



# 2026 Benefits

## Resource Guide





# CONTACT INFORMATION

| COVERAGE                          | CARRIER                                | GROUP #                                      | PHONE #      | WEBSITE/EMAIL                                                                             |
|-----------------------------------|----------------------------------------|----------------------------------------------|--------------|-------------------------------------------------------------------------------------------|
| Medical                           | BlueCross BlueShield of Texas (BCBSTX) | HDHP: 213942<br>PPO 80: 213941<br>HP: 326236 | 888.762.2190 | <a href="https://bcbstx.com/member">bcbstx.com/member</a>                                 |
| Health Savings Account (HSA)      | HSA Bank                               | –                                            | 800.357.6246 | <a href="https://hsabank.com">hsabank.com</a>                                             |
| Surgery Care Advocate             | Lantern                                | –                                            | 855.715.1688 | <a href="https://my.lanternicare.com">my.lanternicare.com</a>                             |
| Chronic Condition Management      | Tria Health                            | –                                            | 888.799.8742 | <a href="https://triahealth.com/enroll">triahealth.com/enroll</a>                         |
| Pharmacy                          | Rightway                               | 50287                                        | 833.742.0298 | <a href="https://joinrightway.com/rx">joinrightway.com/rx</a>                             |
| One Medical                       | Amazon                                 | –                                            | 888.663.6331 | <a href="https://onemedical.com/myhealth">onemedical.com/myhealth</a><br>Use code: OMOMOM |
| Flexible Spending Accounts (FSAs) | ThrivePass                             | –                                            | 866.855.2844 | <a href="https://thrivepass.com">thrivepass.com</a>                                       |
| Dental                            | Mutual of Omaha                        | G000CSQL                                     | 800.927.9197 | <a href="https://mutualofomaha.com">mutualofomaha.com</a>                                 |
| Vision                            | Mutual of Omaha                        | G000CSQL                                     | 833.279.4358 | <a href="https://mutualofomaha.com">mutualofomaha.com</a>                                 |
| Employee Assistance Program (EAP) | ComPsych<br>GuidanceResources          | –                                            | 866.335.4914 | <a href="https://guidanceresources.com">guidanceresources.com</a><br>Web ID: TCU          |
| Employee Perks and Discounts      | Working Advantage                      | –                                            | 800.565.3712 | <a href="https://tcu.savings.workingadvantage.com">tcu.savings.workingadvantage.com</a>   |
| Life and Disability               | Mutual of Omaha                        | G000CSQL                                     | 800.655.5142 | <a href="https://mutualofomaha.com">mutualofomaha.com</a>                                 |
| Voluntary Benefits                | Mutual of Omaha                        | G000CSQL                                     | 800.655.5142 | <a href="https://mutualofomaha.com">mutualofomaha.com</a>                                 |

## TCU Human Resources

817.257.7790

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Online: [hr.tcu.edu](https://hr.tcu.edu)



# 2026 Benefit Highlights

**NEW!** Dental, vision, life, disability, and voluntary benefits will be administered by Mutual of Omaha.

**NEW!** Pharmacy benefits will be administered by Rightway (see [page 11](#)).

**NEW!** Amazon One Medical: A primary care service you can visit in person or through a mobile device (see [page 12](#)).

**NEW!** Accident and critical illness voluntary benefits (see [pages 20-21](#)).

**ID CARDS:** You will receive new ID cards (medical/pharmacy, dental, and vision).

## Welcome

Welcome to your 2026 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

**2026 Benefits Open Enrollment: October 27 – November 7, 2025**

## 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](https://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](http://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](http://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](http://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 <sup>1</sup>                                                        | \$1,350 <sup>2</sup>                               | \$1,000 <sup>2</sup>                               |
| Employee + Spouse or Family                            | \$5,000 <sup>1</sup>                                                        | \$1,500 <sup>2</sup>                               | \$1,000 <sup>2</sup>                               |
| CALENDAR YEAR OUT-OF-POCKET MAXIMUM                    |                                                                             |                                                    |                                                    |
| Employee Only                                          | \$8,000                                                                     | \$5,950                                            | \$3,500                                            |
| Employee + Child                                       | \$16,000 <sup>2</sup>                                                       | \$11,350 <sup>2</sup>                              | \$7,000 <sup>2</sup>                               |
| Employee + Spouse or Family                            | \$16,000 <sup>2</sup>                                                       | \$11,500 <sup>2</sup>                              | \$7,000 <sup>2</sup>                               |
| 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% <sup>3</sup>                                                            | \$25 copay                                         | \$25 copay                                         |
| Specialist Visit                                       | 20% <sup>3</sup>                                                            | \$50 copay                                         | \$50 copay                                         |
| Outpatient Diagnostic (lab/X-ray)                      | 20% <sup>3</sup>                                                            | 20% <sup>3</sup>                                   | 20% <sup>3</sup>                                   |
| Urgent Care Facility                                   | 20% <sup>3</sup>                                                            | \$75 copay + 20%                                   | \$75 copay + 20%                                   |
| Ambulance                                              | 20% <sup>3</sup>                                                            | 20% <sup>3</sup>                                   | 20% <sup>3</sup>                                   |
| Emergency Room                                         | 20% <sup>3</sup>                                                            | \$150 copay <sup>4</sup> + 20%                     | \$150 copay <sup>4</sup> + 20%                     |
| Outpatient Facility                                    | 20% <sup>3</sup>                                                            | \$100 copay + 20% <sup>3</sup>                     | \$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 <sup>3</sup> /\$35 <sup>3</sup> /\$50 <sup>3</sup> /\$100 <sup>3</sup> | \$10/\$35/\$50/\$100                               | \$10/\$35/\$50/\$100                               |
| Mail Order (90-day supply)                             | \$30 <sup>3</sup> /\$105 <sup>3</sup> /\$150 <sup>3</sup> /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](http://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         |          |          |
|-----------------------|----------|----------|
| YOU PAY               |          |          |
|                       | Biweekly | Monthly  |
| Employee Only         | \$50.94  | \$110.36 |
| Employee + Spouse     | \$111.76 | \$242.16 |
| Employee + Child(ren) | \$97.98  | \$212.28 |
| Employee + Family     | \$142.18 | \$308.05 |

| PPO 80%               |          |          |
|-----------------------|----------|----------|
| YOU PAY               |          |          |
|                       | Biweekly | Monthly  |
| Employee Only         | \$123.42 | \$267.40 |
| Employee + Spouse     | \$270.80 | \$586.72 |
| Employee + Child(ren) | \$237.40 | \$514.37 |
| Employee + Family     | \$344.49 | \$746.39 |

| HIGH PERFORMANCE PPO  |          |          |
|-----------------------|----------|----------|
| YOU PAY               |          |          |
|                       | Biweekly | Monthly  |
| Employee Only         | \$164.81 | \$357.09 |
| Employee + Spouse     | \$361.62 | \$783.52 |
| Employee + Child(ren) | \$317.02 | \$686.88 |
| Employee + Family     | \$460.04 | \$996.74 |

# 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.

| <b>Contribution from TCU</b>            | <ul style="list-style-type: none"><li>▪ \$1,000 per year if you have individual coverage</li><li>▪ \$1,500 per year if you cover any family members</li></ul> <p>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.</p>                                                                                                                                                                                                                                                                                                                                                                                         |         |  |               |              |         |               |         |         |                               |         |         |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--|---------------|--------------|---------|---------------|---------|---------|-------------------------------|---------|---------|
| <b>2026 IRS Contribution Limits</b>     | <p>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:</p> <table><tr><th>Coverage Tier</th><th>Under age 55</th><th>Age 55+</th></tr><tr><td>Employee Only</td><td>\$4,400</td><td>\$5,400</td></tr><tr><td>Family (employee + 1 or more)</td><td>\$8,750</td><td>\$9,750</td></tr></table>                                                                                                                                                                                                                                                                                                                               |         |  | Coverage Tier | Under age 55 | Age 55+ | Employee Only | \$4,400 | \$5,400 | Family (employee + 1 or more) | \$8,750 | \$9,750 |
| Coverage Tier                           | Under age 55                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Age 55+ |  |               |              |         |               |         |         |                               |         |         |
| Employee Only                           | \$4,400                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$5,400 |  |               |              |         |               |         |         |                               |         |         |
| Family (employee + 1 or more)           | \$8,750                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$9,750 |  |               |              |         |               |         |         |                               |         |         |
| <b>Eligible HSA Expenses</b>            | <p><b>HSA-qualified health care expenses</b> include:</p> <ul style="list-style-type: none"><li>▪ Medical care, prescriptions, dental, and vision care (including deductibles and copays)</li><li>▪ Over-the-counter medications, devices, and supplies</li><li>▪ COBRA and Medicare premiums</li></ul> <p><b>Note:</b> 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.</p>                                                                                                                                                                                                                                                          |         |  |               |              |         |               |         |         |                               |         |         |
| <b>Advantages of an HSA</b>             | <ul style="list-style-type: none"><li>▪ <b>Triple tax advantage:</b><sup>1</sup> Contributions are tax free, earnings grow tax free, and withdrawals are tax free when used for qualified health care expenses.</li><li>▪ <b>No “use it or lose it” rule:</b> Unused dollars roll over and grow tax free<sup>1</sup> year to year.</li><li>▪ <b>You own it:</b> You choose when to use your funds for qualified health care expenses.</li><li>▪ <b>Yours for life:</b> The money is yours to spend or save, even if you change health plans,<sup>2</sup> retire, or leave TCU.</li><li>▪ <b>Investment Opportunities:</b> Once you reach and maintain a minimum threshold, you can make investments to help your money grow tax free.</li></ul> |         |  |               |              |         |               |         |         |                               |         |         |
| <b>How to Pay for Eligible Expenses</b> | <ul style="list-style-type: none"><li>▪ <b>Use your HSA Debit Card</b> – Pay directly from your HSA.</li><li>▪ <b>Pay yourself back</b> – Use your own money, then reimburse yourself from your HSA.</li><li>▪ <b>Pay your provider</b> – Send payment directly from your HSA to your provider.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |  |               |              |         |               |         |         |                               |         |         |
| <b>HSA Eligibility Rules</b>            | <p>To open or contribute to an HSA, you must:</p> <ul style="list-style-type: none"><li>▪ Be enrolled in TCU's HDHP with HSA medical plan and not have coverage under any other non-HSA-compatible medical plan</li><li>▪ Not be enrolled in Medicare, TRICARE, or Medicaid</li><li>▪ Not be claimed as a dependent on another person's tax return</li></ul>                                                                                                                                                                                                                                                                                                                                                                                    |         |  |               |              |         |               |         |         |                               |         |         |

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](https://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. For full details on the services provided by Amazon One Medical, see [page 12](#).

**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.

# TRIA HEALTH CHRONIC CONDITION MANAGEMENT

Health care and insurance can be confusing, especially if you have a chronic condition. Tria Health's chronic care management program is **free and confidential**. Here, you can find personalized support to help you manage your health, medications, and budget. Get started today!

## Eligibility

Tria Health is available to employees and dependents enrolled in a TCU medical plan who are managing one or more chronic conditions.

Tria Health is recommended for those with:

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes
- Heart disease
- High blood pressure
- High cholesterol
- Mental health
- Migraines
- Osteoporosis

## Program Highlights

Living with a chronic condition can be challenging, especially when you're managing multiple medications. Tria Health connects you with pharmacists who can help you understand your condition, manage your medications, and improve your overall health.

Your Tria Health pharmacist can help you:

- Ensure your medications are working as intended
- Save money on prescriptions
- Answer questions about your health
- Coordinate care with your doctors



## Use the Program, Earn Rewards

Did you know you can receive a **\$50 Visa gift card** from Tria Health just for completing your phone consultation? You can even qualify for up to **\$150 in rewards** by attending three consultations within a 12-month period.



# NEW! PHARMACY BENEFITS WITH RIGHTWAY

Beginning January 1, 2026, Rightway will be our pharmacy provider.

## 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

- **New ID cards:** You'll receive a new 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](https://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](https://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 beginning January 1, 2026.



Additional app features will be available starting January 1, 2026.

- Learn more at [joinrightway.com/rx](https://joinrightway.com/rx)

Questions? Call 833.742.0298

# NEW! AMAZON ONE MEDICAL

We are excited to introduce Amazon One Medical, a new primary care service you can 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 Urgent Video Chat, Discuss Common Conditions, 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](https://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](https://onemedical.com/myhealth)
- Use code: **OMOMOM**

Questions? Email [hello@onemedical.com](mailto: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 2026, you can contribute up to **\$3,400** 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 2026, 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](https://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 (SPD) at [hr.tcu.edu](http://hr.tcu.edu).

## 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             |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------|
| <b>CALENDAR YEAR DEDUCTIBLE</b>                                                                                                |                                                                                       |                                                                                           |                      |
| Individual / Family                                                                                                            | \$50 / \$150                                                                          | \$50 / \$150                                                                              | \$50 / \$150         |
| <b>CALENDAR YEAR BENEFIT MAXIMUM</b> (preventive, basic and major services combined)                                           |                                                                                       |                                                                                           |                      |
| Per individual                                                                                                                 | \$3,000                                                                               | \$1,500                                                                                   | \$1,000              |
| Benefits Rollover                                                                                                              | Included*                                                                             | Included*                                                                                 | N/A                  |
| <b>COVERED SERVICES</b>                                                                                                        |                                                                                       |                                                                                           |                      |
| <b>Preventive Services</b><br>(routine exams and cleanings, fluoride treatments, sealants, and bitewing X-rays) (two per year) | No charge                                                                             | No charge                                                                                 | No charge            |
| <b>Basic Services</b><br>(full-mouth X-rays, extractions, fillings, root canals, and oral surgery)                             | 20% after deductible                                                                  | 20% after deductible                                                                      | 30% after deductible |
| <b>Periodontic &amp; Endodontic Services</b>                                                                                   | 20% after deductible                                                                  | 20% after deductible                                                                      | 30% after deductible |
| <b>Major Services</b><br>(dentures, bridges, crowns, and implants)                                                             | 50% after deductible                                                                  | 50% after deductible                                                                      | 50% after deductible |
| <b>Orthodontia Services</b><br>(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             |          |          |
|-----------------------|----------|----------|
| YOU PAY               |          |          |
|                       | Biweekly | Monthly  |
| Employee Only         | \$33.47  | \$72.51  |
| Employee + Spouse     | \$67.29  | \$145.79 |
| Employee + Child(ren) | \$57.06  | \$123.64 |
| Employee + Family     | \$91.95  | \$199.23 |

| MID PLAN              |          |         |
|-----------------------|----------|---------|
| YOU PAY               |          |         |
|                       | Biweekly | Monthly |
| Employee Only         | \$15.16  | \$32.84 |
| Employee + Spouse     | \$30.48  | \$66.04 |
| Employee + Child(ren) | \$27.60  | \$59.81 |
| Employee + Family     | \$42.94  | \$93.04 |

| LOW PLAN              |          |         |
|-----------------------|----------|---------|
| YOU PAY               |          |         |
|                       | Biweekly | Monthly |
| Employee Only         | \$4.55   | \$9.85  |
| Employee + Spouse     | \$9.58   | \$20.75 |
| Employee + Child(ren) | \$9.80   | \$21.23 |
| Employee + Family     | \$14.03  | \$30.39 |

# 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) at [hr.tcu.edu](http://hr.tcu.edu).

| KEY VISION BENEFITS   | MUTUAL OF OMAHA VISION |                              |                                          |
|-----------------------|------------------------|------------------------------|------------------------------------------|
|                       | In-Network             | Out-of-Network Reimbursement | Benefit Frequency                        |
| <b>EYE EXAM</b>       |                        |                              |                                          |
| Comprehensive Exam    | \$10 copay             | Up to \$37                   | Once every 12 months                     |
| <b>GLASSES</b>        |                        |                              |                                          |
| 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                     |
| <b>CONTACT LENSES</b> |                        |                              |                                          |
| 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](https://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](https://tcu.savings.workingadvantage.com) OR [hr.tcu.edu](https://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**.

|                       |                                                                           |
|-----------------------|---------------------------------------------------------------------------|
| <b>Benefit Amount</b> | 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<br>(Six months and older) | N/A               | \$10,000                                                                     |

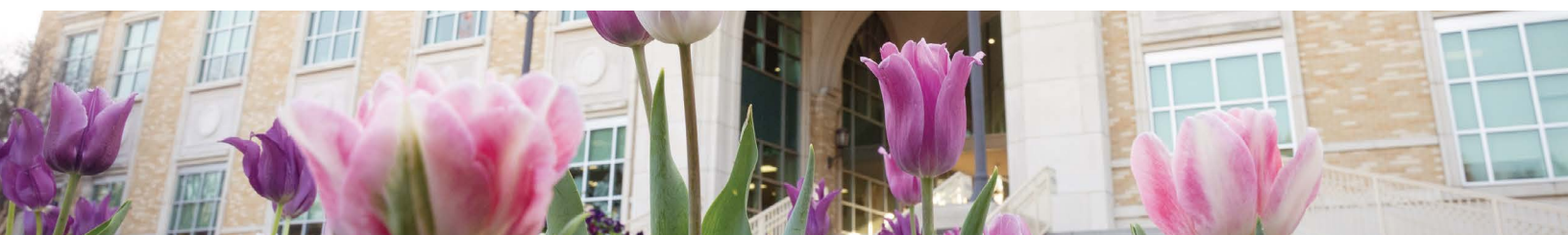
**Cost:** Payroll deductions are available to view at [my.tcu.edu](https://my.tcu.edu) (select the Payroll tile).

\* **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 beginning January 1, 2026.





# 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                      |

**Cost:** You can go into the *benefits* tile within [my.tcu.edu](https://my.tcu.edu) and select STD to review the payroll deduction associated with this benefit. **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          | <b>NEW! 2026 Enhancement: Increased Benefit Maximum!</b><br>\$15,000 per month*                                                                                                                 |
| When Benefits Begin      | After 180 days of disability (elimination period)                                                                                                                                               |
| Maximum Benefit Duration | Social Security Normal Retirement Age<br><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. **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 beginning January 1, 2026.



# NEW! 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)<br>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.

## 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](https://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.

For questions regarding claims, please call the dedicated Mutual of Omaha Claims service team at 800.388.0388 beginning January 1, 2026.

# NEW! 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.

## 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.

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## 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.

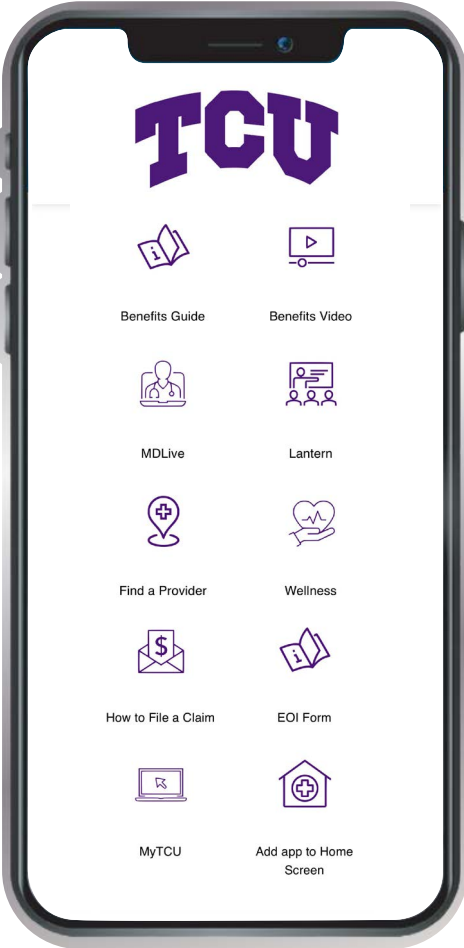
For assistance, contact:

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

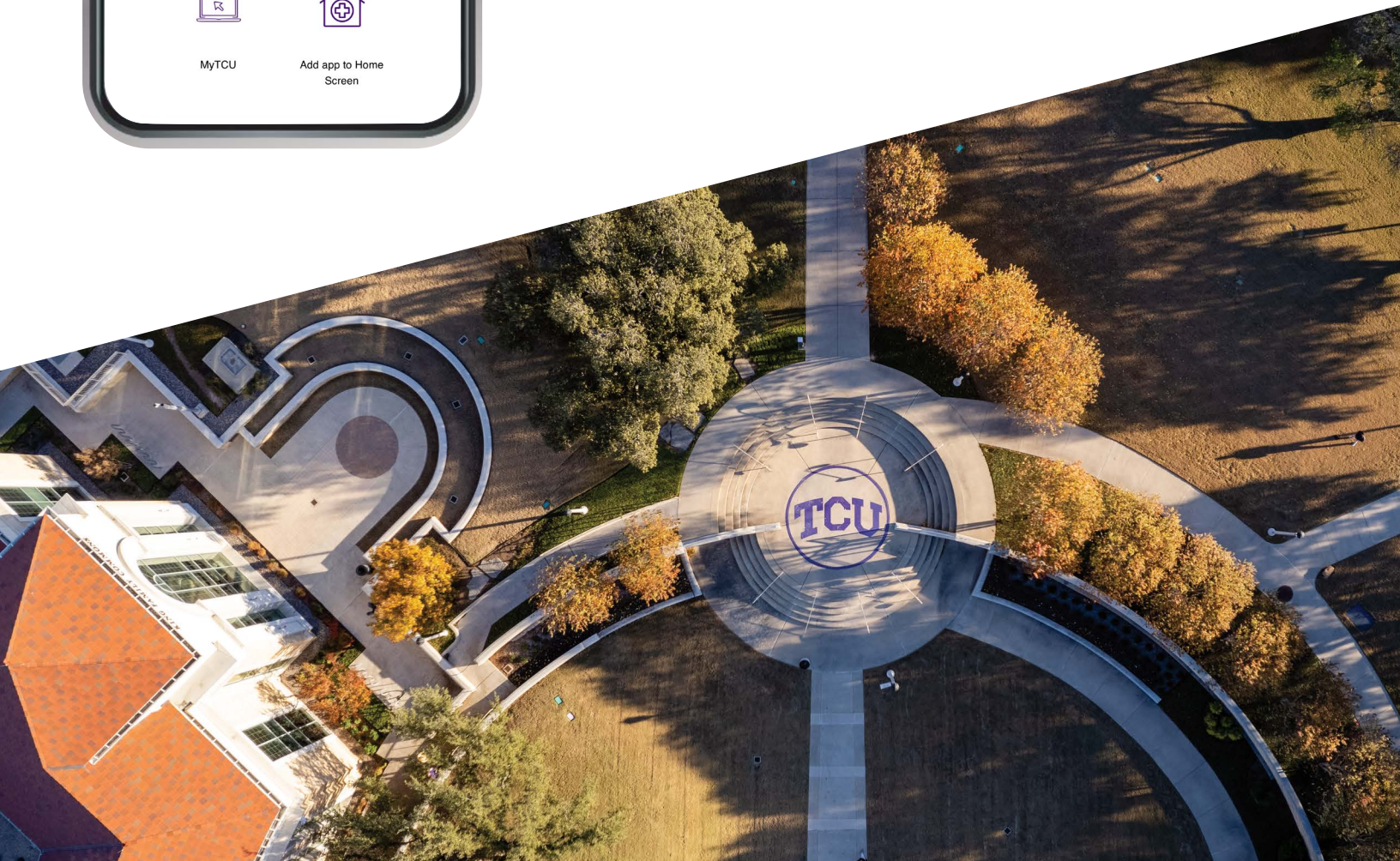
For questions regarding claims, please call the dedicated Mutual of Omaha Claims service team at 800.388.0388 beginning January 1, 2026.



# 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.

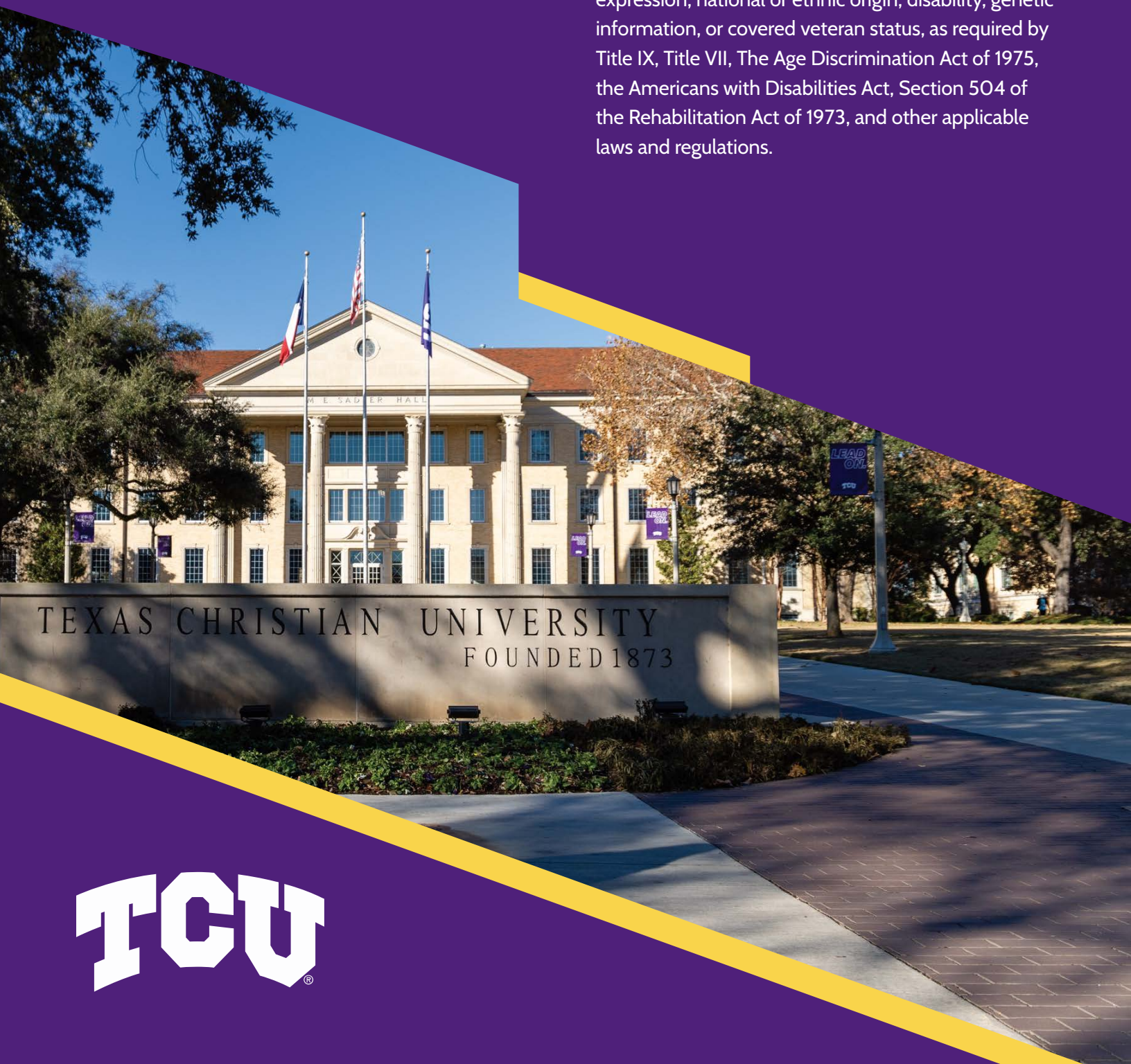
## ABOUT THIS GUIDE

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.



# TCU®