and continued eligibility. To receive your reimbursement, submit your grades and an itemized invoice of tuition/ fees along with proof of payment within 60 days after course completion. For more information, click on the EdAssist icon after logging on to Parkland Pathways.

ADOPTION ASSISTANCE BENEFIT

Adopting a child? Check out our adoption assistance benefit. With 6+ months of service, full-time employees may receive up to \$10,000 per adoption and part-time-with-benefits employees may receive up to \$5,000 per adoption (both for up to 2 adoptions per lifetime) for reimbursement of eligible expenses. Apply for this benefit on the OTM Service Portal.



IMPORTANT NOTICES

2023 Privacy Reminder Notice

We are required by law to keep your health information private. The Notice of Privacy Practices explains how we use health information about you. It also lets you know when we can share that information with others. It tells you about your rights to your health information and how you can use those rights. If you would like a copy of the Parkland Employee Health Plan Notice of Privacy Practices, please call 469-419-3000 (ext. 7-3000). You can also write us at:

Parkland Employee Health Plan
Office of Talent Management, Benefits Department
5200 Harry Hines Boulevard
Dallas, Texas 75235



These and other notices can be viewed and printed from [ParklandBenefits.org](https://www.parklandbenefits.org) > Resources > Legal Notices.

NOTIFICACIÓN DEL AVISO DE PRÁCTICAS DE PRIVACIDAD

Por ley, estamos obligados a mantener su información médica de manera condencial. El Aviso de Prácticas de condencialidad explica cómo usamos su información médica. También le informa cuándo podemos compartir esa información a otras personas. Le habla sobre los derechos que usted tiene a su información médica y cómo puede usar esos derechos.

Si desea una copia de la Notificación de Prácticas Privadas de Parkland Employee Health Plan, por favor llame al 469-419-3000 (ext. 7-3000). También puede escribirnos a:

Parkland Employee Health Plan
Office of Talent Management, Benefits Department
5200 Harry Hines Boulevard
Dallas, Texas 75235

Women’s Health and Cancer Rights Act of 1998

As a result of the Women’s Health and Cancer Rights Act of 1998, if you have breast reconstruction in connection with a mastectomy, coverage will be available as follows:

- Reconstruction of the breast on which the mastectomy was performed,
- Surgery and reconstruction of the other breast to produce a symmetrical appearance,
- Protheses (e.g., breast implant) and
- Treatment for physical complications of the mastectomy, including lymphedema.

Benefit payment is subject to the deductible and benefits under the plan.

Newborns’ and Mothers’ Health Protection Act

Federal law prevents group health plans from restricting benefits for hospital stays in connection with childbirth to less than 48 hours following a normal delivery or 96 hours following a cesarean section. However, the mother’s or newborn’s attending provider, after consulting with the mother, can discharge the mother or her newborn earlier than 48 or 96 hours, as applicable.

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free Or Low-Cost Health Coverage

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit HealthCare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below or on the following page, contact your state Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your state Medicaid or CHIP office or dial **1-877-KIDS NOW (543-7669)** or insurekidsnow.gov to find out how to apply. If you qualify, ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at askebsa.dol.gov or **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your state for further information on eligibility.

ALABAMA — Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA — Medicaid

The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@myakhipp.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS — Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (1-855-692-7447)

CALIFORNIA — Medicaid

Health Insurance Premium Payment (HIPP) Program
Website: dhcs.ca.gov/hipp
Phone: 916-445-8322
Fax: 916-445-8322
Email: hipp@dhcs.ca.gov

COLORADO — Medicaid and CHIP

Health First Colorado Medicaid Website: <https://www.healthfirstcolorado.com/>
Phone: 1-800-221-3943/ State Relay 711
CHP+ Website: colorado.gov/pacific/hcpf/child-health-plan-plus
CHP+ Phone: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI): <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>
HIBI Customer Service: 1-855-692-6442

FLORIDA — Medicaid

Website: flmedicaidprecovery.com/
flmedicaidprecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA — Medicaid

HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 1-678-564-1162, Press 1
CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
1-678-564-1162, Press 2

INDIANA — Medicaid

Healthy Indiana Plan for low-income adults ages 19-64
Website: in.gov/fssa/hip/
Phone: 1-877-438-4479
All other Medicaid
Website: in.gov/medicaid/
Phone: 1-800-457-4584

IOWA — Medicaid and CHIP (Hawki)

Medicaid Website: dhs.iowa.gov/ime/members
Phone: 1-800-338-8366
Hawki Website: dhs.iowa.gov/Hawki
Phone: 1-800-257-8563
Health Insurance Premium Payment (HIPP) Program:
dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
1-888-346-9562

KANSAS — Medicaid

Website: kancare.ks.gov
Phone: 1-800-792-4884

KENTUCKY — Medicaid and CHIP

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
Website: chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
KIHIPPROGRAM@ky.gov
KCHIP
Website: kidshealth.ky.gov/Pages/index.aspx
Phone: 1-877-524-4718
Medicaid Website: chfs.ky.gov

LOUISIANA — Medicaid

Website: medicaid.la.gov or ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE — Medicaid

Enrollment/Private Health Insurance Premium
Website: maine.gov/dhhs/ofi/applications-forms
Enrollment Phone: 1-800-442-6003
Private Health Insurance Premium Phone: 1-800-977-6740
TTY: Maine Relay 711

MASSACHUSETTS — Medicaid and CHIP

Website: mass.gov/masshealth/pa
Phone: 1-800-862-4840
TTY: 1-617-886-8102

For Texas residents, go to <http://gethipptexas.com/> or call 1-800-440-0493 to see if you are eligible for assistance from Medicaid in paying your employee health plan premiums.

MINNESOTA — Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
 Phone: 1-800-657-3739

MISSOURI — Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
 Phone: 1-573-751-2005

MONTANA — Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
 Phone: 1-800-694-3084
 Email: HSHIPPProgram@mt.gov

NEBRASKA — Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
 Phone: 1-855-632-7633
 Lincoln: 1-402-473-7000
 Omaha: 1-402-595-1178

NEVADA — Medicaid

Website: <https://dhcfp.nv.gov>
 Phone: 1-800-992-0900

NEW HAMPSHIRE — Medicaid

Website: dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
 Phone: 1-603-271-5218
 HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY — Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
 Medicaid Phone: 1-609-631-2392
 CHIP Website: <http://www.njfamilycare.org/index.html>
 CHIP Phone: 1-800-701-0710

NEW YORK — Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
 Phone: 1-800-541-2831

NORTH CAROLINA — Medicaid

Website: <https://medicaid.ncdhs.gov/>
 Phone: 1-919-855-4100

NORTH DAKOTA — Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
 Phone: 1-844-854-4825

OKLAHOMA — Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
 Phone: 1-888-365-3742

OREGON — Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
 Phone: 1-800-699-9075

PENNSYLVANIA — Medicaid

Website: dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx
 Phone: 1-800-692-7462

RHODE ISLAND — Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
 Phone: 1-855-697-4347 or 401-462-0311
 (Direct Rite Share Line)

SOUTH CAROLINA — Medicaid

Website: <https://www.scdhhs.gov>
 Phone: 1-888-549-0820

SOUTH DAKOTA — Medicaid

Website: <http://dss.sd.gov>
 Phone: 1-888-828-0059

TEXAS — Medicaid

Website: <http://gethipptexas.com/>
 Phone: 1-800-440-0493

UTAH — Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
 CHIP Website: <http://health.utah.gov/chip>
 Phone: 1-877-543-7669

VERMONT — Medicaid

Website: <http://www.greenmountaincare.org/>
 Phone: 1-800-250-8427

VIRGINIA — Medicaid and CHIP

Medicaid Website: coverva.org/en/famis-select
 CHIP Website: coverva.org/en/hipp
 Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON — Medicaid

Website: <https://www.hca.wa.gov/>
 Phone: 1-800-562-3022

WEST VIRGINIA — Medicaid and CHIP

Medicaid Website: dhhr.wv.gov/bms/
 Medicaid Phone: 1-304-558-1700
 CHIP Website: <http://mywvhipp.com/>
 CHIP Phone: 1-855-MyWVHIPP
 (1-855-699-8447)

WISCONSIN — Medicaid and CHIP

Website: dhs.wisconsin.gov/badgercareplus/p-10095.htm
 Phone: 1-800-362-3002

WYOMING — Medicaid

Website: health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
 Phone: 1-800-251-1269

To see if any more states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137 (expires 1/31/2023).

IMPORTANT NOTICES

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: GENERAL INFORMATION

When key parts of the health care law took effect in 2014, Americans gained a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away. Open Enrollment for health insurance coverage through the Marketplace will begin Nov. 1, 2023, and end Dec. 15, 2023, for coverage starting as early as Jan. 1, 2024.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

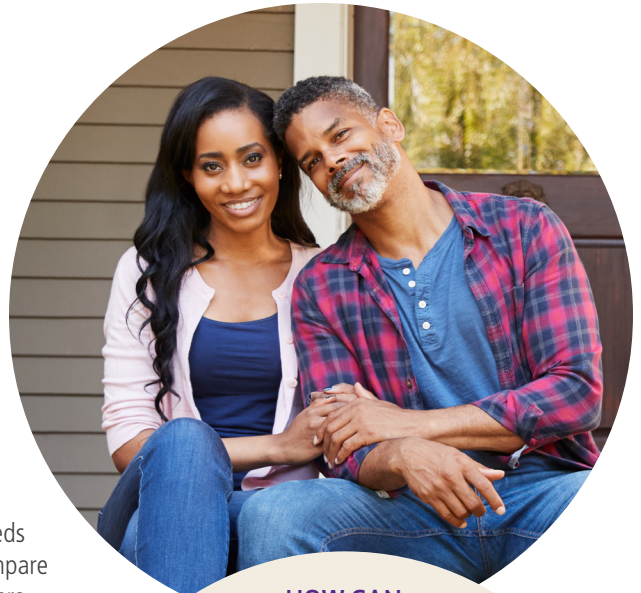
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution — as well as your employee contribution to employer-offered coverage — is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

¹ An employer-sponsored health plan meets the “minimum value standard” if the plan's share of the total allowed benefit costs covered by the plan is no less than 60% of such costs. (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986). Form Approved OMB No. 1210 – 0149 (expires 06-30-2023)



HOW CAN I GET MORE INFORMATION?

For more information about your coverage offered by your employer, please check your Summary Plan Description or contact the Parkland Benefits department at 469-419-3000 (ext. 7-3000).

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Dallas County Hospital District	4. Employer Identification Number (EIN)	
5. Employer address 5200 Harry Hines Boulevard	6. Employer phone number 469-419-3000 (ext. 7-3000)	
7. City Dallas	8. State TX	9. ZIP code 75235
10. Who can we contact about employee health coverage at this job? Parkland Benefits Department		
11. Phone number (if different from above) Same as above	12. Email address Felicia.Miller@phhs.org	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - All employees.
 - Some employees. Eligible employees are:
 - Full time employees
 - Part-time-with-benefits employees

- With respect to dependents:
 - We do offer coverage. Eligible dependents are:
 - Your lawful spouse as recognized by Texas Law
 - Any child of yours who is: 1) less than 26 yrs old, 2) legally adopted, 3) children for whom you are the legal guardian, and 4) grandchildren for whom you have legal custody
 - We do not offer coverage.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

Yes (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

Yes (Go to question 15)

No (STOP and return this form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

*An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60% of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

IMPORTANT NOTICES

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected by federal law from surprise billing or balance billing.

WHAT IS “BALANCE BILLING” (SOMETIMES CALLED “SURPRISE BILLING”)?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or must pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

“Out-of-network” describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your health plan agreed to pay, and the full amount charged for a service. This is called “**balance billing**.” This amount is likely more than in-network costs for the same service and might not count towards your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

YOU ARE PROTECTED FROM BALANCE BILLING FOR:

Emergency Services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as deductibles, copayments, and coinsurance). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

Certain Services at an In-Network Hospital or Ambulatory Surgical Center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

WHEN BALANCE BILLING ISN'T ALLOWED, YOU ALSO HAVE THE FOLLOWING PROTECTIONS:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly in accordance to your health plan coverage.
- Your health plan generally must:
 - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, contact UMR at 1-877-370-0320.

For more information about your surprise billing rights visit **the Center for Medicare and Medicaid Services' End Surprise Billing website at cms.gov/nosurprises**. You may also visit the Department of Labor's surprise billing website (dol.gov/ebsa) or call the Employee Benefits Security Administration (EBSA) Toll-Free Hotline at **866-444-EBSA (3272)**.

IMPORTANT NOTICES

Medicare Notice – PPO

CREDITABLE COVERAGE NOTICE FROM THE PREFERRED PROVIDER ORGANIZATION IN THE PARKLAND EMPLOYEE HEALTH PLAN ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Parkland Employee Health Plan (PEHP) and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. If you are considering joining, compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Parkland Health has determined that the prescription drug coverage offered by the **Preferred Provider Organization (PPO)** as part of the PEHP is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is, therefore, considered **Creditable Coverage**. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When can you join a Medicare drug plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from Oct. 15 through Dec. 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two-month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current coverage if you decide to join a Medicare drug plan?

If you decide to join a Medicare drug plan, your current Parkland Employee Health Plan coverage (PPO) will not be affected. If you do decide to join a Medicare drug plan and drop your current Parkland Employee Health Plan coverage, be aware that you and your dependents may not be able to get this coverage back.

When will you pay a higher premium (penalty) to join a Medicare drug plan?

You should also know that if you drop or lose your current coverage with the Parkland Employee Health Plan (PPO) and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

Medicare Notice – PPO (continued)

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE

For more information, contact Felicia Miller, Executive Vice President & Chief Talent Officer, at 469-419-3000 (ext. 7-3000).

Note: You will receive this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the Parkland Employee Health Plan (PPO) changes. You also may request a copy of this notice at any time.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE

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

For more information about Medicare prescription drug coverage:

- Visit [medicare.gov](https://www.medicare.gov).
- Call your state Health Insurance Assistance Program (see the inside back cover of the *Medicare & You* handbook for their telephone number) for personalized help.
- Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, contact the Social Security Administration (SSA) at [ssa.gov](https://www.ssa.gov) or 800-772-1213 (TTY 800-325-0778).

Date	Sept. 30, 2022
Name of Entity/Sender	Parkland Benefits Department/ Parkland Employee Health Plan (PPO)
Contact/Position/Office	Felicia Miller, Executive Vice President & Chief Talent Officer
Address	5200 Harry Hines Boulevard Office of Talent Management, Benefits Department Dallas, Texas 75235
Phone Number	469-419-3000 (ext. 7-3000)
Email Address	Felicia.Miller@phhs.org

¹ According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. CMS Form 10182-CC Updated April 1, 2011



REMEMBER

Keep this Creditable Coverage notice for the PPO. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether you have maintained creditable coverage and whether you are required to pay a higher premium (a penalty).

IMPORTANT NOTICES

Medicare Notice – HDHP

NON-CREDITABLE COVERAGE NOTICE FROM THE HIGH DEDUCTIBLE HEALTH PLAN IN THE PARKLAND EMPLOYEE HEALTH PLAN ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Parkland Employee Health Plan (PEHP) and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. If you are considering joining, compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Parkland Health has determined that the prescription drug coverage offered by the **High Deductible Health Plan (HDHP)** as part of the PEHP is, on average for all plan participants, NOT expected to pay out as much as the standard Medicare prescription drug coverage pays. Therefore, your coverage is considered **Non-Creditable Coverage**. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan than if you only have prescription drug coverage from the HDHP. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.
3. You can keep your current coverage from the HDHP. However, because your coverage is Non-Creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully – it explains your options.

When can you join a Medicare drug plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from Oct. 15 through Dec. 7. However, if you lose your current non-creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two-month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current coverage if you decide to join a Medicare drug plan?

If you decide to join a Medicare drug plan, your current Parkland Employee Health Plan coverage (HDHP) will not be affected. If you do decide to join a Medicare drug plan and drop your current Parkland Employee Health Plan coverage, be aware that you and your dependents may not be able to get this coverage back.

When will you pay a higher premium (penalty) to join a Medicare drug plan?

Since the coverage under the HDHP is not creditable, depending on how long you go without creditable prescription drug coverage, you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

Medicare Notice – HDHP (continued)

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE

For more information, contact Felicia Miller, Executive Vice President & Chief Talent Officer, at 469-419-3000 (ext. 7-3000).

Note: You will receive this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the Parkland Employee Health Plan (HDHP) changes. You also may request a copy of this notice at any time.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE

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

For more information about Medicare prescription drug coverage:

- Visit [medicare.gov](https://www.medicare.gov).
- Call your state Health Insurance Assistance Program (see the inside back cover of the *Medicare & You* handbook for their telephone number) for personalized help.
- Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, contact the Social Security Administration (SSA) at [ssa.gov](https://www.ssa.gov) or 800-772-1213 (TTY 800-325-0778).

Date	Sept. 30, 2022
Name of Entity/Sender	Parkland Benefits Department/ Parkland Employee Health Plan (HDHP)
Contact/Position/Office	Felicia Miller, Executive Vice President & Chief Talent Officer
Address	5200 Harry Hines Boulevard Office of Talent Management, Benefits Department Dallas, Texas 75235
Phone Number	469-419-3000 (ext. 7-3000)
Email Address	Felicia.Miller@phhs.org

¹ According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. CMS Form 10182-CC Updated April 1, 2011



REMEMBER

Keep this Non-Creditable Coverage notice for the HDHP. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether you have maintained creditable coverage and whether you are required to pay a higher premium (a penalty).

2023 Eligible Automatic Contribution Arrangement Notice Parkland Supplemental Retirement Plan

The Parkland Supplemental Retirement Plan (which consists of the Dallas County Hospital District 403(b) Supplemental Retirement Plan, the Dallas County Hospital District 457(b) Supplemental Retirement Plan, and the Dallas County Hospital District 401(a) Supplemental Retirement Plan, collectively referred to as the "Plan" in this notice) includes features that allow both plan participants and Parkland Health & Hospital System (the "Employer") to make contributions to the Plan. The Plan includes an Eligible Automatic Contribution Arrangement ("EACA"), also known as an automatic enrollment feature. This notice explains your rights under the Plan's EACA feature.

The EACA provisions generally do not apply to you if your date of hire or rehire with Parkland was before January 1, 2022, if you are a part-time, temporary or seasonal employee who is subject to mandatory employee contributions, or if you have made an affirmative election to choose your level of contributions or elect not to contribute. You will not be treated as a rehire who is subject to the EACA provisions if you are a returning veteran, or if you have an internal status change from part-time to full-time.

ELIGIBLE AUTOMATIC CONTRIBUTION ARRANGEMENT

If the EACA provisions of the Plan apply to you, unless you have an affirmative salary deferral election, the Employer will automatically withhold from your compensation 2% of your before-tax pay (the "automatic deferral percentage") each pay period, and will contribute these amounts to the Plan on your behalf. Your first automatic deferrals will occur approximately 45 days after your date of hire or rehire.

If you wish to defer the automatic deferral percentage, you do not need to make an affirmative salary deferral election. If you wish to make an affirmative election to contribute an amount other than the automatic percentage, or to elect not to defer any of your compensation, you may do so within a reasonable time of receipt of this notice and before your first automatic deferral will occur. To make an affirmative election, log on through the Internet at [MillimanBenefits.com](https://www.millimanbenefits.com) or call the telephone hotline at 800-995-2608. You may change your salary deferral percentage at any time. After the Employer's payroll department processes your election, it is effective on the next available payroll.

LIMITED RIGHT TO WITHDRAW AUTOMATIC DEFERRALS

Within the time period described in this paragraph, you may elect to have the Plan distribute to you all of your prior automatic deferrals and allocable earnings on the deferrals. You may make this election on the form the plan administrator will provide to you upon request. You must make this election no later than 90 days after the first automatic deferral is taken from your compensation. If you elect to withdraw all of your prior automatic deferrals, you will forfeit your matching contribution, if any, and pay income tax on the distributed amount, but you will not be subject to the 10% premature distribution penalty tax, even if you receive the distribution prior to age 59½.

RIGHT TO DIRECT INVESTMENT/DEFAULT INVESTMENT ALTERNATIVE

You have the right to direct the investment of all of your Plan contribution accounts in any of the Plan's investment choices. This includes your own contributions, such as elective salary deferrals and rollovers, as well as Employer contributions. If you do not make an election as to how the Plan should invest your contributions, then the Plan trustee will invest them in the "default" investment option.

The default investment for the Plan is the BlackRock LifePath Index Retirement portfolio that most closely aligns with when you reach age 65, assumed to be your normal retirement age. Please refer to the Plan's default investment notice for additional details.

FOR FURTHER INFORMATION

Log on through the Internet at [MillimanBenefits.com](https://www.millimanbenefits.com) or call 800-995-2608.

This notice is intended to provide a brief review of the automatic enrollment aspects of the Plan. If there are discrepancies between the contents of this notice and the Plan document, the terms of the Plan shall govern. Please refer to your Plan Summary (Summary Plan Description) for more information on this subject. If you have any questions or if you would like an additional copy of the Plan Summary, log on through the Internet at [MillimanBenefits.com](https://www.millimanbenefits.com) or call 800-995-2608.

2023 Qualified Default Investment Alternative Notice

Parkland Supplemental Retirement Plan

This notice explains your right to direct the investment of your accounts in the Parkland Supplemental Retirement Plan (the "Plan") and the circumstances under which assets in your Plan accounts may be invested on your behalf in a "qualified default investment alternative" if you do not make an investment election.

RIGHT TO DIRECT INVESTMENT

You have the right to direct the investment of all of your Plan contribution accounts in any of the Plan's investment choices. This includes your own contributions, such as elective salary deferrals and rollovers, as well as employer contributions (if any). If you do not make an election as to how the Plan should invest your contributions, then the Plan trustee will invest them in the "default" investment option. In accordance with Department of Labor Regulations, the Plan's default investment option is intended to qualify as an ERISA 404(c) "qualified default investment alternative," which relieves plan fiduciaries of liability for any investment losses that result from investment directions made by plan participants.

DEFAULT INVESTMENT

The default investment is the Target Date Retirement Fund that most closely aligns with the year you reach age 65, assumed to be your retirement age, as shown below.

IF YOUR BIRTHDAY FALLS BETWEEN	CORRESPONDING TARGET DATE FUND	ESTIMATED FUND EXPENSE
1957 or earlier	BlackRock LifePath Index Retire K	0.09%
1958 - 1962	BlackRock LifePath Index 2025 K	0.09%
1963 - 1967	BlackRock LifePath Index 2030 K	0.09%
1968 - 1972	BlackRock LifePath Index 2035 K	0.09%
1973 - 1977	BlackRock LifePath Index 2040 K	0.09%
1978 - 1982	BlackRock LifePath Index 2045 K	0.09%
1983 - 1987	BlackRock LifePath Index 2050 K	0.09%
1988 - 1992	BlackRock LifePath Index 2055 K	0.09%
1993 or later	BlackRock LifePath Index 2060 K	0.09%

INVESTMENT OBJECTIVE

The investments seek to provide growth of capital and current income. Each Target Date Retirement Fund has an asset allocation mix among stocks, bonds, and short-term instruments that is more aggressive when you're younger and becomes more conservative as you near retirement.

RISK AND RETURN CHARACTERISTICS

The risk associated with each Target Date Retirement Fund will be commensurate with the higher risk associated with stock investing. While moderate risk is expected, each portfolio can experience periods of extreme return volatility during stock market downturns. Over the long term, portfolios with more stock investments carry relatively more risk but offer higher potential returns. There is no assurance or guarantee the default funds will achieve their stated objective.

FEES AND EXPENSES

Total estimated annual operating expenses are outlined in the chart above.

RIGHT TO ALTERNATIVE INVESTMENT

Even if the Plan trustee invests some or all of your contributions in the default investment, you have the continuing right to direct your investment in one or more of the other investment choices available to you. You may change your investments at any time. You are entitled to invest in any of the alternative investment choices without incurring a financial penalty.

To change your investments, log on through the Internet at **MillimanBenefits.com** and go to the Account Details/Investments/Change Investments tab, or call the Benefits Service Center at (800) 995-2608. Benefits Service Center representatives are available Monday through Friday between 7 a.m. and 7 p.m. Central time, except for major holidays.

This notice is intended to provide a brief review of the default investment aspects of the Plan. If there are discrepancies between the contents of the notice and the Plan document, the terms of the Plan shall govern. Please refer to your Summary Plan Description for more information on this subject. If you have any questions or if you would like an additional copy of the Summary Plan Description, log on through the Internet at [MillimanBenefits.com](https://www.millimanbenefits.com) or call (800) 995-2608.

2023 PARKLAND BENEFIT RESOURCES

To learn about our benefits, contact Shared Services online 24/7 at [Parkland Intranet Home Page](#) > [Self Service Portal](#) > [Office of Talent Management](#) or call **469-419-3000** (ext. 7-3000).

AUTO & HOME INSURANCE

Travelers: 888-695-4640
Liberty Mutual: 800-699-3741

DENTAL

Cigna Dental HMO & Cigna Dental PPO
1-800-Cigna24 (800-244-6224)
Live customer service 24/7/365
Cigna.com

DEPENDENT VERIFICATION

Impact Interactive - 866-691-6551

EMPLOYEE DISCOUNTS

Beneplace (Employee Discounts)
800-683-2886 | [Beneplace.com/parkland](#)

EMPLOYEE ASSISTANCE PROGRAM (EAP)

ComPsych GuidanceResources®
844-216-8399 | [GuidanceResources.com](#)
ID: PARKLAND | App: [GuidanceResources®](#) Now

EMPLOYMENT VERIFICATION

Group One

<https://groupone.ivrnetworks.com/groupone>
Questions? Email grouponehelpdesk@gp1.com or ddavila@gp1.com. You can also call 972-719-4208 or 469-648-5052.

FLEXIBLE SPENDING ACCOUNTS

PayFlex

800-284-4885 | [PayFlex.com](#)
User ID: Parkland employee number
Password: Your ZIP code

HEALTH SAVINGS ACCOUNT (HSA)

Optum Bank

866-234-8913 | [optumbank.com](#)

LEAVE OF ABSENCE MANAGEMENT

Sedgwick - 844-263-3117

LEGAL PROGRAM

ARAG® Legal Center

800-247-4184 | [ARAGLegalCenter.com](#)
Access Code: 17502ph

LIFE INSURANCE (BASIC AND SUPPLEMENTAL)

Securian Financial

866-293-6047 | [LifeBenefits.com](#)

MEDICAL & PHARMACY

Parkland Employee Health Plan (PPO and HDHP)
(Full-time and part-time employees with benefits)

UMR, a UnitedHealthcare Company

877-370-0320 | [umr.com](#)

MedImpact (Pharmacy Benefit Manager)

800-788-2949

MedImpact Direct (Mail-Order Service)*

855-873-8739

*For prescriptions written by Tier 1 and Tier 2 providers that cannot be filled through the Parkland mail-order service

PARKLAND PHARMACIES**

Anderson Clinic/Discharge Pharmacy

(24/7 for ER/Parkland Hospital discharge patients. Pick up refills at the pharmacy of your choice.)
214-590-6120 | 5184 Tex Oak, Dallas
1st floor of Ron J. Anderson, MD Clinic

Moody Outpatient Clinic Pharmacy

214-266-0013 | 5151 Maple Ave., Dallas
1st floor of Moody Outpatient Clinic

Parkland Mail-Order Phone Line

214-590-1400 | M-Th: 8:30 a.m.-5 p.m.;
F: 8:30 a.m.-4 p.m.

Your COPC Pharmacy

M-Th: 9 a.m.-6 p.m. (drop off prescription by 5:30 p.m.);
F: 9 a.m.-5 p.m. (drop off prescription by 4:30 p.m.).

Bluitt-Flowers COPC, 214-266-4310

303 Overton Rd, Dallas

DeHaro-Saldivar COPC, 214-266-0646

1400 N. Westmoreland Rd. Dallas

Garland COPC, 214-266-0662

802 Hopkins St., Garland

Hatcher Station Pharmacy COPC, 214-266-1072

4600 Scyene Rd., Dallas

RedBird Health Center Pharmacy, 214-266-1300

3560 W. Camp Wisdom Rd., Suite 100, Dallas

Southeast COPC, 214-266-1760

9202 Elam Rd., Dallas

To request refills from your COPC pharmacy, call the refill number shown above for the COPC where you wish to pick up your prescription. If you have no refills remaining, still call and the pharmacy will contact your physician. This process can take up to 72 hours.

**Only for prescriptions written by a Tier 1 provider at a Parkland facility

MY PARKLAND

PeopleSoft (for online enrollment)

From your Parkland computer: phhs.sharepoint.com

From your home computer:

<https://hr.parklandhealth.org/pshr/signon.html>

User ID: Parkland employee number

Password: PeopleSoft password

PET INSURANCE PROGRAM

Nationwide

877-PETS-VPI (877-738-7874)

PetInsurance.com/affiliates/parklandhospital_pr

RETIREMENT

Supplemental Retirement Plan and Retirement Income Plan

Milliman Account Access:

800-995-2608 | [MillimanBenefits.com](#)

Milliman Mobile Benefits App

On-Site Representative: <http://milliman3.fullslate.com>

VelaPoint

parklandretireeassistance.com

888-811-4337

SUPPLEMENTAL INSURANCE COVERAGES

(CRITICAL ILLNESS, ACCIDENT AND HOSPITAL INDEMNITY)

MetLife - 800-GET-MET-8 (800-438-6388)

TUITION REIMBURSEMENT

EdAssist - 844-358-1623

Log on through Parkland Pathways

VISION

Superior Vision by MetLife

833-393-5433 | metlife.com/vision

mybenefits.metlife.com (member portal)

WEIGHT LOSS PROGRAM

Real Appeal

844-344-REAL (7325)

Email: help@realappeal.com

Website FAQ: <https://realappeal.com/support>

FOR 24/7 HELP

OTM Service Portal
parkland.service-now.com

OTM Shared Services
469-419-3000 (ext. 7-3000)

ParklandBenefits.org

Enroll Within 30 Days of Hire, Life Event

We encourage you to review these helpful resources while making your benefit enrollment decisions. **Remember, you must enroll within 30 days of your hire date, change in employment status or life event.** Otherwise, you will not be eligible for benefits until the next Open Enrollment. **If you don't complete your enrollment until after your first paycheck is processed, Parkland will deduct your first payment retroactively.** You will enroll for your health & welfare benefits (medical, dental, vision, supplemental life and AD&D insurance, flexible spending accounts and supplemental voluntary insurance coverages) from MyParkland on the PeopleSoft Self-Service system. At any time, you may enroll in the Supplemental Retirement Plan at MillimanBenefits.com.

This brochure provides a very general explanation of the provisions of the benefit programs for Parkland Health as of Jan. 1, 2023. Complete details of the plans are in the official plan documents. In the event of a discrepancy between information in this brochure and the official plan documents, the official plan documents will govern. 4/2023