



TCU

2027

BENEFITS RESOURCE GUIDE





CONTACT INFORMATION

COVERAGE	CARRIER	GROUP #	PHONE #	WEBSITE/EMAIL
Medical	BlueCross BlueShield of Texas (BCBSTX)	HDHP: 213942 PPO 80: 213941 HP: 326236	888.762.2190	bcbstx.com/member
Health Savings Account (HSA)	HSA Bank	—	800.357.6246	hsabank.com
Surgery Care Advocate	Lantern	—	855.715.1688	my.lanternicare.com
Pharmacy	Rightway	50287	833.742.0298	joinrightway.com/rx
One Medical	Amazon	—	888.663.6331	onemedical.com/myhealth Use code: TCUXOM
Flexible Spending Accounts (FSAs)	ThrivePass	—	866.855.2844	thrivepass.com
Dental	Mutual of Omaha	G000CSQL	800.927.9197	mutualofomaha.com/dental
Vision	Mutual of Omaha	G000CSQL	833.279.4358	eyemedvisioncare.com/mutual
Employee Assistance Program (EAP)	ComPsych GuidanceResources	—	866.335.4914	guidanceresources.com Web ID: TCU
Employee Perks and Discounts	Working Advantage	—	800.565.3712	tcu.savings.workingadvantage.com
Life and Disability	Mutual of Omaha	G000CSQL	800.388.0388	mutualofomaha.com
Voluntary Benefits	Mutual of Omaha	G000CSQL	800.388.0388	mutualofomaha.com

TCU Human Resources

817.257.7790

Email: hrbenefits@tcu.edu

Online: hr.tcu.edu



2027 Benefit Highlights

- **Your family's new primary care home.** Amazon One Medical offers same or next-day appointments for you and your covered dependents, in person or by video.
- **More time with your provider.** Skip the weeks-long wait and the rushed visit. One Medical providers take time to listen and get to know you.
- **Care when life doesn't wait.** 24/7 virtual care through the One Medical app means a provider is available nights, weekends, and when your kid wakes up sick.
- **Get rewarded for planning smart.** Choose Lantern for a covered surgery or procedure and earn a \$500 to \$2,000 reward, with covered procedures paid at 100% after your deductible.

Welcome

Welcome to your 2027 benefits program overview, brought to you by TCU Human Resources.

TCU recognizes that a quality, comprehensive benefits program is a great way to show you just how valuable you are to the University.

We understand that no two employees are alike, which is why we offer multiple benefit choices. This resource guide is designed to help you evaluate your unique needs and select the benefits program that best fits your lifestyle. The right benefits can help you be well and stay healthy.

Please review this guide carefully, along with any additional materials you receive.





ELIGIBILITY & ENROLLMENT

2027 Benefits Open Enrollment: October 26 – November 6, 2026

Who is Eligible?

You are eligible for coverage under the medical plan, dental plan, and/or vision plan if you are working at least 75% of full time (or at least 30 hours a week) in a regular position.

You may also enroll your eligible dependents:

- Your legal spouse
- Dependent children younger than age 26
- Unmarried, dependent children of any age who become mentally or physically disabled
- Domestic partner (DP)

Adding Your Dependents: Before electing benefits, you should verify that Human Resources has proof of dependent status for any dependents you are adding. This is not required if they were previously covered under a TCU insurance plan.

Acceptable documents include:

- Marriage certificate (for spouse)
- Birth certificate, adoption, or placement documents (for children)
- Signed domestic partner affidavit (available from Human Resources)

How to Enroll

- Log on to my.tcu.edu to get started.
- Select the *Open Enrollment* tile to begin making your elections. If you're a new hire, select the *Onboarding Activities* tile.
- In order to participate in the FSA or HSA, you must elect a contribution amount.

When Coverage Begins

- **New Hires:** Coverage is effective on the first of the month following your date of hire. **You must complete your enrollment within 30 days of your date of hire.** If you don't enroll in time or decline coverage, you won't have benefits coverage (except for TCU-paid benefits) until you enroll during the next Open Enrollment period or experience a qualifying life event (see "Making Election Changes" below).
- **Open Enrollment:** Changes made during our annual Open Enrollment period are effective January 1.
- Once your benefit elections take effect, they remain in place through the end of the plan year (December 31), as long as you remain benefits eligible.

MAKING ELECTION CHANGES

You can only make changes during annual Open Enrollment or if you have a qualifying life event. Some examples of qualifying life events include:

- Marriage or divorce
- Birth or adoption of a child
- Child reaches the maximum age limit
- You gain or lose coverage under your spouse's/DP's plan
- You gain or lose access to state coverage under Medicaid or CHIP

You must notify Human Resources within 31 days of the event to make changes. If changes are not submitted in time, you must wait until the next Open Enrollment period to make your election changes.

MEDICAL PLANS

TCU offers three different comprehensive medical plan options through BlueCross BlueShield of Texas (BCBSTX):

■ HDHP with HSA

■ PPO 80%

■ High Performance PPO

Which plan is best for me?

Will you go to the doctor just a few times or more often? What if someone needs an ER visit? Are you planning to have a baby?

It's tough to predict exactly what your health care costs will be each year. Your actual out-of-pocket costs will depend on how you and your family use the plan. The right choice for you will depend on your situation, how you like to pay for care, and how much you'll spend on premiums over the year.

Following is a brief description and highlights of each plan to help you decide.

Coverage under all three plans includes:

- ✓ Access to the same network of providers through the BlueCross BlueShield of Texas **Blue Choice PPO** network.
To find a provider, follow these steps:
 1. Visit bcbstx.com/member
 2. Click "Find Care"
 3. Search the Blue Choice PPO network and use your Group ID below:
 - HDHP with HSA: 213942
 - PPO 80% Plan: 213941
 - High Performance Plan: 326236

Or call BCBSTX directly at 800.810.2583

- ✓ Significant cost savings when you use Blue Choice PPO in-network providers
- ✓ Prescription coverage through the Rightway network
- ✓ **FREE** in-network routine preventive care
- ✓ Resources and tools to support a healthy lifestyle and help you manage your health

HDHP WITH HSA

The high-deductible health plan (HDHP) offers lower monthly premiums but higher deductibles than the other plans, meaning you'll pay less each month but more out of pocket for care before the plan begins to pay. It includes a **health savings account (HSA)** that lets you set aside pre-tax dollars for eligible health care expenses such as deductibles and coinsurance, and TCU contributes to your HSA each year to help grow your account. Here's how it works:

- You pay the full cost of non-preventive care *and* prescriptions until you meet the annual **deductible**. The money in your HSA, including TCU's annual contribution, can be used to help cover these costs.
- Preventive care and certain preventive medications are covered in-network at no cost, and you don't have to meet the deductible first. A list of covered medications can be found at hr.tcu.edu.
- Prescription drugs have **copays** under this plan, but only after you meet the annual deductible.
- After meeting the deductible, you'll pay a percentage of the costs, called **coinsurance**.
- Once you reach the **out-of-pocket maximum**, the plan pays 100% of covered services for the remainder of the calendar year.

PPO PLANS

With the Preferred Provider Organization (PPO) plans, many services have copays, while others require you to meet the annual deductible first. Here's how it works:

- You pay a flat dollar amount, called a **copay**, for covered health care treatments and services such as doctor's office visits and prescription drugs.
- After meeting the deductible, you'll pay a percentage of the costs, called **coinsurance**.
- Once you reach the **out-of-pocket maximum**, the plan pays 100% of covered services for the remainder of the calendar year.

▶▶▶ **Not sure what a benefit term means?** See **page 23** for a glossary of common insurance terms and definitions.

TCU's Medical Plans Are Self-Insured—What Does That Mean?

Self-insured means TCU pays your actual claims. When you go to the doctor or fill a prescription, the payment comes from TCU, not an insurance company. TCU pays a separate fee to BlueCross BlueShield of Texas to administer the plan, but the cost of your care is covered by your premiums and TCU's contributions.

Every smart health care choice you make helps save money—for you and for TCU.

MEDICAL PLAN COMPARISON AND HIGHLIGHTS

Below is a high-level overview and comparison of the medical plans. All amounts shown reflect in-network coverage and indicate what you pay for services. For full coverage details, refer to the Summary Plan Description (SPD) at hr.tcu.edu.

KEY MEDICAL BENEFITS	HDHP with HSA	PPO 80%	HIGH PERFORMANCE PPO
	In-Network	In-Network	In-Network
CALENDAR YEAR DEDUCTIBLE			
Employee Only	\$2,500	\$950	\$550
Employee + Child	\$5,000 ¹	\$1,350 ²	\$1,000 ²
Employee + Spouse or Family	\$5,000 ¹	\$1,500 ²	\$1,000 ²
CALENDAR YEAR OUT-OF-POCKET MAXIMUM			
Employee Only	\$8,000	\$5,950	\$3,500
Employee + Child	\$16,000 ²	\$11,350 ²	\$7,000 ²
Employee + Spouse or Family	\$16,000 ²	\$11,500 ²	\$7,000 ²
TCU'S ANNUAL CONTRIBUTION TO HSA			
Employee Only	\$1,000	N/A	N/A
Employee + One or More	\$1,500	N/A	N/A
COVERED SERVICES			
Routine Preventive Care	No charge	No charge	No charge
Primary Care Visit	20% ³	\$25 copay	\$25 copay
Specialist Visit	20% ³	\$50 copay	\$50 copay
Outpatient Diagnostic (lab/X-ray)	20% ³	20% ³	20% ³
Urgent Care Facility	20% ³	\$75 copay + 20%	\$75 copay + 20%
Ambulance	20% ³	20% ³	20% ³
Emergency Room	20% ³	\$150 copay ⁴ + 20%	\$150 copay ⁴ + 20%
Outpatient Facility	20% ³	\$100 copay + 20% ³	\$100 copay + 20%
Lantern (see page 9)	Certain surgeries provided by Lantern are no charge after deductible.		
PRESCRIPTION DRUGS (Generic/Preferred/Brand/Specialty)			
Retail Pharmacy (30-day supply)	\$10 ³ /\$35 ³ /\$50 ³ /\$100 ³	\$10/\$35/\$50/\$100	\$10/\$35/\$50/\$100
Mail Order (90-day supply)	\$30 ³ /\$105 ³ /\$150 ³ /N/A	\$30/\$105/\$150/N/A	\$30/\$105/\$150/N/A
Preventive Medications	Preventive drugs on expanded list covered 100% with no deductible	Preventive drugs on ACA required list covered 100%	Preventive drugs on ACA required list covered 100%

Out-of-Network Benefits: If you choose an out-of-network provider, you'll have a higher deductible and coinsurance, may be balance billed for charges above the plan's allowable amount, and will need to pay in full before filing a claim for reimbursement. For out-of-network benefits, visit hr.tcu.edu to view the plan summaries.

- Non-Embedded:** If you cover dependents, your deductible is non-embedded. This means with family coverage, there is only one family deductible. The individual deductible does not apply, and any covered member's expenses can help meet the family deductible.
- Embedded:** If you cover dependents, the individual deductible applies as an embedded deductible. This means if one family member meets the individual deductible, they will then pay coinsurance for services until they reach their individual out-of-pocket maximum. At the same time, all family members' expenses count toward meeting the total family deductible.
- After the deductible is met.
- Waived if admitted.

MEDICAL RATES

HDHP WITH HSA			
	TCU PAY'S	YOU PAY	
	Monthly	Monthly	Biweekly
Employee Only	\$816.66	\$122.03	\$56.32
Employee + Spouse	\$1,791.91	\$267.76	\$123.58
Employee + Child(ren)	\$1,570.92	\$234.74	\$108.34
Employee + Family	\$2,279.55	\$340.62	\$157.21

PPO 80%			
	TCU PAY'S	YOU PAY	
	Monthly	Monthly	Biweekly
Employee Only	\$810.48	\$295.67	\$136.46
Employee + Spouse	\$1,778.32	\$648.76	\$299.43
Employee + Child(ren)	\$1,558.99	\$568.74	\$262.50
Employee + Family	\$2,262.24	\$825.30	\$380.91

High Performance PPO			
	TCU PAY'S	YOU PAY	
	Monthly	Monthly	Biweekly
Employee Only	\$805.34	\$394.87	\$182.25
Employee + Spouse	\$1,767.14	\$866.45	\$399.90
Employee + Child(ren)	\$1,549.14	\$759.57	\$350.57
Employee + Family	\$2,248.04	\$1,102.24	\$508.73

HEALTH SAVINGS ACCOUNT

The health savings account (HSA) is available exclusively to employees enrolled in the HDHP with HSA medical plan. It's a tax-advantaged savings account, administered by HSA Bank, that lets you set aside pre-tax dollars for qualified health care expenses. Read below to learn more about the advantages of an HSA.

Contribution from TCU	■ \$1,000 per year if you have individual coverage ■ \$1,500 per year if you cover any family members TCU’s contribution can help you pay your medical plan deductible, and the money is yours to keep. If your coverage begins after January 1, the contribution is prorated quarterly.									
2027 IRS Contribution Limits	You can also contribute through pre-tax payroll deductions at any time. Your contributions, combined with TCU’s contributions, cannot exceed the IRS limits shown below: <table><tr><th>Coverage Tier</th><th>Under age 55</th><th>Age 55+</th></tr><tr><td>Employee Only</td><td>\$4,500</td><td>\$5,500</td></tr><tr><td>Family (employee + 1 or more)</td><td>\$9,000</td><td>\$10,000</td></tr></table>	Coverage Tier	Under age 55	Age 55+	Employee Only	\$4,500	\$5,500	Family (employee + 1 or more)	\$9,000	\$10,000
Coverage Tier	Under age 55	Age 55+								
Employee Only	\$4,500	\$5,500								
Family (employee + 1 or more)	\$9,000	\$10,000								
Eligible HSA Expenses	HSA-qualified health care expenses include: ■ Medical care, prescriptions, dental, and vision care (including deductibles and copays) ■ Over-the-counter medications, devices, and supplies ■ COBRA and Medicare premiums Note: Using HSA funds for non-qualified expenses will result in income tax and a 20% penalty. The penalty does not apply if you are age 65 or older or disabled.									
Advantages of an HSA	■ Triple tax advantage:¹ Contributions are tax free, earnings grow tax free, and withdrawals are tax free when used for qualified health care expenses. ■ No “use it or lose it” rule: Unused dollars roll over and grow tax free¹ year to year. ■ You own it: You choose when to use your funds for qualified health care expenses. ■ Yours for life: The money is yours to spend or save, even if you change health plans,² retire, or leave TCU. ■ Investment Opportunities: Once you reach and maintain a minimum threshold, you can make investments to help your money grow tax free.									
How to Pay for Eligible Expenses	■ Use your HSA Debit Card – Pay directly from your HSA. ■ Pay yourself back – Use your own money, then reimburse yourself from your HSA. ■ Pay your provider – Send payment directly from your HSA to your provider.									
HSA Eligibility Rules	To open or contribute to an HSA, you must: ■ Be enrolled in TCU’s HDHP with HSA medical plan and not have coverage under any other non-HSA-compatible medical plan ■ Not be enrolled in Medicare, TRICARE, or Medicaid ■ Not be claimed as a dependent on another person’s tax return									

1. Tax free under federal tax law; state taxation rules may apply.

2. You must be enrolled in a qualified health plan to contribute to an HSA.



MEDICAL RESOURCES

The following programs complement your medical plan to help you make the most of your benefits. All employees enrolled in a TCU medical plan are eligible to use these resources at **no additional cost**.

SPECIALTY CARE PLATFORM: LANTERN

When you need a non-emergent surgery or procedure, Lantern is a supplemental benefit that helps you plan and pay for covered medical procedures. In addition, you could be eligible for a reward of \$500 to \$2,000 just for using Lantern’s services. The chart below outlines which procedures are covered.

REWARD	PROCEDURES AND SURGERIES
Tier 1: \$2,000	Joint replacement and revision, spine and bariatrics
Tier 2: \$1,000	Gynecology, orthopedics, hernia, gallbladder, thyroid, cardiac, ear, nose and throat
Tier 3: \$500	Pain management, gastroenterology, biopsy, excision of mass

Procedures are covered at 100% after you meet your medical plan deductible. For a complete list of covered procedures, go to my.lanterncare.com.

To learn more, call a Care Advocate at **855.715.1688**.

TELEHEALTH

We provide virtual medicine through Amazon One Medical so you can skip the waiting room and get care in minutes. Through your Amazon One Medical membership, you have 24/7 on-demand video chat access at no cost to you, with no claim or copay. Find these visits in the app under “Get On-Demand Care.” Prescheduled visits, whether in office or virtual, are billed to your medical plan, so your copay or deductible will apply, and you can book them from the top of the home page of the One Medical app. For full details on the services provided by Amazon One Medical , see **Page 10**.

Telehealth can treat common conditions such as:

- Allergies
- Bladder infections
- Cold and flu
- Ear infections
- Headaches and migraines
- Pink eye
- Rash and skin problems
- Respiratory infections
- And more!

Note: Virtual visits aren’t suitable for conditions that require physical exams or tests, complex or chronic issues, or emergencies such as sprains or broken bones.

PHARMACY BENEFITS WITH RIGHTWAY

Why Rightway?

With Rightway, you can chat with licensed pharmacists to help you with prescription transfers, finding the cheapest drug prices, and questions about your medication coverage.

What You Need to Know

- If enrolling for the first time or changing plans, you will receive a medical/pharmacy ID card with Rightway details, and you'll also have access to a digital ID card through the Rightway mobile app.
- **Prescription Updates:** You'll receive a letter from Rightway if coverage for your current prescriptions is changing. This letter will offer details on alternative options that are covered under your plan. The Rightway pharmacy team will help you switch to a more cost-effective medication, if necessary. You can also view a list of covered medications at joinrightway.com/rx.
- **Transition support:** Rightway pharmacists can help ease you through this benefits transition by contacting your provider for prior authorization, coordinating your mail-order and specialty prescriptions, and answering your questions.

Walgreens Mail Service

Rightway members can have maintenance medications delivered through Walgreens Mail Service. Mail service is a great way to save money and make sure your medications are delivered before you need them.

You can set up your mail service at walgreensmailservice.com or have your doctor prescribe your medications electronically to Walgreens Mail Service.

Specialty Medications

As a Rightway partner, Walgreens can also help with your specialty medications. You can turn to the Care Team with questions about schedule delivery times/locations, medical authorizations, managing medication side effects, financial assistance, and more.

Getting started is as easy as 1-2-3:

1. Call Walgreens Specialty Pharmacy at 866.249.5367 to enroll.
2. Have your doctor send over your specialty prescription through e-prescribe.
3. Opt-in via your onboarding text to start tracking your prescriptions.

Let's Get Started

Download the Rightway app to access personalized support that simplifies your pharmacy needs. You can also use the app to chat with a pharmacist at any time.



Additional features are available in the app.

■ Learn more at joinrightway.com/rx

Questions? Call 833.742.0298

AMAZON ONE MEDICAL

Amazon One Medical is primary care built around your whole family, with quick access to appointments and more one-on-one time with your provider at every visit. Visit in person or through your phone. It's available to employees and dependents enrolled in a TCU medical plan.

Care for All of Your Needs

Amazon One Medical can connect you with a provider to discuss any health topic—from prevention to mental health to sexual health to chronic conditions—in an office or over video at a set time. Our company's membership means we get extra benefits, including 24/7 virtual care, the One Medical app, and messaging with your provider.

24/7 Virtual Visits

Skip the waiting room and make an appointment anytime with the One Medical app. When you need to consult a doctor, you can find on-demand care—simply select Video Care, Direct Message Care, Manage Prescriptions, and more.

Amazon One Medical will also keep your primary care provider up to date with information from your visits.

Care for Families

Amazon One Medical offers care benefits designed to fit into your family's schedule and needs:

- Book same-day appointments when your kid is sick
- Set up a video visit with a provider anytime, day or night—right from your phone
- Visit convenient locations that treat the whole family; find your closest provider at onemedical.com

Billing and Costs

Amazon One Medical works with your insurance like a typical health provider:

- **Scheduled In-office or Remote Visits:** Your copay and/or deductible may apply.
- **Annual Wellness Visit:** Insurance typically covers the full cost of one annual physical, like our Live Well Visit, every 365 days (excluding lab work and vaccines)—no copay or deductible.
- **Lab work and Vaccines:** Your deductible, coinsurance, or copay may apply.

Let's Get Started

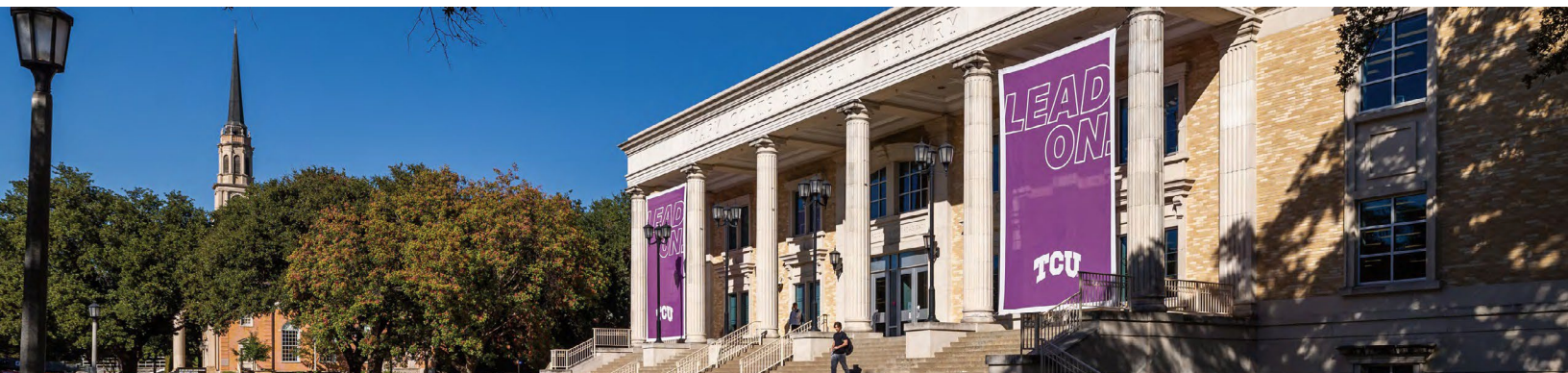
Download the One Medical app to easily book appointments, request prescriptions, message providers, view your care plan, and more.



■ Sign up at onemedical.com/myhealth

■ Use code: **TCUXOM**

Questions? Email hello@onemedical.com



FLEXIBLE SPENDING ACCOUNTS

The flexible spending accounts (FSAs) administered through ThrivePass can be a smart choice if you expect out-of-pocket costs for medical, dental, or vision care, or need to pay for dependent care while you work.

FSAs let you set aside a portion of your income before taxes to cover qualified expenses. Since this money isn't taxed, you reduce your taxable income and increase your take-home pay.

HEALTH CARE FSA

- For 2027, you can contribute up to **\$3,500** pre-tax to cover [qualified health care expenses](#) for yourself, your spouse, and your children under age 26.
- Qualified expenses include medical care, prescriptions, dental, and vision care (including deductibles and copays), as well as over-the-counter medications, devices, and supplies.

If you enroll in the HDHP with HSA medical plan, you are NOT eligible for the health care FSA.

DEPENDENT CARE FSA

- For 2027, you can contribute up to **\$7,500** to cover [qualified dependent care expenses](#) (see below for examples).
- If you and your spouse file separate tax returns, the limit is \$3,750.
- Qualified expenses include care for your dependent children under age 13, such as daycare, preschool, and after-school programs, as well as eldercare for a household member who is physically or mentally incapable of self-care and qualifies as your federal tax dependent.

Make the Most of Your FSAs

Carefully estimate your annual contribution to get the most from your FSA, so you have enough to cover eligible expenses without setting aside more than you'll use.

Use It or Lose It

Any unused funds will be forfeited and can't be carried over to the next year.

Your FSA Debit Card

- You'll receive one debit card from ThrivePass when you first enroll in an FSA.
- You can request an extra card at no cost for your spouse or any adult dependents.
- Lost or stolen cards cost \$5 to replace.
- If you already have a card, please check the expiration date.

How to use your card:

- Pay for eligible health and/or dependent care expenses directly, without paying out of pocket first.
- The full amount of your annual health care FSA contribution is available right away (dependent care FSA funds are available only up to your current account balance).
- After receiving a service (for example, from a doctor or day care), use your card to pay with your FSA funds.
- You may be asked to provide proof of the expense, such as documentation or a detailed receipt.

Register for Carrier Connect on the ThrivePass Portal

To help reduce the need to substantiate expenses, register for Carrier Connect. It links your medical, dental and vision insurance accounts so your Explanations of Benefits (EOBs) are gathered in one place.

How to register:

1. Have your login information for each carrier ready.
2. Log on to the ThrivePass Member Portal at app.thrivepass.com.
3. Click **Pre-Tax > Personal Dashboard**.
4. Select **Connect Your Plans** and follow the steps.

Once you register your account(s) with Carrier Connect, ThrivePass will automatically retrieve your EOBs, making less work for you.

DENTAL PLANS

You have a choice of three dental plan options through Mutual of Omaha. Below is a high-level overview and comparison of the plans. All amounts shown reflect in-network coverage and indicate what you pay for services. For full coverage details, refer to the Summary Plan Description.

DPPO PLANS

The Mutual of Omaha Dental Preferred Provider Organization (DPPO) plans offer you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the Mutual of Omaha PPO network.

KEY DENTAL BENEFITS	HIGH PLAN	MID PLAN	LOW PLAN
CALENDAR YEAR DEDUCTIBLE			
Individual / Family	\$50 / \$150	\$50 / \$150	\$50 / \$150
CALENDAR YEAR BENEFIT MAXIMUM (preventive, basic and major services combined)			
Per individual	\$3,000	\$1,500	\$1,000
Benefits Rollover	Included*	Included*	N/A
COVERED SERVICES			
Preventive Services (routine exams and cleanings, fluoride treatments, sealants, and bitewing X-rays) (two per year)	No charge	No charge	No charge
Basic Services (full-mouth X-rays, extractions, fillings, root canals, and oral surgery)	20% after deductible	20% after deductible	30% after deductible
Periodontic & Endodontic Services	20% after deductible	20% after deductible	30% after deductible
Major Services (dentures, bridges, crowns, and implants)	50% after deductible	50% after deductible	50% after deductible
Orthodontia Services (braces and other appliances, including installation, removal, and follow-up care)	50% up to a \$2,000 lifetime maximum per individual (available for adults & children)	50% up to a \$1,000 lifetime maximum per individual (available for children under age 26)	Not covered

*ROLLOVER BENEFITS: HIGH PLAN AND MID PLAN

- The rollover benefit provision allows you and your dependents to save your dental benefit dollars for when they are needed most.
- Mutual of Omaha will roll over 25% of your plan's calendar year benefit maximum to the next year! That can amount up to \$750 for High Plan members and \$375 for Mid Plan members!
- To qualify, you must have at least one cleaning and exam in a policy year and spend less than 50% of the calendar year maximum benefit.
- Over time, your annual maximum can grow to as much as 2x your plan's calendar year maximum benefit.

DENTAL RATES

HIGH PLAN			
	TCU PAY'S	YOU PAY	
	Monthly	Monthly	Biweekly
Employee Only	\$0.00	\$79.76	\$36.81
Employee + Spouse	\$0.00	\$160.37	\$74.02
Employee + Child(ren)	\$0.00	\$136.00	\$62.77
Employee + Family	\$0.00	\$219.15	\$101.15

MID PLAN			
	TCU PAY'S	YOU PAY	
	Monthly	Monthly	Biweekly
Employee Only	\$21.22	\$36.12	\$16.67
Employee + Spouse	\$42.66	\$72.65	\$33.53
Employee + Child(ren)	\$38.64	\$65.79	\$30.37
Employee + Family	\$60.11	\$102.35	\$47.24

LOW PLAN			
	TCU PAY'S	YOU PAY	
	Monthly	Monthly	Biweekly
Employee Only	\$6.92	\$10.83	\$5.00
Employee + Spouse	\$14.59	\$22.82	\$10.53
Employee + Child(ren)	\$14.93	\$23.35	\$10.78
Employee + Family	\$21.37	\$33.43	\$15.43

VISION PLAN

Getting an eye exam is more than just testing your vision. It can help detect eye conditions and other health issues early, including glaucoma, diabetes, high blood pressure, and cataracts.

MUTUAL OF OMAHA VISION

The Mutual of Omaha vision plan lets you visit any provider, but you'll save more and pay less out of pocket when you choose one in the Mutual of Omaha network. If you go out of network, you'll pay the provider in full at your appointment and then submit a claim form for reimbursement up to the plan's allowed amount.

Below is a high-level overview of the plan. For full coverage details, refer to the Summary Plan Description (SPD).

KEY VISION BENEFITS	MUTUAL OF OMAHA VISION		
	In-Network	Out-of-Network Reimbursement	Benefit Frequency
EYE EXAM			
Comprehensive Exam	\$10 copay	Up to \$37	Once every 12 months
GLASSES			
Lenses			
Single	\$25 copay	Up to \$20	Once every 12 months
Lined bifocal		Up to \$36	
Lined trifocal		Up to \$64	
Lenticular		Up to \$64	
Frames	\$150 allowance + 20%	Up to \$66	Once every 24 months
CONTACT LENSES			
Elective	\$150 allowance	Up to \$102	Once every 12 months, instead of glasses
Medically necessary	\$25 copay	Up to \$210	

VISION RATES

	YOU PAY	
	Biweekly	Monthly
Employee Only	\$2.94	\$6.38
Employee + Spouse	\$5.62	\$12.17
Employee + Child(ren)	\$5.87	\$12.71
Employee + Family	\$9.07	\$19.65

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Life can be challenging, and balancing it all isn't always easy. We're pleased to offer a confidential program that supports the emotional health and well-being of you and your family. The EAP is provided at **no cost** to you and your household through ComPsych GuidanceResources.

The EAP can assist with a variety of concerns, such as:

- Mental health
- Relationships or marital conflicts
- Finding child and elder care
- Substance abuse
- Grief and loss
- Legal or financial issues

EAP Benefits

- Assistance for you and your household members
- Up to six* in-person sessions with a counselor
- Unlimited phone access and online resources

*TCU will pay for up to six sessions per person, per issue each year. The EAP can also provide referrals to other providers or community resources if you need additional assistance. These additional sessions may come at an added cost to you.

UP TO SIX FREE VISITS!

How to Access Your EAP Benefits

Any assistance you receive from the EAP is completely confidential.

- Call **866.335.4914** to connect with an EAP counselor 24/7—Spanish assistance is also available
- Visit guidanceresources.com and enter web ID: TCU
- Download the GuidanceResourcesNow mobile app

EMPLOYEE PERKS PROGRAM

The employee discount program through Working Advantage supports your personal and financial well-being with exclusive deals and limited-time offers on the products, services and experiences you need and love. Start saving on:

- | | |
|-----------------------|---------------|
| ■ Apparel | ■ Gift cards |
| ■ Appliances | ■ Groceries |
| ■ Cars | ■ Hotels |
| ■ Electronics | ■ Movies |
| ■ Fitness memberships | ■ Theme parks |
| ■ Flowers | ■ And more! |

Access your employee perks today!

Visit your one-stop shop for employee discounts today!
Explore your savings at:

- tcu.savings.workingadvantage.com OR hr.tcu.edu
- 800.565.3712

LIFE/AD&D INSURANCE

Family security matters to TCU. That's why we provide life and accidental death and dismemberment (AD&D) insurance through Mutual of Omaha to help protect your family's financial well-being.

Life insurance provides your named beneficiary(ies) with a benefit in the event of your death.

AD&D insurance pays benefits if you experience a covered accidental injury that results in dismemberment, such as the loss of a hand, foot, or eye. If your death is caused by a covered accident, both life and AD&D benefits will be paid to your beneficiary(ies).

BASIC LIFE AND AD&D

Basic life and AD&D coverage is provided at **no cost to you**.

Benefit Amount	1x your annual base pay up to \$1,000,000 (minimum coverage of \$25,000)*
-----------------------	---

Note: If your basic life insurance coverage is more than \$50,000, the value above \$50,000 will automatically be imputed as income to you. Please consult your tax advisor if you have any questions.

VOLUNTARY SUPPLEMENTAL LIFE

If you need more than the basic life coverage, you can purchase additional life insurance at group rates through payroll deduction for yourself and your eligible dependents.

	Minimum	Guaranteed Issue*	Maximum
Employee	\$5,000	\$330,000	\$800,000, in increments of \$5,000***
Spouse/DP**	\$5,000	\$50,000	Increments of \$5,000 up to \$400,000; not to exceed the employee benefit***
Child(ren)**	\$10,000 (Six months and older)	N/A	\$10,000

ANNUAL INCREASE OPTION

If you're enrolled in Voluntary Supplemental Life, you may increase your coverage during a Subsequent Enrollment Period by submitting a Written Request — without completing Evidence of Insurability (EOI) — provided the increase does not exceed \$20,000 (in the increments shown above) and your new total does not exceed your plan maximum.

Note: If the increase requested would put your total coverage above your Guaranteed Issue amount, EOI will be required for that request — but only once. Once approved, that EOI serves as acceptable proof for any future increases under this provision.

* **NOTE:** During Open Enrollment or as a new hire, you can elect coverage up to the plan's guaranteed issue amount without having to complete Evidence of Insurability (EOI, or proof of good health). Coverage amounts that require EOI will not be effective unless approved by Mutual of Omaha.

** You must be enrolled in employee supplemental life insurance to elect coverage for your spouse/DP or child(ren).

*** Beginning at age 70, the benefit amount is reduced by half but will not fall below the guaranteed coverage amount of \$25,000. Supplemental life premiums remain the same.

For questions regarding claims, please call the dedicated Mutual of Omaha Claims service team at 800.388.0388.



DISABILITY INSURANCE

Disability insurance through Mutual of Omaha provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

VOLUNTARY SHORT-TERM DISABILITY (STD)

You can purchase short-term disability coverage at group rates through payroll deduction.

Benefit Amount	60% of weekly salary
Maximum Benefit	\$3,000 per week*
When Benefits Begin	After 14 days of disability (elimination period)
Maximum Benefit Duration	24 weeks of benefit payment

TCU generously contributes 30% of the STD premium on behalf of each employee.

STD coverage is available to benefits-eligible staff only. If Mutual of Omaha approves your STD claim, TCU will use your leave accruals during the 14-day elimination period. After that period ends, Mutual of Omaha will pay 60% of your monthly salary directly to you, and your leave accruals will cover the remaining 40% through the end of your approved STD period. If you have no leave accruals, you will only receive the 60% portion through STD for the approved period.

LONG-TERM DISABILITY (LTD)

TCU covers the cost of this benefit for benefits-eligible staff.

Benefit Amount	60% of monthly salary
Maximum Benefit	\$15,000 per month*
When Benefits Begin	After 180 days of disability (elimination period)
Maximum Benefit Duration	Social Security Normal Retirement Age <i>If your disability starts at age 62 or later, your benefits will be subject to a reduced payment schedule (see plan document for full details).</i>

*Your benefit payment may be reduced by deductible sources of income you receive, such as state disability and Social Security benefit payments.

How to File a Disability Claim

If you become disabled, please follow the [instructions](#) on how to file a claim with Mutual of Omaha. You have multiple options for how to file a claim: through fax, online, by phone, through the employee portal, or by mail. You may also find the forms at mutualofomaha.com/support/forms. **Note:** In order to process your claim quickly, all five sections of the claim submission must be completed and signed.

For questions regarding claims, please call the dedicated Mutual of Omaha Claims service team at 800.388.0388.

VOLUNTARY RATES

Voluntary Life Rate Chart

Age Band Rate x Volume Per \$1,000 = Monthly Premium

Here's an example:

John is 45 years old and wants \$120,000 volume of Voluntary Life.

$$\$0.129 \times 120,000 \div 1,000 = \$15.48$$

RATE PER \$1,000 OF COVERAGE	
< 30	\$0.034
30-34	\$0.043
35-39	\$0.052
40-44	\$0.086
45-49	\$0.129

RATE PER \$1,000 OF COVERAGE	
50-54	\$0.197
55-59	\$0.367
60-64	\$0.564
65-69	\$1.035
70+	\$1.762

Short Term Disability (TCU Pays 30% / Employee 70% premium)

Here's an example:

Sarah is interested in the voluntary STD that TCU pays 30% of premiums. Sarah makes an estimated \$50,000 a year. How much would his monthly premium be if she elected the STD 60% plan?

STEP 1:

$$\$50,000 \times 60\% = \$30,000.00$$

STEP 2:

$$\$30,000 \div 52 = \$576.92 \text{ weekly benefit}$$

STEP 3:

$$\$576.92 \div 10 \times \$0.16 = \$9.23 \text{ total monthly premium}$$

STEP 4:

$$\$9.23 \times 70\% \text{ (employee percentage of premium)} = \$6.46 \text{ total employee monthly cost}$$

Long Term Disability (TCU Pays 100% premium)

Here's an example:

John is interested in the LTD 60% plan that TCU pays 100% of the premiums. John makes an estimated \$60,000 a year. How much would his monthly covered payroll be for the LTD 60% plan?

STEP 1:

$$\$60,000 \div 12 = \$5,000.00 \text{ gross monthly salary}$$

STEP 2:

$$\$5,000 \times 60\% = \$3,000 \text{ monthly benefit}$$



VOLUNTARY BENEFITS

TCU provides you an opportunity to purchase voluntary benefits through Mutual of Omaha. These benefits are designed to complement your medical plan and help fill any gaps in coverage. Benefits are paid directly to you and can be used for medical plan deductibles, treatment costs, prescriptions, house payments, or anything you choose.

Premiums are conveniently deducted from your paycheck, and coverage is also available for your spouse and dependents. The coverage is portable, so you can take it with you if you ever leave TCU.

ACCIDENT INSURANCE

Don't let an accident catch you off guard! Protect your family's finances with accident insurance. Voluntary accident insurance helps soften the financial impact of an accidental injury by paying you a cash benefit for specific injuries or events from a covered accident, such as fractures, dislocations, burns, concussions, lacerations, or torn ligaments.

ACCIDENT BENEFIT EXAMPLES

Emergency Room	\$400
Ambulance	Up to \$2,000
Fractures	Up to \$12,000 (surgical) Up to \$6,000 (non-surgical)
Lacerations	Up to \$1,500
Burns	Up to \$25,000
Dental	Up to \$400
Surgical	Up to \$5,000
Medical Device	\$400

To see the full list of benefits and premium amounts, click [here](#) to view the benefit summary.

For questions regarding claims, please call the dedicated Mutual of Omaha Claims service team at 800.388.0388.

Eligibility

- **You** must be actively working as a benefits-eligible employee to be eligible for coverage.
- **Your dependents** must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility). Any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.

Hearing Discount Program

The Hearing Discount program provides you and your family discounted hearing products, including hearing aids and batteries. Call 888.534.1747 or visit amplifonusa.com/mutualofomaha to learn more.

Health Screening Benefit

The accident policy pays a **\$50 lump sum** when you complete certain preventive health screenings, such as an annual physical or immunizations. This benefit is available once per insured per calendar year, up to a maximum of six per family per year.

Premium

	Monthly
Employee Only	\$8.74
Employee + Spouse	\$13.47
Employee + Child(ren)	\$16.34
Employee + Family	\$21.93

VOLUNTARY BENEFITS (CONTINUED)

CRITICAL ILLNESS INSURANCE

The average total out-of-pocket cost related to treating a critical illness can reach thousands of dollars. However, you can give your family the extra security they need to lessen the financial impact of a serious illness. With voluntary critical illness insurance, you'll receive a lump-sum cash benefit if you are diagnosed with a covered condition, such as heart attack, stroke, or cancer.

CRITICAL ILLNESS BENEFIT OPTIONS

Employee	Up to \$40,000, in increments of \$5,000
Spouse	Up to 100% of employee's amount, in increments of \$5,000
Child	Up to \$20,000, not to exceed 50% of employee's amount

CRITICAL ILLNESS BENEFIT EXAMPLES

Cancer (invasive)	100% of the Principal Sum
Skin Cancer	\$500
Heart Attack	100% of the Principal Sum
Alzheimer's Disease	100% of the Principal Sum
Multiple Sclerosis (MS)	100% of the Principal Sum
Stroke	100% of the Principal Sum
Major Organ Failure	100% of the Principal Sum

To see the full list of benefits and premium amounts, click [here](#) to view the benefit summary.

RATE PER \$1,000 OF COVERAGE

Under 30	\$0.73
30-39	\$0.84
40-49	\$1.17
50-59	\$1.95
60-69	\$3.66
70+	\$6.50

For questions regarding claims, please call the dedicated Mutual of Omaha Claims service team at 800.388.0388.

Eligibility

- **You** must be actively working as a benefits-eligible employee to be eligible for coverage.
- **Your dependents** must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility). Any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.

Hearing Discount Program

The Hearing Discount program provides you and your family discounted hearing products, including hearing aids and batteries. Call 888.534.1747 or visit amplifonusa.com/mutualofomaha to learn more.

Health Screening Benefit

The critical illness policy pays a **\$50 lump sum** when you complete certain preventive health screenings, such as an annual physical or immunizations. This benefit is available once per insured per calendar year, up to a maximum of six per family per year.

Advocacy Services

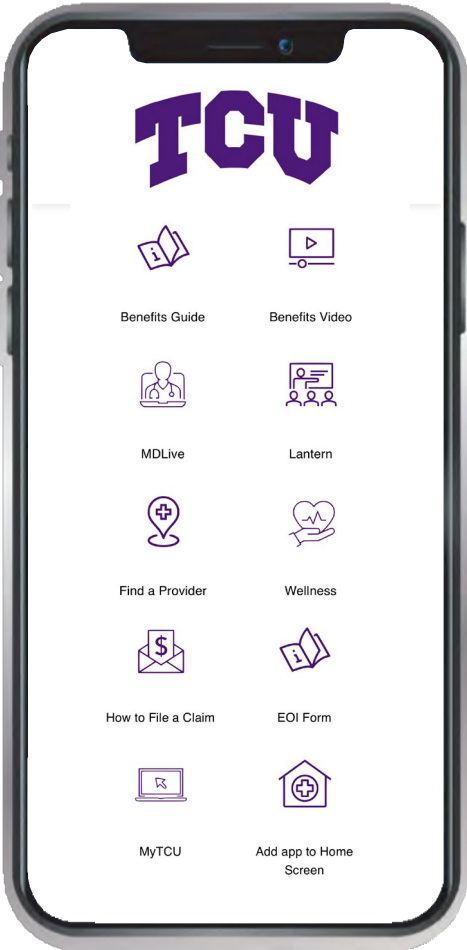
Advocacy services provide employees diagnosed with a medical condition access to skilled clinicians and nurses for personalized, one-on-one support.

For assistance, contact:

- 866.372.5577 (Monday–Friday, 7 a.m.–7 p.m. CST)
- customerserve@personifyhealth.com



MUTUAL OF OMAHA MOBILE APP



Explore your dental, vision, life, disability, accident, and critical illness coverage through Mutual of Omaha’s mobile app! Scan the QR code below to learn more and enroll.



BENEFITS TERMINOLOGY

Coinsurance

The percentage the plan or you pay for a covered service or supply. For example, the plan may pay 80 percent while you pay 20 percent.

Copayment (copay)

A copay is a flat-dollar amount you pay for specific covered services upon each visit to the provider. Copay amounts accumulate toward your out-of-pocket maximum.

Deductible

The amount you pay each year before the plan begins to pay coinsurance.

Explanation of Benefits (EOB)

After you receive medical services, your insurance will provide you with an EOB. It will outline details regarding how your insurance processed your medical claim, including what portion of the charges your insurance paid and what portion, if any, you are responsible for paying.

Evidence of Insurability (EOI)

The documentation of the good health condition of the insured beneficiary and their dependent's health in order to be approved for coverage. It is only required in certain circumstances.

Flexible Spending Account (FSA)

An FSA is a tax-advantaged account that lets you set aside money on a pre-tax basis to pay for a wide range of health and/or dependent care expenses (as defined by the IRS) that aren't covered by your plan and are incurred during the plan year. Unlike an HSA, any unused funds remaining after the plan year ends will be forfeited.

Health Savings Account (HSA)

An HSA is a tax-advantaged savings account for high-deductible health plan (HDHP) participants that lets you put money aside on a pre-tax basis to pay for a wide range of health care expenses (as defined by the IRS) not covered by your plan. Unused money remaining in the account at the end of the plan year rolls over to be used the next year. Please refer to IRS Publications 502 and 969 for complete details on eligible expenses.

High-Deductible Health Plan (HDHP)

A plan that provides competitive health insurance along with a tax-advantaged health savings account (HSA) that lets you decide how to spend your health care dollars. Essentially, you pay a lower premium in exchange for a higher deductible, much like car insurance.

In-Network Providers

Benefit plans develop networks by contracting with doctors, hospitals, labs, etc., who have agreed to provide health care services to members at negotiated rates. You generally pay less out of pocket when you use in-network providers.

Out-of-Network Providers

These providers are not contracted with the health plan and can charge any amount they choose. You may be balance billed for charges above the plan's allowable amount and, in most cases, you'll need to pay for services in full at the time of your appointment before filing a claim for partial reimbursement. Benefits are also typically covered at a lower level.

Out-of-Pocket Maximum

The maximum amount you will pay out of pocket for covered medical expenses per calendar year, including your deductible. After your share of covered expenses reaches this annual limit, the plan pays 100 percent for covered network services and supplies for the rest of the calendar year.

Preventive Care

Preventive care includes routine services such as immunizations, cancer screenings, colonoscopies, mammograms, and other care defined by the American Medical Association.

Summary Plan Description (SPD)

An important document that tells plan participants what the plan covers and provides, and how it works.



About This Guide

This guide summarizes the benefit plans and policies available to benefits-eligible employees of Texas Christian University. Full details are outlined in the official plan and policy documents, including some insurance contracts. It covers only the main points and is not a substitute for your summary plan description. If there is any difference between this guide and the official documents, the official documents will govern.

Benefits in this guide may change at any time. This guide does not create a contract of employment or alter the at-will employment relationship.

TCU is committed to a positive learning and working environment free from discrimination and harassment. The University prohibits discrimination and harassment based on any protected status, including age, race, color, religion, sex (including sexual harassment and sexual violence), sexual orientation, gender, gender identity, gender expression, national or ethnic origin, disability, genetic information, or covered veteran status, as required by Title IX, Title VII, The Age Discrimination Act of 1975, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and other applicable laws and regulations.

